Index Page

Replies to initial written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2017-18

Director of Bureau : Secretary for Food and Health
Session No. : 18
File Name : FHB(H)-2-e1.doc

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)001	2874	CHAN Chi-chuen	140	(1) Health
FHB(H)002	2876	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)003	0800	CHAN Hak-kan	140	(2) Subvention : Hospital Authority
FHB(H)004	0838	CHAN Han-pan	140	(1) Health
FHB(H)005	0839	CHAN Han-pan	140	(1) Health
FHB(H)006	0840	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)007	0841	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)008	0842	CHAN Han-pan	140	(1) Health
FHB(H)009	0843	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)010	0844	CHAN Han-pan	140	(1) Health
FHB(H)011	0845	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)012	0846	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)013	0847	CHAN Han-pan	140	(1) Health
FHB(H)014	0981	CHAN Han-pan	140	(1) Health
FHB(H)015	0990	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)016	0991	CHAN Han-pan	140	(2) Subvention : Hospital Authority
FHB(H)017	0475	CHAN Kin-por	140	(1) Health
FHB(H)018	0476	CHAN Kin-por	140	(1) Health
FHB(H)019	0321	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)020	0323	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)021	0325	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)022	0329	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)023	0343	CHAN Pierre	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)024	0344	CHAN Pierre	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)025	0345	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)026	0365	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)027	0366	CHAN Pierre	140	(1) Health
FHB(H)028	0392	CHAN Pierre	140	(1) Health
FHB(H)029	0394	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)030	0617	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)031	0619	CHAN Pierre	140	(1) Health
FHB(H)032	0620	CHAN Pierre	140	(1) Health
FHB(H)033	0622	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)034	0623	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)035	0624	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)036	0626	CHAN Pierre	140	(1) Health
FHB(H)037	0628	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)038	0629	CHAN Pierre	140	(1) Health
FHB(H)039	0632	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)040	0633	CHAN Pierre	140	(1) Health
FHB(H)041	0634	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)042	2012	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)043	2374	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)044	2512	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)045	2514	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)046	2517	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)047	2524	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)048	2528	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)049	2589	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)050	2610	CHAN Pierre	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)051	2631	CHAN Pierre	140	(2) Subvention : Hospital Authority
FHB(H)052	2678	CHAN Pierre	140	(1) Health
FHB(H)053	3170	CHAN Pierre	140	(1) Health
FHB(H)054	2426	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)055	2451	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)056	2452	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)057	2454	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)058	2455	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)059	2463	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)060	2466	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)061	3033	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)062	1117	CHEUNG Wah-fung, Christopher	140	(1) Health
FHB(H)063	1911	HO Kai-ming	140	(1) Health
FHB(H)064	2007	HO Kai-ming	140	(1) Health
FHB(H)065	2048	HO Kwan-yiu, Junius	140	(2) Subvention : Hospital Authority
FHB(H)066	2052	HO Kwan-yiu, Junius	140	(1) Health
FHB(H)067	2060	HO Kwan-yiu, Junius	140	(2) Subvention : Hospital Authority
FHB(H)068	2126	HO Kwan-yiu, Junius	140	(2) Subvention : Hospital Authority
FHB(H)069	2133	HO Kwan-yiu, Junius	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)070	2141	HO Kwan-yiu, Junius	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)071	2144	HO Kwan-yiu, Junius	140	(1) Health
FHB(H)072	1463	IP LAU Suk-yee, Regina	140	(1) Health
FHB(H)073	1510	IP LAU Suk-yee, Regina	140	(2) Subvention : Hospital Authority
FHB(H)074	1668	IP LAU Suk-yee, Regina	140	(1) Health
FHB(H)075	2919	IP LAU Suk-yee, Regina	140	(2) Subvention : Hospital Authority
FHB(H)076	2363	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)077	2368	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)078	2369	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)079	2371	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)080	2851	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)081	2852	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)082	3080	KWOK Ka-ki	140	(1) Health
FHB(H)083	2462	LAM Kin-fung, Jeffrey	140	(2) Subvention : Hospital Authority
FHB(H)084	2465	LAM Kin-fung, Jeffrey	140	(1) Health
FHB(H)085	2835	LAU Kwok-fan	140	(2) Subvention : Hospital Authority
FHB(H)086	3047	LAU Kwok-fan	140	(2) Subvention : Hospital Authority
FHB(H)087	0198	LEE Kok-long, Joseph	140	(1) Health
FHB(H)088	0199	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)089	0200	LEE Kok-long, Joseph	140	(1) Health
FHB(H)090	0201	LEE Kok-long, Joseph	140	(1) Health
FHB(H)091	0202	LEE Kok-long, Joseph	140	(1) Health
FHB(H)092	0203	LEE Kok-long, Joseph	140	(1) Health
FHB(H)093	0204	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)094	0205	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)095	0206	LEE Kok-long, Joseph	140	(1) Health
FHB(H)096	0208	LEE Kok-long, Joseph	140	(1) Health
FHB(H)097	0211	LEE Kok-long, Joseph	140	(1) Health
FHB(H)098	0212	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)099	0213	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)100	0214	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)101	0216	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)102	0231	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)103	0233	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)104	0234	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)105	0239	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)106	0317	LEE Kok-long, Joseph	140	(1) Health
FHB(H)107	0318	LEE Kok-long, Joseph	140	(1) Health
FHB(H)108	0319	LEE Kok-long, Joseph	140	(1) Health
FHB(H)109	0320	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)110	0322	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)111	0324	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)112	0326	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority
FHB(H)113	0327	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)114	0342	LEE Kok-long, Joseph	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)115	0367	LEE Kok-long, Joseph	140	(1) Health
FHB(H)116	0371	LEE Kok-long, Joseph	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)117	0522	LEE Kok-long, Joseph	140	(1) Health
FHB(H)118	0524	LEE Kok-long, Joseph	140	(1) Health
FHB(H)119	0525	LEE Kok-long, Joseph	140	(1) Health
FHB(H)120	0692	LEE Wai-king, Starry	140	(2) Subvention : Hospital Authority
FHB(H)121	0699	LEE Wai-king, Starry	140	(1) Health
FHB(H)122	0700	LEE Wai-king, Starry	140	(1) Health
FHB(H)123	1250	LEUNG Che-cheung	140	(1) Health
FHB(H)124	1257	LEUNG Che-cheung	140	(2) Subvention : Hospital Authority
FHB(H)125	1312	LEUNG Che-cheung	140	(2) Subvention : Hospital Authority
FHB(H)126	1186	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)127	1190	LEUNG Mei-fun, Priscilla	140	(1) Health
FHB(H)128	0193	LEUNG Yiu-chung	140	(2) Subvention : Hospital Authority
FHB(H)129	0352	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)130	0353	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)131	0355	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)132	0356	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)133	0360	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)134	0362	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)135	1166	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)136	1167	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)137	1168	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)138	1171	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)139	1179	MAK Mei-kuen, Alice	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)140	1180	MAK Mei-kuen, Alice	140	(1) Health
FHB(H)141	1181	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)142	1182	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)143	1183	MAK Mei-kuen, Alice	140	(2) Subvention : Hospital Authority
FHB(H)144	2957	OR Chong-shing, Wilson	140	(1) Health
FHB(H)145	2965	OR Chong-shing, Wilson	140	(1) Health
FHB(H)146	2967	OR Chong-shing, Wilson	140	(1) Health
FHB(H)147	2208	QUAT Elizabeth	140	(1) Health
FHB(H)148	2209	QUAT Elizabeth	140	(2) Subvention : Hospital Authority
FHB(H)149	3177	SHEK Lai-him, Abraham	140	-
FHB(H)150	3098	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)151	3099	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)152	3100	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)153	3114	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)154	3215	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)155	0855	SHIU Ka-fai	140	(1) Health
FHB(H)156	0909	SHIU Ka-fai	140	(1) Health
FHB(H)157	0911	SHIU Ka-fai	140	(1) Health
FHB(H)158	0916	SHIU Ka-fai	140	(1) Health
FHB(H)159	0918	SHIU Ka-fai	140	(1) Health
FHB(H)160	0919	SHIU Ka-fai	140	(1) Health
FHB(H)161	0921	SHIU Ka-fai	140	(1) Health
FHB(H)162	1318	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)163	1319	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)164	1320	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)165	1321	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)166	1324	SHIU Ka-fai	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)167	1325	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)168	1326	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)169	3163	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)170	3164	SHIU Ka-fai	140	(2) Subvention : Hospital Authority
FHB(H)171	1986	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)172	1991	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)173	1997	TIEN Puk-sun, Michael	140	(1) Health
FHB(H)174	2000	TIEN Puk-sun, Michael	140	(1) Health
FHB(H)175	2002	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)176	2009	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)177	2015	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)178	2033	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)179	2042	TIEN Puk-sun, Michael	140	(2) Subvention : Hospital Authority
FHB(H)180	2639	TSE Wai-chun, Paul	140	(1) Health
FHB(H)181	3144	TSE Wai-chun, Paul	140	(2) Subvention : Hospital Authority
FHB(H)182	2467	WONG Pik-wan, Helena	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)183	2475	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)184	2481	WONG Pik-wan, Helena	140	(2) Subvention : Hospital Authority
FHB(H)185	2496	WONG Pik-wan, Helena	140	(1) Health
FHB(H)186	0763	WONG Ting-kwong	140	(1) Health
FHB(H)187	0729	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)188	0732	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)189	0750	WU Chi-wai	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)190	0757	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)191	1010	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)192	1018	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)193	1752	YEUNG Alvin	140	(1) Health
FHB(H)194	1998	YEUNG Alvin	140	(2) Subvention : Hospital Authority
FHB(H)195	2006	YEUNG Alvin	140	(2) Subvention : Hospital Authority
FHB(H)196	2016	YEUNG Alvin	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)197	2029	YEUNG Alvin	140	(2) Subvention : Hospital Authority
FHB(H)198	1066	YIU Si-wing	140	(2) Subvention : Hospital Authority
FHB(H)199	2942	YUNG Hoi-yan	140	(2) Subvention : Hospital Authority
FHB(H)200	0982	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)201	0986	CHAN Han-pan	37	(4) Curative Care
FHB(H)202	0987	CHAN Han-pan	37	(4) Curative Care
FHB(H)203	0988	CHAN Han-pan	37	(5) Rehabilitation
FHB(H)204	1108	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)205	0498	CHAN Kin-por	37	(1) Statutory Functions
FHB(H)206	0338	CHAN Pierre	37	(2) Disease Prevention
FHB(H)207	2622	CHAN Pierre	37	(2) Disease Prevention
FHB(H)208	2674	CHAN Pierre	37	(2) Disease Prevention
FHB(H)209	2145	HO Kwan-yiu, Junius	37	(2) Disease Prevention
FHB(H)210	2148	HO Kwan-yiu, Junius	37	(1) Statutory Functions
FHB(H)211	1096	IP LAU Suk-yee, Regina	37	(4) Curative Care (5) Rehabilitation
FHB(H)212	1628	KWONG Chun-yu	37	(4) Curative Care
FHB(H)213	1635	KWONG Chun-yu	37	(4) Curative Care
FHB(H)214	2682	LAM Kin-fung, Jeffrey	37	(2) Disease Prevention
FHB(H)215	0461	LAU Ip-keung, Kenneth	37	(1) Statutory Functions
FHB(H)216	0209	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)217	0499	LEE Kok-long, Joseph	37	(1) Statutory Functions

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)218	0500	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)219	0501	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)220	0502	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)221	0503	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)222	0505	LEE Kok-long, Joseph	37	(3) Health Promotion
FHB(H)223	0508	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)224	0510	LEE Kok-long, Joseph	37	(5) Rehabilitation
FHB(H)225	0696	LEE Wai-king, Starry	37	(4) Curative Care
FHB(H)226	1193	LEUNG Mei-fun, Priscilla	37	(2) Disease Prevention
FHB(H)227	3188	LEUNG Mei-fun, Priscilla	37	(2) Disease Prevention
FHB(H)228	3156	LUK Chung-hung	37	(1) Statutory Functions
FHB(H)229	1491	MA Fung-kwok	37	(1) Statutory Functions (2) Disease Prevention
FHB(H)230	0354	MAK Mei-kuen, Alice	37	(4) Curative Care
FHB(H)231	0357	MAK Mei-kuen, Alice	37	(1) Statutory Functions
FHB(H)232	0361	MAK Mei-kuen, Alice	37	(4) Curative Care
FHB(H)233	1172	MAK Mei-kuen, Alice	37	(2) Disease Prevention
FHB(H)234	1184	MAK Mei-kuen, Alice	37	(2) Disease Prevention
FHB(H)235	0642	POON Siu-ping	37	(8) Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)236	2244	QUAT Elizabeth	37	(2) Disease Prevention
FHB(H)237	2964	SHIU Ka-chun	37	(4) Curative Care
FHB(H)238	3214	SHIU Ka-chun	37	(2) Disease Prevention
FHB(H)239	2581	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)240	2583	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)241	2584	SHIU Ka-fai	37	(1) Statutory Functions
FHB(H)242	2586	SHIU Ka-fai	37	(2) Disease Prevention
FHB(H)243	2587	SHIU Ka-fai	37	(2) Disease Prevention
FHB(H)244	1349	WONG Kwok-kin	37	(2) Disease Prevention
FHB(H)245	1350	WONG Kwok-kin	37	(2) Disease Prevention

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)246	1351	WONG Kwok-kin	37	(2) Disease Prevention
FHB(H)247	1365	WONG Kwok-kin	37	(1) Statutory Functions
FHB(H)248	2513	WONG Pik-wan, Helena	37	(2) Disease Prevention
FHB(H)249	2577	WONG Pik-wan, Helena	37	(4) Curative Care
FHB(H)250	2654	WONG Pik-wan, Helena	37	-
FHB(H)251	2815	WONG Pik-wan, Helena	37	(1) Statutory Functions
FHB(H)252	1009	WU Chi-wai	37	(2) Disease Prevention
FHB(H)253	2939	YUNG Hoi-yan	37	(2) Disease Prevention
FHB(H)254	2946	YUNG Hoi-yan	37	(2) Disease Prevention
FHB(H)255	2950	YUNG Hoi-yan	37	(2) Disease Prevention
FHB(H)256	2953	YUNG Hoi-yan	37	(1) Statutory Functions
FHB(H)257	2750	WONG Pik-wan, Helena	48	(1) Statutory Testing
FHB(H)258	4145	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)259	4176	CHAN Chi-chuen	140	(1) Health
FHB(H)260	4180	CHAN Chi-chuen	140	-
FHB(H)261	4194	CHAN Chi-chuen	140	(2) Subvention : Hospital Authority
FHB(H)262	5491	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)263	5492	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)264	5493	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)265	5500	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)266	5637	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)267	5657	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)268	6037	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)269	6122	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)270	6124	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)271	6137	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)272	6197	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)273	6377	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)274	6378	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)275	6587	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)276	6593	CHEUNG Chiu-hung, Fernando	140	(1) Health (2) Subvention : Hospital Authority
FHB(H)277	6607	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)278	6608	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)279	6615	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)280	6631	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)281	6635	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)282	6644	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)283	6645	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)284	6646	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)285	6648	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)286	6649	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)287	6650	CHEUNG Chiu-hung, Fernando	140	(2) Subvention : Hospital Authority
FHB(H)288	6883	CHEUNG Chiu-hung, Fernando	140	(1) Health
FHB(H)289	4585	KWOK Ka-ki	140	(1) Health
FHB(H)290	4586	KWOK Ka-ki	140	(1) Health
FHB(H)291	4587	KWOK Ka-ki	140	(1) Health
FHB(H)292	4589	KWOK Ka-ki	140	(1) Health
FHB(H)293	4590	KWOK Ka-ki	140	(1) Health
FHB(H)294	4591	KWOK Ka-ki	140	(1) Health
FHB(H)295	4593	KWOK Ka-ki	140	(1) Health
FHB(H)296	4594	KWOK Ka-ki	140	(1) Health
FHB(H)297	4595	KWOK Ka-ki	140	(1) Health
FHB(H)298	4596	KWOK Ka-ki	140	(1) Health
FHB(H)299	4597	KWOK Ka-ki	140	(1) Health
FHB(H)300	4598	KWOK Ka-ki	140	(1) Health
FHB(H)301	4599	KWOK Ka-ki	140	(1) Health
FHB(H)302	4623	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)303	4624	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)304	4625	KWOK Ka-ki	140	(1) Health
FHB(H)305	4626	KWOK Ka-ki	140	(1) Health
FHB(H)306	4627	KWOK Ka-ki	140	(1) Health
FHB(H)307	4628	KWOK Ka-ki	140	(1) Health
FHB(H)308	4629	KWOK Ka-ki	140	(1) Health
FHB(H)309	4630	KWOK Ka-ki	140	(1) Health
FHB(H)310	4631	KWOK Ka-ki	140	(1) Health
FHB(H)311	4632	KWOK Ka-ki	140	(1) Health
FHB(H)312	4633	KWOK Ka-ki	140	(1) Health
FHB(H)313	4634	KWOK Ka-ki	140	(1) Health
FHB(H)314	4643	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)315	4663	KWOK Ka-ki	140	(1) Health
FHB(H)316	4664	KWOK Ka-ki	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)317	4665	KWOK Ka-ki	140	(1) Health
FHB(H)318	4666	KWOK Ka-ki	140	(1) Health
FHB(H)319	4667	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)320	4668	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)321	4669	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)322	4670	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)323	4671	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)324	4672	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)325	4673	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)326	4674	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)327	4675	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)328	4676	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)329	4677	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)330	4678	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)331	4679	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)332	4680	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)333	4681	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)334	4682	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)335	4683	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)336	4684	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)337	4685	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)338	4686	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)339	4687	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)340	4688	KWOK Ka-ki	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)341	4689	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)342	4690	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)343	4691	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)344	4692	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)345	4693	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)346	4752	KWOK Ka-ki	140	(1) Health
FHB(H)347	4759	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)348	4760	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)349	4761	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)350	4762	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)351	4803	KWOK Ka-ki	140	(1) Health
FHB(H)352	4807	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)353	4808	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)354	4809	KWOK Ka-ki	140	(3) Subvention : Prince Philip Dental Hospital
FHB(H)355	4810	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)356	4811	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)357	4812	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)358	4813	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)359	4814	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)360	4815	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)361	4816	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)362	4817	KWOK Ka-ki	140	(2) Subvention : Hospital Authority
FHB(H)363	4826	KWOK Ka-ki	140	-
FHB(H)364	6917	KWOK Ka-ki	140	(1) Health
FHB(H)365	4094	LAU Siu-lai	140	(1) Health
FHB(H)366	4095	LAU Siu-lai	140	(1) Health

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)367	4096	LAU Siu-lai	140	(2) Subvention : Hospital Authority
FHB(H)368	4097	LAU Siu-lai	140	(1) Health
FHB(H)369	4099	LAU Siu-lai	140	(2) Subvention : Hospital Authority
FHB(H)370	4102	LAU Siu-lai	140	(2) Subvention : Hospital Authority
FHB(H)371	7221	LAW Kwun-chung, Nathan	140	(1) Health
FHB(H)372	4911	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)373	4912	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)374	5082	LEUNG Kwok-hung	140	(1) Health
FHB(H)375	6961	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)376	6962	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)377	6963	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)378	6964	LEUNG Kwok-hung	140	(2) Subvention : Hospital Authority
FHB(H)379	3321	LEUNG Yiu-chung	140	(2) Subvention : Hospital Authority
FHB(H)380	3374	LEUNG Yiu-chung	140	-
FHB(H)381	3394	LEUNG Yiu-chung	140	(1) Health
FHB(H)382	4870	MA Fung-kwok	140	(2) Subvention : Hospital Authority
FHB(H)383	6922	MA Fung-kwok	140	(1) Health
FHB(H)384	5121	MOK Charles Peter	140	(1) Health
FHB(H)385	5133	MOK Charles Peter	140	(1) Health
FHB(H)386	5150	MOK Charles Peter	140	-
FHB(H)387	6722	MOK Charles Peter	140	-
FHB(H)388	6723	MOK Charles Peter	140	-
FHB(H)389	7171	POON Siu-ping	140	(2) Subvention : Hospital Authority
FHB(H)390	4328	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)391	4371	SHIU Ka-chun	140	-
FHB(H)392	4374	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)393	4375	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)394	4376	SHIU Ka-chun	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)395	4377	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)396	4378	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)397	4379	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)398	4447	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)399	4448	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)400	4466	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)401	4467	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)402	4518	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)403	4519	SHIU Ka-chun	140	(2) Subvention : Hospital Authority
FHB(H)404	4497	TIEN Puk-sun, Michael	140	(1) Health
FHB(H)405	7189	TIEN Puk-sun, Michael	140	-
FHB(H)406	5418	TSE Wai-chun, Paul	140	(2) Subvention : Hospital Authority
FHB(H)407	5872	TSE Wai-chun, Paul	140	(2) Subvention : Hospital Authority
FHB(H)408	5891	TSE Wai-chun, Paul	140	(2) Subvention : Hospital Authority
FHB(H)409	5898	TSE Wai-chun, Paul	140	(2) Subvention : Hospital Authority
FHB(H)410	5905	TSE Wai-chun, Paul	140	(1) Health
FHB(H)411	5949	TSE Wai-chun, Paul	140	(1) Health
FHB(H)412	5994	TSE Wai-chun, Paul	140	(1) Health
FHB(H)413	6837	WONG Ting-kwong	140	(1) Health
FHB(H)414	3913	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)415	3914	WU Chi-wai	140	(1) Health
FHB(H)416	3915	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)417	3919	WU Chi-wai	140	(2) Subvention : Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)418	3920	WU Chi-wai	140	(2) Subvention : Hospital Authority
FHB(H)419	5294	YEUNG Alvin	140	(2) Subvention : Hospital Authority
FHB(H)420	7180	YUNG Hoi-yan	140	(1) Health
FHB(H)421	4163	CHAN Chi-chuen	37	(1) Statutory Functions
FHB(H)422	4112	CHAN Han-pan	37	(1) Statutory Functions
FHB(H)423	4113	CHAN Han-pan	37	(2) Disease Prevention
FHB(H)424	5328	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)425	5496	CHEUNG Chiu-hung, Fernando	37	(1) Statutory Functions
FHB(H)426	5530	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)427	5636	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)428	6164	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)429	6266	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)430	6268	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)431	6275	CHEUNG Chiu-hung, Fernando	37	(5) Rehabilitation
FHB(H)432	7069	CHEUNG Chiu-hung, Fernando	37	(2) Disease Prevention
FHB(H)433	3614	IP Kin-yuen	37	(2) Disease Prevention
FHB(H)434	7172	IP LAU Suk-yee, Regina	37	(2) Disease Prevention
FHB(H)435	4567	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)436	4568	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)437	4569	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)438	4570	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)439	4571	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)440	4572	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)441	4573	KWOK Ka-ki	37	(3) Health Promotion
FHB(H)442	4574	KWOK Ka-ki	37	(4) Curative Care

Reply Serial No.	Question Serial No.	Name of Member	Head	Programme
FHB(H)443	4575	KWOK Ka-ki	37	(4) Curative Care
FHB(H)444	4592	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)445	4750	KWOK Ka-ki	37	(1) Statutory Functions
FHB(H)446	4751	KWOK Ka-ki	37	(2) Disease Prevention
FHB(H)447	4753	KWOK Ka-ki	37	(4) Curative Care
FHB(H)448	4754	KWOK Ka-ki	37	(5) Rehabilitation
FHB(H)449	6805	KWOK Wing-hang, Dennis	37	(5) Rehabilitation
FHB(H)450	4083	LAU Siu-lai	37	(4) Curative Care
FHB(H)451	4084	LAU Siu-lai	37	(2) Disease Prevention
FHB(H)452	3467	LEE Kok-long, Joseph	37	(1) Statutory Functions
FHB(H)453	3468	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)454	3469	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)455	3470	LEE Kok-long, Joseph	37	(2) Disease Prevention
FHB(H)456	3471	LEE Kok-long, Joseph	37	(4) Curative Care
FHB(H)457	4985	LEUNG Kwok-hung	37	(4) Curative Care
FHB(H)458	4986	LEUNG Kwok-hung	37	(4) Curative Care
FHB(H)459	4987	LEUNG Kwok-hung	37	(4) Curative Care
FHB(H)460	4988	LEUNG Kwok-hung	37	(4) Curative Care
FHB(H)461	3330	LEUNG Yiu-chung	37	-
FHB(H)462	3349	LEUNG Yiu-chung	37	-
FHB(H)463	4867	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)464	7202	MA Fung-kwok	37	(2) Disease Prevention
FHB(H)465	4492	TIEN Puk-sun, Michael	37	(4) Curative Care
FHB(H)466	4496	TIEN Puk-sun, Michael	37	(2) Disease Prevention
FHB(H)467	7173	TIEN Puk-sun, Michael	37	(2) Disease Prevention
FHB(H)468	5802	TSE Wai-chun, Paul	37	(2) Disease Prevention
FHB(H)469	3916	WU Chi-wai	37	(2) Disease Prevention
FHB(H)470	3917	WU Chi-wai	37	(4) Curative Care
FHB(H)471	3918	WU Chi-wai	37	-
FHB(H)472	5402	YIU Chung-yim	48	(2) Advisory and Investigative Services

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)001

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2874)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please advise this Committee of the utilisation of the vouchers, expenditure involved and proportion of beneficiaries who had made use of vouchers to the number of eligible beneficiaries in the past 3 years.

Asked by: Hon CHAN Chi-chuen (Member Question No. 32)

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:

	2014	**2015**	**2016**
Number of elders who had made use of vouchers	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	75%	79%	84%

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

The number of voucher claim transactions and the amount of vouchers claimed in the past 3 years are as follows:

Number of Voucher Claim Transactions

	2014	2015	2016
Medical Practitioners	1 734 967	2 006 263	1 955 048
Chinese Medicine Practitioners	383 613	533 700	607 531
Dentists	73 586	109 840	119 305
Occupational Therapists	584	478	620
Physiotherapists	13 201	19 947	21 835
Medical Laboratory Technologists	3 697	5 646	9 748
Radiographers	3 047	4 971	5 886
Nurses	921	1 457	3 079
Chiropractors	1 975	3 125	5 003
Optometrists	5 956	21 326	72 572
Sub-total (Hong Kong):	2 221 547	2 706 753	2 800 627
University of Hong Kong - Shenzhen Hospital [Note]	-	2 287	5 667
Total:	2 221 547	2 709 040	2 806 294

Amount of Vouchers Claimed (in $'000)

	2014	2015	2016
Medical Practitioners	444,401	611,860	638,006
Chinese Medicine Practitioners	82,369	142,265	171,599
Dentists	55,131	98,563	105,455
Occupational Therapists	390	230	271
Physiotherapists	3,981	6,381	7,007
Medical Laboratory Technologists	2,273	3,820	9,905
Radiographers	1,358	2,365	3,197
Nurses	773	1,389	3,335
Chiropractors	1,276	1,825	1,913
Optometrists	5,587	37,092	128,399
Sub-total (Hong Kong):	597,539	905,790	1,069,087
University of Hong Kong - Shenzhen Hospital [Note]	-	537	1,471
Total:	597,539	906,327	1,070,558

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

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)002

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2876)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

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

(2) What is the number of attendances for GID diagnosis of transgender people in 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. 33)

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 (NTEC) 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 and medical social workers. The psychiatrists and clinical psychologists establish the diagnosis of GID and assess the degree of severity. The occupational therapists and medical social workers advise the person on changes in home and working environment. Doctors prescribe hormones of the opposite sex to the person for the person's external appearance as well as psychological changes to help alleviate mental distress.

Patients recommended for sex reassignment surgery must undergo an assessment for around two years demonstrating satisfactory social adjustment in living in the opposite sex, and with recommendation letters from two mental health professionals.

(2) The table below sets out the number of psychiatric Specialist Out-patient (SOP) attendances for patients diagnosed with GID from 2012-13 to 2016-17 (up to 31 December 2016).

Year	**Number of psychiatric SOP attendances for patients diagnosed with GID**
2012-13	490
2013-14	550
2014-15	570
2015-16	630
2016-17 (up to 31 December 2016) [provisional figure]	420

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 patients' clinical history and presenting symptoms. The dates of medical appointment for new patients therefore vary depending on the actual clinical conditions of the respective patients. In 2016-17 (up to 31 December 2016), the provisional figure for the median waiting time for new cases under routine category at psychiatric SOP clinics is 19 weeks.

(3) Professionals in the GID clinic providing services to GID patients include psychiatrists, clinical psychologists, surgeons, gynaecologists, physicians, endocrinologists, occupational therapists and medical social workers. As they 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 will be handled by the GID clinic. As for ongoing cases being 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. 0800)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the following data of different clusters under the Hospital Authority in the past 5 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 A&E Departments of different clusters.
(3) The number of doctors, nurses, allied health professionals and general hospital beds per 1 000 population.

Asked by: Hon CHAN Hak-kan (Member Question No. 36)

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 2012, 2013, 2014, 2015 and 2016.

Population Estimates in 2012 (as at mid-2012)

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

Population Estimates in 2013 (as at mid-2013)

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

Population Estimates in 2014 (as at mid-2014)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	772 500	134 900
Central & Western, Southern	HKWC	529 400	83 400
Kowloon City, Yau Tsim	KCC	534 900	89 900
Kwun Tong, Sai Kung	KEC	1 097 000	157 700
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen	KWC	1 941 700	317 200

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Wan, Lantau Island			
Sha Tin, Tai Po, North	NTEC	1 266 700	160 900
Tuen Mun, Yuen Long	NTWC	1 098 700	121 700
Overall Hong Kong		**7 241 700**	**1 065 900**

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 700	141 200
Central & Western, Southern	HKWC	525 700	87 000
Kowloon City, Yau Tsim	KCC	540 900	94 300
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	1 956 000	328 900
Sha Tin, Tai Po, North	NTEC	1 290 200	171 300
Tuen Mun, Yuen Long	NTWC	1 117 500	130 100
Overall Hong Kong		**7 305 700**	**1 117 300**

Projected Population in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	764 200	148 000
Central & Western, Southern	HKWC	521 900	91 300
Kowloon City, Yau Tsim	KCC	538 300	99 200
Kwun Tong, Sai Kung	KEC	1 122 300	170 900
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 955 200	340 800
Sha Tin, Tai Po, North	NTEC	1 315 200	183 200
Tuen Mun, Yuen Long	NTWC	1 136 400	139 600
Overall Hong Kong		**7 354 500**	**1 173 000**

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

(2)

The 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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2012-13

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
HKEC	0	6	15	60	94
HKWC	0	6	21	79	139
KCC	0	7	27	144	177
KEC	0	7	18	90	148
KWC	0	7	19	93	106
NTEC	0	9	24	79	74
NTWC	0	3	22	107	121
Overall HA	**0**	**7**	**21**	**90**	**114**

2013-14

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

2014-15

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

2015-16

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	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 (up to 31 December 2016) [Provisional figures]

Cluster	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	0	6	16	96	139
HKWC	0	8	24	102	177
KCC	0	7	29	146	190
KEC	0	8	21	120	178
KWC	0	7	22	83	93
NTEC	0	10	30	102	87
NTWC	0	6	29	133	149
Overall HA	**0**	**8**	**24**	**106**	**131**

The table below sets out the manpower of doctors and nurses in the A&E specialty by cluster under HA in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Full-time Equivalent Strength of A&E Doctors and Nurses by Cluster from 2012-13 to 2016-17

Cluster	2012-13 (as at 31 March 2013)		2013-14 (as at 31 March 2014)		2014-15 (as at 31 March 2015)		2015-16 (as at 31 March 2016)		2016-17 (as at 31 December 2016)	
	Doctors	Nursing	Doctors	Nursing	Doctors	Nursing	Doctors	Nursing	Doctors	Nursing
HKEC	54	79	54	106	54	102	55	106	57	116
HKWC	30	53	29	52	26	51	26	52	30	50
KCC	39	71	40	80	41	73	48	101	46	118
KEC	55	123	59	125	58	126	64	140	67	138
KWC	108	197	126	255	134	272	134	293	139	289
NTEC	64	188	67	192	66	212	70	214	71	202
NTWC	59	142	63	151	66	157	66	173	76	193

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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(3)

The tables below set out the number of doctors, nurses, allied health professionals, and general beds in HA by cluster in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, together with their respective ratios to overall population:

2012-13

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	572	0.7	2 348	3.0	717	0.9	2 004	2.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	599	1.1	2 600	4.9	826	1.5	2 853	5.3	Central & Western, Southern
KCC	674	1.3	3 069	6.0	940	1.8	3 004	5.9	Kowloon City, Yau Tsim
KEC	607	0.6	2 313	2.2	645	0.6	2 175	2.0	Kwun Tong, Sai Kung
KWC	1245	0.6	5 088	2.6	1 359	0.7	5 179	2.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	3 524	2.8	999	0.8	3 474	2.8	Sha Tin, Tai Po, North
NTWC	676	0.6	2 834	2.6	752	0.7	2 156	2.0	Tuen Mun, Yuen Long
Cluster Total	**5 248**	**0.7**	**21 776**	**3.0**	**6 239**	**0.9**	**20 845**	**2.9**	

2013-14

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	575	0.7	2 443	3.1	746	1.0	2 004	2.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	602	1.1	2 553	4.8	838	1.6	2 860	5.4	Central & Western, Southern
KCC	679	1.3	3 175	6.2	978	1.9	3 005	5.9	Kowloon City, Yau Tsim
KEC	627	0.6	2 474	2.3	685	0.6	2 291	2.1	Kwun Tong, Sai Kung
KWC	1 300	0.7	5 337	2.8	1 479	0.8	5 221	2.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	879	0.7	3 707	2.9	1 018	0.8	3 477	2.8	Sha Tin, Tai Po, North
NTWC	702	0.6	3 027	2.8	797	0.7	2 274	2.1	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**0.7**	**22 716**	**3.2**	**6 541**	**0.9**	**21 132**	**2.9**	

2014-15

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	584	0.8	2 517	3.3	762	1.0	2 044	2.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	608	1.1	2 679	5.1	883	1.7	2 860	5.4	Central & Western, Southern
KCC	703	1.3	3 275	6.1	989	1.8	3 029	5.7	Kowloon City, Yau Tsim
KEC	644	0.6	2 613	2.4	706	0.6	2 295	2.1	Kwun Tong, Sai Kung
KWC	1 318	0.7	5 608	2.9	1 566	0.8	5 244	2.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	3 897	3.1	1 081	0.9	3 539	2.8	Sha Tin, Tai Po, North
NTWC	723	0.7	3 163	2.9	831	0.8	2 326	2.1	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**0.8**	**23 751**	**3.3**	**6 818**	**0.9**	**21 337**	**2.9**	

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	5.4	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 (As at 31 December 2016)

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	605	0.8	2 681	3.5	805	1.1	2 085	2.7	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	659	1.3	2 801	5.4	956	1.8	2 860	5.5	Central & Western, Southern
KCC	747	1.4	3 332	6.2	1 058	2.0	3 053	5.7	Kowloon City, Yau Tsim
KEC	684	0.6	2 737	2.4	780	0.7	2 347	2.1	Kwun Tong, Sai Kung
KWC	1 374	0.7	5 743	2.9	1 695	0.9	5 244	2.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	4 030	3.1	1 228	0.9	3 672	2.8	Sha Tin, Tai Po, North
NTWC	799	0.7	3 483	3.1	961	0.8	2 537	2.2	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	**24 806**	**3.4**	**7 484**	**1.0**	**21 798**	**3.0**	

Note:

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

2. It should be noted that the ratios of doctors, nurses, allied health professionals and general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors considered;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients throughout the territory.

3. It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included given their specific nature.

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 the rounding effect.

5. The number of doctors excludes Interns and Dental Officers.

6. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 0838)

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) (Patrick T K NIP)

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) Please tabulate the number of applications for registration of proprietary Chinese medicines received by the Chinese Medicine Council of Hong Kong, the number of successful applications, the number of rejected applications and the average time needed from submission of an application to successful registration and the reasons for applications being rejected in 2016; and

(b) Whether the Government has received any medical cases associated with the intake of registered proprietary Chinese medicine in 2016; if so, the number of cases and the details; and whether the Government has taken follow-up actions accordingly and the expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 20)

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 2016 to 31 December 2016, the CMB has received 38 new applications for registration of pCms. During the aforementioned period, 305 pCm have been issued with HKC, and 422 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 summarized in the table below:

From 1 January 2016 to 31 December 2016	
No. of new application received	38
No. of HKC issued	305
No. of application rejected / withdrawn	422

As at 1 March 2017, the CMB has received a total of 18 112 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB had issued 932 HKC, 7 447 HKP and 257 HKNT. A total of 8 669 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 2016, the DH did not receive any adverse event from the Hospital Authority that was caused by consumption of registered pCm.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0839)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of Chinese medicine sector,

(a) please tabulate by month the number of attendance and the type of consultation sought at all public Chinese medicine clinics operating on a tripartite collaboration model in 2016; and

(b) please tabulate by month the number of patients, integrated treatments undertaken, their results and expenditure involved in 2016 since the introduction of integrated Chinese and Western medicine treatment.

Asked by: Hon CHAN Han-pan (Member Question No. 21)

Reply:

(a) The monthly attendances of the 18 Chinese Medicine Centres for Training and Research (CMCTRs) in 2016 are as follows:

Month	No. of Attendances for General Consultation	No. of Attendances for Other Chinese Medicine Services [Note]	Total
January	49 793	46 128	95 921
February	42 734	32 175	74 909
March	52 963	40 800	93 763
April	56 715	45 115	101 830
May	55 397	45 847	101 244
June	53 180	46 316	99 496
July	50 361	55 288	105 649
August	52 831	55 713	108 544
September	49 449	45 637	95 086

Month	No. of Attendances for General Consultation	No. of Attendances for Other Chinese Medicine Services [Note]	Total
October	47 411	42 961	90 372
November	50 667	48 615	99 282
December	50 556	51 099	101 655
Total	**612 057**	**555 694**	**1 167 751**

Note: Other Chinese medicine services provided by non-governmental organisations 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, the Hospital Authority (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 acute 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 adopted in Phase I, and the ICWM service model has been enhanced having regard to the findings of the review. Phase I ended on 20 December 2015, which had recruited a total of 238 patients who joined the pilot project on a voluntary basis.

With enhancement measures introduced after the above interim review, 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 will allocate provisions 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. The accumulated expenditure incurred by the pilot project up to 28 February 2017 was $22.2 million.

As at 28 February 2017, 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	215	5 230
Acute Low Back Pain Care	306	735
Cancer Palliative Care	216	2 700
Total	737	8 665

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0840)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

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

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

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

Asked by: Hon CHAN Han-pan (Member Question No. 22)

Reply:
(a)
The tables below set out the intake number, attrition number and number of retirees of healthcare staff in each cluster in 2014-15, 2015-16 and 2016-17.

2014-15

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

2015-16

Cluster	Intake No.		Attrition No.				No. of Retiree	
	Doctors	Nurses	Doctors		Nurses		Doctors	Nurses
			FT	PT	FT	PT		
HKEC	48	264	22	7	163	1	6	32
HKWC	61	247	44	0	143	8	5	28
KCC	60	258	26	3	163	2	3	29
KEC	55	225	30	8	146	1	6	24
KWC	108	403	63	11	262	0	16	56
NTEC	84	326	20	9	162	0	2	25
NTWC	72	318	35	14	160	0	7	33

2016-17

Cluster	Intake No. (April-December 2016)		Attrition No. (January-December 2016)				No. of Retiree (January-December 2016)	
	Doctors	Nurses	Doctors		Nurses		Doctors	Nurses
			FT	PT	FT	PT		
HKEC	43	174	34	8	161	1	8	19
HKWC	58	179	32	5	185	13	7	35
KCC	48	199	27	7	197	1	9	37
KEC	41	163	36	3	134	6	7	18
KWC	80	311	67	9	248	0	13	41
NTEC	67	205	35	8	190	0	6	33
NTWC	73	230	24	11	149	0	4	35

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) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment

districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(b)
In the past three years, HA has earmarked around $321 million a year to attract and retain healthcare professionals. Major measures include enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA would continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention. Through the allocation of a time-limited funding of $570 million for 2015-16 to 2017-18, 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.

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

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0841)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question :

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

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

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

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

Reply :

(a) & (b)

Hospital beds

The Hospital Authority (HA) has earmarked over $270 million, $320 million and $235 million for the opening of beds in 2014-15, 2015-16 and 2016-17 respectively.

The tables below set out the respective number of hospital beds opened in each hospital cluster in 2014-15, 2015-16 and 2016-17.

2014-15

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

2015-16

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

2016-17

Cluster	Number of hospital beds opened			
	Acute	**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**

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

HA has earmarked a total of $150.3 million, $124.2 million and $169 million respectively in 2014-15, 2015-16 and 2016-17 to enhance the following services as set out in the table below:

	2014-15	**2015-16**	**2016-17**
Number of additional OT sessions	37 (HKEC, HKWC, KCC, KWC, NTEC & NTWC)	19 (KEC, NTEC & NTWC)	**(Target)** 48 (HKEC, KCC, KEC, KWC, NTEC, NTWC)
Number of additional endoscopic sessions	35 (NTEC & KEC)	19 (HKEC & KWC)	**(Target)** 22 (HKEC, KEC & NTWC)
Number of additional GOPC attendances	32 000 (KEC, KWC & NTWC)	55 000 (KCC, KEC, KWC, NTEC & NTWC)	**(Target)** 27 000 (HKWC, KEC, KWC, NTEC, NTWC)
Total number of A&E support sessions (equivalent to number of 4-hour sessions) *(Note)*	around 3 000 (HKEC, KCC, KEC, KWC, NTEC & NTWC)	around 4 000 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)	**(up to 31 December 2016)** around 3 400 (HKEC, HKWC, KCC, KEC, KWC, NTEC & NTWC)

Note:

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

General outpatient waiting time

For GOPCs, consultation 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.

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 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

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	87	128
HKWC	0	8	24	110	177
KCC	0	8	37	156	183
KEC	0	8	20	103	158
KWC	0	7	25	112	107
NTEC	0	10	29	99	82
NTWC	0	5	27	130	139
Overall HA	**0**	**7**	**26**	**110**	**127**

2015-16

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 (up to 31 December 2016) [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	96	139
HKWC	0	8	24	102	177
KCC	0	7	29	146	190
KEC	0	8	21	120	178
KWC	0	7	22	83	93
NTEC	0	10	30	102	87
NTWC	0	6	29	133	149
Overall HA	**0**	**8**	**24**	**106**	**131**

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 0842)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, please provide:

(a) in the form of a table, the numbers of complaints against illegal smoking received by the Government, verbal and written warnings issued and prosecutions by summonses, as well as the manpower and expenditure involved in the past 3 years;

(b) the details of work with regard to the promotion of smoke-free culture by the Government as well as the manpower and expenditure involved in the past 3 years; and

(c) the details of the tobacco control work targeted at young people by the Government as well as the manpower and expenditure involved in the past 3 years.

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

Reply:

(a) Tobacco Control Office (TCO) of 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 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 –

		2014	2015	2016
Complaints received		17 354	17 875	22 939
Inspections conducted		29 032	29 324	30 395
Warning letters issued		37	20	6
FPNs issued (for smoking offences)		7 834	7 693	8 650
Summonses issued	for smoking offences	193	163	207
	for other offences (such as willful obstruction and failure to produce identity document)	92	80	79

In general, TCO will prosecute smoking offenders without prior warning. TCO will only consider issuing warning letters if the smoking offenders are found to be persons under 15 years old.

The expenditures and staff establishment of TCO in the past three years are at **Annexes 1 and 2** respectively.

(b)&(c)

Over the years, DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-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. 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 DH, the Hospital Authority (HA) and NGOs. DH operates a total of six smoking cessation clinics (five for civil servants, and one open to members of the public). 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 DH and HA, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone.

Targeting at preventing children and youth from picking up the smoking habit, 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. 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 of TCO in health promotion relating to tobacco control and smoking cessation services in the past three years are at **Annex 1**. Various DH services other than TCO also contribute to the provision of health promotion activities, including with young people as the target. However, as they form an integral part of DH's respective services, such expenditure could not be separately identified. Similarly for HA, the smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure could not be separately identified.

- End -

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2014-15 ($ million)	2015-16 ($ million)	2016-17 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	49.9	51.5	53.9
Health Education and Smoking Cessation			
Programme 3: Health Promotion	124.5	127.2	139.8
(a) General health education and promotion of smoking cessation			
TCO	*45.1*	*46.7*	*56.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*24.3*	*22.4*	*22.8*
Sub-total	***69.4***	***69.1***	***79.5***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*37.0*	*39.1*	*41.5*
Subvention to Pok Oi Hospital	*7.8*	*7.3*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.2*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*	*2.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*	*1.9*
Sub-total	***55.1***	***58.1***	***60.3***
Total	**174.4**	**178.7**	**193.7**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15	2015-16	2016-17
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0843)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

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

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

Asked by: Hon CHAN Han-pan (Member Question No. 25)

Reply:

(a) & (b)

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

The table below sets out the number of psychiatric doctors, psychiatric nurses, community psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in the past three years (from 2014-15 to 2016-17):

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]
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 March 2016)						
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] (as at 31 December 2016)						
HKEC	34	242	8	8	N/A	19
HKWC	28	113	8	6	N/A	21
KCC[7]	35	236	11	10	N/A	26
KEC	38	141	16	11	N/A	20
KWC[7]	72	654	23	26	N/A	70
NTEC	65	372	20	15	N/A	40
NTWC	84	716	49	13	N/A	60
Overall	**356**	**2 473**	**135**	**89**	**243**	**256**

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.
6. Starting from 2016-17, the figures on psychiatric doctors also include doctors working in SLH.
7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e.

concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 0844)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the work of promoting the healthy development of a dual-track healthcare system 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 the past 3 years 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 the past 3 years and its effectiveness, as well as the manpower and expenditure involved.

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

Reply:

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

We also support the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council 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.

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 (PHFs) 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. We are finalising details of the new regulatory regime for PHFs, taking into account the views received from stakeholders. We aim to introduce the Bill to the Legislative Council in the first half of this year. Related expenditure will be absorbed within the existing resources of FHB.

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 2017-18, 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 $54.1 million, respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0845)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

(a) the details of the medical equipment acquired or upgraded for public hospitals in each cluster under the Hospital Authority in 2016-17, the expenditure involved and the utilisation of such equipment; and

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

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

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 2016-17, HA procured 804 major medical equipment items at a total cost of $612 million.

Among the hundreds of major medical equipment items procured by HA each year, some are of a unit cost exceeding $5 million. The table below sets out those major medical equipment items of a unit cost exceeding $5 million that were procured by HA in 2016-17 as well as the clusters, hospitals and specialties involved and the expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiotherapy Systems, Linear Accelerator	HKWC	QMH	ONC	23.9
Information Systems, Data Management, Anesthesia	KEC	UCH	ANA	8.0
Minimally Invasive Surgery (MIS) Video Systems	KWC	CMC	SUR	7.3
Information Systems, Data Management, Obstetric	KWC	KWH	OBG	6.2
MIS Video Systems	KWC	PMH	SUR	7.7
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	MED	19.1
Radiotherapy Simulation Systems, Computer Tomography-Based	KWC	PMH	ONC	6.9
Scanning Systems, Computed Tomography, Spiral	KWC	PMH	RAD	15.0
Workstations, Radiotherapy, Planning	NTEC	PWH	ONC	5.6
Radiographic/Fluoroscopic Systems, Cardiovascular	NTWC	TMH	MED	12.6

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2016-17 (up to 31 December 2016).

	Number of Patient Attendances
MRI	53 266
CT	329 577

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

(b)

Public healthcare services, including operation of necessary medical equipment, are delivered to HA patients by HA staff on a collective basis. HA's medical equipment items are operated by doctors, nurses and allied health professionals as needed and their workload from the operation of medical equipment cannot be separately quantified. HA will continue to implement various measures in 2017-18 to attract, retain and recruit additional healthcare professionals for quality patient care.

Abbreviations

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

Hospitals
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
QMH – Queen Mary Hospital
PWH– Prince of Wales Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Specialties
ANA – Anaesthesiology
MED – Medicine
OBG – Obstetrics & Gynaecology
ONC – Oncology
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0846)

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) (Patrick T K NIP)

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 provide the following information:
(a) the estimated number of healthcare professionals to be recruited and the number of healthcare professionals already employed having regard to the operational needs of the hospital; and
(b) details of the preparation work for the hospital, and the manpower and expenditures involved.

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

Reply:

(a) & (b)

Construction works for the Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are progressing as scheduled for completion in 2017. The new HKCH aims to commence service by phases starting 2018.

HKCH is a corporate led project and a team approach is adopted in the preparation work and commissioning of the hospital. To prepare for service commencement, HA has put in place a series of measures on service re-organisation for the whole paediatric service network of HA, the related manpower deployment, recruitment and training.

The detailed operational arrangements of HKCH, including the financial and manpower requirement, will be worked out when the detailed commissioning plan is finalised. The estimated manpower upon full opening of the hospital, which will have 468 beds in total, is around 1 800 staff. Around 300 staff have already been recruited.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0847)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the prevention of the spread of communicable diseases, please advise on:

(a) details of the promotion work on the prevention of the spread of communicable diseases in the community and its effectiveness in the past 3 years, as well as the expenditure involved;

(b) details of the preventive measures implemented by the Government in the past 2 years in view of the risk of introduction of Zika virus to Hong Kong, as well as the manpower and expenditure involved.

Asked by: Hon CHAN Han-pan (Member Question No. 29)

Reply:

(a) To promote the prevention of the spread of communicable diseases in the community, while the Food and Health Bureau (FHB) is responsible for reviewing and formulating relevant policies, the Centre for Health Protection (CHP) under the Department of Health (DH) is responsible for the relevant promotion work and has produced a variety of health education materials such as thematic web pages, television and radio Announcements in the Public Interest, guidelines, pamphlets, posters, infographics, booklets, Frequently Asked Questions (FAQs) and exhibition boards. Various publicity and health education channels, e.g. websites, Facebook Page, YouTube Channel, television and radio stations, health education hotline, media interviews have been deployed all along for the promulgation of health advice.

The DH has been working closely with its partners, which include Government bureaux/departments, District Councils, Healthy Cities Projects at the district level and non-governmental organisations (NGOs), to provide regular updates on the latest disease situation and solicit their collaboration in disseminating relevant health information.

The DH does not have separate expenditure and manpower on the prevention and publicity measures on communicable diseases as it is part of the DH's overall work on health promotion.

(b) In view of the possible spread of Zika Virus Infection in Hong Kong, the Government has put in place the following measures –

Disease Surveillance and Government Response Framework

(i) A surveillance system has been implemented by the CHP to monitor emerging infectious diseases.

(ii) The Government published a gazette notice on 5 February 2016 to include Zika Virus Infection as a statutorily notifiable infectious disease under the Prevention and Control of Disease Ordinance (Cap. 599). Since then, medical practitioners are required to notify the CHP of any confirmed case for investigation and follow-up actions.

(iii) The Government launched the "Preparedness and Response Plan on Zika Virus Infection" (the Preparedness Plan) on 11 March 2016. The Preparedness Plan adopts a three-tier response level (i.e. Alert, Serious and Emergency) and sets out the corresponding command structures and public health measures at each response level, with the aim of better coordinating efforts amongst different Government departments and organisations to prevent, respond to and control the spread of the disease. The Alert Response Level was activated on the same day the Preparedness Plan was launched. Under the Alert Response Level, the immediate health impact caused by Zika virus on local population is low.

Communication with other Health Authorities and Stakeholders

(iv) The DH has been closely monitoring the global and regional situation and experts' views. The DH maintains close liaison with the World Health Organization, as well as health authorities in the Mainland and overseas countries/places.

(v) The DH also engages local partners including Government bureaux/departments, District Councils, Healthy Cities Projects at the district level, NGOs, healthcare professionals, private hospitals and professional medical organisations to provide regular updates on the latest disease situation and solicit their collaboration in disseminating relevant health information.

(vi) Meetings of the Interdepartmental Coordination Committee on Mosquito-borne Diseases have been held with relevant Government departments to enhance anti-mosquito and environmental hygiene measures, and enhance the public health education and health advice on the prevention of Zika Virus Infection and its complications, targeting at the general public as well as specific sectors of the community.

Laboratory Testing

(vii) The CHP's Public Health Laboratory Services Branch provides laboratory testing service for Zika Virus Infection.

Travel Health Measures

(viii) The Port Health Office of the DH has stepped up port health measures and enhanced risk communication with stakeholders and travellers to reduce the risk of importing Zika virus to Hong Kong.

(ix) The DH has been reminding outbound travellers of the risk of Zika Virus Infection and advising travellers to take necessary anti-mosquito measures as a precaution. Pregnant women and women preparing for pregnancy should not travel to areas with ongoing Zika virus transmission. Travellers should seek medical advice before the trip and avoid mosquito bites during the trip. Travellers who return from affected areas should continue to apply insect repellent for at least 21 days after returning to Hong Kong.

Health Advice to the High Risk Groups

(x) The DH has promulgated special health advice concerning the prevention of potential adverse pregnancy outcomes arising from Zika Virus Infection for pregnant women and women preparing for pregnancy, as well as advice on prevention of sexual transmission for them and their male partners. The DH has also provided advice on measures to prevent transmissions through blood transfusion.

Public Education

(xi) Health educational materials, including leaflets, posters and infographics have been widely distributed in the community. A dedicated webpage on Zika Virus Infection has been set up under the CHP website with information including disease update, prevention and travel advice and FAQs. Health information has also been delivered via television and radio, the 24-hour health education hotline (2833 0111), the CHP Facebook Fanpage, the CHP YouTube Channel and media interviews.

(xii) Several seminars/forums on Zika Virus Infection for the health care workers and the public were conducted.

(xiii) The DH has maintained close communication with the tourism sector and other stakeholders, especially travel agents organising tours to areas with ongoing Zika virus transmission (affected areas) and their tour leaders and tour guides, to provide them with up-to-date disease information and health advice regularly. The DH will continue to closely monitor the latest developments in neighbouring and overseas areas.

Enhanced Measures Against the Risk of Zika Virus Infection Arising from the 2016 Olympic and Paralympic Games

In the light of the increased risk of Zika Virus Infection arising from the 2016 Olympic and Paralympic Games (the Games) in Rio de Janeiro, Brazil, the FHB, the DH and Hospital Authority (HA) adopted various enhanced measures in summer 2016 as follows –

(xiv) The FHB commissioned a research to the Department of Microbiology of the University of Hong Kong to conduct tests for Zika virus among people returning from the Games without symptoms.

(xv) The DH maintained close liaison with the Sports Federation & Olympic Committee of Hong Kong, China, the Hong Kong Paralympic Committee & Sports Association for the Physically Disabled and the Hong Kong Sports Institute before, during and after the Games. The DH organized briefings and provided travel health advice to the athletes and their personnel, as well as media reporters covering the Games.

(xvi) Designated clinics of the HA had increased service capacity to provide consultation respectively for Hong Kong delegates and travellers returning from Brazil during the Games from August 8 to October 14, 2016.

The FHB, the DH and the HA do not have separate breakdown of expenditure on preventing Zika Virus Infection as it is an integral part of public health surveillance, prevention and control functions.

– End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0981)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the expenditure on Chinese medicine clinics in 18 districts in the past 3 years and its annual growth rates. Please list their numbers of attendances, staff establishment and staff costs in the past 3 years. Were the rates of salary increase for the staff working at Chinese medicine clinics in 18 districts able to catch up with inflation in the past 3 years?

Asked by: Hon CHAN Han-pan (Member Question No. 82)

Reply:

The Government has provided $89.3 million and $88.2 million in 2014-15 and 2015-16 respectively to meet the expenditure of the Chinese Medicine Centres for Training and Research (CMCTRs). In the 2016-17 Estimates, the Government has earmarked $94.5 million for operating the CMCTRs.

The total number of attendances and the total number of Chinese medicine practitioners (CMPs) engaged by the 18 CMCTRs are as follows:

Year	Number of Attendances*	Number of CMPs
2014	1 052 110	358
2015	1 103 726	366
2016	1 167 751	381

* 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.).

Staff working at the CMCTRs are employees of the non-governmental organisations (NGOs) which are responsible for the operation of the CMCTRs. Their terms of employment and remuneration packages are determined by the NGOs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0990)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

As indicated in the Estimates, the occupancy rate of general beds last year stood at 89%. However, the shortage of hospital beds in individual hospitals during the peak flu season has been covered by the media on a number of occasions. Please list the occupancy rate of hospital beds in each hospital in 2016 by month. Will the Government earmark any resources or take any measures to relieve the shortage of hospital beds in individual hospitals during the peak flu season? If yes, what are the details? If not, what are the reasons?

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

Reply:

The 89% of bed occupancy rate for general (acute and convalescent) inpatient services of the Hospital Authority (HA) for 2016-17 was an aggregate figure for the year and covered all general specialties of public hospitals in HA. The bed occupancy rate reported by the media during winter surge period covers mainly the Medicine specialty which usually has a higher bed occupancy rate than the overall rate of all specialties.

The table below sets out the inpatient bed occupancy rate for general (acute & convalescent) specialties by cluster for each quarter in 2016.

Cluster	Inpatient bed occupancy rate			
	January – March 2016	**April – June 2016**	**July – September 2016**	**October – December 2016 [Provisional figures]**
HKEC	91%	91%	87%	87%
HKWC	78%	80%	77%	75%
KCC	93%	94%	89%	89%
KEC	95%	95%	93%	93%

Cluster	Inpatient bed occupancy rate			
	January – March 2016	**April – June 2016**	**July – September 2016**	**October – December 2016 [Provisional figures]**
KWC	92%	93%	89%	87%
NTEC	94%	94%	91%	91%
NTWC	105%	104%	101%	99%
Overall HA	92%	93%	90%	89%

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 (AED) 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. 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.

3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

HA has formulated and implemented a series of strategies to address the increase in service demand during the winter surge period, include enhancing infection control measure, managing demand in the community, gate-keeping to reduce unnecessary hospitalisation, improving patient flow, optimising and augmenting buffer capacity, reprioritising core activities and enhancing communication with the public.

In 2016-17, HA has opened 231 new beds to increase service capacity. In addition, in light of the experience gained from the implementation of effective measures in meeting rising service demand during winter surge, HA has in particular focused on the following measures in the 2016-17:

(a) Opening of over 500 temporary beds to meet the possible upsurge in service demand;

(b) Encouraging healthcare staff to receive vaccination through internal publicity and related arrangements;

(c) Enhancing geriatrics support to AED to handle elderly cases so as to reduce unnecessary hospitalisation and facilitate timely referrals of patients to the most appropriate care settings;

(d) Enhancing virology service for community acquired pneumonia and intensive care unit patients to facilitate and expedite patient management decision;

(e) Increasing ward rounds by senior doctors during evenings, weekends and public holidays as well as enhancing related supporting services (including radiological and physiotherapy services) to improve patient flow;

(f) Strengthening discharge support (e.g. non-emergency ambulance transfer service, dispensary service and portering service) to improve patient flow;

(g) Increasing the service quotas of general out-patient clinics during the winter surge period and especially during Christmas, Chinese New Year and Easter holidays; and

(h) Enhancing public communication including holding press conferences to inform the public of HA's response plan, providing one-stop information on winter surge at HA website and mobile application, appealing and carrying out publicity through television, radio, newspapers and magazines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0991)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

With an ageing population, the Government should have provided more geriatric services. However, it is mentioned in the Estimates that the number of geriatric day attendances will be reduced from 146 800 in the revised estimate for 2016-17 to 142 400 in the estimate for 2017-18. What are the reasons for this? Please provide information on the Government's expenditures on geriatric services and their uses in the past 3 years.

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

Reply:

Hospital Authority (HA) is providing a spectrum of comprehensive medical services including inpatient services, outpatient services, day hospital, community and infirmary services for patients aged 65 or above who are the major users of HA hospital services. These patients account for around 50% of all patient days and in-patient admissions via Accident & Emergency (A&E) departments, as well as more than one-third of all general outpatient clinic and specialist outpatient clinic attendances.

The table below sets out the cost of services to patients aged 65 or above from 2012-13 to 2016-17.

	Costs of Services to Patients Aged 65 or Above ($ million)				
	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
Services to patients aged 65 or above	20,036	21,655	23,637	25,499	28,196

It should be noted that the costs of services to patients aged 65 or above are based on the average unit cost of the major care types/services and the actual (or projected) activities consumed by patients aged 65 or above from 2012-13 to 2016-17. HA's service costing approach in compiling costs for major care types, e.g. inpatient services, outpatient services, A&E services and community care services, etc., is on an average basis (i.e. with reference to the total costs of respective services and the corresponding activities, in term of patient days/attendances) for that period. HA does not collate patient level cost information, and therefore costs of services for a particular type of patient is not available.

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 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.

As for the Geriatric Day Hospital (GDH) service, the projected decrease in the estimated total geriatric day attendances for 2017-18 (from 146 800 to 142 400) is due to the renovation works of GDH at Yung Fung Shee Memorial Centre in Kwun Tong. During the renovation period, the geriatric team will enhance other services, including community service, to support the continuity of care for the elderly patients.

HA will continue to regularly monitor and review the demand for various medical services and plan for the development of its services (including services for elderly patients) having regard to factors such as population growth and demographic changes, advancement of medical technology and healthcare manpower, and collaborate with the community to better meet the needs of patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0475)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Programme of the Food and Health Bureau (Health Branch) that the Branch will prepare for the implementation of the Voluntary Health Insurance Scheme. It is also stated in the Policy Address that the Government will examine the details of providing tax deduction for the purchase of regulated health insurance products to encourage the use of private healthcare services by the public. In this connection, will the Government inform this Committee of the following:

a) the estimated expenditure for tax deduction and promotion purposes;
b) whether staff with insurance-related experience will be employed to undertake this task; and
c) the anticipated timetable for implementation?

Asked by: Hon CHAN Kin-por (Member Question No. 21)

Reply:

The Government released the Consultation Report on the Voluntary Health Insurance Scheme (VHIS) on 9 January 2017. As revealed by the consultation outcomes, there was broad support for the concept and policy objectives of the VHIS in general. The Government will proceed to implement the VHIS through a non-legislative framework.

We will establish a VHIS Office, comprising staff of different expertise, to certify those products that are VHIS-compliant which would be eligible for tax deduction. Consultants with extensive experience in the insurance sector will also be engaged to advise on the technical details of the proposals.

We aim to finalise the VHIS practice guidelines and details of the tax deduction arrangement in 2018. Relevant implementation details, including estimated expenditure pertaining to the VHIS, will be formulated in due course.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)018

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0476)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under the programme of the Food and Health Bureau (Health Branch), it is mentioned that the Branch will continue to oversee the operation of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes. Please advise this Committee on:

(a) the total number of people who have received such training since the implementation of the training plan; and

(b) the number of Chinese medicine practitioners currently working in Chinese medicine clinics who are graduates of local Chinese medicine degree programmes.

Asked by: Hon CHAN Kin-por (Member Question No. 22)

Reply:

(a) From 2009, a total of 216 training places of junior Chinese medicine practitioners (CMPs) / CMP trainees are provided in 18 Chinese Medicine Centres for Training and Research (CMCTRs). The training programme now takes three years.

(b) As at end-December 2016, 257 local Chinese medicine degree programme graduates were working in 18 CMCTRs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0321)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the number of departures, the turnover rates and length of service upon departure of medical officers in various hospitals under the Hospital Authority in 2015-16 and 2016-17 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. 3)

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 2015-16 and 2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016).

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 2015-16 and 2016-17, HA has recruited new doctors to fill vacancies as well as to strengthen its manpower support. As at 31 December 2016, there were 5 819 doctors working in HA, representing an increase of 3.0% from 5 684 in 2015-16, and 6.5% from 5 462 in 2014-15. The total additional expenditure incurred in the recruitment and promotion of doctors exceeds the savings from staff attrition by around $343 million and $372 million for 2015-16 and 2016-17 respectively.

Table 1: Attrition figures of full-time doctors by department and by rank in each hospital cluster in 2015-16 and 2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)

Cluster	Department	2015-16				2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	0	1	1	1	0	1	2
	Anaesthesia	1	0	0	1	0	1	1	2
	Family Medicine	0	1	1	2	0	0	3	3
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	0	1	1	2	2	5	3	10
	Neurosurgery	0	0	1	1	0	0	0	0
	Obstetrics & Gynaecology	0	2	0	2	0	2	2	4
	Ophthalmology	0	0	1	1	0	1	0	1
	Orthopaedics & Traumatology	1	2	2	5	0	0	0	0
	Paediatrics	0	0	1	1	0	0	1	1
	Pathology	0	0	0	0	1	0	1	2
	Psychiatry	0	0	0	0	0	0	3	3
	Radiology	1	2	0	3	1	1	0	2
	Surgery	1	0	0	1	2	1	0	3
	Others	1	0	1	2	0	0	1	1
	Total	**5**	**8**	**9**	**22**	**7**	**11**	**16**	**34**
HKWC	Accident & Emergency	1	1	2	4	0	0	1	1
	Anaesthesia	1	1	3	5	2	0	0	2
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	2	2
	Intensive Care Unit	0	0	2	2	0	0	1	1
	Medicine	2	3	4	9	2	2	5	9
	Neurosurgery	1	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	1	0	0	1	1
	Ophthalmology	0	1	0	1	0	0	0	0
	Orthopaedics & Traumatology	0	2	0	2	0	1	0	1
	Paediatrics	1	2	0	3	3	2	0	5
	Pathology	0	0	0	0	0	0	0	0
	Psychiatry	0	0	3	3	0	1	0	1
	Radiology	2	1	1	4	1	1	2	4
	Surgery	2	1	1	4	2	1	1	4
	Others	0	1	2	3	0	0	1	1
	Total	**10**	**13**	**21**	**44**	**10**	**8**	**14**	**32**
KCC	Accident & Emergency	0	1	1	2	1	0	2	3
	Anaesthesia	0	1	0	1	1	2	0	3
	Cardio-thoracic Surgery	0	1	0	1	0	0	0	0
	Family Medicine	0	0	1	1	0	1	2	3
	Intensive Care Unit	0	1	0	1	0	0	0	0
	Medicine	0	0	1	1	2	0	0	2
	Neurosurgery	0	1	0	1	0	0	0	0
	Obstetrics & Gynaecology	1	3	2	6	0	1	0	1
	Ophthalmology	0	2	0	2	0	3	0	3
	Orthopaedics & Traumatology	2	0	0	2	2	1	0	3
	Paediatrics	0	1	1	2	0	0	0	0
	Pathology	0	2	1	3	0	1	0	1
	Psychiatry	0	1	0	1	0	2	1	3
	Radiology	0	0	0	0	1	1	0	2
	Surgery	0	0	0	0	2	0	0	2
	Others	1	1	0	2	1	0	0	1
	Total	**4**	**15**	**7**	**26**	**10**	**12**	**5**	**27**

Cluster	Department	2015-16				2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KEC	Accident & Emergency	1	0	3	4	0	1	3	4
	Anaesthesia	0	1	3	4	0	3	0	3
	Family Medicine	0	0	3	3	0	0	6	6
	Intensive Care Unit	0	0	0	0	0	0	0	0
	Medicine	2	1	3	6	3	2	1	6
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	0	1	2	1	0	0	1
	Ophthalmology	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	1	1	1	2	1	4
	Paediatrics	0	1	0	1	0	0	0	0
	Pathology	1	1	1	3	2	2	1	5
	Psychiatry	1	0	0	1	0	2	0	2
	Radiology	2	0	0	2	0	0	0	0
	Surgery	1	0	1	2	1	2	0	3
	Others	0	1	0	1	1	0	0	1
	Total	**9**	**5**	**16**	**30**	**9**	**15**	**12**	**36**
KWC	Accident & Emergency	0	1	2	3	0	2	3	5
	Anaesthesia	2	0	2	4	2	1	2	5
	Family Medicine	0	1	6	7	0	0	11	11
	Intensive Care Unit	0	1	0	1	0	0	1	1
	Medicine	3	4	10	17	3	4	7	14
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	2	1	0	3	0	1	1	2
	Ophthalmology	0	2	0	2	0	1	0	1
	Orthopaedics & Traumatology	1	2	1	4	2	2	1	5
	Paediatrics	1	0	2	3	0	0	3	3
	Pathology	3	1	0	4	2	0	0	2
	Psychiatry	0	1	0	1	1	2	1	4
	Radiology	1	5	1	7	1	5	1	7
	Surgery	2	0	2	4	0	2	2	4
	Others	0	2	1	3	2	1	0	3
	Total	**15**	**21**	**27**	**63**	**13**	**21**	**33**	**67**
NTEC	Accident & Emergency	0	0	0	0	0	0	1	1
	Anaesthesia	0	1	0	1	1	0	2	3
	Cardio-thoracic Surgery	0	0	1	1	0	0	1	1
	Family Medicine	0	0	2	2	0	0	5	5
	Intensive Care Unit	0	0	2	2	0	0	1	1
	Medicine	0	2	3	5	1	1	6	8
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	0	1	1
	Ophthalmology	0	1	0	1	0	0	1	1
	Orthopaedics & Traumatology	0	1	0	1	2	0	0	2
	Paediatrics	0	0	1	1	1	0	2	3
	Pathology	1	0	0	1	0	1	1	2
	Psychiatry	0	0	0	0	0	0	0	0
	Radiology	0	0	1	1	0	0	1	1
	Surgery	0	2	0	2	0	1	2	3
	Others	0	1	0	1	1	1	1	3
	Total	**1**	**9**	**10**	**20**	**6**	**4**	**25**	**35**
NTWC	Accident & Emergency	0	0	3	3	0	0	1	1
	Anaesthesia	0	0	1	1	0	0	0	0
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0
	Family Medicine	0	2	4	6	0	0	4	4
	Intensive Care Unit	0	1	0	1	0	0	0	0
	Medicine	1	1	0	2	1	0	2	3
	Neurosurgery	0	0	0	0	0	0	0	0
	Obstetrics &	0	2	1	3	0	0	0	0

Cluster	Department	2015-16				2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Gynaecology								
	Ophthalmology	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	0	0
	Paediatrics	1	1	0	2	0	2	1	3
	Pathology	0	0	0	0	1	0	0	1
	Psychiatry	1	2	4	7	1	1	1	3
	Radiology	2	1	1	4	1	2	1	4
	Surgery	0	1	4	5	0	0	1	1
	Others	0	0	1	1	0	1	2	3
	Total	**5**	**11**	**19**	**35**	**4**	**7**	**13**	**24**

Table 2: Attrition rates of full-time doctors by major department and by rank in 2015-16 and 2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)

Department	2015-16				2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)			
	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
Accident & Emergency	5.3%	1.7%	5.4%	3.9%	5.2%	1.6%	5.0%	3.7%
Anaesthesia	7.1%	2.5%	5.1%	4.3%	10.2%	4.2%	2.7%	4.4%
Cardio-thoracic Surgery	-	10.1%	8.1%	6.0%	-	-	8.6%	3.0%
Family Medicine	-	4.5%	4.2%	4.1%	-	0.9%	7.5%	6.0%
Intensive Care Unit	-	5.7%	6.1%	5.3%	-	-	4.2%	2.2%
Medicine	5.1%	2.9%	3.3%	3.4%	8.5%	3.3%	3.6%	4.2%
Neurosurgery	6.3%	4.6%	1.9%	3.4%	-	-	-	-
Obstetrics & Gynaecology	10.5%	16.0%	5.1%	9.4%	2.4%	6.9%	5.1%	5.1%
Ophthalmology	-	11.3%	1.1%	4.3%	-	13.2%	1.1%	4.9%
Orthopaedics & Traumatology	7.4%	6.5%	2.4%	4.6%	12.8%	5.5%	1.2%	4.5%
Paediatrics	5.7%	4.7%	2.8%	3.8%	7.1%	3.7%	3.9%	4.4%
Pathology	9.2%	5.2%	2.9%	5.5%	10.1%	5.7%	3.9%	6.3%
Psychiatry	5.4%	3.4%	3.8%	3.8%	5.4%	6.5%	3.2%	4.6%
Radiology	11.6%	9.5%	3.3%	7.4%	7.2%	10.1%	4.3%	7.0%
Surgery	7.1%	2.7%	2.8%	3.4%	7.7%	4.5%	2.0%	3.7%
Others	4.2%	7.4%	3.6%	4.8%	9.9%	3.6%	4.3%	5.1%
Overall	**6.4%**	**4.6%**	**3.7%**	**4.4%**	**7.4%**	**4.3%**	**3.9%**	**4.5%**

Table 3: Years of service in HA of departed full-time doctors by department in each hospital cluster in 2015-16 and 2016-17 (rolling 12 months from 1 Jan 2016 to 31 Dec 2016)

2015-16

Cluster	Department	2015-16						
		<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	0	1
	Anaesthesia	0	0	0	0	0	1	1
	Family Medicine	0	0	0	1	0	1	2
	Medicine	0	0	0	0	1	1	2
	Neurosurgery	0	1	0	0	0	0	1
	Obstetrics & Gynaecology	0	0	1	1	0	0	2
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	0	1	1	1	2	5
	Paediatrics	0	1	0	0	0	0	1
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	0
	Radiology	0	0	2	0	0	1	3
	Surgery	0	0	0	0	0	1	1
	Others	0	1	0	0	0	1	2

Cluster	Department	2015-16						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Total	**0**	**4**	**5**	**3**	**2**	**8**	**22**
HKWC	Accident & Emergency	0	1	1	0	1	1	4
	Anaesthesia	0	2	1	1	0	1	5
	Family Medicine	0	1	0	0	1	0	2
	Intensive Care Unit	1	1	0	0	0	0	2
	Medicine	0	1	2	2	2	2	9
	Neurosurgery	0	0	0	0	0	1	1
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	0	1	1	0	2
	Paediatrics	0	0	0	1	1	1	3
	Psychiatry	0	3	0	0	0	0	3
	Radiology	0	1	0	2	0	1	4
	Surgery	0	1	1	0	2	0	4
	Others	0	0	2	1	0	0	3
	Total	**1**	**11**	**8**	**8**	**9**	**7**	**44**
KCC	Accident & Emergency	0	1	0	0	1	0	2
	Anaesthesia	0	0	0	1	0	0	1
	Cardio-thoracic Surgery	0	0	0	0	0	1	1
	Family Medicine	0	0	0	0	1	0	1
	Intensive Care Unit	0	0	0	0	1	0	1
	Medicine	0	0	0	1	0	0	1
	Neurosurgery	0	0	0	0	1	0	1
	Obstetrics & Gynaecology	0	0	2	3	1	0	6
	Ophthalmology	0	0	0	2	0	0	2
	Orthopaedics & Traumatology	0	0	0	0	1	1	2
	Paediatrics	0	0	1	0	0	1	2
	Pathology	0	1	0	2	0	0	3
	Psychiatry	0	0	0	0	1	0	1
	Others	0	0	0	0	0	2	2
	Total	**0**	**2**	**3**	**9**	**7**	**5**	**26**
KEC	Accident & Emergency	2	1	0	0	0	1	4
	Anaesthesia	0	1	2	0	1	0	4
	Family Medicine	1	0	2	0	0	0	3
	Medicine	0	1	2	0	1	2	6
	Obstetrics & Gynaecology	0	1	0	0	0	1	2
	Orthopaedics & Traumatology	0	0	0	1	0	0	1
	Paediatrics	0	0	0	0	1	0	1
	Pathology	0	0	1	1	0	1	3
	Psychiatry	0	0	0	0	1	0	1
	Radiology	0	0	0	0	1	1	2
	Surgery	0	1	0	0	0	1	2
	Others	0	0	0	0	1	0	1
	Total	**3**	**5**	**7**	**2**	**6**	**7**	**30**
KWC	Accident & Emergency	0	1	1	0	0	1	3
	Anaesthesia	1	1	0	0	1	1	4
	Family Medicine	0	1	2	3	1	0	7
	Intensive Care Unit	0	0	0	0	0	1	1
	Medicine	1	6	0	2	4	4	17
	Obstetrics & Gynaecology	0	0	0	1	0	2	3
	Ophthalmology	0	1	0	0	1	0	2
	Orthopaedics & Traumatology	0	0	1	2	0	1	4
	Paediatrics	0	1	1	0	0	1	3
	Pathology	0	0	1	0	1	2	4
	Psychiatry	0	1	0	0	0	0	1
	Radiology	0	0	2	2	2	1	7
	Surgery	0	2	0	0	0	2	4
	Others	0	0	1	1	0	1	3
	Total	**2**	**14**	**9**	**11**	**10**	**17**	**63**
NTEC	Anaesthesia	0	0	0	1	0	0	1
	Cardio-thoracic Surgery	0	1	0	0	0	0	1

Cluster	Department	2015-16						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
	Family Medicine	0	1	1	0	0	0	2
	Intensive Care Unit	0	1	1	0	0	0	2
	Medicine	0	1	1	1	2	0	5
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	1	0	0	1
	Paediatrics	0	0	1	0	0	0	1
	Pathology	0	0	0	0	1	0	1
	Radiology	0	0	1	0	0	0	1
	Surgery	0	0	0	2	0	0	2
	Others	0	0	0	0	0	1	1
	Total	**0**	**4**	**5**	**7**	**3**	**1**	**20**
NTWC	Accident & Emergency	0	2	0	1	0	0	3
	Anaesthesia	0	1	0	0	0	0	1
	Family Medicine	0	3	1	2	0	0	6
	Intensive Care Unit	0	0	0	1	0	0	1
	Medicine	0	0	0	0	1	1	2
	Obstetrics & Gynaecology	0	1	1	0	0	1	3
	Paediatrics	0	0	0	0	0	2	2
	Psychiatry	0	2	1	1	2	1	7
	Radiology	0	0	1	1	0	2	4
	Surgery	0	2	3	0	0	0	5
	Others	0	0	0	1	0	0	1
	Total	**0**	**11**	**7**	**7**	**3**	**7**	**35**

2016-17 (Rolling 12 months from 1 Jan 2016 to 31 Dec 2016)

Cluster	Department	2016-17 (Rolling 12 months from 1 Jan 2016 to 31 Dec 2016)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
HKEC	Accident & Emergency	0	0	0	0	0	2	2
	Anaesthesia	0	1	0	1	0	0	2
	Family Medicine	0	1	0	1	0	1	3
	Medicine	0	0	1	2	2	5	10
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	3	1	0	0	4
	Ophthalmology	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	0
	Paediatrics	0	1	0	0	0	0	1
	Pathology	0	1	0	0	0	1	2
	Psychiatry	0	0	2	1	0	0	3
	Radiology	0	0	1	0	0	1	2
	Surgery	0	0	0	1	2	0	3
	Others	0	1	0	0	0	0	1
	Total	**0**	**5**	**7**	**7**	**5**	**10**	**34**
HKWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	0	0	0	2	2
	Cardio-thoracic Surgery	0	0	0	0	0	0	0
	Family Medicine	0	2	0	0	0	0	2
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	1	3	0	2	1	2	9
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	0	0	0	0	0	0
	Orthopaedics & Traumatology	0	0	0	0	1	0	1
	Paediatrics	0	0	1	1	1	2	5
	Pathology	0	0	0	0	0	0	0
	Psychiatry	0	0	0	1	0	0	1
	Radiology	0	1	2	1	0	0	4
	Surgery	0	0	1	0	2	1	4
	Others	0	0	1	0	0	0	1
	Total	**1**	**8**	**6**	**5**	**5**	**7**	**32**

Cluster	Department	2016-17 (Rolling 12 months from 1 Jan 2016 to 31 Dec 2016)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
KCC	Accident & Emergency	0	2	0	0	0	1	3
	Anaesthesia	0	0	1	1	0	1	3
	Family Medicine	0	0	0	3	0	0	3
	Medicine	0	0	0	0	0	2	2
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	2	1	0	3
	Orthopaedics & Traumatology	0	1	0	0	1	1	3
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	0	1	1	0	3
	Radiology	0	0	0	0	0	2	2
	Surgery	0	0	0	0	1	1	2
	Others	0	0	0	0	0	1	1
	Total	**0**	**4**	**1**	**8**	**4**	**10**	**27**
KEC	Accident & Emergency	2	1	0	1	0	0	4
	Anaesthesia	0	0	0	0	3	0	3
	Family Medicine	1	2	1	1	0	1	6
	Medicine	0	2	0	1	1	2	6
	Obstetrics & Gynaecology	0	0	0	0	0	1	1
	Ophthalmology	0	0	1	0	0	0	1
	Orthopaedics & Traumatology	0	1	0	1	1	1	4
	Paediatrics	0	0	0	0	0	0	0
	Pathology	0	1	1	1	0	2	5
	Psychiatry	0	0	0	0	2	0	2
	Radiology	0	0	0	0	0	0	0
	Surgery	0	0	0	0	1	2	3
	Others	0	0	0	0	0	1	1
	Total	**3**	**7**	**3**	**5**	**8**	**10**	**36**
KWC	Accident & Emergency	0	3	0	1	0	1	5
	Anaesthesia	0	1	0	2	1	1	5
	Family Medicine	0	5	3	2	0	1	11
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	4	1	2	2	5	14
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	1	0	1	2
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	1	2	1	1	5
	Paediatrics	0	0	3	0	0	0	3
	Pathology	0	0	0	0	1	1	2
	Psychiatry	0	1	0	2	0	1	4
	Radiology	0	0	3	2	0	2	7
	Surgery	0	1	1	1	0	1	4
	Others	0	0	0	0	1	2	3
	Total	**0**	**16**	**12**	**16**	**6**	**17**	**67**
NTEC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	2	0	0	0	1	3
	Cardio-thoracic Surgery	0	1	0	0	0	0	1
	Family Medicine	0	2	1	2	0	0	5
	Intensive Care Unit	0	1	0	0	0	0	1
	Medicine	0	2	1	2	2	1	8
	Obstetrics & Gynaecology	0	0	1	0	0	0	1
	Ophthalmology	0	1	0	0	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	2	2
	Paediatrics	0	0	0	2	0	1	3
	Pathology	0	0	1	0	0	1	2
	Psychiatry	0	0	1	0	0	0	1
	Surgery	0	0	2	1	0	0	3
	Others	0	0	1	0	0	2	3
	Total	**0**	**10**	**8**	**7**	**2**	**8**	**35**

Cluster	Department	2016-17 (Rolling 12 months from 1 Jan 2016 to 31 Dec 2016)						
		<1 Year	1 - <6 Year	6 - <11 Year	11 - <16 Years	16 - <21 Years	21 Years & above	Total
NTWC	Accident & Emergency	0	1	0	0	0	0	1
	Anaesthesia	0	0	0	0	0	0	0
	Family Medicine	0	4	0	0	0	0	4
	Intensive Care Unit	0	0	0	0	0	0	0
	Medicine	0	2	0	0	0	1	3
	Neurosurgery	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	0	0	0	0	0
	Ophthalmology	0	0	0	1	0	0	1
	Orthopaedics & Traumatology	0	0	0	0	0	0	0
	Paediatrics	0	0	1	0	0	2	3
	Pathology	0	0	0	0	0	1	1
	Psychiatry	0	1	0	1	0	1	3
	Radiology	0	0	2	1	0	1	4
	Surgery	0	0	1	0	0	0	1
	Others	0	0	2	1	0	0	3
	Total	**0**	**8**	**6**	**4**	**0**	**6**	**24**

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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 0323)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting time for specialist outpatient services provided by different clusters in 2016-17:

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

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

Asked by: Hon CHAN Pierre (Member Question No. 24)

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 2016-17 (up to 31 December 2016).

2016-17 (up to 31 December 2016) [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	736	<1	2 519	3	3 910	31
	MED	1 721	1	2 890	6	5 891	25
	GYN	521	<1	693	3	3 219	38
	OPH	4 189	<1	1 630	7	5 233	36
	ORT	1 060	1	1 222	6	5 573	60
	PAE	102	1	734	5	208	12
	PSY	223	1	601	3	1 967	15
	SUR	1 250	1	3 490	7	6 637	37
HKWC	ENT	417	<1	1 371	4	4 132	14
	MED	1 405	<1	1 619	4	7 080	30
	GYN	1 342	<1	860	5	3 703	29
	OPH	2 535	<1	1 309	4	3 056	37
	ORT	602	<1	1 201	3	6 206	22
	PAE	487	<1	726	4	1 016	13
	PSY	375	1	625	3	2 478	39
	SUR	1 862	<1	2 307	5	7 945	17
KCC	ENT	1 025	<1	878	4	9 568	28
	MED	1 065	1	1 564	4	7 268	69
	GYN	304	<1	1 425	6	2 603	36
	OPH	6 240	<1	4 058	2	9 686	78
	ORT	250	1	738	3	5 663	60
	PAE	646	1	601	6	828	13
	PSY	102	<1	601	3	1 120	23
	SUR	1 493	1	2 207	5	10 817	44
KEC	ENT	1 331	<1	1 931	4	4 632	86
	MED	1 271	1	4 001	6	10 435	73
	GYN	1 115	1	793	6	5 026	32
	OPH	4 550	<1	199	6	9 469	12
	ORT	2 852	<1	3 031	7	7 876	49
	PAE	966	<1	586	4	2 037	13
	PSY	302	1	1 274	5	4 004	12
	SUR	1 582	1	5 331	7	13 369	25

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	2 892	<1	3 022	5	8 968	46
	MED	1 906	<1	4 920	4	16 416	60
	GYN	932	<1	2 248	6	9 286	24
	OPH	5 417	<1	4 787	2	6 092	50
	ORT	2 799	1	3 699	4	11 805	71
	PAE	2 122	<1	829	6	3 428	12
	PSY	241	<1	542	3	10 332	11
	SUR	2 906	1	6 588	6	22 428	33
NTEC	ENT	3 250	<1	2 919	3	6 809	36
	MED	2 418	<1	2 604	6	13 042	70
	GYN	1 535	<1	693	6	6 759	56
	OPH	6 077	<1	3 672	4	7 884	53
	ORT	4 455	<1	1 644	5	12 100	127
	PAE	172	<1	444	4	2 901	11
	PSY	896	1	2 017	4	4 055	78
	SUR	1 608	<1	2 887	5	16 558	38
NTWC	ENT	2 057	<1	1 320	4	7 319	70
	MED	1 299	1	2 923	5	5 756	50
	GYN	893	1	206	5	4 357	30
	OPH	7 238	<1	2 542	4	5 772	36
	ORT	1 413	1	1 246	4	7 722	71
	PAE	92	1	461	7	1 483	20
	PSY	432	1	1 315	7	3 245	37
	SUR	1 372	1	2 837	5	13 844	56

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 0325)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the number of "management personnel", "professionals/administrator" and "support staff" (as defined in the Hospital Authority Annual Report) in the areas of "medical", "nursing", "allied health professionals" and "care-related support" in the Hospital Authority Head Office and each cluster, their total salary, mid-point monthly salary as well as their median and the 90^{th}, 75^{th}, 25^{th} and 10^{th} percentile monthly salaries in 2015-16, 2016-17 and 2017-18 (Estimate).

(b) Please list the number of staff receiving overtime allowance/payment and the amount involved in respect of the above staff categories in 2015-16, 2016-17 and 2017-18 (Estimate).

(c) Please list by specialty and cluster the number of HA doctors involved in part time service and the total amount of remuneration they received in 2015-16, 2016-17 and 2017-18 (Estimate).

(d) Please list by specialty and cluster the number of non-HA doctors involved in part time service and the total amount of remuneration they received in 2015-16, 2016-17 and 2017-18 (Estimate).

Asked by: Hon CHAN Pierre (Member Question No. 4)

Reply:

(a)

The tables below provide the number of "medical", "nursing", "allied health" (AH), "care-related support staff", "management personnel", "professionals/administrator" and "other support staff" of the Hospital Authority (HA) Head Office (HO) and each cluster, their total remuneration; mid-point monthly salary as well as their median and 90^{th}, 75^{th}, 25^{th}

and 10th percentile monthly salaries in 2015-16 and 2016-17 (full year projection). Estimate of 2017-18 is not available as the budget allocation for 2017-18 is under preparation.

2015-16

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	16	190	115,328	103,440	142,725	108,215	90,964	79,320
	Nursing	45	143	65,553	63,095	77,650	63,095	51,220	43,105
	AH	73	122	70,680	59,445	100,339	77,650	47,235	41,593
	Care-related Support Staff	4	1	16,326	17,586	17,586	17,586	16,956	15,821
	Management Personnel	36	119	263,890	144,360	205,008	176,680	139,590	131,837
	Professional/ Administrator	1 314	1,212	77,718	54,220	95,215	63,095	34,180	28,140
	Other Support Staff	563	184	30,660	18,419	35,890	26,785	17,103	12,310
HKEC	Medical	631	1,151	119,395	105,260	138,600	117,080	67,745	54,220
	Nursing	2 613	1,636	46,430	37,590	62,235	43,105	28,140	17,995
	AH	791	565	66,463	41,215	63,095	62,235	28,140	24,280
	Care-related Support Staff	1 507	320	22,823	14,321	17,049	16,890	13,174	11,683
	Management Personnel	12	28	148,033	105,260	199,055	115,083	91,910	82,507
	Professional/ Administrator	130	92	60,963	43,105	74,210	59,445	26,785	24,280
	Other Support Staff	2 275	518	40,235	13,640	26,785	17,995	10,661	9,996
HKWC	Medical	684	1,189	116,345	101,620	154,950	117,080	63,095	54,220
	Nursing	2 788	1,747	45,525	41,215	62,235	43,105	28,140	19,160
	AH	913	688	66,463	43,105	63,095	62,235	28,140	25,505
	Care-related Support Staff	1 489	306	18,336	15,046	17,464	16,823	13,174	11,683
	Management Personnel	13	33	156,155	109,090	169,709	165,205	101,620	81,688
	Professional/ Administrator	120	85	57,760	49,465	64,745	62,235	29,560	24,280
	Other Support Staff	2 028	470	40,235	13,640	26,785	17,995	10,840	10,246
KCC	Medical	771	1,383	119,395	105,260	138,600	117,080	64,745	54,220
	Nursing	3 304	2,113	45,970	43,105	62,235	45,130	29,560	26,785
	AH	1 028	756	66,463	41,215	63,095	62,235	28,140	25,505
	Care-related Support Staff	2 044	397	22,823	13,852	17,295	15,753	12,853	11,397
	Management Personnel	14	33	151,138	105,260	147,241	117,080	89,675	79,699
	Professional/ Administrator	171	100	55,530	43,105	62,235	56,770	26,785	22,900
	Other Support Staff	2 416	541	38,630	12,428	25,505	17,995	10,760	9,997

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	721	1,274	119,395	101,620	134,300	117,080	64,745	54,220
	Nursing	2 698	1,640	45,525	39,360	59,445	43,105	28,140	16,890
	AH	750	515	66,463	41,215	63,095	56,770	28,140	24,280
	Care-related Support Staff	1 491	320	24,558	15,046	17,995	16,890	13,174	12,275
	Management Personnel	10	27	136,553	113,010	190,320	116,063	89,071	76,981
	Professional/ Administrator	112	78	56,605	47,235	73,564	62,235	26,785	24,280
	Other Support Staff	1 790	393	35,875	13,640	22,900	17,103	10,960	9,997
KWC	Medical	1 438	2,582	119,395	105,260	134,300	117,080	67,745	54,220
	Nursing	5 730	3,712	45,525	43,105	62,235	45,130	29,560	26,785
	AH	1 646	1,164	66,463	41,215	63,095	59,445	28,140	24,280
	Care-related Support Staff	2 950	624	22,823	14,321	17,464	16,890	13,174	12,853
	Management Personnel	20	55	156,155	105,260	197,550	178,885	94,389	87,761
	Professional/ Administrator	232	167	67,538	47,235	73,885	62,235	26,465	24,280
	Other Support Staff	4 083	949	40,235	13,640	26,785	17,995	10,766	9,753
NTEC	Medical	1 000	1,764	116,345	101,620	138,600	117,080	64,745	54,220
	Nursing	4 053	2,513	45,525	39,360	62,235	43,105	28,140	16,890
	AH	1 179	836	66,463	41,215	63,095	62,235	28,140	24,280
	Care-related Support Staff	2 427	512	22,823	13,972	17,209	16,890	13,174	12,853
	Management Personnel	16	39	154,485	105,260	194,378	135,233	95,215	89,639
	Professional/ Administrator	156	123	66,463	49,465	80,990	62,235	28,140	24,280
	Other Support Staff	2 653	619	40,235	13,640	26,785	19,160	10,766	9,996
NTWC	Medical	779	1,396	119,395	101,620	138,600	117,080	64,745	54,220
	Nursing	3 356	2,110	45,525	39,360	59,445	45,130	28,140	17,995
	AH	889	611	66,463	41,215	63,095	56,770	28,140	24,280
	Care-related Support Staff	2 358	462	22,945	13,852	16,890	15,498	13,174	12,853
	Management Personnel	11	28	134,998	117,080	176,680	144,685	95,215	88,125
	Professional/ Administrator	170	118	56,605	46,183	63,260	59,445	26,785	24,280
	Other Support Staff	2 376	515	40,235	13,640	24,280	17,103	10,661	9,753

2016-17 (Full-year projection)

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
HAHO	Medical	14	221	119,385	107,775	153,800	118,906	105,880	85,476
	Nursing	45	160	69,278	65,740	80,905	65,740	47,240	45,120
	AH	75	145	70,413	65,150	105,484	82,645	47,240	38,282
	Care-related Support Staff	2	<0.1	15,201	15,201	15,660	15,488	14,913	14,741
	Management Personnel	37	121	274,943	147,925	203,660	184,085	140,610	135,950
	Professional/ Administrator	1 416	1,345	82,140	56,755	99,205	65,740	37,570	29,455
	Other Support Staff	595	220	32,095	19,280	37,570	28,040	17,903	13,567
HKEC	Medical	641	1,193	121,278	109,670	144,400	121,985	70,585	56,755
	Nursing	2 681	1,752	47,468	39,350	65,150	45,120	29,455	20,060
	AH	805	605	69,288	43,145	65,740	63,688	29,455	25,415
	Care-related Support Staff	1 511	339	23,892	14,992	17,759	17,685	13,839	12,230
	Management Personnel	12	26	155,798	104,438	213,659	118,906	96,621	89,692
	Professional/ Administrator	134	103	65,463	45,120	74,608	62,225	28,040	25,415
	Other Support Staff	2 315	549	41,945	13,836	28,040	18,351	11,347	10,464
HKWC	Medical	718	1,258	124,478	99,205	161,450	121,985	65,150	56,755
	Nursing	2 801	1,857	47,468	43,145	65,150	45,120	29,455	20,060
	AH	956	730	69,288	45,120	65,740	65,150	29,455	25,415
	Care-related Support Staff	1 457	327	19,194	15,775	18,281	17,685	14,500	12,848
	Management Personnel	12	35	168,645	119,865	177,408	155,839	108,723	93,222
	Professional/ Administrator	126	95	59,023	51,780	67,460	65,150	29,455	25,415
	Other Support Staff	2 066	515	41,945	14,280	28,040	18,840	11,347	10,726
KCC	Medical	788	1,449	124,478	109,670	161,450	121,985	67,460	59,425
	Nursing	3 332	2,219	48,415	45,120	65,150	47,240	30,945	28,040
	AH	1 058	799	69,288	43,145	65,740	65,150	29,455	26,700
	Care-related Support Staff	2 105	431	23,892	14,500	18,281	16,549	13,455	11,614
	Management Personnel	15	37	157,470	113,660	154,707	128,968	100,743	85,839
	Professional/ Administrator	185	117	57,898	45,120	65,150	59,425	28,040	25,415
	Other Support Staff	2 491	574	40,273	13,098	25,415	18,810	11,347	10,464

Cluster	Staff Group	No of staff	Total Remuneration ($ million)	Basic Salary ($)					
				Mid-pt	Median	90th percentile	75th percentile	25th percentile	10th percentile
KEC	Medical	730	1,358	124,478	109,670	139,950	121,985	69,804	59,425
	Nursing	2 737	1,772	47,468	41,200	62,225	45,120	29,455	20,060
	AH	780	561	69,288	43,145	65,740	59,425	29,455	25,415
	Care-related Support Staff	1 559	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	91,890	84,385
	Professional/ Administrator	116	87	60,230	49,445	75,625	65,150	28,040	25,415
	Other Support Staff	1 853	425	37,555	14,280	25,415	17,977	11,473	10,465
KWC	Medical	1 465	2,690	124,478	109,670	139,950	121,985	70,585	56,755
	Nursing	5 743	3,960	47,468	45,120	65,740	47,240	32,470	28,040
	AH	1 695	1,250	69,288	43,145	65,740	62,225	29,455	25,415
	Care-related Support Staff	2 973	667	23,892	14,992	18,281	17,685	14,135	13,455
	Management Personnel	20	57	166,828	109,670	212,091	186,376	98,344	91,436
	Professional/ Administrator	231	180	71,023	49,445	73,930	65,150	28,040	25,415
	Other Support Staff	4 198	1,017	41,945	14,280	28,040	18,840	11,347	10,209
NTEC	Medical	1 032	1,845	124,478	105,880	144,400	121,985	67,460	56,755
	Nursing	4 030	2,724	47,468	43,145	65,740	45,120	30,945	21,255
	AH	1 228	912	69,288	43,145	65,740	65,150	29,455	25,415
	Care-related Support Staff	2 520	561	23,892	14,992	18,281	17,685	14,135	13,455
	Management Personnel	16	43	154,855	107,775	200,498	129,744	99,205	91,890
	Professional/ Administrator	156	134	69,288	51,780	82,645	65,150	29,455	25,415
	Other Support Staff	2 725	671	41,945	14,280	28,040	20,060	11,347	10,209
NTWC	Medical	832	1,506	124,478	105,880	144,400	121,985	67,460	56,755
	Nursing	3 483	2,297	47,468	41,200	62,225	47,240	30,945	21,255
	AH	961	683	69,288	41,200	65,740	56,755	29,455	25,415
	Care-related Support Staff	2 465	508	23,892	14,500	17,685	16,490	13,976	13,455
	Management Personnel	10	30	145,840	113,933	191,704	173,216	95,331	91,436
	Professional/ Administrator	175	129	59,633	43,145	65,150	62,225	28,040	25,415
	Other Support Staff	2 495	571	41,945	14,280	23,970	17,685	11,347	10,209

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, artisans, clerical assistants, data processors, laboratory attendants, mortuary attendants, etc.

(8) The statistics on the number of staff for 2015-16 and 2016-17, which include permanent, contract and temporary staff, are calculated on full-time equivalent basis as at 31 March 2016 and 31 December 2016 respectively.

(9) The total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability (D&D) benefit. The figures for 2016-17 represent full-year projection.

(10) Mid-point monthly salary is the average of maximum and minimum salary point in each staff group.

(11) Staff work in HAHO are mainly responsible for formulation of HA policies on health informatics and health protection, co-ordination of implementation of these policies, nurse development and nurse management.

(12) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(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 2015-16 and 2016-17:

2015-2016

Staff Group	**No. of Staff**	**Payment for Overtime Work ($million)**
Medical	2 308	93.2
Nursing	6 437	80.9
Allied Health	1 498	15.4
Care-related Support Staff	4 812	34.9
Management Personnel	1	0.2
Professionals / Administrator	33	0.1
Other Support Staff	3 242	18.6
Total	**18 331**	**243.3**

2016-2017 (Full-year projection)

Staff Group	**No. of Staff**	**Payment for Overtime Work ($million)**
Medical	1 907	92.3
Nursing	5 683	65.5
Allied Health	1 160	9.3
Care-related Support Staff	3 983	29.0
Management Personnel	1	0.2
Professionals / Administrator	11	0.1
Other Support Staff	2 286	13.9
Total	**15 031**	**210.3**

Note

(1) The statistics on the number of staff for 2015-16 and 2016-17 are based on headcounts as at 31 March 2016 and 31 January 2017 respectively.

(2) Estimate on the number of HA staff receiving payment for overtime work and the amount involved for 2017-18 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 2015-16 and 2016-17 (full year projection):

2015-16

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
HAHO	Hospital Planning	1	2.1
HAHO Total		**1**	**2.1**
HKEC	Accident & Emergency	1	2.1
	Anaesthesia	2	0.9
	Ear, Nose, Throat	1	0.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	4.6
	Medicine	6	3.2
	Obstetrics & Gynaecology	1	1.3
	Ophthalmology	4	1.5
	Orthopaedics & Traumatology	0	0.3
	Paediatrics	2	1.3
	Pathology	1	1.1
	Psychiatry	4	3.7
	Radiology	1	1.2
	Surgery	2	0.4
HKEC Total		**31**	**22.4**
HKWC	Accident & Emergency	2	0.7
	Anaesthesia	5	4.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.7
	Medicine	5	1.8
	Obstetrics & Gynaecology	5	0.5
	Ophthalmology	0	0.1
	Orthopaedics & Traumatology	0	0.1
	Paediatrics	1	3.0
	Pathology	1	0.7
	Psychiatry	6	1.5
	Radiology	2	2.2
	Surgery	3	0.7
	Hospital Management	1	0.7
HKWC Total		**33**	**17.0**
KCC	Accident & Emergency	3	3.0
	Anaesthesia	0	0.4
	Clinical Oncology	3	1.7
	Ear, Nose, Throat	1	2.0
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	1.8
	Medicine	6	3.0

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
KCC	Obstetrics & Gynaecology	12	5.9
	Ophthalmology	3	1.4
	Orthopaedics & Traumatology	4	2.3
	Paediatrics	8	5.4
	Pathology	1	0.4
	Psychiatry	4	3.9
	Radiology	1	1.2
	Surgery	2	1.0
KCC Total		**53**	**33.4**
KEC	Accident & Emergency	2	1.0
	Anaesthesia	3	2.6
	Ear, Nose, Throat	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.5
	Medicine	11	6.0
	Obstetrics & Gynaecology	2	0.5
	Ophthalmology	1	0.5
	Orthopaedics & Traumatology	1	0.2
	Paediatrics	1	1.2
	Pathology	2	1.4
	Psychiatry	1	0.9
	Radiology	1	1.4
	Surgery	4	3.5
KEC Total		**32**	**19.9**
KWC	Accident & Emergency	14	6.3
	Anaesthesia	1	0.9
	Clinical Oncology	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	25	7.5
	Intensive Care Unit	0	1.0
	Medicine	23	8.5
	Neurosurgery	2	1.2
	Obstetrics & Gynaecology	4	2.5
	Ophthalmology	1	0.7
	Orthopaedics & Traumatology	2	1.7
	Paediatrics	17	5.5
	Pathology	2	2.1
	Psychiatry	5	2.6
	Radiology	7	3.6
	Surgery	5	2.5
KWC Total		**109**	**46.8**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
NTEC	Accident & Emergency	6	3.6
	Anaesthesia	2	1.8
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.4
	Medicine	14	5.2
	Neurosurgery	1	1.2
	Obstetrics & Gynaecology	3	0.8
	Ophthalmology	3	1.3
	Orthopaedics & Traumatology	3	0.6
	Paediatrics	3	3.1
	Psychiatry	2	1.2
	Radiology	1	1.8
	Surgery	4	3.3
NTEC Total		**47**	**27.3**
NTWC	Accident & Emergency	4	4.3
	Anaesthesia	6	5.3
	Clinical Oncology	1	0.6
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	2.0
	Medicine	7	5.3
	Neurosurgery	1	0.3
	Obstetrics & Gynaecology	2	3.1
	Ophthalmology	2	3.5
	Orthopaedics & Traumatology	1	0.7
	Paediatrics	2	2.2
	Pathology	1	1.9
	Psychiatry	2	2.0
	Radiology	2	2.2
	Surgery	6	6.3
NTWC Total		**43**	**40.9**
Grand Total		**349**	**209.8**

<u>2016-17</u> (Full-year projection)

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	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	6	4.6
	Medicine	8	4.4
	Obstetrics & Gynaecology	1	1.5
	Ophthalmology	4	1.2
	Paediatrics	2	1.4
	Pathology	0	0.4
	Psychiatry	5	3.5
	Radiology	2	2.0
	Surgery	2	1.2
HKEC Total		**34**	**23.3**
HKWC	Accident & Emergency	3	1.1
	Anaesthesia	5	5.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	1	0.8
	Medicine	3	1.4
	Obstetrics & Gynaecology	4	0.4
	Paediatrics	1	1.5
	Pathology	0	0.2
	Psychiatry	5	1.5
	Radiology	2	2.2
	Surgery	4	0.8
	Hospital Management	0	<0.1
HKWC Total		**28**	**15.1**
KCC	Accident & Emergency	2	2.3
	Anaesthesia	1	0.3
	Clinical Oncology	3	1.8
	Ear, Nose, Throat	1	1.5
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.5
	Medicine	5	2.5
	Obstetrics & Gynaecology	11	6.1
	Ophthalmology	3	1.4
	Orthopaedics & Traumatology	5	2.1
	Paediatrics	8	5.8
	Pathology	2	0.9
	Psychiatry	3	3.0
	Radiology	2	1.7
	Surgery	2	1.0
KCC Total		**52**	**31.9**

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
KEC	Accident & Emergency	2	1.0
	Anaesthesia	3	2.6
	Ear, Nose, Throat	1	0.3
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	2	0.8
	Medicine	13	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	1.5
	Surgery	4	3.0
KEC Total		**38**	**23.6**
KWC	Accident & Emergency	14	7.2
	Anaesthesia	1	0.9
	Clinical Oncology	2	0.4
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	23	7.9
	Medicine	25	8.3
	Neurosurgery	2	1.9
	Obstetrics & Gynaecology	5	3.4
	Ophthalmology	1	0.9
	Orthopaedics & Traumatology	3	1.8
	Paediatrics	19	5.4
	Pathology	2	4.0
	Psychiatry	4	1.9
	Radiology	5	3.6
	Surgery	6	2.2
KWC Total		**112**	**49.8**
NTEC	Accident & Emergency	6	4.0
	Anaesthesia	2	1.8
	Ear, Nose, Throat	1	0.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	5	3.8
	Intensive Care Unit	1	0.3
	Medicine	12	5.3
	Neurosurgery	1	1.2
	Obstetrics & Gynaecology	3	1.3
	Ophthalmology	3	1.2
	Orthopaedics & Traumatology	3	1.4
	Paediatrics	5	2.4
	Psychiatry	1	0.8

Cluster	Specialty	No. of doctors	Total Remuneration ($ million)
NTEC	Radiology	1	1.9
	Surgery	5	3.7
NTEC Total		**49**	**29.3**
NTWC	Accident & Emergency	4	4.5
	Anaesthesia	6	4.7
	Clinical Oncology	1	0.6
	Ear, Nose, Throat	1	1.2
	Family Medicine & OPD/Staff Clinics/GOPC/SOPD	4	1.4
	Medicine	8	4.9
	Neurosurgery	1	0.3
	Obstetrics & Gynaecology	3	3.3
	Ophthalmology	2	4.0
	Orthopaedics & Traumatology	1	0.4
	Paediatrics	3	1.9
	Pathology	1	1.9
	Psychiatry	2	1.6
	Radiology	3	2.8
	Surgery	6	6.3
NTWC Total		**46**	**39.8**
Grand Total		**359**	**213.5**

Note

(1) The statistics on the number of doctors for 2015-16 and 2016-17 are based on headcounts as at 31 March 2016 and 31 December 2016 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 D&D benefit.

(3) Estimate on the number of HA doctors involved in part time service for HA by specialty and cluster and the respective total amount of remuneration for 2017-18 is not available as HA will only resort to hiring part-time doctors if there are no full-time doctors available to fill vacancies.

(4) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(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 2015-16 and 2016-17 (full year projection) and the total amount of remuneration involved.

2015-16

Cluster	Specialty	No. of Honorary Doctor	Total Remuneration ($)
HKWC	Anaesthesia	1	60,000
	Obstetrics & Gynaecology	1	60,000
	Ophthalmology	1	60,000
	Orthopaedics & Traumatology	1	60,000
	Paediatrics	1	60,000
	Pathology	1	60,000
	Surgery	1	60,000
HKWC Total		**7**	**420,000**
KCC	Ophthalmology	1	48,000
KCC Total		**1**	**48,000**
NTEC	Anaesthesia	1	60,000
	Clinical Oncology	1	60,000
	Pathology	2	120,000
	Psychiatry	1	36,000
	Surgery	1	60,000
NTEC Total		**6**	**336,000**
Grand Total		**14**	**804,000**

2016-17 (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	75,000
	Surgery	1	60,000
HKWC Total		**8**	**435,000**
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**	**819,000**

Note

(1) The statistics on the number of honorary doctors for 2015-16 and 2016-17 are based on headcounts as at 31 March 2016 and 31 January 2017 respectively.

(2) Estimate on the number of non-HA doctors by specialty and cluster who have provided service to and received remuneration for 2017-18 is not available as recruitment of non-HA doctors is based on ad hoc service demand.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0329)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 2015-16, 2016-17 and 2017-18 (Estimate):

a) number of specialist outpatient attendance and number of patients

b) number of general outpatient attendance and number of patients

c) number of accident and emergency attendance and number of patients

d) number of patients for general inpatient services and number of patients

e) number of patient days for general inpatient services

	List by hospital clusters
List by hospital clusters of the districts where the patients are residing	

Asked by: Hon CHAN Pierre (Member Question No. 1)

Reply:

The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospitals in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist or general 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 2015-16 and 2016-17 (up to 31 December 2016), are set out in the following tables. Corresponding figures for 2017-18 are not yet available.

(a)

Number of attendances of SOP service provided by HA in 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	677 395	127 783	14 622	6 361	12 214	8 145	2 358	**848 878**
Central & Western, Southern	**HKWC**	39 353	529 291	8 651	2 797	7 599	5 114	2 013	**594 818**
Kowloon City, Yau Tsim	**KCC**	9 516	21 437	344 835	12 122	76 867	14 524	3 677	**482 978**
Kwun Tong, Sai Kung	**KEC**	33 583	44 767	168 491	730 969	63 968	33 568	5 403	**1 080 749**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	26 758	82 818	394 544	47 215	1 447 274	56 492	22 431	**2 077 532**
Sha Tin, Tai Po, North	**NTEC**	12 535	29 721	56 037	14 832	51 151	983 477	13 220	**1 160 973**
Tuen Mun, Yuen Long	**NTWC**	8 586	29 855	32 051	6 059	46 790	36 807	890 094	**1 050 242**
Others (e.g. Macau, Mainland China, etc.)		236	6 494	2 379	103	676	3 552	722	**14 162**
Overall		**807 962**	**872 166**	**1 021 610**	**820 458**	**1 706 539**	**1 141 679**	**939 918**	**7 310 332**

2016-17 (up to 31 December 2016) [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**	515 829	98 554	10 701	4 787	8 918	6 477	1 792	**647 058**
Central & Western, Southern	**HKWC**	31 071	403 301	6 228	2 054	5 658	4 039	1 501	**453 852**
Kowloon City, Yau Tsim	**KCC**	7 544	15 899	264 274	9 908	60 340	11 110	2 936	**372 011**
Kwun Tong, Sai Kung	**KEC**	26 900	34 754	128 389	578 649	49 698	26 166	4 417	**848 973**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	20 904	63 607	301 554	37 681	1 119 109	43 433	17 619	**1 603 907**
Sha Tin, Tai Po, North	**NTEC**	9 609	23 114	42 641	11 688	39 491	775 098	10 564	**912 205**
Tuen Mun, Yuen Long	**NTWC**	6 960	23 606	24 444	4 493	36 269	28 777	718 651	**843 200**
Others (e.g. Macau, Mainland China, etc.)		159	4 148	1 687	115	523	2 683	636	**9 951**
Overall		**618 976**	**666 983**	**779 918**	**649 375**	**1 320 006**	**897 783**	**758 116**	**5 691 157**

(b)

Number of attendances of GOP service provided by HA in 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	490 818	17 793	3 674	4 574	6 918	2 415	1 243	**527 435**
Central & Western, Southern	**HKWC**	35 146	337 414	2 574	1 925	4 831	1 659	1 385	**384 934**
Kowloon City, Yau Tsim	**KCC**	5 350	3 260	324 938	20 459	48 998	3 699	1 755	**408 459**
Kwun Tong, Sai Kung	**KEC**	19 877	8 478	42 297	882 181	60 034	10 040	3 198	**1 026 105**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	16 596	12 821	162 581	40 789	1 506 027	17 040	12 202	**1 768 056**
Sha Tin, Tai Po, North	**NTEC**	7 809	4 749	25 464	15 478	39 181	913 549	7 625	**1 013 855**
Tuen Mun, Yuen Long	**NTWC**	5 138	4 053	8 601	3 675	26 509	13 561	791 205	**852 742**
Others (e.g. Macau, Mainland China, etc.)		244	82	288	109	418	1 375	474	**2 990**
Overall		**580 978**	**388 650**	**570 417**	**969 190**	**1 692 916**	**963 338**	**819 087**	**5 984 576**

2016-17 (up to 31 December 2016) [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**	380 741	13 359	2 796	3 527	5 336	1 840	992	**408 591**
Central & Western, Southern	**HKWC**	27 297	256 486	2 062	1 631	3 653	1 226	999	**293 354**
Kowloon City, Yau Tsim	**KCC**	4 266	2 533	249 680	16 855	37 481	2 795	1 233	**314 843**
Kwun Tong, Sai Kung	**KEC**	15 542	6 571	31 928	680 518	44 725	7 914	2 791	**789 989**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	13 128	9 880	122 227	31 108	1 143 966	12 941	9 377	**1 342 627**
Sha Tin, Tai Po, North	**NTEC**	6 169	3 663	19 667	11 801	30 966	696 207	6 025	**774 498**
Tuen Mun, Yuen Long	**NTWC**	4 061	3 203	6 795	2 687	20 663	10 182	618 317	**665 908**
Others (e.g. Macau, Mainland China, etc.)		192	89	232	97	315	1 089	353	**2 367**
Overall		**451 396**	**295 784**	**435 387**	**748 224**	**1 287 105**	**734 194**	**640 087**	**4 592 177**

(c)

Number of attendances of A&E service provided by HA in 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	182 383	9 769	2 220	2 654	4 269	2 261	1 034	**204 590**
Central & Western, Southern	**HKWC**	19 281	101 427	1 458	1 211	3 021	1 413	879	**128 690**
Kowloon City, Yau Tsim	**KCC**	3 447	1 811	85 593	5 225	33 462	3 155	1 577	**134 270**
Kwun Tong, Sai Kung	**KEC**	8 898	3 382	15 163	277 090	18 214	7 146	2 384	**332 277**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	9 285	6 538	77 434	22 181	531 174	14 232	8 186	**669 030**
Sha Tin, Tai Po, North	**NTEC**	4 154	2 238	6 812	4 850	16 523	342 820	5 027	**382 424**
Tuen Mun, Yuen Long	**NTWC**	3 321	2 260	4 745	2 422	18 821	11 930	328 999	**372 498**
Others (e.g. Macau, Mainland China, etc.)		1 068	1 078	2 159	602	3 935	2 657	1 178	**12 677**
Overall		**231 837**	**128 503**	**195 584**	**316 235**	**629 419**	**385 614**	**349 264**	**2 236 456**

2016-17 (up to 31 December 2016) [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**	135 065	7 423	1 531	1 996	3 266	1 653	912	**151 846**
Central & Western, Southern	**HKWC**	14 601	76 696	1 033	1 002	2 131	1 078	644	**97 185**
Kowloon City, Yau Tsim	**KCC**	2 561	1 364	65 634	4 236	25 643	2 260	1 070	**102 768**
Kwun Tong, Sai Kung	**KEC**	6 628	2 685	11 606	209 597	13 929	5 480	1 758	**251 683**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	6 870	4 984	56 962	17 985	403 290	10 634	6 204	**506 929**
Sha Tin, Tai Po, North	**NTEC**	3 096	1 826	5 009	3 665	12 563	260 705	3 730	**290 594**
Tuen Mun, Yuen Long	**NTWC**	2 507	1 783	3 459	1 799	14 454	9 087	245 400	**278 489**
Others (e.g. Macau, Mainland China, etc.)		850	942	1 654	529	2 897	1 771	929	**9 572**
Overall		**172 178**	**97 703**	**146 888**	**240 809**	**478 173**	**292 668**	**260 647**	**1 689 066**

(d)

(i) Number of inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	94 993	12 479	985	738	1 364	905	377	**111 841**
Central & Western, Southern	**HKWC**	6 551	76 913	681	401	996	506	322	**86 370**
Kowloon City, Yau Tsim	**KCC**	953	2 188	50 313	1 914	15 338	1 508	485	**72 699**
Kwun Tong, Sai Kung	**KEC**	3 239	4 250	14 471	112 554	6 905	3 469	860	**145 748**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 798	8 895	53 889	7 932	233 743	6 334	2 877	**316 468**
Sha Tin, Tai Po, North	**NTEC**	1 280	2 974	4 050	1 923	5 466	150 828	1 638	**168 159**
Tuen Mun, Yuen Long	**NTWC**	1 027	3 675	3 295	970	5 909	4 831	130 446	**150 153**
Others (e.g. Macau, Mainland China, etc.)		214	1 338	670	73	920	942	292	**4 449**
Overall		**111 055**	**112 712**	**128 354**	**126 505**	**270 641**	**169 323**	**137 297**	**1 055 887**

2016-17 (up to 31 December 2016) [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**	72 994	9 829	732	610	1 059	716	310	**86 250**
Central & Western, Southern	**HKWC**	5 199	60 328	491	300	756	457	226	**67 757**
Kowloon City, Yau Tsim	**KCC**	727	1 579	40 432	1 666	11 806	1 096	397	**57 703**
Kwun Tong, Sai Kung	**KEC**	2 590	3 397	11 483	89 367	5 349	2 784	672	**115 642**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	2 236	6 818	41 748	6 859	179 440	4 770	2 243	**244 114**
Sha Tin, Tai Po, North	**NTEC**	1 006	2 341	3 243	1 444	4 233	119 516	1 274	**133 057**
Tuen Mun, Yuen Long	**NTWC**	1 093	2 708	2 580	652	4 618	3 916	102 370	**117 937**
Others (e.g. Macau, Mainland China, etc.)		200	1 076	533	77	676	710	251	**3 523**
Overall		**86 045**	**88 076**	**101 242**	**100 975**	**207 937**	**133 965**	**107 743**	**825 983**

(ii) Number of day inpatient discharges and deaths for all general specialties of inpatient service provided by HA in 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	61 722	13 693	860	385	859	597	166	**78 282**
Central & Western, Southern	**HKWC**	2 817	49 295	566	109	508	307	116	**53 718**
Kowloon City, Yau Tsim	**KCC**	676	2 331	27 211	986	5 687	1 036	217	**38 144**
Kwun Tong, Sai Kung	**KEC**	2 606	5 392	15 373	49 036	4 805	3 542	404	**81 158**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 948	9 479	32 065	3 064	93 119	5 254	1 456	**146 385**
Sha Tin, Tai Po, North	**NTEC**	692	4 008	3 250	615	3 024	91 686	1 072	**104 347**
Tuen Mun, Yuen Long	**NTWC**	492	4 002	2 224	233	3 357	3 775	71 989	**86 072**
Others (e.g. Macau, Mainland China, etc.)		5	938	94	13	47	254	26	**1 377**
Overall		**70 958**	**89 138**	**81 643**	**54 441**	**111 406**	**106 451**	**75 446**	**589 483**

2016-17 (up to 31 December 2016) [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**	46 707	10 545	676	300	497	510	109	**59 344**
Central & Western, Southern	**HKWC**	2 296	39 575	358	76	367	275	83	**43 030**
Kowloon City, Yau Tsim	**KCC**	494	1 686	20 857	1 047	4 430	825	170	**29 509**
Kwun Tong, Sai Kung	**KEC**	1 943	4 151	11 713	40 540	3 814	3 197	442	**65 800**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	1 490	7 366	24 585	2 756	75 498	4 096	1 252	**117 043**
Sha Tin, Tai Po, North	**NTEC**	569	3 124	2 593	529	2 309	76 589	805	**86 518**
Tuen Mun, Yuen Long	**NTWC**	380	3 075	1 957	185	2 930	2 819	58 944	**70 290**
Others (e.g. Macau, Mainland China, etc.)		4	737	58	10	28	144	9	**990**
Overall		**53 883**	**70 259**	**62 797**	**45 443**	**89 873**	**88 455**	**61 814**	**472 524**

(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 2015-16 and 2016-17 (up to 31 December 2016)

2015-16

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**	567 376	88 908	7 005	4 697	7 003	6 642	2 481	**684 112**
Central & Western, Southern	**HKWC**	40 624	470 756	5 734	2 375	6 371	4 103	2 184	**532 147**
Kowloon City, Yau Tsim	**KCC**	4 782	17 776	362 586	14 390	96 576	11 047	3 079	**510 236**
Kwun Tong, Sai Kung	**KEC**	16 708	33 872	155 275	655 682	37 231	25 333	4 541	**928 642**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	14 834	69 000	413 319	46 623	1 319 943	49 929	20 200	**1 933 848**
Sha Tin, Tai Po, North	**NTEC**	5 786	25 171	29 666	12 365	30 143	1 011 891	10 079	**1 125 101**
Tuen Mun, Yuen Long	**NTWC**	4 909	28 427	21 886	5 169	31 250	35 255	828 347	**955 243**
Others (e.g. Macau, Mainland China, etc.)		1 121	11 916	4 450	421	5 049	6 583	2 731	**32 271**
Overall		**656 140**	**745 826**	**999 921**	**741 722**	**1 533 566**	**1 150 783**	**873 642**	**6 701 600**

2016-17 (up to 31 December 2016) [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**	433 375	69 676	6 467	3 423	5 363	5 284	2 173	**525 761**
Central & Western, Southern	**HKWC**	32 037	363 904	4 067	1 384	4 998	2 968	1 550	**410 908**
Kowloon City, Yau Tsim	**KCC**	4 063	13 859	283 549	12 292	76 232	8 713	2 825	**401 533**
Kwun Tong, Sai Kung	**KEC**	13 255	26 539	120 710	511 577	29 847	22 528	3 993	**728 449**
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	**KWC**	11 540	54 159	305 626	41 048	1 026 869	37 299	16 134	**1 492 675**
Sha Tin, Tai Po, North	**NTEC**	4 880	20 042	22 854	8 613	26 173	800 684	8 239	**891 485**
Tuen Mun, Yuen Long	**NTWC**	4 288	22 454	16 446	3 821	23 635	28 861	644 255	**743 760**
Others (e.g. Macau, Mainland China, etc.)		815	8 691	3 685	861	3 653	5 211	2 617	**25 533**
Overall		**504 253**	**579 324**	**763 404**	**583 019**	**1 196 770**	**911 548**	**681 786**	**5 220 104**

Notes:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

"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, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. The requested data on patient headcount are not readily available.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0343)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2017-18", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy".

Please provide details of the services in 2016-17 and 2017-18 (estimate) and list by each service item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved.

Asked by: Hon CHAN Pierre (Member Question No. 6)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

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

module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars have also been 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)

The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

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

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.

Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-December 2016, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme.

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants, general service assistants, etc. These staff work in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0344)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Health Branch grants subventions to the Prince Philip Dental Hospital (PPDH) to provide facilities for the training of dentists and dental ancillary personnel. In this connection, please provide the following information for 2016-17:

(a) the number of teaching patients received by PPDH;
(b) the number of private fee paying patients received by PPDH; and
(c) the costs of various dental services.

Asked by: Hon CHAN Pierre (Member Question No. 7)

Reply:

(a) The attendance of teaching patients of the Prince Philip Dental Hospital (PPDH) in 2016-17 (as at 28 February 2017) was 92 259.

(b) The attendance of private fee paying patients of PPDH in 2016-17 (as at 28 February 2017) was 1 386.

(c) PPDH is a purpose-built teaching hospital to provide facilities for the training of dentists and other persons in professions supplementary to dentistry. Unlike the general public hospitals, PPDH only provides dental services which are incidental to teaching and for a limited number of private fee paying patients, but does not provide public dental services. PPDH does not have a breakdown of its subvention/ expenditure showing the amount for individual services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0345)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2017-18 that the Government will continue to oversee the progress of various capital works projects on hospital development, such as construction of the Hong Kong Children's Hospital in Kai Tak, the expansion of United Christian Hospital, Hong Kong Red Cross Blood Transfusion Service Headquarters and Haven of Hope Hospital, the refurbishment of Hong Kong Buddhist Hospital, the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital, the extension of Operating Theatre Block for Tuen Mun Hospital, and to plan for the redevelopment of Queen Mary Hospital – Phase 1 (Main Works) and Prince of Wales Hospital – Phase 2 (Stage 1), as well as the construction of a new acute hospital at Kai Tak Development Area. Please provide details of the above projects, including breakdowns of the estimated expenditures, timeframes, types of newly added services, service capacity as well as the new facilities and manpower involved.

Asked by: Hon CHAN Pierre (Member Question No. 8)

Reply:

Construction works for Hong Kong Children's Hospital (HKCH) commenced in August 2013 for completion in 2017. The approved project estimate (APE) in money-of-the-day (MOD) prices is $12,985.5 million with an estimated expenditure of $2,900 million in 2017-18. The new HKCH with a total planned capacity of 468 inpatient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

The expansion of United Christian Hospital (UCH) project will be carried out in two phases, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $20 million in 2017-18. The demolition and substructure works commenced in August 2015 and the APE in MOD prices is $1,791.6 million with an estimated expenditure of $400 million in 2017-18. Subject to funding approval by the Finance Committee (FC),

the whole expansion project is planned for completion in 2023. Existing services will be enhanced under the UCH expansion project to cater for the increasing medical needs of the community due to growing and ageing population. Around 560 additional beds will be provided under UCH expansion project.

The expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project started in June 2015 for completion in 2020. The APE of the project in MOD prices is $893.1 million with an estimated expenditure of $217.6 million in 2017-18. As the BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also a major provider of plasma products in Hong Kong, the expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels and to ensure a safe working environment.

The expansion of Haven of Hope Hospital project commenced in July 2016 for completion in 2021. The APE in MOD prices is $2,073 million with an estimated expenditure of $129.0 million in 2017-18. With the objective of strengthening longer-term care and rehabilitation services for elderly people suffering from chronic diseases in order to better meet the needs of the community, this project involves the construction of a new hospital block with new facilities meeting prevailing standards to reprovision the existing infirmary wards and provides 160 additional extended care beds.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019. The APE in MOD prices is $563.3 million with an estimated expenditure of $200 million in 2017-18. This project covers the provision of 130 additional convalescent and rehabilitation beds in order to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing inpatient wards, supporting departments, offices and ancillary facilities.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in two phases. The preparatory works commenced in March 2013 and the APE in MOD prices is $552.7 million with an estimated expenditure of $45 million in 2017-18. The demolition and substructure works for Phase 1 commenced in June 2016 and the APE in MOD prices is $654.8 million with an estimated expenditure of $277 million in 2017-18. Subject to funding approval by the FC, the whole redevelopment project is planned for completion in 2025. The redevelopment of KWH will provide new and modernised facilities for service development, including adoption of new models of care such as ambulatory and integrated care, implementation of non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and Western medicine services. Around 350 additional beds will be provided under the redevelopment project.

The redevelopment of Kwai Chung Hospital (KCH) project will be carried out in three phases. The project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services. Phase 1 of the project commenced in May 2016 and is planned for completion in 2018. The APE for this part of the project is $750.8 million in MOD prices with an estimated expenditure of $257.9 million in 2017-18. Around 80 additional beds will be provided under the redevelopment project.

The extension of the Operating Theatre (OT) Block for Tuen Mun Hospital will be carried out in two stages, namely substructure and utility diversion works and main works. Substructure and utility diversion works of the project commenced in May 2016. The APE for this part of the project is $167.2 million in MOD prices with an estimated expenditure of $62.8 million in 2017-18. Subject to funding approval by the FC, main works of the project is planned for completion in 2021. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional OTs as well as expanded A&E and Radiology departments.

The redevelopment of Queen Mary Hospital (Phase 1) project will be carried out in two stages, namely preparatory works and main works. Preparatory works of the project, at an APE of $1,592.8 million in MOD prices, commenced in July 2014. Estimated expenditure in 2017-18 is $287 million. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval by the FC, preparatory works for the redevelopment of Prince of Wales Hospital (PWH) (Phase 2) (stage 1) project is planned to start in 2017. This project aims to provide additional space at PWH and modernise its service to meet operational needs and service developments, and promote integrated research, teaching and education. Around 450 additional beds will be provided upon completion of the redevelopment of PWH (Phase 2) (stage 1) project.

Subject to funding approval by the FC, preparatory works for the construction of a new acute hospital at Kai Tak Development Area (KTDA) is planned to start in 2017 and the whole project is planned for completion in 2024. The new acute hospital at KTDA will provide inpatient and ambulatory services of major specialties with a planned bed capacity of about 2 400. It will also house an A&E department, an oncology centre and a neuroscience centre.

HA will work out the detailed operational arrangements, including the financial and manpower requirements, for all the above projects at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0365)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please tabulate the provisions for various psychiatric centres under the Hospital Authority (HA), 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 psychiatric consultation-liaison services in the Accident and Emergency (A&E) departments from 2012-13 to 2016-17.

(b) 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.

(c) Please provide the number of hospital admissions of new and follow-up patients via the psychiatric consultation-liaison services in the A&E departments from 2012-13 to 2016-17.

Asked by: Hon CHAN Pierre (Member Question No. 11)

Reply:

(a)
The table below sets out the number of doctors and nurses working in the psychiatric stream in Hospital Authority (HA) in the past five years (from 2012-13 to 2016-17).

Year	Psychiatric doctors[1,2]	Psychiatric Nurses[1,3] (including Community Psychiatric Nurses)
2012-13 (as at 31 March 2013)	332	2 296
2013-14 (as at 31 March 2014)	335	2 375
2014-15 (as at 31 March 2015)	333	2 442
2015-16 (as at 31 March 2016)	344	2 472
2016-17 [4] **(up to 31 December 2016)**	356	2 473

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. 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 psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Starting from 2016-17, the figure on psychiatric doctors also includes doctors working in SLH.

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 total number of attendances of psychiatric specialist out-patient clinics (SOPCs) in HA from 2012-13 to 2016-17 (up to 31 December 2016).

	2012-13	2013-14	2014-15	2015-16*	2016-17* (up to 31 December 2016) [provisional figures]
Total number of attendances of psychiatric SOPCs	775 109	791 170	796 123	825 591	638 347

* Starting from 2015-16, specialist outpatient (clinical) attendances also include attendances from nurse clinics in specialist outpatient setting for the psychiatry specialty.

The table below sets out the costs for providing mental health services from 2012-13 to 2016-17.

	Costs of Mental Health Service ($ million)				
	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
Inpatient	2,103	2,198	2,311	2,422	2,586
Outpatient	920	946	994	1,100	1,172
Community Outreach	439	472	518	565	608
Day Hospital	234	242	256	281	299
Total	**3,696**	**3,858**	**4,079**	**4,368**	**4,665**

The service costs include direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment). Cost breakdown for individual clinic/unit is not available.

(b)

The table below sets out the waiting time of SOPC new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases for the psychiatric specialty from 2012-13 to 2016-17 (up to 31 December 2016).

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			
2012-13	4 327	<1	1	1	2	8 718	2	4	6	7	33 594	3	16	39	70
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 (up to 31 December 2016) [provisional figures]	2 571	<1	1	1	2	6 975	2	4	7	7	27 201	4	19	62	98

(c)

The table below sets out the number of hospital admissions to the psychiatry specialty via the Accident and Emergency (A&E) departments in HA from 2012-13 to 2016-17 (up to 31 December 2016).

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 (up to 31 December 2016) [provisional figures]	5 670

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0366)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government states that it will "facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime" under "Matters Requiring Special Attention in 2017-18". Please provide details of the specific work and the expenditure involved.

Asked by: Hon CHAN Pierre (Member Question No. 12)

Reply:

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

We also support the proposal of the Chinese University of Hong Kong (CUHK) to develop the Chinese University of Hong Kong Medical Centre (CUHKMC). Approval of the Finance Committee of the Legislative Council 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.

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.

The new regulatory regime for private healthcare facilities (PHFs) 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. We are finalising details of the new regulatory regime for PHFs, taking into account the views received from

stakeholders. We aim to introduce the Bill to the Legislative Council in the first half of this year. Related expenditure will be absorbed within the existing resources of FHB.

Meanwhile, the Department of Health will continue to support FHB in the review of the regulation of PHFs and encourage private hospital development via licensing, enforcement, surveillance, quality assurance and monitoring of compliance with land grants. In 2017-18, the financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to FHB in reviewing the regulatory regime is $54.1 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0392)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(a) Under "Matters Requiring Special Attention in 2017-18", the Government says it will "develop the long-term regulatory framework for medical devices". Please set out details of the measures and the staffing and expenditure involved.

(b) Regarding the procurement of medical equipment, what mechanism is in place for a cluster to discuss and determine the addition or replacement of medical equipment in hospitals under the cluster, and what procurement guidelines are there?

(c) Please set out in detail each cluster's expenditure on procuring medical equipment in the past 3 years (2014-15 to 2016-17).

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

Reply:

(a)

The Administration has been taking steps to put in place statutory regulation of the safety, performance, quality and efficacy 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.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the

recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH 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 non-medical purposes. The Administration reported the results of the consultancy study and the latest proposed regulatory framework for medical devices to the LegCo HS Panel on 16 January 2017. Subsequently, the Administration received views from different sectors on the regulation of medical devices. In gist, there is a general consensus on the need to regulate medical devices, but the part on "use control" requires further deliberation. In this regard, while the Government aims to take forward the plan to introduce a bill focusing on the "pre-market control" and "post-market control" of the regulatory regime for medical devices into the LegCo by mid-2017, we plan to set up a multi-party platform concurrently to invite participation from different stakeholders to provide practicable and constructive views on "use control" categorisation of specific medical devices while meeting the objective of protecting public health.

In 2017-18, a provision of $25.6 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2017 was 16.

(b)

The Hospital Authority (HA) procures from time to time a wide variety of new and replacement medical equipment items to meet operational requirements. Cluster management deliberates and formulates annual medical equipment requirement plan in respective committees, based on factors such as risk (e.g. obsolescence risk, equipment age, patient / staff safety, etc.), impact to patient care, operational needs and requirement of additional equipment items essential for provision of new or improved services to dovetail with HA's strategic directions. Moreover, HA will make reference to advice from healthcare professionals and overseas practice to facilitate planning for medical equipment.

Medical equipment items are normally purchased through tender process or by quotations, as appropriate, in accordance with the HA Procurement and Materials Management Manual (PMMM). The PMMM sets out, inter alia, all relevant purchasing and supply regulations and guidelines for compliance in HA Head Office and the clusters, and specifies the responsibility and accountability of HA staff who are involved in procurement and materials

management activities. Also, HA is subject to the Agreement on Government Procurement of the World Trade Organization.

(c)

Individual hospitals procure medical equipment items costing $200,000 or less each (minor medical equipment items) and statistics on procurement of these minor medical 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 the past 3 years from 2014-15 to 2016-17, HA has procured 2 293 major medical equipment items at a total cost of $1,780 million, with detailed breakdown below:

Year	Number of major items of medical equipment	Expenditure ($million)
2014-15	747	580
2015-16	742	588
2016-17	804	612
Total	2 293	1,780

Among the hundreds of major medical equipment items procured by HA each year, some are of unit cost exceeding $5 million. The table below sets out those major medical equipment items of a unit cost exceeding $5 million that were procured by HA in 2016-17, as well as the clusters, hospitals and specialties involved and the total expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiotherapy Systems, Linear Accelerator	HKWC	QMH	ONC	23.9
Information Systems, Data Management, Anesthesia	KEC	UCH	ANA	8.0
Minimally Invasive Surgery (MIS) Video Systems	KWC	CMC	SUR	7.3
Information Systems, Data Management, Obstetric	KWC	KWH	OBG	6.2
MIS Video Systems	KWC	PMH	SUR	7.7
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	MED	19.1
Radiotherapy Simulation Systems, Computer Tomography-Based	KWC	PMH	ONC	6.9

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Scanning Systems, Computed Tomography, Spiral	KWC	PMH	RAD	15.0
Workstations, Radiotherapy, Planning	NTEC	PWH	ONC	5.6
Radiographic/Fluoroscopic Systems, Cardiovascular	NTWC	TMH	MED	12.6

Abbreviations

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

Hospitals
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
QMH – Queen Mary Hospital
PWH– Prince of Wales Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Specialties
ANA – Anaesthesiology
MED – Medicine
OBG – Obstetrics & Gynaecology
ONC – Oncology
RAD – Radiology
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0394)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following details:

(a) numbers of standard drugs added to or deleted from the Hospital Authority Drug Formulary (the Formulary) and the expenditure involved in subsidising the use of standard drugs in 2015-16, 2016-17 and 2017-18 (estimates);

(b) names of drugs to be added to the Formulary in 2017-18, numbers of patients using and expected to use these drugs in 2015-16, 2016-17 and 2017-18, 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 2017-18, numbers of patients using and expected to use these drugs in 2015-16, 2016-17 and 2017-18, and the estimated expenditure involved in expanding the use of these drugs.

Asked by: Hon CHAN Pierre (Member Question No. 25)

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 2017-18.

(a)

The table below sets out the number of drugs newly incorporated into or removed from the HADF in 2015-16 and 2016-17.

	2015-16	2016-17
Number of new drugs incorporated into the HA Drug Formulary	21	39
Number of drugs removed from the HA Drug Formulary (Note)	26	44

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 and 2016-17 (projection based on expenditure figure as at 31 December 2016) are $4,570 million and $4,925 million respectively. In 2017-18, the additional recurrent financial requirements for widening the indications of Special drugs for treatment of chronic Hepatitis C and Attention Deficit Hyperactive Disorder, and repositioning of a Self-financed drug covered by the safety net as a Special drug in the HADF for treatment of Chronic Myeloid Leukemia / Acute Lymphoblastic Leukemia is $46 million. The growth in drug consumption expenditure on General and Special Drugs in the HADF is projected at around 5%.

Note : HA has established mechanisms to regularly appraise new drugs and review the existing drug list in the 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 were removed from the HADF.

(b)

The table below sets out the name of the Self-financed drug covered by the safety net to be repositioned as a Special drug in the HADF, the patient headcount prescribed with this drug, and the total amount of patients' contribution to purchase this drug in 2015-16 and 2016-17 (up to 31 December 2016).

Drug Name / Class		2015-16	2016-17 (Up to 31 December 2016)
i) Imatinib	Patient headcount prescribed with this drug	644	629
	Amount of patients' contribution ($ million)	95.66	72.55

The patient headcount and amount of patients' contribution have included all patients prescribed with this drug as Self-financed drug covered by the safety net for treatment of different diseases and the expenditure on the drug for a variety of therapeutic uses other than those incorporated into the HADF in 2017-18.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the above-said drug for specified clinical conditions to be repositioned as a Special drug in the HADF in 2017-18.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
i) Imatinib for treatment of Chronic Myeloid Leukemia / Acute Lymphoblastic Leukemia	5	410

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

(c)

HA will extend the therapeutic applications of two Special drug classes in the HADF in 2017-18. The table below sets out the patient headcount prescribed with these drugs in 2015-16 and 2016-17 (up to 31 December 2016).

Drug Class	2015-16	2016-17 (Up to 31 December 2016)
i) Ombitasvir, paritaprevir, ritonavir, dasabuvir ii) Sofosbuvir, ledipasvir iii) Sofosbuvir	60	24
i) Atomoxetine ii) Methyl-phenidate ER	1 298	1 168

The patient headcounts have included all patients prescribed with these drugs either as Special or Self-financed drugs for different clinical indications.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the extended therapeutic applications of these Special drug classes in 2017-18.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
Drugs for treating chronic hepatitis C i) Ombitasvir, paritaprevir, ritonavir, dasabuvir ii) Sofosbuvir, ledipasvir iii) Sofosbuvir	32	110
Drugs for treating attention deficit hyperactive disorder i) Atomoxetine ii) Methyl-phenidate ER	9	2 000

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0617)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 2016-17.

Asked by: Hon CHAN Pierre (Member Question No. 2)

Reply:

The table below sets out the number of specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (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 2016-17 (up to 31 December 2016).

2016-17 (up to 31 December 2016) [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	736	10%	<1	<1	<1	<1	2 519	35%	1	3	6	7	3 910	55%	9	31	35	50
	MED	1 721	16%	<1	1	1	2	2 890	28%	3	6	7	8	5 891	56%	10	25	58	71
	GYN	521	12%	<1	<1	<1	1	693	16%	3	3	5	7	3 219	73%	17	38	73	147
	OPH	4 189	38%	<1	<1	1	1	1 630	15%	4	7	8	8	5 233	47%	12	36	47	51
	ORT	1 060	13%	<1	1	1	1	1 222	16%	4	6	7	7	5 573	71%	21	60	96	99
	PAE	102	10%	<1	1	1	2	734	70%	4	5	7	7	208	20%	9	12	14	18
	PSY	223	8%	<1	1	1	1	601	22%	2	3	4	5	1 967	70%	6	15	33	40
	SUR	1 250	11%	1	1	1	2	3 490	31%	5	7	7	8	6 637	58%	19	37	51	60
HKWC	ENT	417	7%	<1	<1	1	1	1 371	23%	3	4	6	7	4 132	70%	<1	14	26	45
	MED	1 405	14%	<1	<1	1	1	1 619	16%	3	4	5	7	7 080	70%	13	30	57	75
	GYN	1 342	23%	<1	<1	1	1	860	15%	3	5	6	8	3 703	63%	12	29	36	190
	OPH	2 535	37%	<1	<1	1	1	1 309	19%	4	4	6	7	3 056	44%	30	37	41	41
	ORT	602	8%	<1	<1	1	1	1 201	15%	2	3	5	6	6 206	77%	10	22	62	108
	PAE	487	22%	<1	<1	1	1	726	33%	2	4	6	7	1 016	46%	9	13	16	17
	PSY	375	11%	<1	1	1	1	625	18%	2	3	5	7	2 478	71%	14	39	109	131
	SUR	1 862	15%	<1	<1	1	1	2 307	19%	3	5	6	7	7 945	66%	8	17	44	59
KCC	ENT	1 025	9%	<1	<1	1	1	878	8%	2	4	6	7	9 568	83%	24	28	38	52
	MED	1 065	11%	<1	1	1	1	1 564	16%	4	4	5	6	7 268	73%	39	69	86	93
	GYN	304	7%	<1	<1	1	1	1 425	33%	4	6	7	8	2 603	60%	17	36	42	49
	OPH	6 240	30%	<1	<1	<1	1	4 058	20%	1	2	4	5	9 686	47%	68	78	85	88
	ORT	250	4%	<1	1	1	1	738	11%	2	3	5	7	5 663	85%	21	60	71	89
	PAE	646	31%	<1	1	1	1	601	29%	3	6	7	7	828	40%	4	13	27	30
	PSY	102	6%	<1	<1	1	1	601	33%	1	3	6	7	1 120	61%	15	23	30	43
	SUR	1 493	10%	<1	1	1	1	2 207	15%	3	5	6	7	10 817	75%	26	44	49	51
KEC	ENT	1 331	17%	<1	<1	<1	1	1 931	24%	1	4	7	7	4 632	59%	52	86	91	95
	MED	1 271	8%	<1	1	1	1	4 001	25%	4	6	7	7	10 435	66%	16	73	89	101
	GYN	1 115	16%	<1	1	1	1	793	11%	4	6	7	7	5 026	72%	13	32	59	62
	OPH	4 550	32%	<1	<1	1	1	199	1%	3	6	7	7	9 469	67%	11	12	127	136
	ORT	2 852	21%	<1	<1	1	1	3 031	22%	4	7	7	8	7 876	57%	19	49	116	121
	PAE	966	27%	<1	<1	<1	1	586	16%	2	4	7	7	2 037	57%	12	13	17	21
	PSY	302	5%	<1	1	1	1	1 274	22%	3	5	7	7	4 004	69%	3	12	77	97
	SUR	1 582	8%	<1	1	1	1	5 331	26%	4	7	7	7	13 369	66%	11	25	66	86
KWC	ENT	2 892	19%	<1	<1	1	1	3 022	20%	3	5	7	8	8 968	60%	17	46	51	60
	MED	1 906	8%	<1	<1	1	2	4 920	21%	3	4	6	7	16 416	69%	25	60	76	85
	GYN	932	7%	<1	<1	1	1	2 248	18%	4	6	7	7	9 286	74%	11	24	54	62
	OPH	5 417	33%	<1	<1	<1	<1	4 787	29%	1	2	2	3	6 092	37%	4	50	52	53
	ORT	2 799	15%	<1	1	1	2	3 699	20%	3	4	6	8	11 805	63%	33	71	122	134

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			
	PAE	2 122	32%	<1	<1	<1	1	829	13%	4	6	7	7	3 428	52%	9	12	19	22
	PSY	241	2%	<1	<1	1	2	542	5%	1	3	5	7	10 332	93%	1	11	41	66
	SUR	2 906	9%	<1	1	1	2	6 588	21%	4	6	7	7	22 428	70%	20	33	57	71
NTEC	ENT	3 250	25%	<1	<1	1	1	2 919	22%	2	3	5	7	6 809	52%	12	36	61	64
	MED	2 418	13%	<1	<1	1	1	2 604	14%	4	6	7	8	13 042	71%	16	70	97	105
	GYN	1 535	15%	<1	<1	1	2	693	7%	4	6	7	8	6 759	65%	18	56	69	87
	OPH	6 077	34%	<1	<1	1	1	3 672	21%	3	4	7	8	7 884	45%	16	53	66	68
	ORT	4 455	24%	<1	<1	<1	1	1 644	9%	3	5	7	8	12 100	66%	23	127	151	176
	PAE	172	5%	<1	<1	1	1	444	13%	3	4	5	6	2 901	82%	5	11	19	36
	PSY	896	13%	<1	1	1	2	2 017	29%	2	4	7	8	4 055	58%	21	78	129	161
	SUR	1 608	7%	<1	<1	1	2	2 887	13%	3	5	7	8	16 558	77%	16	38	77	84
NTWC	ENT	2 057	19%	<1	<1	<1	1	1 320	12%	3	4	5	7	7 319	68%	14	70	75	77
	MED	1 299	13%	<1	1	1	2	2 923	29%	3	5	6	7	5 756	57%	16	50	67	72
	GYN	893	16%	<1	1	2	2	206	4%	3	5	7	8	4 357	80%	17	30	121	125
	OPH	7 238	47%	<1	<1	<1	1	2 542	16%	3	4	6	8	5 772	37%	17	36	44	55
	ORT	1 413	13%	<1	1	1	2	1 246	12%	3	4	6	8	7 722	72%	24	71	78	79
	PAE	92	5%	1	1	1	2	461	23%	6	7	7	7	1 483	73%	17	20	24	26
	PSY	432	9%	<1	1	1	1	1 315	26%	4	7	7	7	3 245	64%	10	37	67	95
	SUR	1 372	8%	<1	1	1	2	2 837	16%	3	5	6	7	13 844	77%	24	56	63	68
Overall HA	ENT	11 708	16%	<1	<1	1	1	13 960	20%	2	4	6	7	45 338	64%	14	31	59	77
	MED	11 085	11%	<1	<1	1	2	20 521	21%	3	5	7	7	65 888	67%	17	58	78	96
	GYN	6 642	13%	<1	<1	1	2	6 918	14%	4	6	7	7	34 953	70%	15	31	59	84
	OPH	36 246	35%	<1	<1	<1	1	18 197	18%	2	3	5	7	47 192	46%	12	43	68	88
	ORT	13 431	16%	<1	<1	1	1	12 781	15%	3	5	7	7	56 945	68%	20	65	102	133
	PAE	4 587	22%	<1	<1	1	1	4 381	21%	3	5	7	7	11 901	56%	9	13	19	26
	PSY	2 571	7%	<1	1	1	2	6 975	19%	2	4	7	7	27 201	73%	4	19	62	98
	SUR	12 073	9%	<1	1	1	2	25 647	20%	4	6	7	7	91 598	71%	15	35	60	77

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.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 0619)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in "Matters Requiring Special Attention in 2017-18" that the Government will continue to implement the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation. Please provide details of the expenditure on smoking cessation services in 2016-17 and 2017-18 (estimates).

Asked by: Hon CHAN Pierre (Member Question No. 10)

Reply:

Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. Over the years, the Department of Health (DH) and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation through providing cessation counselling telephone hotline, health talks and other health education programmes, and smoking cessation services in their respective clinics. Collaborative efforts have also been undertaken with non-governmental organisations and health care professions to promote smoking cessation and provide smoking cessation services to the public.

The expenditures / provisions related to health promotion activities and smoking cessation services by Tobacco Control Office (TCO) of DH and its subvented organisations for 2016-17 and 2017-18 are at **Annex**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified. In addition, HA operates 15 full-time and 52 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall service provision, and therefore such expenditure could not be separately identified.

Annex

Expenditures / Provisions of the Health Promotion and Smoking Cessation Services by Tobacco Control Office of Department of Health

	2016-17 Revised Estimate ($ million)	2017-18 Estimate ($ million)
(a) General health education and promotion of smoking cessation		
TCO	*56.7*	*62.1*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.8*	*23.1*
Sub-total	***79.5***	***85.2***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*41.5*	*34.0*
Subvention to Pok Oi Hospital	*7.6*	*7.3*
Subvention to Po Leung Kuk	*2.0*	*0.7*
Subvention to Lok Sin Tong	*2.4*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.9*	-
Sub-total	***60.3***	***49.9***
Total	**139.8**	**135.1**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0620)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in "Matters Requiring Special Attention in 2017-18", the Branch will "continue to oversee the operation of Chinese medicine clinics in the public sector to develop evidence-based Chinese medicine and provide training opportunities for graduates of local Chinese medicine degree programmes". In this regard, please:

(a) list the number of Chinese medicine practitioners employed by Chinese medicine clinics in 18 districts (including the overall number), expenditure involved, number of attendances and cost per attendance;

(b) provide details of the specific work "to develop evidence-based Chinese medicine", and the expenditure and manpower involved; and

(c) of the Chinese medicine practitioners employed by Chinese medicine clinics in the public sector, give the ratio and number of graduates of local Chinese medicine degree programmes by rank.

Asked by: Hon CHAN Pierre (Member Question No. 13)

Reply:

(a) In the 2017-18 Estimates, the Government has earmarked $94.5 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.

Details of the Chinese medicine practitioners (CMPs) engaged by these 18 CMCTRs and the respective attendances are at **Annex**. These CMCTRs do not have a breakdown of their cost per patient attendance.

(b) The CMCTRs serve as an effective platform in facilitating the development of "evidence-based" Chinese medicine and provide training placements for local Chinese medicine degree programme graduates. In this regard, the Hospital Authority actively collaborates with these CMCTRs and local universities to conduct systematic research programmes on Chinese medicine herbs and diseases. Various training programmes are also organized for both Chinese medicine and Western medicine clinical professionals for establishing "evidence-based" Chinese medicine practice.

(c) Each CMCTR is required to employ at least two full-time equivalent of senior CMPs and 12 junior CMPs/CMP trainees. As at end-December 2016, 381 CMPs were employed at the 18 CMCTRs, of whom 257 were local Chinese medicine degree programme graduates.

– End –

Annex

Number of Chinese Medicine Practitioners Engaged
and Attendances at 18 Chinese Medicine Centres for Training and Research

District [Date of opening]	Number of CMPs [1] (as at end-December 2016)	Attendances [2] (in 2016)
Central and Western [December 2003]	21	62 246
Tsuen Wan [December 2003]	26	78 580
Tai Po [December 2003]	26	76 537
Wan Chai [April 2006]	24	71 042
Sai Kung [April 2006]	18	61 007
Yuen Long [April 2006]	23	76 670
Tuen Mun [November 2006]	22	71 232
Kwun Tong [November 2006]	22	65 313
Kwai Tsing [January 2007]	23	60 497
Eastern [March 2008]	16	65 021
North [March 2008]	20	75 396
Wong Tai Sin [December 2008]	18	60 066
Sha Tin [February 2009]	23	73 353
Sham Shui Po [March 2009]	25	71 874
Southern [March 2011]	21	60 879
Kowloon City [December 2011]	18	43 249
Yau Tsim Mong [December 2012]	21	52 830
Islands [July 2014]	14	41 959
Total:	**381**	**1 167 751**

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).

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0622)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list in detail the enhancement schemes (for example, referral of patients in the specialty of Ear, Nose and Throat in the Kowloon East Cluster to the Kowloon Central Cluster) implemented by the Hospital Authority in the past 3 years for patients who have been waiting long for specialist outpatient services, the number of people benefitted under the schemes, and the difference in the routine waiting time for a first appointment in the clusters and specialties concerned after the implementation of the schemes (please provide an overall figure, not just figures for those who have received referral arrangement under the schemes).

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

Reply:

We understand the public's concern on waiting time for specialist outpatient clinics (SOPC) consultation. The Hospital Authority (HA) has implemented a series of measures as set out below to tackle the problem.

(i) Triage and prioritisation

HA has implemented the triage system for new SOPC referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (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 GOPC Public-Private Partnership Programme will continue to be rolled out to all the 18 districts of the territory in phases, covering four additional districts (namely Central and Western, Islands, Tai Po and Tsuen Wan districts) from 2017-18; and the remaining districts (namely Yau Tsim Mong and North districts) from 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 to better cope with the demand for relevant clinical services.

(iv) Enhancing manpower

As at 31 December 2016, HA engaged some 359 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 (SHS) 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 implemented to manage SOPC waiting time

HA has implemented a number of SOPC programmes to increase the capacity to handle SOPC cases and manage the waiting time.

In 2015-16, North Lantau Hospital of Kowloon West Cluster (KWC) and Kowloon East Cluster (KEC) expanded capacity to enhance the accessibility of SOPC services in the respective hospital and cluster.

In 2016-17, HA addressed the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, both KEC and KWC enhanced their FMSC services to help alleviate pressure on SOPC waiting time. In addition, KWC expanded SOPC capacity for its Medicine (MED), Surgery (SUR) and Orthopaedics & Traumatology (O&T) services.

In 2017-18, HA will implement programmes to increase SOPC capacity. For instance, Queen Mary Hospital, Kwong Wah Hospital and Prince of Wales Hospital will build up service capacity of In-vitro Fertilisation by setting up nurse infertility clinics for carrying out assessment and counselling as well as coordination of assisted reproduction. KEC, KWC and New Territories East Cluster will enhance their FMSC services to help alleviate pressure on SOPC waiting time. In addition, Pok Oi Hospital will improve SOPC facilities and enhance manpower support to expand SOPC capacity.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat (ENT), Gynaecology (GYN), MED, Ophthalmology (OPH), O&T, Paediatrics (PAE), Psychiatry and SUR) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

To let more patients benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters as appropriate. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

On 8 March 2016, HA launched a mobile 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, and O&T on 19 September 2016. HA will further roll out this mobile app tentatively to Cardiothoracic Surgery, MED, Obstetrics, PAE and SUR in 2017-18.

Apart from allowing patients to voluntarily book appointments at SOPCs in other clusters, HA introduced a cross-cluster collaboration enhancement measure in 2012 by piloting a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Upon review, whilst HA considered the centrally coordinated mechanism beneficial, the arrangement only provided limited options for patients in selected specialties and clusters. With the implementation of the aforementioned measures to facilitate patients to voluntarily book appointments at SOPCs in other clusters, the centrally coordinated referral mechanism has been tapered off.

(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. HA has extended the system to 12 other hospitals in 2015-16 and 2016-17. In 2017-18, HA will further extend the system to six hospitals. 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. 0623)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

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

(a) the numbers of infirmary, mentally-ill and mentally-handicapped inpatients, the costs of medical services for these patients, and the numbers of doctors and nurses attending them;

(b) the number of general outpatient attendances; and

(c) the number of specialist outpatient attendances.

Asked by: Hon CHAN Pierre (Member Question No. 15)

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 2016-17 (up to 31 December 2016).

Number of patient days in 2016-17 (up to 31 December 2016) [Provisional figures]	**Cluster**							**Overall HA**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Infirmary	125 138	38 476	26 621	28 351	69 347	78 146	23 677	**389 756**
Mentally ill	78 267	13 867	85 949	18 683	193 209	114 719	208 283	**712 977**
Mentally handicapped *	–	–	–	–	17 531	–	128 952	**146 483**

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

HA classifies day inpatients as those patients who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

HA measures and monitors its service throughput by performance indicators such as number 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 2016-17.

Type of beds	**Estimated service costs ($ million)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Infirmary	290	80	70	68	138	140	44	**830**
Mentally Ill	293	122	348	84	585	419	735	**2,586**
Mentally Handicapped *	–	–	–	–	63	–	275	**338**

* 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, 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 2016. 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.

2016-17 # (as at 31 December 2016)

Staff Group	Cluster	Psychiatry	Medicine
Doctors	HKEC	34	157
	HKWC	28	141
	KCC	35	160
	KEC	38	157
	KWC	72	315
	NTEC	65	205
	NTWC	84	157
Total		**356**	**1 292**
Nurses	HKEC	242	806
	HKWC	113	690
	KCC	236	836
	KEC	141	938
	KWC	654	1 519
	NTEC	372	1 205
	NTWC	716	866
Total		**2 473**	**6 861**

Note:

1) The manpower figures above 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.

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 services of the medicine department include services for hospice, rehabilitation and infirmary.

Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

(b) & (c)

The table below sets out the number of general outpatient (GOP) and specialist outpatient (SOP) attendances in each hospital cluster under HA in 2016-17 (up to 31 December 2016).

	Cluster							Overall HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of GOP attendances in 2016-17 (up to 31 December 2016) [Provisional figures]	451 396	295 784	435 387	748 224	1 287 105	734 194	640 087	**4 592 177**
Number of SOP attendances in 2016-17 (up to 31 December 2016) [Provisional figures]	618 976	666 983	779 918	649 375	1 320 006	897 783	758 116	**5 691 157**

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 0624)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 by public hospitals, and the number of patients involved and their waiting time in 2014-15, 2015-16 and 2016-17.

	2014-15	2015-16	2016-17
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 tabulate details below.

	2014-15	2015-16	2016-17
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. 16)

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 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

	2014-15	**2015-16**	**2016-17 (up to 31 December 2016)**
Number of surgeries			
HKEC	3 953	4 035	2 868
HKWC	960*	2 918	2 529
KCC	6 331	6 336	4 410
KEC	3 337	3 904	3 016
KWC	2 450	2 502	2 020
NTEC	3 731	3 907	3 133
NTWC	2 715	2 780	2 318
Number of patients on the waiting list (as at 31 March of financial year end)			
HKEC	2 596	2 535	2 632
HKWC	3 028	2 912	3 278
KCC	10 805	10 565	11 300
KEC	6 265	4 582	3 953
KWC	4 531	6 272	6 326
NTEC	4 673	5 336	6 030
NTWC	4 852	5 390	6 128

	2014-15	2015-16	2016-17 (up to 31 December 2016)
Estimated average waiting time (months) (as at 31 March of financial year end)			
HKEC	8	8	8
HKWC	38*	12	12
KCC	21	20	23
KEC	23	14	12
KWC	22	30	30
NTEC	15	17	19
NTWC	22	23	25

* As the operation theatres in Grantham Hospital (GH) were under renovation in 2014, the waiting time had been lengthened and correspondingly the throughput dropped in HKWC in 2014. The operation theatres in GH have resumed normal service starting from January 2015.

Note:
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 $16,870 and $17,230 in 2014-15 and 2015-16 respectively, and are projected to be around $18,380 in 2016-17. 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.

The table below sets out the number of surgeries under the Cataract Surgeries Programme and the actual / projected time in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

	2014-15	2015-16	2016-17 (up to 31 December 2016)
Number of surgeries under the Cataract Surgeries Programme	999	538	290
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. 0626)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please provide details on the following in 2015 and 2016:

(a) the total amount of claim transactions of Health Care Vouchers;
(b) the number of eligible persons;
(c) the percentage and number of eligible persons who have used Health Care Vouchers by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);
(d) the average number of Health Care Vouchers used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and
(e) the number of service providers participating in the Scheme by category.

Asked by: Hon CHAN Pierre (Member Question No. 17)

Reply:

(a) The numbers of voucher claims under the Elderly Health Care Voucher Scheme ("the Scheme") are 2 709 040 in 2015 and 2 806 294 in 2016, involving total voucher amount of $906.3 million and $1,070.6 million respectively.

(b)&(c)

The table below shows the number of eligible elders and the number of elders who had made use of vouchers up to end 2015 and 2016, broken down by gender and age group:

	As at 31.12.2015		As at 31.12.2016	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of eligible elders (i.e. elders aged 70 or above)*	760 000	-	775 000	-
(2) Number of elders who had made use of vouchers	600 000	79%	649 000	84%
(i) By gender				
- Male	266 000	77%	290 000	83%
- Female	334 000	80%	359 000	85%
(ii) By age group				
- 70 – 75	192 000	75%	214 000	81%
- 76 – 80	169 000	83%	175 000	86%
- Above 80	239 000	80%	260 000	84%

** Source: Hong Kong Population Projections 2015 – 2064, Census and Statistics Department*

We have not kept statistics on the use of vouchers by residence of elders.

(d) The table below shows the average cumulative amount of vouchers in monetary value used per person up to end 2015 and 2016 since the Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers ($) used since the Scheme was launched in 2009	
	Up to 31.12.2015	**Up to 31.12.2016**
(i) By gender		
- Male	3,277	4,483
- Female	3,481	4,743
(ii) By age group		
- 70 – 75	2,867	3,722
- 76 – 80	3,799	5,287
- Above 80	3,523	4,927

We have not kept statistics on the amount of vouchers used by residence of elders.

(e) The table below shows the number of healthcare service providers enrolled in the Scheme as at end 2015 and 2016, broken down by types of healthcare professionals:

	As at 31.12.2015	**As at 31.12.2016**
Medical Practitioners	1 936	2 126
Chinese Medicine Practitioners	1 826	2 047
Dentists	646	770
Occupational Therapists	45	51
Physiotherapists	312	344
Medical Laboratory Technologists	30	35
Radiographers	21	24
Nurses	124	148
Chiropractors	54	66
Optometrists	265	533
Sub-total (Hong Kong)	5 259	6 144
University of Hong Kong - Shenzhen Hospital [Note]	1	1
Total:	5 260	6 145

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0628)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 172 of the Budget Speech that "the Government announced the ten-year hospital development plan of $200 billion, under which a new major acute general hospital will be built in the Kai Tak Development Area to provide 2 400 beds and the first neuroscience centre in Hong Kong. The plan also covers the redevelopment or expansion of over ten hospitals including Queen Mary Hospital, Kwong Wah Hospital, United Christian Hospital, Prince of Wales Hospital, Kwai Chung Hospital and Grantham Hospital, etc."

(a) Please provide details of the distribution of the 2 400 hospital beds by specialty and 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. 18)

Reply:

(a) & (b)

The detailed operational arrangements for the new acute hospital at Kai Tak Development Area as well as other projects under the ten-year Hospital Development Plan (HDP) of the Hospital Authority (HA), 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 detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing needs of the community. HA will continue to closely monitor the

manpower situation, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the projects under the HDP are met.

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 [1]**			
		beds	**operating theatres**	**annual capacity of specialist outpatient clinic attendances**	**annual capacity of general outpatient clinic attendances**
Hong Kong West	Redevelopment of Grantham Hospital, phase 1	-	3	-	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-	-
	Sub-total	***-***	***17***	-	-
Kowloon Central [2]	Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900	20 800
	New Acute Hospital at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of Kwong Wah Hospital (KWH) - main works	350	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 766***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of Haven of Hope Hospital (HHH)	160	-	-	-
	Expansion of United Christian Hospital - 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	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	***-***	***254 500***	***154 000***

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**
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-
	Development of a CHC in North District	-	-	-	176 000
	Sub-total	***1 050***	***16***	***180 000***	***176 000***
New Territories West	Extension of Operating Theatre (OT) Block for Tuen Mun Hospital (TMH)	-	9	-	-
	Hospital Authority Supporting Services Centre at Tin Shui Wai	-	-	-	-
	Sub-total	***-***	***9***	***-***	***-***
	HA's Total	***5 016***	***94***	***2 857 800***	***438 800***

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 Our Lady of Maryknoll Hospital and Kwong Wah Hospital, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.

Funding approval for the following 4 HDP projects was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17:

(a) The substructure and utilities diversion works for the extension of OT Block for TMH project: commenced in May 2016. Subject to funding approval by the FC for the remaining parts of the extension project, the whole extension project is planned for completion in 2021.

(b) The redevelopment of KCH (Phase 1) project: commenced in May 2016 for completion in 2018.

(c) 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 for the remaining parts of the redevelopment project, the whole redevelopment project is planned for completion in 2025.

(d) The expansion of HHH project: commenced in July 2016 for completion in 2021.

For the other 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0629)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that the Government will "continue to oversee the publicity efforts to promote organ donation in collaboration with relevant organisations". In this connection, please advise on the following:

(a) the details of the publicity efforts, the method for assessing the effectiveness of such efforts as well as the manpower and expenditure involved;

(b) the breakdown of the number of patients waiting for organ transplant and the number of organ/tissue to be donated by donors in the past 5 years (2012-2016);

(c) the average waiting time of patients on organ transplant waiting list and the number of organ/tissue donations in the past 5 years (2012-2016).

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

Reply:

(a)

In April 2016, the Government set up the Committee on Promotion of Organ Donation to further promote organ donation. The Committee introduced the Organ Donation Promotion Charter in June 2016 and invited various organisations, enterprises and schools to become signatories. 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. They will further help promoting the culture to family members of their staff or members and in the community. As of end January 2017, there were over 500 Charter signatories which have conducted nearly 500 promotional actions and activities.

The Department of Health (DH), in collaboration with the Hospital Authority (HA) and relevant non-governmental organisations (NGOs), have 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 through the Centralised Organ Donation Register (CODR); (2) public education through exhibitions, talks and seminars; (3) publicity campaigns using various channels, e.g. television, radio, newspapers, Internet etc.; and (4) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK".

The Government also launched a territory-wide organ donation promotion campaign to encourage the public to sign up as donors, speak out their wish to donate organs to family members and to spread out the message from October to December 2016. It has also designated the second Saturday of November every year as Organ Donation Day and the anniversary of the launching of the CODR in 2016.

The expenditure and manpower on the publicity for organ donation cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

On the other hand, the HA also supports the territory-wide organ donation promotional 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. During July to December 2016, various HA hospitals and outpatient clinics set up over 200 promotion booths. HA has also produced a series of publicity and education videos, organised media events such as interviews and feature stories on Organ Donation Coordinators and donor families as well as organ recipients, contribute promotional articles to printed media and web media, etc.

With the concerted efforts of the Government and the community, the total number of registrations in 2016 was 52 550 which exceeded the annual number of registrations in 2014 (19 868) and 2015 (29 357). In the long term, our goal is to create a culture in our society which recognises voluntary organ donation as a commendable altruistic act.

(b) and (c)

The table below sets out the relevant statistics on organ donation in the past five years (2012-2016):

Year (as at Dec 31)	Organ / Tissue	No. of patients waiting for organ / tissue transplant	Average waiting time (months)[2]	No. of donations
2012	Kidney	1 808	45.1	99
	Heart	17	2.8	17
	Lung	15	33	3
	Liver	121	30.1	78
	Cornea (piece)	500	24	259
	Bone	NA [1]	NA	3
	Skin			6
2013	Kidney	1 991	48.5	82
	Heart	17	5.8	11
	Lung	18	29	4
	Liver	120	34.5	72
	Cornea (piece)	500	24	248
	Bone	NA	NA	3
	Skin			4
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337
	Bone	NA	NA	1
	Skin			9
2015	Kidney	1 941	51	81
	Heart	36	16.1	14
	Lung	16	15.4	13
	Liver	89	43	59
	Cornea (piece)	374	24	262
	Bone	NA	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

Note:

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.*

- End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0632)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 169 of the Budget Speech that the recurrent expenditure on healthcare is estimated to be $61.9 billion, representing an increase of $3.2 billion by year and accounting for 17 per cent of government recurrent expenditure.

(1) The recurrent expenditure of $61.9 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 out the recurrent expenditure items related to healthcare and the respective estimated expenditures under the above heads.

(2) Please provide a detailed breakdown of the estimated expenditures, manpower involved and service capacity of the 5 major new initiatives mentioned in the Budget Speech.

Asked by: Hon CHAN Pierre (Member Question No. 19)

Reply:

(1)

The recurrent expenditure of $61.9 billion on healthcare covers a wide range of recurrent expenditure items. Details of which 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 of $61.9 billion allocated to the 4 health-related Heads of Expenditure in 2017-18:

Head of Expenditure	**2017-18 Estimate ($million)**
Head 140 – Food and Health Bureau (Health Branch)	54,885.4
Head 37 – Department of Health	6,989.7
Head 48 – Government Laboratory	46.5
Head 155 – Government Secretariat : Innovation and Technology Commission	3.6
Total :	**61,925.2**

(2)

Paragraphs 169(a) to (d) of the 2017-18 Budget Speech refer to the services provided by the Hospital Authority (HA). To meet the rising service demand from the growing and ageing population, the HA will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2017-18 is projected to reach around $62 billion, representing an increase of around 4% when compared to 2016-17. HA will implement new initiatives and enhance various types of services. The key initiatives include:

(a) $267 million for increasing 229 public hospital beds;

(b) $207 million for extending medical wavier of public healthcare services to cover Old Age Living Allowance recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples);

(c) $73 million for augmenting mental health services;

(d) $39 million for enhancing pharmacy services in HA including clinical pharmacy services in Oncology and Paediatrics, as well as addressing patient waiting time by enhancing the drug refill services and 24-hour pharmacy services;

(e) Other major initiatives include:

(i) enhancing support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions for surgery and traumatology, setting up geriatric fragility fracture co-ordination services in designated acute hospitals and enhancing physiotherapy service for elderly patients;

(ii) enhancing the services provided by the Community Geriatric Assessment Teams for terminally ill patients living in residential care homes for the elderly; and

(iii) increasing the quota for general outpatient and specialist outpatient services and enhancing Accident & Emergency services to improve the waiting time for outpatient and emergency services. The quota for general outpatient clinics in two clusters (namely New Territories East Cluster and New Territories West Cluster) will increase by 27 500 attendances in 2017-18 and 44 000 attendances in 2018-19.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the new and enhanced initiatives. The number of medical, nursing and allied health staff in 2017-18 will increase by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17. The detailed arrangement for manpower deployment is being worked out and is not yet available.

Paragraph 169(e) of the Budget Speech refers to the Elderly Health Care Voucher Scheme. The Government proposes to lower the eligibility age for the Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is $2,135.0 million and additional 24 non-directorate civil service posts starting from 2017-18 will be involved. It is expected that about 400 000 elderly persons aged 65 to 69 will benefit in the first year of implementation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0633)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information regarding the vaccination programmes 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 details about the number of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS), and the numbers of seasonal influenza and 23vPPV vaccinations given in 2015, 2016 and 2017.

(c) Please provide details about the amount of subsidies provided for each dose of seasonal influenza vaccine and 23vPPV in 2015, 2016 and 2017.

(d) Please provide details about the number of hospital admissions caused by infections with seasonal influenza and pneumonia with a breakdown by age group in 2015, 2016 and the first 2 months of 2017.

(e) Will PCV13 be included in the EVSS in the future; if yes, the estimated annual expenditures; if no, the reason(s).

(f) Please provide details about the publicity work and expenditures for the EVSS from 2011 to 2017 and the assessment on its effectiveness.

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

Reply:

(a) The quantities and contract price of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under the Government Vaccination Programme (GVP) are as follows –

Vaccine	Number of doses	Total vaccine cost $ million
Seasonal influenza vaccine for 2016-17 season	430 000	23.3 (revised estimate)
PCV13 (current contract)	243 000	90.4
23vPPV (current contract)	15 000	1.6

(b) The number of private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination to elders and the number of elders receiving subsidised seasonal influenza vaccines and 23vPPV under VSS for the past 3 years are appended below –

Number of private doctors enrolled under VSS for providing subsidised vaccination to elders

	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 28 February 2017)
The number of enrolled doctors providing subsidised vaccination to elders under VSS	1 628	1 643	1 660

Number of subsidised seasonal influenza vaccination and 23vPPV vaccination provided under VSS to elders

	2014-15	2015-16	2016-17 (as at 28 February 2017)
The number of elders receiving subsidised seasonal influenza vaccination	179 500	136 900	142 300
The number of elders receiving subsidised 23vPPV	24 400	15 400	13 100

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 seasonal influenza vaccination under the VSS was $160 per dose for 2014-15 and 2015-16 seasons and has been raised to $190 per dose since the 2016-17 season. The subsidy for 23vPPV is $190 per dose for 2014-15, 2015-16 and 2016-17 seasons.

(d) According to data provided by the Hospital Authority (HA), the total numbers of hospital admissions for influenza (including ICD-9 diagnosis codes starting with 487) and pneumonia (including ICD-9 diagnosis codes 480 – 486 and 487.0) in 2015, 2016 and the first 2 months of 2017 are as follows –

Year	The total number of hospital admission for influenza (including ICD-9 diagnosis codes starting with 487)	The total number of hospital admission for pneumonia (including ICD-9 diagnosis codes 480 – 486 and 487.0)
2015	10 382	76 232
2016	8 031	87 171
2017 (The first 2 months of the year)	1 113	11 668

Breakdown of the above figures by age groups is set out in the tables below –

The number of hospital admissions for influenza in public hospitals (Data from the HA)

Year	Influenza			
	0-4 years	5-64 years	≥65 years	Total
2015	1 264	2 496	6 622	10 382
2016	2 211	2 941	2 879	8 031
2017 (as of 25 February 2017)*	265	398	450	1 113

*provisional figure

The 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
2015	3 475	13 285	59 472	76 232
2016	5 191	17 512	64 468	87 171
2017 (as of 25 February 2017)*	565	2 133	8 970	11 668

*provisional figure

According to data provided by private hospitals, there were 2 861 episodes of in-patient discharges and deaths due to influenza (including ICD-10 diagnosis codes J9 - J11) in 2015. The total number of in-patient discharges and deaths for pneumonia (including ICD-10 diagnosis codes J12-J18) in 2015 was 3 257. Breakdown for the above figures by age groups is provided in the table below. The relevant data for 2016 and 2017 are not available yet.

Number of in-patient discharges and deaths in private hospitals in 2015 (Data from private hospitals)

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	1 250	994
5-64 years	1 377	1 510
≥65 years	234	753
Total	2 861	3 257

(e) From 2017-18 season, the Government will start to provide free/subsidised PCV13 to high risk elders for better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases. Coupled with the current vaccination programmes to provide free/subsidised 23vPPV to eligible elders, the above new initiative will enable high risk elders to receive an additional dose of PCV13.

The vaccination will be administered through either the GVP or the VSS. In 2017-18, a provision of $77.2 million is earmarked for the implementation of the new PCV13 programme. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

(f) The Government has arranged a series of publicity activities over the past years to promote vaccination, in particular to the targeted high risk groups. Publicity has been done through Announcements in the Public Interest in mass media; advertisements on the Mass Transit Railway, buses, newspapers, magazines and on-line applications; promotion through internet; and collaboration with community partners, District Councils and non-governmental organisations to encourage vaccination in the 2016-17 season. A series of press briefings was held to encourage Hong Kong residents to receive seasonal influenza vaccination. Senior Government Officials and Legislative Council members also received seasonal influenza vaccination in order to promote vaccination to the public. Press releases were issued to keep the general public abreast of the situation of seasonal influenza and remind them of early vaccination. In addition, specialists (including geriatrician) attended media interviews to explain the benefits and the necessity of receiving seasonal influenza vaccination. To facilitate the outreach arrangement, guidelines were also provided to enrolled doctors and relevant organisers for vaccination activities to be held in community centres and District Council members' offices, etc. Talks on vaccination for elders were also held.

The expenditure on the publicity and public education on the prevention of influenza cannot be separately identified as it forms part of the overall expenditure for health promotion under the Department of Health.

The total number of elders receiving seasonal influenza vaccination under the GVP and the VSS as at 28 February 2017 for the 2016-17 season has exceeded that of the whole 2015-16 season. As the 2016-17 season has yet to end, it is expected that the number of vaccination

would increase further in the remaining months of the season. The promotion and implementation of the vaccination schemes have been generally effective.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0634)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the doctor manpower in 2016 - 17,

(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. 23)

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 2017-18, HA plans to recruit about 430 doctors.

As at 31 December 2016, there were 359 part-time doctors working in HA, providing support equivalent to about 132 full-time doctors.

The table below sets out the number of all ranks of doctors (including full-time and part-time) by major specialties in each hospital cluster of the HA in 2016-17 (as at 31 December 2016).

Cluster	Specialty	2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	5	26	26	57
	Anaesthesia	5	14	15	34
	Family Medicine	1	11	46	58
	Intensive Care Unit	1	7	9	17
	Medicine	17	60	81	157
	Neurosurgery	2	1	8	11
	Obstetrics & Gynaecology	4	5	7	16
	Ophthalmology	4	5	11	20
	Orthopaedics & Traumatology	6	11	16	33
	Paediatrics	6	6	17	29
	Pathology	5	8	5	18
	Psychiatry	5	13	16	34
	Radiology	10	13	20	42
	Surgery	9	15	27	51
	Others	5	9	14	28
	Total	**84**	**203**	**318**	**605**
HKWC	Accident & Emergency	3	12	14	30
	Anaesthesia	18	24	31	73
	Cardio-thoracic Surgery	5	3	4	12
	Family Medicine	3	12	28	43
	Intensive Care Unit	2	6	8	16
	Medicine	26	39	76	141
	Neurosurgery	2	4	6	12
	Obstetrics & Gynaecology	6	7	12	25
	Ophthalmology	2	4	9	15
	Orthopaedics & Traumatology	5	7	22	34
	Paediatrics	13	16	26	55
	Pathology	8	7	14	29
	Psychiatry	3	9	16	28
	Radiology	9	11	17	37
	Surgery	12	20	47	80
	Others	6	7	17	30
	Total	**124**	**189**	**346**	**659**

Cluster	Specialty	2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total
KCC	Accident & Emergency	3	18	25	46
	Anaesthesia	11	24	23	58
	Cardio-thoracic Surgery	3	7	6	16
	Family Medicine	1	8	47	56
	Intensive Care Unit	2	5	5	12
	Medicine	23	54	84	160
	Neurosurgery	4	6	11	21
	Obstetrics & Gynaecology	7	10	13	30
	Ophthalmology	6	13	18	37
	Orthopaedics & Traumatology	10	14	15	39
	Paediatrics	10	16	21	47
	Pathology	10	10	12	32
	Psychiatry	5	10	20	35
	Radiology	12	17	19	48
	Surgery	10	18	35	63
	Others	11	15	22	47
	Total	**126**	**245**	**376**	**747**
KEC	Accident & Emergency	5	28	34	67
	Anaesthesia	6	17	21	43
	Family Medicine	2	19	65	86
	Intensive Care Unit	1	6	6	13
	Medicine	22	54	80	157
	Obstetrics & Gynaecology	8	7	13	28
	Ophthalmology	2	7	12	21
	Orthopaedics & Traumatology	7	12	25	44
	Paediatrics	5	15	21	41
	Pathology	7	7	7	21
	Psychiatry	3	18	17	38
	Radiology	10	10	12	32
	Surgery	12	24	28	64
	Others	4	12	13	29
	Total	**94**	**237**	**353**	**684**

Cluster	Specialty	2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	11	50	78	139
	Anaesthesia	10	43	36	89
	Family Medicine	3	35	129	167
	Intensive Care Unit	4	13	23	40
	Medicine	41	117	157	315
	Neurosurgery	4	7	13	24
	Obstetrics & Gynaecology	8	17	25	51
	Ophthalmology	3	9	13	25
	Orthopaedics & Traumatology	15	26	38	79
	Paediatrics	14	29	44	88
	Pathology	19	16	22	56
	Psychiatry	9	28	36	72
	Radiology	16	24	21	61
	Surgery	21	41	64	127
	Others	6	14	22	41
	Total	**184**	**468**	**722**	**1374**
NTEC	Accident & Emergency	8	30	33	71
	Anaesthesia	7	30	33	70
	Cardio-thoracic Surgery	2	1	2	5
	Family Medicine	3	19	69	91
	Intensive Care Unit	3	10	14	27
	Medicine	29	61	116	205
	Neurosurgery	3	0	4	7
	Obstetrics & Gynaecology	6	8	18	32
	Ophthalmology	3	5	19	27
	Orthopaedics & Traumatology	11	19	35	64
	Paediatrics	10	20	30	60
	Pathology	9	13	13	35
	Psychiatry	6	20	39	65
	Radiology	11	16	15	42
	Surgery	19	21	58	98
	Others	9	18	27	54
	Total	**137**	**291**	**523**	**952**

Cluster	Specialty	2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	7	24	45	76
	Anaesthesia	8	18	29	55
	Cardio-thoracic Surgery	1	1	0	2
	Family Medicine	2	22	57	81
	Intensive Care Unit	2	5	12	19
	Medicine	21	48	89	157
	Neurosurgery	3	3	10	16
	Obstetrics & Gynaecology	9	8	13	30
	Ophthalmology	4	8	11	23
	Orthopaedics & Traumatology	7	15	29	51
	Paediatrics	6	14	18	38
	Pathology	7	7	10	24
	Psychiatry	10	29	45	84
	Radiology	10	8	19	36
	Surgery	16	17	38	71
	Others	7	10	19	36
	Total	**119**	**236**	**443**	**799**

(c)

The manpower shortfall of doctors in 2016-17 is around 300.

Notes:

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

2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

3. The services of the medicine department include services for hospice, rehabilitation and infirmary. The services of the psychiatry department include services for the mentally handicapped.

Abbreviations

SMO/AC – Senior Medical Officer/Associate Consultant
MO/R – Medical Officer/Resident
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2012)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government will extend the fee waiver for public hospital and clinic services to cover older Old Age Living Allowance (OALA) recipients with more financial needs. In the Policy Address announced by the Chief Executive in January this year, it also states that the Government will extend the fee waiver for public hospital and clinic services to cover the older OALA recipients with more financial needs, i.e. those aged 75 or above with assets not exceeding $144,000 for elderly singletons or $218,000 for elderly couples, benefiting 140 000 elderly persons. Regarding this new initiative, will the Government inform this Committee of the following:

1. What were the numbers of attendances of eligible persons under the new initiative mentioned above at public hospitals and clinics and the charges involved in each of the past 3 financial years?
2. What will be the annual increase in the Government's allocation to the Hospital Authority (HA) in response to the initiative in the coming 3 financial years? Under which department's programme will the relevant expenditures be put? Will the relevant expenditures be counted as medical expenses or welfare expenditures?
3. If there is an increase in allocation to the HA under the initiative, will the allocation be disbursed on an accountable and reimbursement basis? If not, what are the specific details?

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

Reply:

(1) to (3)

The extension of medical fee waiver for public hospital and clinic services to cover older Old Age Living Allowance (OALA) recipients with more financial needs is a new initiative to be implemented in 2017-18. The Hospital Authority (HA) does not maintain the

requested information for the past 3 financial years.

In 2017-18, the Government's financial provision to HA amounts to $55.3 billion, representing an increase of $1.86 billion (or 3.5%) over the 2016-17 revised estimate. The additional recurrent subvention is to cope with the growth in service demand arising from ageing population, implementing new initiatives and enhancing various types of services in HA including, among others, the extension of medical fee waiver of public healthcare services to cover OALA recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples). The estimated medical income forgone due to the aforementioned extension of the medical fee waiver is $207 million in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2374)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(a) The 2016-17 revised estimate of the subvention for the Hospital Authority (HA) has increased by $1.84 billion over the original estimate. Please provide details of the financial provision allocated to individual clusters and explain the reasons.

(b) The 2017-18 estimate of the subvention for the HA has further increased by $1.86 billion over the 2016-17 revised estimate. Please provide details of the additional financial provision to be allocated to individual clusters and explain the reasons.

Asked by: Hon CHAN Pierre (Member Question No. 26)

Reply:

(a)

The increase of $1.84 billion in the 2016-17 revised estimate over the original estimate is mainly due to an increase of $1.87 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2016 pay adjustment. The increase is partly offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2015-16 plus other minor adjustments of $0.01 billion.

(b)

In 2017-18, the financial provision to HA amounts to $55.3 billion, representing an increase of $1.86 billion over the 2016-17 revised estimate. The increase is mainly due to an additional recurrent subvention of $2 billion for HA to implement new initiatives and enhance various types of service to cope with the growth in service demand arising from ageing population in 2017-18. With the financial provision of the Government, coupled with HA's own income and redeployment of its internal resources, HA will implement

various measures to meet the rising demand for hospital services and to improve the quality of patient care. Examples of such measures include:

(a) increasing 229 public hospital beds;

(b) extending medical wavier of public healthcare services to cover Old Age Living Allowance recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples);

(c) augmenting mental health services;

(d) enhancing pharmacy services in HA including clinical pharmacy services in Oncology and Paediatrics, as well as addressing patient waiting time by enhancing the drug refill services and 24-hour pharmacy services;

(e) implementing Newborn Screening for Inborn Errors of Metabolism in Queen Elizabeth Hospital, Queen Mary Hospital and Prince of Wales Hospital. It is expected that around 17,000 newborn babies will receive screening services in 2017-18;

(f) continuing the Pilot Programme of Integrated Chinese-Western Medicine in 7 public hospitals for 5 more years and expanding the Programme to cover one more disease area in 2018-19;

(g) working together with the Social Welfare Department to strengthen medical-social collaboration to provide a full range of rehabilitation and care support services for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period;

(h) enhancing the management and treatment of life-threatening diseases, including HA's stroke care and cardiac services, with a view to strengthening service quality and capacity;

(i) enhancing support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions for surgery and traumatology, setting up geriatric fragility fracture co-ordination services in designated acute hospitals and enhancing physiotherapy service for elderly patients;

(j) enhancing the services provided by the Community Geriatric Assessment Teams for terminally ill patients living in residential care homes for the elderly;

(k) strengthening the services for chronic diseases through, for example, increasing the service capacity of chemotherapy and radiotherapy for cancer service, enhancing the service quota of haemodialysis for renal service, and stepping up complications screening for diabetic patients;

(l) increasing the number of operating theatre sessions and the quota for endoscopy examination and diagnostic radiological service so as to enhance the service capacity for addressing the ever rising healthcare needs;

(m) increasing the quota for general out-patient and specialist out-patient services and enhancing Accident & Emergency Services to improve the waiting time for out-patient and emergency services. The quota for general out-patient clinics in two clusters (namely New Territories East Cluster and New Territories West Cluster) will increase by 27 500 attendances in 2017-18 and 44 000 attendances in 2018-19; and

(n) widening the scope of the HA Drug Formulary to improve the drug treatment for patients in public hospitals.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the new and enhanced initiatives. The number of medical, nursing and allied health staff in 2017-18 will increase by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17.

The budget allocation to individual clusters including the additional financial provision for 2017-18 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2512)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 2015-16, 2016-17 and 2017-18 (Estimate).

(b) Please list by cluster the bed occupancy rates of different hospitals and specialties in the past one year.

Asked by: Hon CHAN Pierre (Member Question No. 28)

Reply:
(a) & (b)

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 2015-16 and 2016-17 (up to 31 December 2016). For 2017-18 (Estimate), the relevant information for all general specialties is also provided below but the figures by specialty are not yet available.

2015-16

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
All general specialties (acute & convalescent)								
Number of hospital beds #	2 065	2 860	3 029	2 331	5 244	3 610	2 448	**21 587**
IP bed occupancy rate	87%	76%	90%	91%	88%	89%	101%	**89%**
IP D&D	111 055	112 712	128 354	126 505	270 641	169 323	137 297	**1 055 887**
DP D&D	70 958	89 138	81 643	54 441	111 406	106 451	75 446	**589 483**
Patient days	656 140	745 826	999 921	741 722	1 533 566	1 150 783	873 642	**6 701 600**
IP ALOS (days)	5.3	5.8	7.2	5.4	5.2	6.3	5.7	**5.8**
Major specialties								
Gynaecology								
Number of hospital beds #	40	78	29	79	139	52	64	**481**
IP bed occupancy rate	92%	59%	90%	55%	83%	75%	104%	**75%**
IP D&D	3 735	4 366	4 260	5 541	10 986	4 176	6 275	**39 339**
DP D&D	1 947	5 021	3 164	1 511	6 159	4 209	7 612	**29 623**
Patient days	10 328	17 168	12 720	15 045	27 219	13 491	18 626	**114 597**
IP ALOS (days)	2.2	2.7	2.2	2.4	1.9	2.2	1.7	**2.1**
Medicine								
Number of hospital beds #	940	955	1 075	1 170	2 282	1 482	1 112	**9 016**
IP bed occupancy rate	93%	88%	103%	99%	98%	102%	109%	**99%**
IP D&D	49 089	45 851	46 444	59 787	116 196	70 451	53 175	**440 993**
DP D&D	25 288	36 693	25 784	32 847	49 143	39 969	26 869	**236 593**
Patient days	312 419	308 328	399 116	414 339	778 542	541 468	421 293	**3 175 505**
IP ALOS (days)	5.3	5.7	7.9	5.9	6.0	6.9	7.1	**6.4**
Obstetrics								
Number of hospital beds #	62	89	125	81	251	124	76	**808**
IP bed occupancy rate	84%	62%	72%	62%	67%	64%	94%	**70%**
IP D&D	3 838	5 587	7 784	5 883	13 716	9 151	8 453	**54 412**
DP D&D	978	1 235	7 246	1 056	5 215	3 693	3 774	**23 197**
Patient days	15 372	17 846	32 750	18 141	44 006	30 779	27 970	**186 864**
IP ALOS (days)	3.7	3.0	3.2	2.9	2.8	2.9	2.8	**3.0**

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
Orthopaedics & Traumatology								
Number of hospital beds #	196	328	296	256	513	486	359	**2 434**
IP bed occupancy rate	90%	73%	104%	100%	92%	87%	93%	**91%**
IP D&D	10 113	9 150	9 751	12 505	23 428	17 451	11 353	**93 751**
DP D&D	5 734	1 483	889	1 096	5 507	2 988	2 385	**20 082**
Patient days	59 403	76 326	111 514	88 683	164 967	151 131	116 162	**768 186**
IP ALOS (days)	5.1	7.8	11.2	6.0	6.4	8.3	9.3	**7.5**
Paediatrics								
Number of hospital beds #	54	183	124	110	350	183	84	**1 088**
IP bed occupancy rate	85%	66%	70%	79%	72%	84%	100%	**77%**
IP D&D	4 367	5 469	6 733	10 702	20 278	11 873	8 227	**67 649**
DP D&D	356	7 299	3 326	460	7 359	5 884	1 602	**26 286**
Patient days	15 668	38 713	31 477	30 655	70 351	51 188	32 180	**270 232**
IP ALOS (days)	3.4	5.4	4.2	2.5	2.8	3.5	3.5	**3.4**
Surgery								
Number of hospital beds #	244	593	295	340	716	453	338	**2 979**
IP bed occupancy rate	79%	71%	95%	87%	76%	96%	96%	**84%**
IP D&D	16 196	20 184	16 893	22 284	42 723	21 921	19 865	**160 066**
DP D&D	16 815	23 061	12 694	7 731	22 056	18 959	17 354	**118 670**
Patient days	81 706	140 521	98 736	103 631	189 338	148 903	114 814	**877 649**
IP ALOS (days)	3.7	5.2	4.8	4.0	3.7	5.6	4.5	**4.4**

Number of hospital beds as at 31 March 2016

<u>2016-17</u> (up to 31 December 2016) [Provisional Figures]

	Cluster							HA
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**Overall**
<u>All general specialties (acute & convalescent)</u>								
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%	77%	90%	94%	90%	92%	101%	**90%**
IP D&D	86 045	88 076	101 242	100 975	207 937	133 965	107 743	**825 983**
DP D&D	53 883	70 259	62 797	45 443	89 873	88 455	61 814	**472 524**
Patient days	504 253	579 324	763 404	583 019	1 196 770	911 548	681 786	**5 220 104**
IP ALOS (days)	5.4	5.8	7.0	5.4	5.3	6.1	5.7	**5.8**

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Major specialties								
Gynaecology								
Number of hospital beds ^	40	78	29	79	139	52	64	**481**
IP bed occupancy rate	92%	61%	103%	51%	80%	75%	110%	**76%**
IP D&D	2 768	3 530	3 353	4 200	7 915	3 241	4 906	**29 913**
DP D&D	1 535	3 511	2 425	1 256	4 101	3 360	6 195	**22 383**
Patient days	7 879	12 955	10 616	10 774	20 002	10 371	14 984	**87 581**
IP ALOS (days)	2.3	2.6	2.3	2.2	2.0	2.1	1.8	**2.1**
Medicine								
Number of hospital beds ^	940	955	1 087	1 182	2 282	1 537	1 182	**9 165**
IP bed occupancy rate	91%	87%	101%	100%	98%	105%	109%	**99%**
IP D&D	37 893	35 751	36 458	46 520	89 247	55 208	41 070	**342 147**
DP D&D	18 946	29 321	20 580	25 607	39 775	33 451	21 789	**189 469**
Patient days	235 328	236 155	299 300	320 690	604 143	435 293	331 685	**2 462 594**
IP ALOS (days)	5.2	5.6	7.6	6.0	6.1	7.1	7.2	**6.4**
Obstetrics								
Number of hospital beds ^	62	89	125	81	251	124	76	**808**
IP bed occupancy rate	88%	65%	76%	64%	72%	71%	97%	**75%**
IP D&D	2 937	4 557	6 138	4 541	10 479	7 666	6 572	**42 890**
DP D&D	677	1 133	5 906	765	3 775	3 161	2 901	**18 318**
Patient days	12 071	14 177	26 096	14 001	33 652	25 701	21 538	**147 236**
IP ALOS (days)	3.8	2.9	3.2	2.9	2.8	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
Number of hospital beds ^	196	328	320	256	513	486	359	**2 458**
IP bed occupancy rate	90%	75%	103%	103%	93%	84%	88%	**90%**
IP D&D	7 698	6 963	7 658	9 668	18 080	13 518	8 860	**72 445**
DP D&D	5 945	1 460	726	871	4 163	2 213	2 008	**17 386**
Patient days	46 219	60 127	83 781	69 164	125 025	112 859	85 483	**582 658**
IP ALOS (days)	5.2	8.1	11.5	6.1	6.3	8.1	9.3	**7.5**
Paediatrics								
Number of hospital beds ^	54	183	124	110	337	183	84	**1 075**
IP bed occupancy rate	95%	72%	74%	91%	81%	90%	116%	**86%**
IP D&D	3 817	4 537	5 575	9 125	16 993	9 736	7 051	**56 834**
DP D&D	274	5 607	2 381	377	5 296	5 112	1 407	**20 454**

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Patient days	13 104	31 213	24 644	26 305	59 403	41 910	28 264	**224 843**
IP ALOS (days)	3.3	5.1	3.8	2.9	3.0	3.8	3.8	**3.5**

	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Surgery								
Number of hospital beds ^	264	593	295	344	724	453	357	**3 030**
IP bed occupancy rate	85%	75%	98%	91%	80%	101%	94%	**87%**
IP D&D	12 819	15 989	13 099	17 821	32 793	17 903	16 350	**126 774**
DP D&D	11 941	17 858	9 458	8 309	20 118	16 239	14 363	**98 286**
Patient days	65 257	109 802	76 463	83 433	153 217	119 805	90 143	**698 120**
IP ALOS (days)	3.9	5.4	4.8	4.0	3.8	5.5	4.4	**4.4**

^ Number of hospital beds as at 31 December 2016

2017-18 (Estimate)

All general specialties (acute & convalescent)	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Number of hospital beds Δ	2 105	2 860	4 900	2 405	3 431	3 730	2 596	**22 027**
IP bed occupancy rate	87%	76%	87%	91%	92%	89%	101%	**89%**
IP D&D	112 460	115 070	215 020	131 730	192 560	173 050	139 810	**1 079 700**
DP D&D	71 410	94 600	117 600	56 980	84 980	109 730	80 100	**615 400**
Patient days	660 210	765 200	1 527 400	759 880	1 070 980	1 183 030	900 700	**6 867 400**
IP ALOS (days)	5.3	5.8	6.5	5.4	5.1	6.3	5.7	**5.8**

Δ Number of hospital beds as at 31 March 2018

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 2015-16.

2015-16

Specialty	**HKEC**	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Average cost per IP D&D – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	18,750	15,800	11,780	18,380	13,090	13,350	8,980	**13,500**
Medicine	21,980	23,370	27,970	22,040	21,790	23,510	24,350	**23,300**
Orthopaedics & Traumatology	24,530	41,040	45,570	32,190	32,310	37,310	43,510	**36,050**
Paediatrics	20,590	41,940	29,090	19,500	21,280	24,080	21,510	**24,350**
Surgery	19,320	30,600	25,840	22,540	22,280	30,010	23,770	**24,750**
Overall average cost	**22,940**	**29,270**	**29,730**	**23,790**	**23,150**	**26,260**	**23,580**	**25,270**

Specialty	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Average cost per patient day – General specialties (acute & convalescent) ($)								
Obstetrics & Gynaecology	7,150	6,990	5,750	7,490	6,670	6,250	5,550	**6,460**
Medicine	4,120	4,560	3,740	3,780	3,720	3,590	3,520	**3,800**
Orthopaedics & Traumatology	5,180	5,120	4,050	4,660	4,920	4,490	4,430	**4,640**
Paediatrics	6,330	8,060	6,200	5,730	6,110	5,820	5,170	**6,160**
Surgery	6,510	6,540	5,950	5,700	6,550	5,930	5,900	**6,190**
Overall average cost	**4,960**	**5,810**	**4,560**	**4,760**	**4,780**	**4,740**	**4,480**	**4,830**

The table below sets out the projected average cost (general (acute & convalescent)) per IP D&D and per patient day by hospital cluster in 2016-17. The breakdown by different specialties is not available.

2016-17 Revised Estimate

General specialties (acute & convalescent)	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Overall average cost per IP D&D ($)	24,500	31,110	31,360	25,440	24,500	28,360	26,010	**27,030**
Overall average cost per patient day ($)	5,310	6,180	4,820	5,180	5,030	5,080	4,950	**5,170**

2017-18 Estimate

The estimated average cost (general (acute & convalescent)) per IP D&D and per patient day for 2017-18 are $27,290 and $5,210 respectively. Breakdown of the information by hospital cluster and specialty is not available.

Note:

(1) In HA, day patient (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) 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) 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.

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

(5) 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.

(6) 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.

(7) The average cost per patient day and per IP D&D vary among different clusters owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of stay of patients in the clusters. The 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 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 cost. Therefore, the average cost per patient day and per IP D&D cannot be directly compared among clusters or specialties.

(8) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 2514)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list by cluster (including all clusters as a whole and a breakdown by cluster) the number of new and follow-up attendances of the specialist outpatient services under the Hospital Authority in 2015-16, 2016-17 and 2017-18 (Estimate) as well as the average cost per attendance.

Asked by: Hon CHAN Pierre (Member Question No. 29)

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 2015-16 and 2016-17 (up to 31 December 2016). For 2017-18 (Estimate), the relevant information is also provided below but the figures by specialty are not available.

2015-16

	Cluster / Major Specialty	**ENT**	**GYN**	**MED**	**OBS**	**OPH**	**ORT**	**PAE**	**PSY**	**SUR**	**All specialties**
SOP new attendances	HKEC	7 449	3 315	15 618	3 728	11 620	6 802	1 141	2 693	10 632	67 889
	HKWC	5 971	5 468	12 285	9 105	7 518	7 892	3 563	3 043	13 236	76 872
	KCC	11 503	4 242	9 256	11 501	20 343	5 825	1 955	2 070	13 852	94 648
	KEC	7 266	6 512	17 107	4 538	14 472	12 890	3 549	4 851	23 019	107 310
	KWC	14 133	10 835	26 631	12 774	18 284	16 777	6 235	12 790	33 541	161 499
	NTEC	13 064	9 217	17 484	17 034	18 312	15 170	3 877	6 904	20 084	132 454
	NTWC	9 498	4 802	11 188	2 642	17 946	9 051	1 733	4 613	17 578	83 913
	HA Overall	**68 884**	**44 391**	**109 569**	**61 322**	**108 495**	**74 407**	**22 053**	**36 964**	**131 942**	**724 585**

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP follow-up attendances	HKEC	34 827	19 250	264 088	18 185	118 604	54 838	14 111	79 411	76 765	740 073
	HKWC	28 780	39 037	250 880	32 114	82 371	55 703	34 610	59 487	125 067	795 294
	KCC	45 381	29 936	213 955	52 448	209 669	54 929	35 221	64 521	91 345	926 962
	KEC	26 718	34 529	194 248	29 396	120 514	67 962	35 639	94 304	83 237	713 148
	KWC	57 513	53 418	582 388	69 106	140 964	119 752	53 393	222 174	169 766	1 545 040
	NTEC	41 329	40 611	301 329	33 286	155 244	92 908	36 599	127 324	85 256	1 009 225
	NTWC	31 631	27 402	222 014	41 002	148 061	64 291	28 814	141 406	80 985	856 005
	HA Overall	**266 179**	**244 183**	**2 028 902**	**275 537**	**975 427**	**510 383**	**238 387**	**788 627**	**712 421**	**6 585 747**
SOP total attendances	HKEC	42 276	22 565	279 706	21 913	130 224	61 640	15 252	82 104	87 397	807 962
	HKWC	34 751	44 505	263 165	41 219	89 889	63 595	38 173	62 530	138 303	872 166
	KCC	56 884	34 178	223 211	63 949	230 012	60 754	37 176	66 591	105 197	1 021 610
	KEC	33 984	41 041	211 355	33 934	134 986	80 852	39 188	99 155	106 256	820 458
	KWC	71 646	64 253	609 019	81 880	159 248	136 529	59 628	234 964	203 307	1 706 539
	NTEC	54 393	49 828	318 813	50 320	173 556	108 078	40 476	134 228	105 340	1 141 679
	NTWC	41 129	32 204	233 202	43 644	166 007	73 342	30 547	146 019	98 563	939 918
	HA Overall	**335 063**	**288 574**	**2 138 471**	**336 859**	**1 083 922**	**584 790**	**260 440**	**825 591**	**844 363**	**7 310 332**

2016-17 (up to 31 December 2016) [Provisional Figures]

	Cluster / Major Specialty	ENT	GYN	MED	OBS	OPH	ORT	PAE	PSY	SUR	All specialties
SOP new attendances	HKEC	5 807	2 442	11 949	2 794	9 090	4 472	872	1 930	8 345	51 506
	HKWC	5 180	3 923	10 171	7 171	5 555	5 665	3 000	2 495	10 511	60 892
	KCC	8 671	3 284	7 577	8 981	16 576	4 262	1 715	1 317	11 021	74 744
	KEC	5 174	5 181	13 365	3 704	10 855	10 482	3 023	5 371	18 822	86 728
	KWC	10 478	8 807	20 570	9 283	14 718	12 268	5 103	9 733	25 051	123 683
	NTEC	9 938	7 699	14 657	13 568	15 492	12 052	3 021	5 009	16 888	107 654
	NTWC	7 722	4 335	9 885	1 945	14 953	7 103	1 408	3 938	14 617	69 914
	HA Overall	**52 970**	**35 671**	**88 174**	**47 446**	**87 239**	**56 304**	**18 142**	**29 793**	**105 255**	**575 121**
SOP follow-up attendances	HKEC	28 397	14 307	205 391	13 873	87 730	39 591	11 317	60 046	59 492	567 470
	HKWC	22 647	28 350	190 990	24 855	58 108	43 532	27 398	46 156	95 561	606 091
	KCC	33 218	21 004	163 623	39 591	157 264	43 911	27 778	47 775	70 401	705 174
	KEC	20 205	27 255	153 252	23 198	91 572	52 936	28 874	74 004	68 951	562 647
	KWC	44 852	41 756	446 438	52 117	112 811	92 719	41 858	171 953	133 236	1 196 323
	NTEC	32 731	31 229	236 652	27 542	119 769	73 145	28 974	98 179	66 887	790 129
	NTWC	24 990	20 239	181 295	32 830	119 914	53 458	23 221	110 441	64 963	688 202
	HA Overall	**207 040**	**184 140**	**1 577 641**	**214 006**	**747 168**	**399 292**	**189 420**	**608 554**	**559 491**	**5 116 036**
SOP total attendances	HKEC	34 204	16 749	217 340	16 667	96 820	44 063	12 189	61 976	67 837	618 976
	HKWC	27 827	32 273	201 161	32 026	63 663	49 197	30 398	48 651	106 072	666 983
	KCC	41 889	24 288	171 200	48 572	173 840	48 173	29 493	49 092	81 422	779 918
	KEC	25 379	32 436	166 617	26 902	102 427	63 418	31 897	79 375	87 773	649 375
	KWC	55 330	50 563	467 008	61 400	127 529	104 987	46 961	181 686	158 287	1 320 006
	NTEC	42 669	38 928	251 309	41 110	135 261	85 197	31 995	103 188	83 775	897 783
	NTWC	32 712	24 574	191 180	34 775	134 867	60 561	24 629	114 379	79 580	758 116
	HA Overall	**260 010**	**219 811**	**1 665 815**	**261 452**	**834 407**	**455 596**	**207 562**	**638 347**	**664 746**	**5 691 157**

2017-18 (Estimate)

	Cluster	All specialties
SOP new attendances	HKEC	68 500
	HKWC	78 300
	KCC	141 000
	KEC	111 200
	KWC	117 500
	NTEC	136 400
	NTWC	89 100
	HA Overall	**742 000**
SOP follow-up attendances	HKEC	738 800
	HKWC	800 200
	KCC	1 315 600
	KEC	715 300
	KWC	1 169 800
	NTEC	1 021 100
	NTWC	878 200
	HA Overall	**6 639 000**
SOP total attendances	HKEC	807 300
	HKWC	878 500
	KCC	1 456 600
	KEC	826 500
	KWC	1 287 300
	NTEC	1 157 500
	NTWC	967 300
	HA Overall	**7 381 000**

2015-16

The table below sets out the average cost per SOP attendance for major specialties by hospital cluster under the HA for 2015-16.

Specialty	Average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
ENT	825	795	975	1,120	715	1,100	870	**905**
MED	1,880	2,000	2,770	2,180	1,910	2,280	2,270	**2,120**
O&G	1,110	1,240	930	980	830	860	975	**955**
OPH	605	515	615	630	580	685	555	**605**
ORT	1,000	975	1,070	965	960	1,150	1,080	**1,030**
PAE	1,420	2,070	1,690	1,220	1,440	1,630	1,210	**1,540**
PSY	1,290	1,330	1,280	1,260	1,240	1,450	1,490	**1,340**
SUR	1,430	1,580	1,170	1,510	1,410	1,830	1,420	**1,470**
SOP (overall)	**1,160**	**1,340**	**1,170**	**1,090**	**1,170**	**1,230**	**1,170**	**1,190**

2016-17 (Revised Estimate)

The table below sets out the projected average cost per SOP attendance by hospital cluster in 2016-17. The breakdown by different specialties is not available.

	Projected average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,240	1,430	1,250	1,170	1,240	1,300	1,250	**1,260**

2017-18 Estimate

The estimated average cost per SOP attendance is $1,290 in 2017-18. 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) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC)

until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

Specialty:

ENT – Ear, Nose & Throat
MED – Medicine
O&G – Obstetrics & 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. 2517)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the total number and total annual remuneration packages (including basic salary, allowances, contributions for retirement schemes and other benefits) for the Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives of the Hospital Authority for the period of 2015-16 and 2016-17.

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

Reply:

The table below sets out the number and remunerations (including salaries, allowances, contributions for retirement schemes and other benefits) of Chief Executive, Directors, Deputy Directors, Heads, Cluster Chief Executives and Hospital Chief Executives (HCE) of the Hospital Authority (HA) in 2015-16. The actual expenditure for 2016-17 will only be available after the close of the current financial year.

Rank	**Number** (as at 31 March 2016)	**Remuneration for 2015-16**
Chief Executive	1	$5.7 million
Directors / Deputy Directors / Heads / Cluster Chief Executives	14	$61.0 million
Hospital Chief Executives	18*	$72.7 million

* The total number of HCEs in 2015-16 was originally 20. The number has been reduced to 18 since January 2016 as a result of re-grouping of HA hospitals, which was recommended by the Steering Committee on Review of HA for grouping of 2 or more hospitals under the management of 1 HCE where appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2524)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list out the total population and persons aged 65 or above served/to be served by different clusters and all clusters as a whole under the Hospital Authority in 2015-16, 2016-17 and 2017-18 (Estimate). Please advise on the total provisions earmarked and the total number of doctors, nurses, allied health professionals and general hospital beds, and provide their respective percentages of the total as well as the ratio per 1 000 population and 1 000 persons aged 65 or above.

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

Reply:
The table below sets out the recurrent budget allocation in respect of each cluster of the Hospital Authority (HA) in 2015-16 and 2016-17. The recurrent budget allocation to individual clusters for 2017-18 is being worked out by HA and hence not yet available.

Cluster	**2015-16 ($ billion)**	**2016-17 (projection as of 31 December 2016) ($ billion)**
HKEC	5.37	5.68
HKWC	5.56	5.93
KCC	6.65	7.14
KEC	5.28	5.68
KWC	11.46	12.08
NTEC	8.13	8.68
NTWC	6.71	7.30
Total for Clusters	**49.16**	**52.49**

The tables below set out the population and the population aged 65 or above in respect of each cluster of the HA in 2015, 2016 and 2017.

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Total Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 700	141 200
Central & Western, Southern	HKWC	525 700	87 000
Kowloon City, Yau Tsim	KCC	540 900	94 300
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	1 956 000	328 900
Sha Tin, Tai Po, North	NTEC	1 290 200	171 300
Tuen Mun, Yuen Long	NTWC	1 117 500	130 100
Overall Hong Kong		**7 305 700**	**1 117 300**

Projected Population in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Total Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	764 200	148 000
Central & Western, Southern	HKWC	521 900	91 300
Kowloon City, Yau Tsim	KCC	538 300	99 200
Kwun Tong, Sai Kung	KEC	1 122 300	170 900
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 955 200	340 800
Sha Tin, Tai Po, North	NTEC	1 315 200	183 200
Tuen Mun, Yuen Long	NTWC	1 136 400	139 600
Overall Hong Kong		**7 354 500**	**1 173 000**

Projected Population in 2017 (as at mid-2017)

Districts	Corresponding Hospital Cluster	Total Population	Population aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	762 900	153 400
Central & Western, Southern	HKWC	521 200	94 800

Districts	Corresponding Hospital Cluster	Total Population	Population aged 65+
Kowloon City, Yau Tsim Mong Kok, 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 HA total, as well as their ratio per 1 000 population in 2015-16 and 2016-17 (as at 31 December 2016). Relevant information for 2017-18 is not yet available.

2015-16

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	595	10.5%	0.8	4.2	2 613	10.6%	3.4	18.5	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	32.0	913	12.7%	1.7	10.5	Central & Western, Southern
KCC	731	12.9%	1.4	7.8	3 304	13.5%	6.1	35.0	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	17.4	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
Cluster Total	**5 648**	**100%**	**0.8**	**5.1**	**24 542**	**100%**	**3.4**	**22.0**	**7 195**	**100%**	**1.0**	**6.4**	

2016-17 (as at 31 December 2016)

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	605	10.4%	0.8	4.1	2 681	10.8%	3.5	18.1	805	10.8%	1.1	5.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	659	11.3%	1.3	7.2	2 801	11.3%	5.4	30.7	956	12.8%	1.8	10.5	Central & Western, Southern

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+	
KCC	747	12.8%	1.4	7.5	3 332	13.4%	6.2	33.6	1 058	14.1%	2.0	10.7	Kowloon City, Yau Tsim
KEC	684	11.8%	0.6	4.0	2 737	11.0%	2.4	16.0	780	10.4%	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 374	23.6%	0.7	4.0	5 743	23.2%	2.9	16.9	1 695	22.7%	0.9	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	16.4%	0.7	5.2	4 030	16.2%	3.1	22.0	1 228	16.4%	0.9	6.7	Sha Tin, Tai Po, North
NTWC	799	13.7%	0.7	5.7	3 483	14.0%	3.1	24.9	961	12.8%	0.8	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**100%**	**0.8**	**5.0**	**24 806**	**100%**	**3.4**	**21.1**	**7 484**	**100%**	**1.0**	**6.4**	

The tables below set out the number and ratio of general beds in HA per 1 000 population by hospital clusters in 2015-16, 2016-17 and 2017-18.

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	14.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	2 860	13.2%	5.4	32.9	Central & Western, Southern
KCC	3 029	14.0%	5.6	32.1	Kowloon City, Yau Tsim
KEC	2 331	10.8%	2.1	14.2	Kwun Tong, Sai Kung
KWC	5 244	24.3%	2.7	15.9	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**	**19.3**	

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	14.1	Eastern, Wan Chai, Islands (excluding Lantau Island)

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
HKWC	2 860	13.1%	5.5	31.3	Central & Western, Southern
KCC	3 053	14.0%	5.7	30.8	Kowloon City, Yau Tsim
KEC	2 347	10.8%	2.1	13.7	Kwun Tong, Sai Kung
KWC	5 244	24.1%	2.7	15.4	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	16.8%	2.8	20.0	Sha Tin, Tai Po, North
NTWC	2 537	11.6%	2.2	18.2	Tuen Mun, Yuen Long
Overall HA	**21 798**	**100.0%**	**3.0**	**18.6**	

^ Hospital beds as at 31 December 2016

2017-18

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	2 105	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	4 900	22.2%	4.2	22.3	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	16.9%	2.8	19.2	Sha Tin, Tai Po, North
NTWC	2 596	11.8%	2.3	17.5	Tuen Mun, Yuen Long
Overall HA	**22 027**	**100.0%**	**3.0**	**18.0**	

* Hospital beds as at 31 March 2018

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 utility charges, etc. On top of the recurrent budget allocation, each cluster has other incomes such as fees and charges collected from patients for healthcare services rendered, which will also contribute to 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) It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Budget allocation to clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

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

3) 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.

4) Doctors exclude Interns and Dental Officers.

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

6) 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.

7) 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.

8) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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 2017-18 Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2528)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the mobile applications (mobile apps) launched by the Hospital Authority (HA), please advise this Committee on:

1. the number of HA mobile apps for downloading by the public, their respective numbers of downloads and ratings on mobile apps platforms (such as Google Play and iTunes);
2. the HA expenditure and manpower involved in mobile apps development and maintenance in each of the past 3 financial years; and
3. how the effectiveness of mobile apps are assessed by the HA, such as by referring to the number of bookings made and webpage visits redirected via mobile apps.

Asked by: Hon CHAN Pierre (Member Question No. 36)

Reply:

(1)

The table below sets out the number of downloads of mobile applications (mobile apps) developed by the Hospital Authority (HA) for use by the public:

Mobile Apps (Launch Date)	**Number of Downloads (As at 28 February 2017)**
Institute of Mental Health, CPH 減壓情識 (Chinese version only) (October 2011)	30 419
UCH 出藥一叮 (November 2011)	19 574
Fall Prevention (March 2012)	768
Finding Patient Groups (October 2012 & September 2013)	6 317

Mobile Apps (Launch Date)	Number of Downloads (As at 28 February 2017)
Touch Med (March & May 2014)	63 689
PWH easyGo (January 2015)	6 349
HA Touch (July 2015)	34 933
PWH AE Aid (October 2015)	8 673
HAC 2016 (First quarter of 2016) *	3 027
Book HA (March 2016)	68 679
HApi Journey (February 2017)	5 005

**Similar apps were developed for annual HA Convention (HAC) starting from 2012*

HA currently does not collect ratings on mobile apps platforms.

(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 2014-15 to 2016-17:

Year	Mobile Apps Development	
	Expenditure	Manpower (FTE)
2014-15	$431,000	1.3
2015-16	$406,000	1.2
2016-17(projection as of 31 December 2016)	$436,000	1.2

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

(3)

HA has an effective mechanism in place to facilitate continuous quality improvement on all information technology (IT) applications including mobile apps. The mechanism involves soliciting input from professional groups, end users and IT staff. For mobile apps designed for patients and/or general public, comments and suggestions from patient groups will be sought. Download counts, utilisation rate and user feedback will also be considered in developing a new release for existing mobile apps.

Abbreviations

CPH – Castle Peak Hospital
UCH – United Christian Hospital
PWH – Prince of Wales Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2589)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the primary care services provided by the community health centres under the Hospital Authority (HA), will the Government inform this Committee of the following:

(1) (i) the annual expenditures and staff establishments of the centres; (ii) the numbers of doctors, nurses, allied health professionals and other grade members attached to the centres each year (with a breakdown by rank); and (iii) the numbers of discs for general outpatient services allocated for different sessions (i.e. the afternoon and evening sessions on Mondays to Saturdays, Sundays and public holidays) each quarter and their take-up rates (in table form) since the opening of the 3 community health centres in Tin Shui Wai, North Lantau and Kwun Tong; and

(2) how do the figures for the community health centres mentioned in item (1) above (except for North Lantau Community Health Centre) compare with those of the general outpatient clinics in Yuen Long and Kwun Tong under the HA for the same period?

Asked by: Hon CHAN Pierre (Member Question No. 44)

Reply:

The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the first of its kind designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively.

The CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and

health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise 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.).

(1)

The above 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 attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC since their respective service commencement (up to 31 December 2016) are set out in the table below. The consultation quotas for the clinics concerned are well utilised.

CHC	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	8 296 Note 1	60 691	71 124	75 448	82 431	73 200
North Lantau CHC	-	-	29 580 Note 2	59 774	64 826	51 306
Kwun Tong CHC	-	-	-	5 336 Note 3	235 505	183 215

Note 1: Commenced service in February 2012.
Note 2: Commenced service in September 2013.
Note 3: Commenced service in March 2015.

As the service provision of CHCs involves cross-programmes activities provided by different multi-disciplinary teams within the respective clusters, the estimated expenditure of individual CHCs cannot be separately identified.

(2)

Generally speaking, GOPCs and CHCs in the same district will complement each other in terms of service capacity and scope of service. To make medical consultation services

more readily accessible to patients, the consultation quotas of GOPCs and CHCs in close proximity are linked together to optimise quota allocation for the provision of primary care services in that district. The service capacity of each GOPC or CHC may vary owing to differences in clinical space and manpower level. It is therefore not possible to make a direct comparison between them.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2610)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What was the total estimated expenditure for medical and health services in the estimates of expenditure in the past 5 years (i.e. 2013-14 to 2017-18)? What were the method of calculation and the items included in the calculation formula in each year?

Asked by: Hon CHAN Pierre (Member Question No. 48)

Reply:

Head 140	2013-14 Actual Expenditure ($m)	2014-15 Actual Expenditure ($m)	2015-16 Actual Expenditure ($m)	2016-17 Revised Estimates ($m)	2017-18 Draft Estimates ($m)
Food and Health Bureau (Health Branch)	46,692.5	50,204.4	62,053.4*	54,057.0	55,990.0

* The actual expenditure in 2015-16 includes a one-off allocation of $10,000.0 million from the Government to the Hospital Authority (HA) for setting up an endowment fund to operate the clinical public-private partnership programme.

The expenditure of the Health Branch covers the salaries, allowances and other operating expenses including the subventions to HA and Prince Philip Dental Hospital.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2631)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the medical fee waivers provided to patients by the Hospital Authority (HA), will the Government inform this Committee of the following:

1. What were the numbers of medical fee waiver applications from (i) recipients of the Comprehensive Social Security Assistance (CSSA), (ii) non-CSSA recipients living in public housing and (iii) non-CSSA recipients not living in public housing approved by the HA and the amount of fees waived in the past 3 financial years?

2. Was the above amount absorbed by the HA? If no, please inform us (i) of the government department which absorbed the amount mentioned in 1 above, (ii) whether the amount was taken as health expenditure or social welfare expenditure, and (iii) of the way of providing the relevant funding to the HA by the Government, such as whether the funding was provided on an actual reimbursement basis.

3. What was the staffing arrangement of medical social workers/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?

4. What were the average lead times between the submission of applications by applicants and receipt of notification of application results in each of the past 3 financial years?

Asked by: Hon CHAN Pierre (Member Question No. 46)

Reply:

1. The table below sets out the number of inpatient cases and outpatient attendances with medical fee waivers granted to recipients of the Comprehensive Social Security Assistance (CSSA) and non-CSSA recipients who are Eligible Persons [1] (EP) in the Hospital Authority (HA) and the amount of fees waived [2] in the past 3 financial years.

		2014-15	**2015-16**	**2016-17 (Up to 31 December 2016)**
CSSA recipients	Number of inpatient cases granted with medical fee waivers	291 828	291 488	220 896
	Number of outpatient attendances granted with medical fee waivers	3 268 443	3 181 731	2 363 744
	Amount of Medical Fee Waived ($ million)	409.2	403.6	302.9
Non-CSSA recipients who are EP	Number of inpatient cases granted with medical fee waivers	32 317	30 675	23 466
	Number of outpatient attendances granted with medical fee waivers	187 203	182 140	136 773
	Amount of medical fee waived ($ million)	44.2	40.7	32.4

The requested breakdown of the concerned non-CSSA recipients by residence, i.e. living or not living in public housing, is not available.

Note:

1. 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 the Hospital Authority.

2. The amount of medical fee waived in a particular year represents the fee waived in respect of the waiver cases approved during the year.

2. There are 2 major sources of the financial resources available to HA, namely Government funding and income generated by HA. The annual Government funding to HA caters for around 90% of HA's total operating expenditure per year. As for the income generated by HA, it comprises fees and charges of hospitals and clinics and other income. To dovetail with the Government's healthcare policy that no person should be denied from obtaining adequate medical treatment due to lack of means, patients who are CSSA recipients are eligible to receive full waiver of public medical charges. Other patients with financial difficulties in paying the public medical charges can also apply for medical fee waivers. Accordingly, HA's income is net of the above mentioned waivers.

3. Non-CSSA recipients who cannot afford medical expenses at the public sector can apply for medical fee waiver from Medical Social Worker (MSW) of HA or the Social Welfare Department (SWD), as well as Social Worker (SW) 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.

Year	**MSWs in Medical Social Services**		**SWs in Family Services [2]**	
	HA [1]	**SWD [2]**	**IFSCs/ SWD**	**FCPSUs/ SWD**
2014-15	235	438	803	179
2015-16	254	438	813	179
2016-17 (up to 31 December 2016)	254	443	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 MSWs and SWs of SWD are provided by SWD.

4. To apply for medical fee waiver, an applicant is required to complete the application form and submit financial documents, such as income proof, bank statement/bank book, etc. for MSW/SW's assessment. The time required for processing a waiver application depends on whether the application form has been duly completed and submitted with all necessary supporting documents. In general, MSW/SW will issue a medical fee waiver to the successful applicant within one day upon completion of assessment. Information on the average lead time between submission of applications by applicants and receipt of notification of application results is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2678)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In December 2016, the Consumer Council released the result of a test on chicken products sold on the market, in which over 60% of the tested models were found to contain extended-spectrum beta-lactamase (ESBL)-producing bacteria. In February 2017, the Hospital Authority (HA) published figures on cases detected with carbapenemase-producing enterobacteriaceae (CPE), which also indicated a surge from 33 in 2013 to 340 in 2016. These have drawn public concerns over antibiotic-resistant bacteria. In this connection, would the Government please inform this Council of the following:

1. Details of the work in, resources allocated to and expenditures incurred for tackling the problem of antimicrobial resistance in the past 3 years.

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, the quantities of antibiotics imported each year, and how these figures differ from countries or areas of comparable medical services standard.

3. Whether it knows the numbers of cases in the past 3 years in which patients, after taking antibiotics prescribed by HA doctors, 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. 40)

Reply:

1. Antimicrobial Resistance (AMR) is a burning public health issue globally. The Centre for Health Protection (CHP) of the Department of Health focuses on fostering an infection control culture to reduce epidemic infections and minimise the spread of disease

outbreaks in healthcare settings and the community in Hong Kong. The CHP organizes training sessions about infection control and AMR to healthcare workers and staff of the Residential Care Homes for Elderly (RCHE). The CHP also develops, promulgates and evaluates best practices in infection control, provides professional advice, supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions. To reduce the burden of healthcare associated infections, the CHP collaborates with the Hospital Authority (HA) to conduct an on-going surveillance of the healthcare associated infection in public hospitals.

Based on strategies of the Scientific Committee on Infection Control, the CHP makes recommendations for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria. To promote antibiotic awareness, the CHP has formed a partnership with private hospitals via the Working Group of Collaboration between CHP and Private Hospitals on Safe Use of Antibiotics and Infection Control to regularly discuss and review the safe use of antibiotics and infection control. Besides, the CHP works with key stakeholders in infection control and academia to update the Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy (IMPACT) Guidelines. The CHP has launched a three-year project from 2013-14 to introduce new infection control programmes to address the rapid emergence of superbugs multi-drug resistance organisms, such as Community-Associated Methicillin-Resistant Staphylococcus aureus (CA-MRSA), New Delhi metallo-β-lactamase -1 (NDM-1), Vancomycin-Resistant Enterococcus (VRE) and multi-drug resistant Acinetobacter (MDRA) in RCHEs, hospitals and the general community in Hong Kong.

In recognition of the major threat posed by AMR to the global public health, the Government set up a High Level Steering Committee on AMR (HLSC) last year to formulate strategies and action plans in collaboration with relevant sectors to tackle the threat of AMR. Chaired by the Secretary for Food and Health, the HLSC comprises representatives from relevant Government departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies. The HLSC, at its first meeting held in June 2016, endorsed the setting up of an Expert Committee on AMR (Expert Committee) to provide practical and science-based advice to assist in formulating territory-wide action plans against AMR.

The Expert Committee would review the local situation in light of international experience, trends and developments, with a view to advising the HLSC on practical and science-based initiatives. The HLSC would make reference to the Expert Committee's advice and take into consideration international and local situations in making recommendations to the Government on the AMR containment strategies. It is expected that an "Action Plan for Containment of AMR in Hong Kong" would be launched in mid-2017.

The AMR Office was set up in 2016 under the Department of Health (DH) to serve as an executive arm to the HLSC and the Expert Committee to coordinate formulation of comprehensive and multi-sectoral policies to combat AMR. The AMR Office also takes up a coordination role to oversee and monitor the implementation of the action plans in partnership with key stakeholders.

Apart from the AMR Office, other divisions of the DH have been implementing infection control and surveillance projects and initiatives seeking to reduce the risk of AMR. In view of the above, concerted efforts of the respective DH's services are involved in

combating against AMR and figures on allocated resources and expenditures could not be separately identified.

2. Currently, there is no comprehensive mechanism to collect data about the overall consumption rate of antibiotics in Hong Kong. However, the DH is reviewing the collection of such data through different channels (e.g. the supply to different sectors by licensed drug wholesalers, annual figures of antibiotics prescribed by the HA) for the purpose of monitoring.

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

4. The 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 their risk factors;

(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 ensured 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 Antibiotic Stewardship Programme: 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. 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2017-18", it is mentioned that the Government will "continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research." Please provide the details of the operation of HMRF in 2015-16 and 2016-17, including the number of applications received, the number of researches funded and the total amount of funding.

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

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 provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, research fellowship and government-commissioned research programmes.

The number of applications received and commitment under the HMRF in 2015-16 and 2016-17 are as follows:

	Number of applications received	**Commitment**	
		Number of research projects	**Amount (in $million)**
2015-16	1059	178	222.2
2016-17	816	154	144.9

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2426)

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) (Patrick T K NIP)

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 2015-16 and 2016-17 respectively under the Samaritan Fund managed by the Hospital Authority.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5064)

Reply:

The table below sets out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2015-16 and 2016-17 (up to 31 December 2016):

Items	**2015-16**		**2016-17 (up to 31 December 2016)**	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Drugs	2 237	317.5	1 876	272.9
Non-drugs:				
Cardiac Pacemakers	480	27.2	451	26.1
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 975	108.7	1 692	96.6

Items	2015-16		2016-17 (up to 31 December 2016)	
	Number of applications approved	Amount of subsidies granted ($ million)	Number of applications approved	Amount of subsidies granted ($ million)
Intraocular Lens	1 296	1.9	1 049	1.6
Home use equipment and appliances	27	0.7	34	1.0
Gamma knife surgeries in private hospital	0*	0*	2	0.2
Harvesting bone marrow in foreign countries	30	6.3	19	4.8
Myoelectric prosthesis / custom-made prosthesis/appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	54	0.7	51	0.6
Total	6 099	463.0	5 174	403.8

* No application for this item was received.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2451)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist outpatient services (including ear, nose and throat; gynaecology; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery and psychiatry) at various hospitals under the Hospital Authority (HA), please list the number of new cases triaged as Priority 1, Priority 2 and Routine cases in 2015-16 and 2016-17 and their respective percentage shares in the total number of specialist outpatient new cases. Among these cases of different priorities, what are their respective lower quartile, median, upper quartile and the 95th percentile waiting time for consultation at the HA hospitals?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5065)

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; their respective percentages in the total number of SOP new cases; and their respective lower quartile (25th percentile), median (50th percentile), upper quartile (75th percentile) and longest (90th percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2015-16 and 2016-17 (up to 31 December 2016).

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	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
				percentile						percentile						percentile			
HKEC	ENT	1 133	13%	<1	<1	<1	<1	3 070	34%	1	4	5	7	4 714	53%	11	35	35	45
	MED	2 640	20%	<1	1	1	2	3 647	28%	3	5	7	7	6 610	51%	13	22	43	53
	GYN	720	13%	<1	<1	<1	1	751	13%	2	3	4	7	4 101	74%	17	33	65	105
	OPH	5 253	38%	<1	<1	1	1	2 001	14%	4	7	7	8	6 621	48%	12	22	33	38
	ORT	1 623	16%	<1	1	1	1	1 753	18%	4	6	7	8	6 630	66%	25	60	88	99
	PAE	170	13%	<1	1	1	2	868	67%	3	5	7	7	256	20%	11	13	16	18
	PSY	319	9%	<1	<1	1	1	852	25%	2	3	4	5	2 295	66%	5	10	25	30
	SUR	1 881	14%	<1	1	1	2	4 175	30%	5	7	7	8	7 747	56%	19	36	51	60
HKWC	ENT	634	9%	<1	<1	<1	1	2 219	30%	4	5	7	8	4 434	61%	<1	14	28	88
	MED	1 906	15%	<1	<1	1	1	1 803	14%	2	4	6	7	8 750	70%	11	35	47	78
	GYN	1 759	22%	<1	<1	1	2	1 169	15%	4	5	7	8	4 896	62%	12	21	28	159
	OPH	3 525	39%	<1	<1	1	1	1 118	12%	4	4	5	7	4 312	48%	16	20	32	32
	ORT	775	7%	<1	<1	1	1	1 180	11%	2	3	5	6	8 676	82%	8	17	47	62
	PAE	520	20%	<1	<1	1	1	832	32%	2	4	6	7	1 246	48%	9	10	11	13
	PSY	693	14%	<1	<1	1	1	852	17%	2	3	5	6	3 495	69%	15	76	135	166
	SUR	2 386	16%	<1	<1	1	2	2 722	18%	3	5	7	8	9 609	65%	9	20	49	112
KCC	ENT	1 446	10%	<1	<1	1	1	1 299	9%	2	4	5	6	12 063	81%	23	24	25	31
	MED	1 459	12%	<1	<1	1	1	1 873	15%	3	5	5	7	8 932	72%	28	51	79	102
	GYN	416	8%	<1	<1	1	1	1 725	32%	4	7	7	8	3 193	60%	15	29	41	48
	OPH	7 563	30%	<1	<1	<1	1	4 562	18%	1	3	6	7	13 199	52%	56	62	68	74
	ORT	286	3%	<1	1	1	1	1 079	13%	<1	2	4	7	7 106	84%	23	53	78	89
	PAE	725	31%	<1	<1	1	1	501	21%	5	6	7	8	1 133	48%	7	16	22	26
	PSY	95	4%	<1	<1	1	1	893	34%	1	3	4	7	1 642	62%	7	16	22	25
	SUR	1 916	11%	<1	1	1	1	2 734	16%	3	4	6	7	12 942	74%	23	39	41	48
KEC	ENT	1 835	19%	<1	<1	<1	1	2 477	26%	1	3	6	7	5 371	55%	58	69	81	88
	MED	1 618	8%	<1	1	1	1	5 015	26%	4	6	7	7	12 902	66%	15	65	80	100
	GYN	1 168	14%	<1	1	1	1	891	11%	4	6	7	7	6 176	75%	15	54	59	108
	OPH	5 391	29%	<1	<1	1	1	310	2%	3	6	7	7	12 591	69%	11	15	100	112
	ORT	3 776	22%	<1	<1	1	1	3 262	19%	5	7	7	7	10 152	59%	21	93	120	133
	PAE	1 161	25%	<1	<1	<1	1	840	18%	2	4	7	7	2 559	56%	15	16	19	24
	PSY	451	6%	<1	<1	1	1	1 924	27%	3	4	6	7	4 742	66%	10	54	91	98
	SUR	1 690	7%	<1	1	1	1	6 169	25%	5	7	7	7	17 168	69%	14	23	51	89
KWC	ENT	3 719	21%	<1	<1	1	1	3 464	19%	3	5	6	8	10 804	60%	15	34	39	50
	MED	2 934	10%	<1	<1	1	1	6 611	22%	4	6	7	7	20 470	67%	23	58	70	77
	GYN	1 115	7%	<1	<1	1	1	2 551	16%	4	6	7	7	11 346	73%	11	25	52	63
	OPH	6 533	33%	<1	<1	<1	<1	5 664	29%	1	2	2	3	7 379	38%	4	47	48	50
	ORT	3 988	17%	<1	<1	1	1	5 263	22%	3	5	7	8	14 454	60%	32	64	101	123
	PAE	2 796	35%	<1	<1	<1	1	1 052	13%	4	6	7	8	3 990	50%	9	12	16	20
	PSY	305	2%	<1	<1	1	1	628	4%	1	3	6	7	13 196	93%	1	12	44	63
	SUR	3 536	9%	<1	<1	1	2	9 739	24%	4	6	7	8	26 574	67%	15	26	56	77

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			
NTEC	ENT	4 107	25%	<1	<1	1	2	3 786	23%	3	4	6	7	8 597	52%	14	53	59	104
	MED	3 232	14%	<1	<1	1	1	2 765	12%	3	6	7	8	15 935	71%	19	74	90	100
	GYN	2 037	16%	<1	<1	1	2	823	6%	3	6	7	8	8 128	63%	19	48	70	99
	OPH	7 524	35%	<1	<1	<1	1	3 786	18%	3	4	6	8	10 022	47%	17	63	66	68
	ORT	5 760	26%	<1	<1	<1	1	2 392	11%	3	5	7	8	13 917	63%	23	113	140	157
	PAE	318	7%	<1	<1	1	2	452	9%	3	4	4	6	3 976	84%	3	10	22	41
	PSY	1 356	14%	<1	1	1	2	2 460	26%	3	4	7	8	5 599	59%	16	53	101	127
	SUR	1 956	8%	<1	<1	1	2	3 066	12%	3	5	7	8	20 504	79%	17	43	73	79
NTWC	ENT	2 816	22%	<1	<1	<1	1	1 239	10%	3	4	6	6	8 977	69%	13	55	66	70
	MED	1 278	12%	<1	1	1	2	3 091	30%	4	6	7	7	6 015	58%	16	54	72	78
	GYN	1 141	16%	<1	1	1	2	126	2%	3	4	6	8	5 665	82%	20	39	125	129
	OPH	9 232	46%	<1	<1	<1	1	2 815	14%	2	4	6	8	7 833	39%	22	54	66	68
	ORT	1 912	14%	<1	1	1	2	1 374	10%	3	4	6	7	10 164	76%	25	83	86	87
	PAE	78	3%	1	1	1	2	478	20%	3	5	6	7	1 816	77%	11	13	14	15
	PSY	456	7%	<1	<1	1	1	1 778	27%	3	6	7	7	4 231	65%	8	46	80	94
	SUR	1 515	7%	<1	1	1	3	3 160	15%	4	6	9	16	16 757	78%	24	59	65	70

2016-17 (up to 31 December 2016) [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	736	10%	<1	<1	<1	<1	2 519	35%	1	3	6	7	3 910	55%	9	31	35	50
	MED	1 721	16%	<1	1	1	2	2 890	28%	3	6	7	8	5 891	56%	10	25	58	71
	GYN	521	12%	<1	<1	<1	1	693	16%	3	3	5	7	3 219	73%	17	38	73	147
	OPH	4 189	38%	<1	<1	1	1	1 630	15%	4	7	8	8	5 233	47%	12	36	47	51
	ORT	1 060	13%	<1	1	1	1	1 222	16%	4	6	7	7	5 573	71%	21	60	96	99
	PAE	102	10%	<1	1	1	2	734	70%	4	5	7	7	208	20%	9	12	14	18
	PSY	223	8%	<1	1	1	1	601	22%	2	3	4	5	1 967	70%	6	15	33	40
	SUR	1 250	11%	1	1	1	2	3 490	31%	5	7	7	8	6 637	58%	19	37	51	60
HKWC	ENT	417	7%	<1	<1	1	1	1 371	23%	3	4	6	7	4 132	70%	<1	14	26	45
	MED	1 405	14%	<1	<1	1	1	1 619	16%	3	4	5	7	7 080	70%	13	30	57	75
	GYN	1 342	23%	<1	<1	1	1	860	15%	3	5	6	8	3 703	63%	12	29	36	190
	OPH	2 535	37%	<1	<1	1	1	1 309	19%	4	4	6	7	3 056	44%	30	37	41	41
	ORT	602	8%	<1	<1	1	1	1 201	15%	2	3	5	6	6 206	77%	10	22	62	108
	PAE	487	22%	<1	<1	1	1	726	33%	2	4	6	7	1 016	46%	9	13	16	17
	PSY	375	11%	<1	1	1	1	625	18%	2	3	5	7	2 478	71%	14	39	109	131
	SUR	1 862	15%	<1	<1	1	1	2 307	19%	3	5	6	7	7 945	66%	8	17	44	59
KCC	ENT	1 025	9%	<1	<1	1	1	878	8%	2	4	6	7	9 568	83%	24	28	38	52
	MED	1 065	11%	<1	1	1	1	1 564	16%	4	4	5	6	7 268	73%	39	69	86	93
	GYN	304	7%	<1	<1	1	1	1 425	33%	4	6	7	8	2 603	60%	17	36	42	49
	OPH	6 240	30%	<1	<1	<1	1	4 058	20%	1	2	4	5	9 686	47%	68	78	85	88
	ORT	250	4%	<1	1	1	1	738	11%	2	3	5	7	5 663	85%	21	60	71	89
	PAE	646	31%	<1	1	1	1	601	29%	3	6	7	7	828	40%	4	13	27	30
	PSY	102	6%	<1	<1	1	1	601	33%	1	3	6	7	1 120	61%	15	23	30	43
	SUR	1 493	10%	<1	1	1	1	2 207	15%	3	5	6	7	10 817	75%	26	44	49	51
KEC	ENT	1 331	17%	<1	<1	<1	1	1 931	24%	1	4	7	7	4 632	59%	52	86	91	95
	MED	1 271	8%	<1	1	1	1	4 001	25%	4	6	7	7	10 435	66%	16	73	89	101
	GYN	1 115	16%	<1	1	1	1	793	11%	4	6	7	7	5 026	72%	13	32	59	62
	OPH	4 550	32%	<1	<1	1	1	199	1%	3	6	7	7	9 469	67%	11	12	127	136
	ORT	2 852	21%	<1	<1	1	1	3 031	22%	4	7	7	8	7 876	57%	19	49	116	121
	PAE	966	27%	<1	<1	<1	1	586	16%	2	4	7	7	2 037	57%	12	13	17	21
	PSY	302	5%	<1	1	1	1	1 274	22%	3	5	7	7	4 004	69%	3	12	77	97
	SUR	1 582	8%	<1	1	1	1	5 331	26%	4	7	7	7	13 369	66%	11	25	66	86
KWC	ENT	2 892	19%	<1	<1	1	1	3 022	20%	3	5	7	8	8 968	60%	17	46	51	60
	MED	1 906	8%	<1	<1	1	2	4 920	21%	3	4	6	7	16 416	69%	25	60	76	85
	GYN	932	7%	<1	<1	1	1	2 248	18%	4	6	7	7	9 286	74%	11	24	54	62
	OPH	5 417	33%	<1	<1	<1	<1	4 787	29%	1	2	2	3	6 092	37%	4	50	52	53
	ORT	2 799	15%	<1	1	1	2	3 699	20%	3	4	6	8	11 805	63%	33	71	122	134
	PAE	2 122	32%	<1	<1	<1	1	829	13%	4	6	7	7	3 428	52%	9	12	19	22
	PSY	241	2%	<1	<1	1	2	542	5%	1	3	5	7	10 332	93%	1	11	41	66
	SUR	2 906	9%	<1	1	1	2	6 588	21%	4	6	7	7	22 428	70%	20	33	57	71

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			
NTEC	ENT	3 250	25%	<1	<1	1	1	2 919	22%	2	3	5	7	6 809	52%	12	36	61	64
	MED	2 418	13%	<1	<1	1	1	2 604	14%	4	6	7	8	13 042	71%	16	70	97	105
	GYN	1 535	15%	<1	<1	1	2	693	7%	4	6	7	8	6 759	65%	18	56	69	87
	OPH	6 077	34%	<1	<1	1	1	3 672	21%	3	4	7	8	7 884	45%	16	53	66	68
	ORT	4 455	24%	<1	<1	<1	1	1 644	9%	3	5	7	8	12 100	66%	23	127	151	176
	PAE	172	5%	<1	<1	1	1	444	13%	3	4	5	6	2 901	82%	5	11	19	36
	PSY	896	13%	<1	1	1	2	2 017	29%	2	4	7	8	4 055	58%	21	78	129	161
	SUR	1 608	7%	<1	<1	1	2	2 887	13%	3	5	7	8	16 558	77%	16	38	77	84
NTWC	ENT	2 057	19%	<1	<1	<1	1	1 320	12%	3	4	5	7	7 319	68%	14	70	75	77
	MED	1 299	13%	<1	1	1	2	2 923	29%	3	5	6	7	5 756	57%	16	50	67	72
	GYN	893	16%	<1	1	2	2	206	4%	3	5	7	8	4 357	80%	17	30	121	125
	OPH	7 238	47%	<1	<1	<1	1	2 542	16%	3	4	6	8	5 772	37%	17	36	44	55
	ORT	1 413	13%	<1	1	1	2	1 246	12%	3	4	6	8	7 722	72%	24	71	78	79
	PAE	92	5%	1	1	1	2	461	23%	6	7	7	7	1 483	73%	17	20	24	26
	PSY	432	9%	<1	1	1	1	1 315	26%	4	7	7	7	3 245	64%	10	37	67	95
	SUR	1 372	8%	<1	1	1	2	2 837	16%	3	5	6	7	13 844	77%	24	56	63	68

Note:

1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.
3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2452)

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) (Patrick T K NIP)

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 2015-16 and 2016-17.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5068)

Reply:

The tables below set out the inpatient (IP) bed occupancy rate for all general specialties and major specialties and their respective IP average length of stay (IP ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16	Cluster							HA Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general 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

2015-16	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
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 (up to 31 December 2016) [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties								
IP bed occupancy rate	89%	77%	90%	94%	90%	92%	101%	90%
IP ALOS (days)	5.4	5.8	7.0	5.4	5.3	6.1	5.7	5.8
Major specialties								
Gynaecology								
IP bed occupancy rate	92%	61%	103%	51%	80%	75%	110%	76%
IP ALOS (days)	2.3	2.6	2.3	2.2	2.0	2.1	1.8	2.1
Medicine								
IP bed occupancy rate	91%	87%	101%	100%	98%	105%	109%	99%
IP ALOS (days)	5.2	5.6	7.6	6.0	6.1	7.1	7.2	6.4
Obstetrics								
IP bed occupancy rate	88%	65%	76%	64%	72%	71%	97%	75%
IP ALOS (days)	3.8	2.9	3.2	2.9	2.8	2.9	2.8	3.0
Orthopaedics & Traumatology								
IP bed occupancy rate	90%	75%	103%	103%	93%	84%	88%	90%
IP ALOS (days)	5.2	8.1	11.5	6.1	6.3	8.1	9.3	7.5

2016-17 (up to 31 December 2016) [Provisional figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Paediatrics								
IP bed occupancy rate	95%	72%	74%	91%	81%	90%	116%	86%
IP ALOS (days)	3.3	5.1	3.8	2.9	3.0	3.8	3.8	3.5
Surgery								
IP bed occupancy rate	85%	75%	98%	91%	80%	101%	94%	87%
IP ALOS (days)	3.9	5.4	4.8	4.0	3.8	5.5	4.4	4.4

It should be noted that IP ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

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 Department or those who have stayed for more than one day. The calculation of IP ALOS and bed occupancy rate, on the other hand, does not include that of day IPs.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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 2017-18 Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2454)

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) (Patrick T K NIP)

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 2015-16 and 2016-17.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5069)

Reply:

The table below sets out the number of doctors, nurses and allied health staff in the Hospital Authority (HA) by cluster in 2015-16 and 2016-17, together with the respective ratios to overall population and population aged 65 or above:

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment 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	18.5	791	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.0	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.0	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	17.4	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**	**6.4**	

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+	
2016-17 (as at 31 December 2016)										
HKEC	605	0.8	4.1	2 681	3.5	18.1	805	1.1	5.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	659	1.3	7.2	2 801	5.4	30.7	956	1.8	10.5	Central & Western, Southern
KCC	747	1.4	7.5	3 332	6.2	33.6	1 058	2.0	10.7	Kowloon City, Yau Tsim
KEC	684	0.6	4.0	2 737	2.4	16.0	780	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 374	0.7	4.0	5 743	2.9	16.9	1 695	0.9	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	5.2	4 030	3.1	22.0	1 228	0.9	6.7	Sha Tin, Tai Po, North
NTWC	799	0.7	5.7	3 483	3.1	24.9	961	0.8	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	**5.0**	**24 806**	**3.4**	**21.1**	**7 484**	**1.0**	**6.4**	

Notes:

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

2. The 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 mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

5. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 2455)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the number of new cases received at obstetric specialist outpatient clinics in various hospitals under the Hospital Authority, as well as their lower quartile, median, upper quartile, and the 95th percentile waiting time for 2015-16 and 2016-17.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5066)

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) for 2015-16 and 2016-17 (up to 31 December 2016).

Cluster	2015-16					2016-17 (up to 31 December 2016) [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	3 617	1	1	2	3	2 546	1	1	3	4
HKWC	4 593	1	3	4	5	3 515	1	2	3	4
KCC	7 334	8	16	19	21	5 219	8	14	18	22
KEC	3 404	<1	1	2	3	2 727	<1	1	2	3
KWC	12 761	2	5	6	9	9 231	2	4	6	8
NTEC	13 121	3	5	7	18	10 343	3	5	7	18
NTWC	2 835	1	2	3	4	2 152	1	2	4	4

Note:

1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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 2017-18 Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2463)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the average unit costs of out-patient services of each specialty in each hospital cluster under the Hospital Authority (including Otorhinolaryngology, Gynaecology, Obstetrics, Medicine, Ophthalmology, Orthopaedics and Traumatology, Paediatrics and Adolescent Medicine, Surgery and Psychiatry) in 2015-16 and 2016-17.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5067)

Reply:

The table below sets out the average cost per specialist outpatient (SOP) attendance in different specialties by hospital clusters under the Hospital Authority (HA) for 2015-16.

Specialty	Average cost per SOP attendance ($)							
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA Overall
Ear, Nose and Throat	825	795	975	1,120	715	1,100	870	905
Obstetrics & Gynaecology	1,110	1,240	930	980	830	860	975	955
Medicine	1,880	2,000	2,770	2,180	1,910	2,280	2,270	2,120
Ophthalmology	605	515	615	630	580	685	555	605
Orthopaedics & Traumatology	1,000	975	1,070	965	960	1,150	1,080	1,030
Paediatrics	1,420	2,070	1,690	1,220	1,440	1,630	1,210	1,540
Psychiatry	1,290	1,330	1,280	1,260	1,240	1,450	1,490	1,340
Surgery	1,430	1,580	1,170	1,510	1,410	1,830	1,420	1,470

The table below sets out the projected average cost per SOP attendance by hospital clusters in 2016-17. The breakdown by different specialties is not yet available.

	Projected average cost per SOP attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
Projected overall average cost per SOP attendance	1,240	1,430	1,250	1,170	1,240	1,300	1,250	1,260

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.

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.

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.

Remarks:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 2466)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for 2015-16 and 2016-17:

(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, Fernando (Member Question No. 5070)

Reply:

(a) & (b)

The table below sets out the number of attendances of the Accident & Emergency (A&E) Departments of the Hospital Authority (HA) arising from industrial trauma and the corresponding estimated cost incurred for A&E services in 2015-16 and 2016-17 (up to 31 December 2016).

	Number of A&E attendances	**Estimated Cost ($ million)**
2015-16	66 755	82
2016-17 (up to 31 December 2016) [Provisional figures]	51 835	68

The table below sets out the number of attendances of A&E Departments of HA arising from traffic trauma and the corresponding estimated cost incurred for A&E services in 2015-16 and 2016-17 (up to 31 December 2016).

	Number of A&E attendances	**Estimated Cost ($ million)**
2015-16	24 011	30
2016-17 (up to 31 December 2016) [Provisional figures]	18 010	24

The above costs are calculated on the basis of number of A&E attendances arising from the respective trauma types and the overall HA average unit cost for A&E services.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)061

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of cases 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. 6056)

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. 1117)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the electronic health record sharing system (eHRSS), will the Government inform this Committee of the following:

1. It is mentioned that the second stage development work of the eHRSS will be commenced subject to funding approval by the Legislative Council. When does the Government plan to apply for the funding and what is the expenditure for the second stage work?

2. It is said that comprehensive electronic medical record (eMR) systems are yet to be implemented in clinics under the Department of Health (DH) and their medical records are therefore not available for electronic health record (eHR) sharing. Is this the case? Please provide the number of clinics under the DH which have not yet implemented eMR systems.

3. When does the Government plan to fully implement eMR systems in all government clinics in the territory? What is the estimated expenditure?

Asked by: Hon CHEUNG Wah-fung, Christopher (Member Question No. 5)

Reply:

(1) A capital funding commitment of HK$422 million is required for Stage Two development of eHRSS. We plan to seek approval from the Finance Committee of the Legislative Council in the 1st half of 2017.

(2) Electronic medical record systems are in place in the Department of Health (DH) to support the operation of a number of DH clinical services and the majority of these systems are completely or partially interoperable with the territory-wide Electronic Health Record Sharing System (eHRSS). For the remaining clinical services or clinics, although they are not capable of sharing data with eHRSS at the moment, a

dedicated communication software module has been installed in some of these clinics for connecting to eHRSS and accessing eHRSS data. The following table shows the breakdown of clinics by their status of connection with eHRSS -

Status of connection with eHRSS	Number of clinics
Capable of sharing health record with eHRSS	78
Capable of accessing eHRSS data only	41
Not connected with eHRSS	51

(3) Given the scale and complexity of the work involved, the computerisation and participation in eHRSS by various clinical services of DH is an ongoing process that will take time to fully implement. In the long run, Clinical Information Management System will be developed for all DH clinical services or interface with existing electronic medical record systems so that full data sharing with eHRSS could be achieved. A consultant has been engaged to conduct an Information System Strategic Study to formulate the strategies and the roadmap. Upon completion of the study by mid-2017, suitable follow-up actions will be conducted.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1911)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of family-friendly employment practices, would the Government please inform this Council of the current situation of providing breastfeeding-friendly workplaces for employees in Hong Kong by public and private organisations and enterprises? Does the Government have any plans for allocating more resources in 2017-18 to stepping up relevant publicity and promotional efforts to encourage more employers to adopt breastfeeding-friendly practices at workplaces and safeguard working mothers' breastfeeding rights? If yes, what are the details? If no, what are the reasons?

Asked by: Hon HO Kai-ming (Member Question No. 18)

Reply:

The Government attaches great importance in providing appropriate support to lactating mothers when they return to work. The Secretary for Food and Health has issued advices to individual government bureaux and departments since 2013 to encourage them to implement the Breastfeeding Friendly Workplace Policy by putting in place measures to facilitate lactating staff to continue breastfeeding after returning to work. In May 2014, the Government Property Agency issued a circular which sets out the Government's accommodation policy on the provision of lactation rooms for staff in government premises. At present, over 75 government bureau and departments have implemented the policy.

For the private sector, the Food and Health Bureau (FHB) issued letters to more than 450 non-governmental organisations and private enterprises in May 2015 to promote and encourage them to implement the Breastfeeding Friendly Workplace Policy. In this connection, the Department of Health (DH) has developed relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the policy to various sectors in the community.

To further enhance support from various sectors of the community on breastfeeding, the FHB, the DH and the Hong Kong Committee for the United Nations Children's Fund (UNICEF HK) have jointly 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, big and small, under their management.

In 2017-18, the FHB and the DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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 2017-18 for enhancing the effort for promotion of breastfeeding.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2007)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the matter to "continue the effort for promotion of breastfeeding",

1. please list in the table below the respective numbers of Government properties and public facilities fitted with breastfeeding rooms and their percentages in the total number of such premises/facilities.

Department	**Type of premises/ facilities**	**Number of breastfeeding rooms for public use**	**Total number of such premises/ faculties in Hong Kong**	**Number of premises/ facilities fitted with breastfeeding rooms for public use**	**Percentage of premises/ facilities fitted with breastfeeding rooms for public use**
	Government office buildings				
Home Affairs Department	Community halls/centres				
Housing Department	HA shopping centres				
Immigration Department	Birth registries				
	Immigration branch offices				
Leisure and Cultural Services Department	Public libraries				
	Public swimming pools				
	Parks				
	Museums				
	Sports centres				
	Sports grounds				
	Playgrounds				

Food and Environmental Hygiene Department	Public markets				
Transport Department	Public transport interchanges				
Department of Health	Maternal and child health centres				
Hospital Authority	Hospitals and clinics				
Judiciary	Law courts				
MTR	MTR stations				

2. The "Guide to Establishing Breastfeeding Friendly Premises" compiled and implemented by the Department of Health is for reference only and is not legally binding. Will the Government consider introducing legislation to require that breastfeeding rooms be provided in public places in an effort to promote breastfeeding? If yes, what are the details and the estimated expenditure involved? If not, what are the reasons?

Asked by: Hon HO Kai-ming (Member Question No. 40)

Reply:

(1)

The Food and Health Bureau (FHB) and the Department of Health (DH) have been promoting and supporting breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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. To promote a conducive environment in respecting and supporting breastfeeding mothers' freedom to choose where to breastfeed, the DH has produced "Guide to Establishing Breastfeeding Friendly Premises" in 2015 and has promulgated to various sectors through briefings and meetings.

The Government has been proactively promoting the provision of babycare facilities in the public and private premises. The FHB, together with the Architectural Services Department, the DH, Government Property Agency, Buildings Department and Housing Department formulated the "Advisory Guidelines on Babycare Facilities" in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management. In May 2014, the Government Property Agency issued a circular which sets out the Government's accommodation policy on the provision of lactation rooms for staff in government premises. As at December 2016, there are a total of 282 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	6
Housing Department	Shopping centres managed by the Housing Authority	9
Immigration Department	Birth registries	2
	Immigration branch offices	1
Leisure and Cultural Services Department	Performance venues	5
	Libraries	6
	Museums	5
	Music Centre	1
	Leisure venues (Note 1)	68
Airport Authority	Passenger Terminal Buildings	39
Others	Others (Note 2)	14
Total		**282**

(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 of the DH at http://www.fhs.gov.hk/english/breastfeeding/community.html

(2)

The "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" (Practice Note) issued by the Government in February 2009 aims to encourage and facilitate the provision of babycare rooms in private commercial premises. The response of property developers to this measure is positive. For instance, the Urban Renewal Authority has taken reference to the Practice Note and made the provision of babycare rooms a mandatory tendering requirement for all medium-to-large shopping malls. To further facilitate private sector to develop breastfeeding friendly premises, the DH formulated the "Guide to Establishing Breastfeeding Friendly Premises" in May 2015 for reference by private organisations interested in promoting breastfeeding friendly environment in their public premises. Due to an increased awareness on the need for promoting breastfeeding friendly environment in the past years, babycare and breastfeeding facilities have been made available in many shopping malls, large department stores, hotels and some public transport facilities.

The Government will continue to co-operate with different sectors and organisations to promote and support breastfeeding on various fronts, including further facilitation for the provision of babycare rooms in public places. Moreover, the Government will continue to explore administrative means to encourage provision of babycare rooms in public places.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2048)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

According to the Budget Speech this year, "in 2017-18, recurrent expenditure on healthcare is estimated to be $61.9 billion, representing an increase of $3.2 billion by year and accounting for 17 per cent of government recurrent expenditure." Will the Government inform this Committee of:

1. the details of the numbers of specialists, trainees/non-specialists, interns, dentists, registered nurses, enrolled nurses, resident nursing trainees and allied health staff of the Hospital Authority (HA), and their salaries, allowances, contributions to Mandatory Provident Fund and Civil Service Provident Fund by hospital cluster; and

2. the details of the number of additional healthcare staff to be recruited with a breakdown by post with reference to the initiative of "recruiting more healthcare staff" by the HA mentioned in paragraph 169 of the Budget Speech?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 11)

Reply:

(1)

The projected number of specialists, trainees/non-specialists, interns, dentists, registered nurses, enrolled nurses, resident nursing trainees and allied health staff in Hospital Authority (HA) for 31 March 2018 are set out in the table below:

Grade	**Rank Group**	**Projected Number of Staff (31 March 2018)**
Medical	Specialists	3 495
	Trainees/non-specialists	2 447
	Intern	492
	Dentists	8
Nursing	Qualified Staff	25 154
	Nursing Trainee	600

Grade	Rank Group	Projected Number of Staff (31 March 2018)
Allied Health	Allied Health Staff	7 781

As the budget of HA for 2017-18 is being worked out, details of staff costs by staff group are not yet available. Healthcare services are labour-intensive. Past statistics indicate that staff costs account for around 70% of HA's total recurrent expenditure. Over 75% of the staff costs are on medical, nursing and allied health staff.

(2)
To meet the rising demand from the growing and ageing population, HA will continue to strengthen its healthcare services to the public. The number of medical, nursing and allied health staff in 2017-18 will be increased by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17. 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2052)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "the Government will lower the eligibility age for Elderly Health Care Vouchers from 70 to 65". In this regard, please advise on the following:

1. the numbers of eligible elderly persons, elderly persons who had created a voucher account, and elderly persons who actually used the vouchers in each of the past 3 years; and
2. the growth in the number of eligible persons and the estimated expenditure after lowering the eligibility age for Elderly Health Care Vouchers from 70 to 65.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 12)

Reply:

1. Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme and the eligible elderly population in the past 3 years:

	2014	**2015**	**2016**
Number of elders who had made use of vouchers	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	737 000	760 000	775 000

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

2. The Government proposes to lower the eligibility age for the EHV Scheme from 70 to 65 within 2017. It is estimated that this initiative will benefit about 400 000 elders in the first year of implementation. The estimated voucher expenditure for 2017-18 is $2,135.0 million.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)067

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2060)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Shortage of beds in local public hospitals is a prevailing problem of the healthcare system in Hong Kong. In this connection, will the Government inform this Committee of the following:

1. What were the numbers of inpatients and inpatient discharges of various hospitals by hospital cluster in the past year, and the percentages of elderly persons aged 65 or above among them?

2. The average inpatient bed occupancy rate of public hospitals repeatedly exceeded 100% in the past year. Does the Government have any measures to lower the bed occupancy rate of public hospitals in the short term so as to ease the demand pressure on the public healthcare system?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 13)

Reply:

1.

The table below sets out the number of inpatient and day inpatient discharges and deaths (IPDP D&D) by each hospital cluster under Hospital Authority (HA) in 2016-17 (up to 31 December 2016), as well as the respective numbers and percentages of patients aged 65 or above.

2016-17 (up to 31 December 2016) [Provisional figures]		**Cluster**							**Overall HA**
		HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
IPDP D&D	**All ages**	142 910	158 830	166 744	147 044	301 470	225 940	172 156	**1 315 094**
	Aged 65 or above	69 911	64 885	72 489	67 157	126 682	89 973	58 737	**549 834**
	%	49%	41%	43%	46%	42%	40%	34%	**42%**

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.

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

2.

HA has been adopting various measures to address the high bed occupancy rate of public hospitals. The key strategies are highlighted below:

(a) HA has been making continuous efforts to enhance service capacity both in terms of manpower and facilities to meet the service demand. On manpower, HA continues to strengthen measures to retain staff and augment the workforce, including employment of part-time staff, rehiring of retired staff and implementation of the Special Honorarium Scheme. Facility wise, on top of the 231 new beds opened in 2016-17, temporary beds are opened to cope with service needs. HA will also open 229 beds in 2017-18 to meet the growing demand arising from population growth and ageing.

(b) At the same time, HA is implementing demand management measures to reduce avoidable hospital admissions and facilitate early discharge from hospitals. Post-discharge support services including rehabilitation and geriatric care at Geriatric Day Hospitals are strengthened to support high risk discharged elderly patients in the community. Day services including day surgeries, ambulatory and community outreaching services such as Community Nursing Services are augmented to reduce reliance on inpatient services. In addition, Accident & Emergency Departments (AEDs) are strengthening their gate keeping function to reduce unnecessary hospital admissions. Measures include management of short stay patients in Emergency Medicine wards and implementation of new service models such as enhanced geriatric support in AEDs.

Note:

1. HA classifies "day inpatients" as those patients 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 AED or those who have stayed for more than 1 day.

2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 2126)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychiatric services of the public health sector, the Government indicates that the manpower for such services will be increased. Will the Government inform this Committee of the following:

1. The breakdown of the total number of psychiatric patients in Hong Kong over the past year by the type of mental illness and by gender;

2. The breakdown of the number of psychiatric doctors, nurses and serving medical staff by hospital cluster;

3. The average waiting time of first appointment at psychiatric specialist out-patient clinics;

4. The details of increasing medical manpower for the psychiatric services.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 14)

Reply:

(1)
While statistics on the number of psychiatric patients in Hong Kong is not available, the figures on the number of psychiatric patients treated and patients diagnosed with severe mental illness (SMI) by gender in the Hospital Authority (HA) in 2016 are set out below for general reference:

Year	Total number of psychiatric patients treated		Number of patients diagnosed with SMI	
	Female	Male	Female	Male
2016 (January - December) [Provisional figures]	136 900	100 300	26 400	22 400

Note: Figures are rounded to the nearest hundred.

(2)

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists working in psychiatric stream in HA in 2016-17 (as at 31 December 2016):

Cluster	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)	Allied Health Professionals		
			Clinical Psychologists[1]	Medical Social Workers[4]	Occupational Therapists[1]
2016-17[5] (as at 31 December 2016)					
HKEC	34	242	8	N/A	19
HKWC	28	113	6	N/A	21
KCC[6]	35	236	10	N/A	26
KEC	38	141	11	N/A	20
KWC[6]	72	654	26	N/A	70
NTEC	65	372	15	N/A	40
NTWC	84	716	13	N/A	60
Overall	**356**	**2 473**	**89**	**243**	**256**

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. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by the Social Welfare Department.
5. Starting from 2016-17, the figure on psychiatric doctors also includes doctors working in SLH.
6. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(3)
The table below sets out the number of specialist outpatient (SOP) psychiatric new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in 2016-17 (up to 31 December 2016):

	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)
2016-17 (up to 31 December 2016) [provisional figures]	2 571	1	6 975	4	27 201	19

(4)
In 2017-18, the Hospital Authority (HA) will further enhance its psychiatric services with details as below:

i. For strengthening the psychiatric specialist outpatient services in NTEC, additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. For enhancing the psychiatric in-patient services in KCC, KEC and NTEC, additional 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. For enhancing the clinical psychology services in all seven clusters, additional one clinical psychologist and eight supporting staff will be recruited;

iv. For enhancing the peer support element in the Case Management Programme, additional five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited;

v. For the implementation of a two-year pilot scheme named "Student Mental Health Support Scheme" in the 2016/17 school year and the 2017/18 school year in KEC and KWC to provide support for students with mental health needs, additional four APNs and four supporting staff will be recruited; and

vi. For the implementation of a two-year pilot scheme named "Dementia Community Support Scheme" from February 2017 to January 2019 in HKEC, KEC, NTEC and NTWC to provide community support services to elderly persons with mild or moderate dementia, additional eight APNs and four supporting staff will be recruited, with funding from the Community Care Fund.

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. 2133)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government conducts various free and subsidised influenza vaccination programmes every year. In this connection, will the Government advise this Committee on:

1. the overall expenditure of each subsidised vaccination programme, the number of participants and the vaccination rate of eligible persons for the past year; and

2. the expenditure incurred for procuring influenza vaccines, the number of each type of vaccines procured and the utilisation of such vaccines for the past year.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No.15)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidized seasonal influenza (SI) vaccination to eligible persons –

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible target groups. In 2016-17, the GVP expanded the scope of the eligible target groups to cover also children aged 6 to under 12 from families receiving Comprehensive Social Security Assistance (CSSA) or holding valid Certificates for Waiver of Medical Charges and all persons receiving Disability Allowance (PDAs) regardless of disability on a pilot basis. As announced in the 2017 Policy Address, these enhancements will be regularised as from 2017-18 season.

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to target groups. In 2015-16, the eligible target groups included elders aged 65 or above, children between 6 months to under 6 years old and persons with intellectual disabilities. In 2016-17, VSS has been further expanded on a trial basis to cover also children aged 6 to under 12, PDAs and pregnant women. As

announced in the 2017 Policy Address, the above enhancements will be regularised starting 2017-18 season.

The statistics on SI vaccination under these programmes/schemes for 2016-17 are as follows -

Target groups	**Vaccination programme/ scheme**	**2016-17 (as at 28 February 2017)**		
		No. of recipients	**Subsidy Claimed ($ million)**	**Percentage of population in the age group**
Children between 6 months to under 12 years old	GVP	1 400	Not applicable	16.7% [Note 2]
	VSS	106 600	24.5	
Elderly aged 65 or above	GVP	316 900	Not applicable	39.1%
	VSS	142 300	27.0	
Others [Note 1]	GVP/VSS	78 300	0.9	
TOTAL		**645 500**	**52.4**	

As many target group members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the above statistics.

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: Calculated based on the population projections provided by the Census and Statistics Department.

For 2016-17, the Government has procured 430 000 SI vaccines for GVP and the amount involved is $23.3 million (revised estimate). As the Government's vaccination programme/schemes launched in 2016-17 season have yet to end, the number of unused vaccines for this season is not available at this stage.

- 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In order to improve the quality of public medical service, the Government said that it would increase $3.2 billion on healthcare, accounting for 17% of the government recurrent expenditure. In this connection, will the Government advise this Committee on:

1. the details of the public medical equipment acquired or upgraded for hospitals in each cluster under the Hospital Authority last year, the expenditure involved and the utilisation of such equipment;

2. whether the Government has provided sufficient instructions or training for the relevant staff after acquiring or upgrading the equipment and what is the expenditure involved?

3. whether the newly acquired or upgraded equipment needs to be operated by professionals. If yes, has the Government recruited sufficient staff to use the equipment and what is the expenditure involved in recruiting professional operational staff?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 16)

Reply:

(1)

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 2016-17, HA procured 804 major medical equipment items at a total cost of $612 million.

Among the hundreds of major medical equipment items procured by HA each year, some are of a unit cost exceeding $5 million. The table below sets out those major medical equipment items of a unit cost exceeding $5 million that were procured by HA in 2016-17 as well as the clusters, hospitals and specialties involved and the expenditure incurred:

Item	Cluster	Hospital	Specialty	Expenditure ($ million)
Radiotherapy Systems, Linear Accelerator	HKWC	QMH	ONC	23.9
Information Systems, Data Management, Anesthesia	KEC	UCH	ANA	8.0
Minimally Invasive Surgery (MIS) Video Systems	KWC	CMC	SUR	7.3
Information Systems, Data Management, Obstetric	KWC	KWH	OBG	6.2
MIS Video Systems	KWC	PMH	SUR	7.7
Radiographic/Fluoroscopic Systems, Angiography/Interventional	KWC	PMH	MED	19.1
Radiotherapy Simulation Systems, Computer Tomography-Based	KWC	PMH	ONC	6.9
Scanning Systems, Computed Tomography, Spiral	KWC	PMH	RAD	15.0
Workstations, Radiotherapy, Planning	NTEC	PWH	ONC	5.6
Radiographic/Fluoroscopic Systems, Cardiovascular	NTWC	TMH	MED	12.6

The table below sets out the patient attendances for magnetic resonance imaging (MRI) and computed tomography (CT) scanning service provided by HA in 2016-17 (up to 31 December 2016).

	Number of Patient Attendances
MRI	53 266
CT	329 577

Unlike MRI and CT scanning systems, which are mainly used for examinations, most of the other major items of medical equipment are mainly used for providing support services to patients (e.g. picture archiving information system for digital storage and transmission of MRI, CT and X-ray pictures), providing necessary medical services to patients (e.g. cardiac

catheterisation systems for heart diagnostic procedures) and monitoring patients' conditions (e.g. physiotherapy monitoring systems for patients in intensive care units). Statistics on utilisation of these major items of medical equipment in terms of patient attendances are not available.

(2)

HA has built up a system of clinical governance whereby equipment with various levels of complexity will only be operated by staff with corresponding experience and qualification. Furthermore, clinical management teams will regularly conduct quality assurance activities such as mortality and morbidity meetings and clinical audits to ensure any event affecting patient care would be looked into as appropriate.

(3)

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 from the operation of medical equipment cannot be separately quantified. HA will continue to implement various measures in 2017-18 to attract, retain and recruit additional healthcare professionals for quality patient care.

Abbreviations

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

Hospitals
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
PMH – Princess Margaret Hospital
QMH – Queen Mary Hospital
PWH– Prince of Wales Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital

Specialties
ANA – Anaesthesiology
MED – Medicine
OBG – Obstetrics & Gynaecology
ONC – Oncology
RAD – Radiology
SUR – Surgery

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's support for the development of Chinese medicine in Hong Kong, will the Government inform this Committee of：

1. the effectiveness of integrated Chinese and Western medicine treatment at present.

2. the way-forward for the "Integrated Chinese-Western Medicine Pilot Programme" currently implemented by the Government.

3. manpower training plays an important role in the effective development of Chinese medicine in Hong Kong. Please provide details on the directions for development of local Chinese medicine degree programme graduates; and

4. the numbers of student intakes and graduates of the relevant institutions and courses, and the percentage of graduates who have entered the field of Chinese medicines in each of the past 3 years.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 17)

Reply:

(1)&(2) To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese medicine (CM) in-patient services, the Hospital Authority (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 acute 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 adopted in Phase I,

and the ICWM service model has been enhanced having regard to the findings of the review. Phase I ended in December 2015, which had recruited a total of 238 patients who joined the pilot project on a voluntary basis.

With enhancement measures introduced after the above interim review, 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 will allocate provisions for the HA to continue to implement and expand the pilot project to gather more experience in the operation of ICWM and CM in-patient services. HA has also commissioned an external consultant to analysis and gather the experience of the ICWM pilot project. A final report will be submitted to the Food and Health Bureau (FHB) in 2018-19 for the future development of ICWM service and CM hospital.

(3) The Government is committed to promoting the development of CM in Hong Kong. In February 2013, the Chief Executive established the Chinese Medicine Development Committee (CMDC) to focus on the study of 4 key areas, namely the development of CM services, personnel training and professional development, research and development as well as development of the Chinese medicines industry. In collaboration with the CMDC and local universities, the Government will further examine ways to enhance personnel training and professional development of CM.

Besides, as announced in the 2017 Policy Address, the Government will finance the construction of a CM hospital on a reserved site at Tseung Kwan O and has invited the HA to assist in identifying a suitable non-profit-making organisation to take forward the project and operate the CM hospital. Apart from providing in-patient and out-patient services to the public, the CM hospital will also support the teaching, clinical training and scientific research of the higher education institutions in Hong Kong, and help strengthen and enhance the quality of the professional training of Chinese medicine practitioners (CMPs) in Hong Kong.

At present, there are 3 local universities offering full-time CM undergraduate programme accredited by the Chinese Medicine Practitioners Board (PB) of the Chinese Medicine Council of Hong Kong (CMCHK), 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 2014, 2015 and 2016 were 62, 61 and 67 respectively, and their percentages over the total number of graduates ranged from 76% to 84%. We have no information about the employment status of these graduates.

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional

development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations, including CMPs. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to CMPs) upon consultation with stakeholders.

(4) Currently, there is only 1 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 2014/15, 2015/16 and 2016/17 are listed below:

Academic year	Student intake	No. of graduates
2014/15	14	15
2015/16	22	27
2016/17 (provisional)	24	Not yet available

We do not have information on the percentage of graduates who have entered the field of Chinese medicines. We also do not have information about the intake and graduates of courses offering diploma or certificates in Chinese medicines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1463)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures mentioned in paragraph 5, will the Government inform this Committee of:

(1) the specific details of and expenditure for the implementation of initiatives in accordance with the primary care development strategy in the 2016-17 financial year;

(2) the number of elderly people served under the Elderly Health Care Voucher Scheme and the expenditure involved in the 2016-17 financial year;

(3) the number of elderly people, children, disabled persons, persons with intellectual disability and pregnant women who have benefited from the vaccination programmes for seasonal influenza for the elderly, children from six months to under 12 years old, persons receiving Disability Allowance, persons with intellectual disability and pregnant women and the expenditure involved in the 2016-17 financial year;

(4) the specific measures for promoting, facilitating and supporting breastfeeding, the expenditure involved and their effectiveness in the 2016-17 financial year; and

(5) the expenditure on the Health and Medical Research Fund, projects funded and research findings in the 2016-17 financial year.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 7)

Reply:

(1)
The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives under PCO are as follows -

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars have also been 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)

The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

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

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	Implementation schedule
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-December 2016, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme.

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants, general service assistants, etc. These staff work in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

(2)
The revised estimate of voucher expenditure under the Elderly Health Care Voucher Scheme in 2016-17 is $1,135.8 million. As at end December 2016, about 649 000 elders had made use of the vouchers.

(3)
DH has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons –

(a) Government Vaccination Programme (GVP), which provides free SI vaccination to eligible target groups. In 2016-17, the GVP expanded the scope of the eligible target groups to cover also children aged 6 to under 12 from families receiving Comprehensive Social Security Assistance (CSSA) or holding valid Certificates for Waiver of Medical Charges, and all persons receiving Disability Allowance (PDAs) regardless of disability on a pilot basis. As announced in the 2017 Policy Address, these enhancements will be regularised as from the 2017-18 season.

(b) Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to target groups. In 2015-16, the eligible targets groups included (i.e. elders aged 65 or above, children between 6 months to under 6 years old and persons with intellectual disabilities). In 2016-17, the VSS has been further expanded on a trial basis to cover also children aged 6 to under 12, PDAs and pregnant women. As announced in the 2017 Policy Address, the above enhancements will be regularised starting the 2017-18 season.

The statistics on SI vaccination under these programmes/schemes for 2016-17 are as follows -

Target groups	**Vaccination programme/ scheme**	**2016-17 (as at 26 February 2017)**		
		Number of recipients	**Subsidy claimed ($ million)**	**Percentage of population in the age group**
Children between 6 months and under 12 years old	GVP	1 400	Not applicable	16.7% Note 2
	VSS	106 600	24.5	
Elderly aged 65 or above	GVP	316 900	Not applicable	39.1%
	VSS	142 300	27.0	
Others Note 1	GVP/VSS	78 300	0.9	Not applicable
TOTAL		**645 500**	**52.4**	

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), PDAs (as from October/November 2016), pregnant women (as from October 2016 for VSS), etc.

Note 2 : Calculated based on the population projections provided by the Census and Statistics Department.

(4)
In 2016-17, DH earmarked $5.0 million to promote and support breastfeeding, through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy; promoting breastfeeding friendly premises; and strengthening the surveillance on local breastfeeding situation. Progress and achievements were reported to the Committee on Promotion of Breastfeeding chaired by the Under Secretary for Food and Health.

Breakdown of the expenditure for the above work is as follows –

Items	**Expenditure ($ million)**
Publicity campaign (e.g. video broadcasting in public transport facilities, organising an event to celebrate World Breastfeeding Week and health talks and briefings for companies and organisations)	1.9
Production of a new Announcement in the Public Interest to promote the benefits of breastfeeding and the importance of early nutrition	0.6
Production and dissemination of breastfeeding promotion packages and health education kits for establishing breastfeeding-friendly workplaces and public places	1.2
Studies on local breastfeeding situation	0.9
Implementation of a pilot programme on peer support for lactating mothers	0.4

(5)
The Health and Medical Research Fund aims to build research capacity and to encourage, facilitate and support health and medical research to inform health policies, improve population health, strengthen the health system, enhance healthcare practices, advance standard and quality of care, and promote clinical excellence, through generation and application of evidence-based scientific knowledge derived from local research in health and medicine. It provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, research fellowship and government-commissioned research programmes.

In 2016-17, $144.9 million have been committed to support a total of 154 research projects. Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, will be available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk in April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1510)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures mentioned in paragraphs 12 and 17, please advise this Committee of the following:

(1) the number of beds in each hospital cluster and average bed occupancy rate in 2016-17, and the allocation to each hospital cluster of the 229 additional beds to be opened in 2017-18;

(2) the wastage rate of specialists, non-specialists, qualified nursing staff, allied health professionals and HAII staff under the Hospital Authority in 2016-17;

(3) the average waiting time for accident and emergency (A&E) services in each of the 5 triage categories (critical, emergency, urgent, semi-urgent and non-urgent) and the overall expenditure on the provision of A&E services in 2016-17;

(4) the respective expenditure and estimated expenditure on the provision of surgical, endoscopic and diagnostic imaging services in 2016-17 in 2017-18; and

(5) in view of the shortage of internship places for dental graduates in 2016-17, the estimated government expenditure to provide sufficient internship places for dental graduates in 2017-18.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 8)

Reply:

(1)

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 Hospital Authority (HA) in 2016-17.

2016-17 [Provisional figures]	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%	77%	90%	94%	90%	92%	101%	90%
Infirmary								
Number of hospital beds #	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate ^	88%	77%	92%	89%	96%	87%	96%	89%
Mentally ill								
Number of hospital beds #	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate ^	71%	62%	74%	85%	76%	80%	65%	72%
Mentally handicapped*								
Number of hospital beds #	-	-	-	-	160	-	520	680
Inpatient bed occupancy rate ^	-	-	-	-	40%	-	94%	81%

Hospital beds as at 31 December 2016

^ Inpatient bed occupancy rate in 2016-17 (up to December 2016)

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

Note:
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 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 breakdown of the 229 hospital beds to be opened by HA in 2017-18 by cluster.

Cluster	Number of beds to be opened in 2017-18		
	Acute General	Convalescent	**Total**
HKEC	20	-	**20**
KCC	26	-	**26**
KEC	38	20	**58**
KWC	8	-	**8**
NTEC	38	20	**58**

Cluster	Number of beds to be opened in 2017-18		
	Acute General	Convalescent	**Total**
NTWC	29	30	**59**
HA Overall	**159**	**70**	**229**

(2)

The table below sets out the attrition (wastage) rate of full-time doctors, nurses and allied health professionals in 2016-17:

Staff Group		**2016-17 (Rolling 12 months from 1 January to 31 December 2016)**
Doctors	Doctors with Fellowship	5.3%
	Doctors without Fellowship	3.5%
Nurses		5.4%
Allied Health Professionals		4.0%

In order to attract, motivate and retain well-qualified staff for meeting the needs of the community for public hospital services within available resources, HA will review the remuneration for its staff from time to time. The above attrition (wastage) rates are aggregated figures for staff on different remuneration packages.

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. 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. 'Doctors with Fellowship' refers to all doctors in the ranks of Consultant, Associate Consultant / Senior Medical Officer as well as Medical Officer / Resident with fellowship qualification registrable in the Specialist registration with the Medical Council of Hong Kong. The above fellowship information is compiled based on data from Hong Kong Academy of Medicine received in corresponding year.
5. Doctors exclude Intern and Dental Officers.
6. Nurses include both Registered Nurses and Enrolled Nurses.

(3)

The table below sets out the average waiting time for A&E services in various triage categories in each A&E Department under HA in 2016-17 (up to 31 December 2016).

2016-17 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Average waiting time (minute) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	6	16	112	145
	RH	0	6	17	81	137
	SJH	0	7	14	25	32
HKWC	QMH	0	8	24	102	177
KCC	QEH	0	7	29	146	190
KEC	TKOH	0	7	17	103	112
	UCH	0	8	23	136	205
KWC	CMC	0	8	21	60	57
	KWH	0	6	29	121	134
	NLTH	0	8	15	32	51
	PMH	0	9	19	93	133
	YCH	0	4	17	119	149
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	107	148
	PWH	0	13	47	183	198
NTWC	POH	0	5	23	116	129
	TMH	0	6	31	143	164
Overall HA		0	8	24	106	131

The total costs of A&E services provided by HA in 2016-17 are estimated to be $2,926 million.

Note:
The 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).

(4)

HA has earmarked a total of $128 million and $91.5 million in 2016-17 and 2017-18 respectively to enhance surgical, endoscopic and diagnostic imaging services.

Remark
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(5)

Dental graduates can register and practise as a dentist after graduation. There is no internship programme for dental graduates.

Abbreviations

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

Hospitals
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1668)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

As a party to the United Nations Convention on the Rights of the Child, Hong Kong is obliged to implement child protection as set forth in the convention. Child health issues cover a wide range of areas, including mental health, drug abuse and chronic illnesses. Children are the greatest asset to our society. Investing in initiatives that support the holistic development of children at an early stage will benefit society enormously. In this connection, would the Government please inform this Council whether it will allocate manpower and financial resources this year for strengthening education and publicity to promote public awareness of child health? If yes, what are the details? If no, what are the reasons?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 21)

Reply:

The Department of Health (DH) is committed to promoting child health through public education and preventive health programmes using a life course and setting-based approach.

For children from birth to 5 years of age, the Maternal and Child Health Centres of the DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which include immunization services, growth and developmental surveillance, and health education for parents. The DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of Breastfeeding Friendly Workplace Policy; promoting breastfeeding friendly premises; implementing 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.

For primary and secondary school students, the Student Health Service of the DH promotes the health of students through its centre-based services as well as the school outreach Adolescent Health Programme.

The Secretary for Food and Health chairs the Steering Committee on Prevention and Control of Non-communicable Diseases that places great emphasis on "a healthy start" and mobilises cross-government and intersectoral efforts to promote healthy weight management across the lifecourse. To combat childhood obesity and reduce children's risk of developing non-communicable diseases, the DH has also launched the EatSmart@school.hk Campaign in primary schools since 2006-07 school year to promote healthy eating, and the StartSmart@school.hk Campaign in January 2012 to promote healthy eating and physical activity among preschoolers.

To promote mental health as well as to enhance the understanding of the importance of mental well-being, the DH launched a three-year territory-wide mental health promotion campaign named "Joyful@HK" (the Campaign) in January 2016. Under the Campaign, the DH jointly organised the Joyful@School Campaign with the Education Bureau in the 2016-17 school year with a view to increasing students' engagement in promoting mental well-being.

Apart from the above, the DH has produced a comprehensive range of health educational resources (printed materials and multimedia resources) with wide dissemination to the public via health centres, information hotline and designated websites.

The manpower and expenditure on the promotion of child health cannot be separately identified as it has been absorbed by the DH's overall provision for health promotion.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2919)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The waiting time of psychiatric new cases of the Hospital Authority (HA) takes years. For individual hospital clusters, such as the New Territories East Cluster, the waiting time is as long as 159 weeks as at 31 December 2016. At present, the psychiatric clinics under the HA do not provide evening consultation services causing significant inconvenience to patients who need to work during daytime. In this connection, will the Government advise this Committee on:

(1) the amount of approved funding for the psychiatric clinics under the HA in the past 3 financial years. Please provide a breakdown by cluster in table form:

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2014-15							
2015-16							
2016-17							

(2) the number of doctors who served in the psychiatric clinics under the HA in the past 3 financial years. Please provide a breakdown by cluster in table form:

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2014-15							
2015-16							
2016-17							

(3) the number of patients on the waiting list of the psychiatric clinics under the HA in the past 3 financial years. Please provide a breakdown by cluster in table form:

	Hong Kong East	Hong Kong West	Kowloon Central	Kowloon East	Kowloon West	New Territories East	New Territories West
2014-15							
2015-16							
2016-17							

(4) whether the Government will require the HA to allocate additional resources to the psychiatric clinics for providing evening consultation services to give psychiatric patients more choices and shorten the waiting time. If yes, what are the details? If not, what are the reasons?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 30)

Reply:

(1)
The table below sets out the total costs for providing psychiatric specialist outpatient (SOP) services in the Hospital Authority (HA) in the past three years.

Cluster	**2014-15 ($ million)**	**2015-16 ($ million)**	**2016-17* (Revised Estimate) ($ million)**
HKEC	94	107	112
HKWC	72	83	89
KCC	83	86	89
KEC	115	127	144
KWC	261	289	306
NTEC	172	191	202
NTWC	197	217	230
Total	**994**	**1,100**	**1,172**

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

(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 psychiatric SOP services in HA also support other psychiatric services, HA does not have the breakdown on the manpower for supporting psychiatric SOP services only.

The table below sets out the number of psychiatric doctors working in psychiatric stream in HA in the past three years.

Cluster	Psychiatric doctors [1 & 2]		
	2014-15 (as at 31 March 2015)	**2015-16 (as at 31 March 2016)**	**2016-17* (as at 31 December 2016)**
HKEC	36	36	34
HKWC	24	26	28
KCC	36	35	35
KEC	35	37	38
KWC	71	77	72
NTEC	58	63	65
NTWC	74	71	84
Total	**333**	**344**	**356**

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. Starting from 2016-17, psychiatric doctors also include doctors working in Siu Lam Hospital.

(3)

The tables below set out the number of psychiatric SOP new case bookings (including cases not yet triaged) in each cluster in the past three years.

Cluster	2014-15	2015-16	2016-17* (up to 31 December 2016) [provisional figures]
HKEC	3 490	3 466	2 791
HKWC	4 208	5 040	3 478
KCC	2 852	2 630	1 823
KEC	7 020	7 214	5 766
KWC	14 296	14 137	11 117
NTEC	9 051	9 456	7 019
NTWC	7 041	6 535	5 047
Total	**47 958**	**48 478**	**37 041**

* Note to Tables (1) to (3) above:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(4)
HA provides multi-disciplinary services to psychiatric patients according to their clinical needs in its psychiatric SOP clinics (SOPCs). As the routine day time SOPCs can provide comprehensive multi-disciplinary support (including support from allied health professionals and social workers) and the establishment of evening clinic will inevitably deploy resources from daytime SOPCs thus affecting services to psychiatric patients as a whole, HA at present has no plan to provide psychiatric SOP services at evening or on public holidays. HA has nevertheless set up designated depot clinics in all the seven clusters to provide depot injection treatment during non-office hours to facilitate patients in need.

In 2017-18, HA will further enhance its psychiatric SOP services in NTEC. It is estimated that an additional one doctor, three nurses (including one Advanced Practice Nurse and two Registered Nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited.

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 -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)076

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2363)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the frequency of sign language interpretation service arranged for patients per month by (including but not limited to) hospitals, specialist out-patient clinics and health centres, the number of patients who required such service, and the manpower and expenditure involved in providing the service in the past 5 years. Please also set out the estimated expenditure for such service in 2017-18.

Asked by: Hon KWOK Ka-ki (Member Question No. 218)

Reply:

Interpretation services for sign language are arranged for patients in need of such services in public hospitals and clinics of the Hospital Authority (HA) through a service contractor and part-time court interpreters. HA has also 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).

Numbers of cases of on-site sign language interpretation services provided by HA in its public hospitals and clinics in the past 5 years are set out in the table below:

Year	**Sign Language Interpretation Services (number of cases)**
2012 - 13	45
2013 - 14	54
2014 - 15[Note]	190
2015 - 16	308
2016 - 17 (April to November 2016)	267

Sign language interpretation services are arranged on need basis, and the expenditures are absorbed by the hospital's budget. There is no breakdown on these expenditures in the past 5 years.

HA will continue to strengthen the promotion of sign language to those in need. Posters have been printed and posted in public hospitals and are used for promoting and helping patients understand how to use the interpretation services.

Note
The interpretation services for sign language provided by the service contractor have commenced since 2014-15.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2368)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 177)

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 (25^{th} percentile), median (50^{th} percentile), and longest (90^{th} percentile) waiting time in each hospital cluster of the Hospital Authority (HA) for 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
HKEC	ENT	1 217	<1	<1	<1	2 790	1	3	6	4 252	12	35	42
	MED	2 601	<1	1	2	3 705	2	4	7	6 118	12	23	51
	GYN	748	<1	<1	1	908	2	3	6	4 245	7	13	36
	OPH	5 502	<1	<1	1	1 928	4	6	8	5 306	10	12	32
	ORT	1 927	<1	1	1	2 242	4	6	7	5 552	19	46	51
	PAE	237	<1	1	2	921	3	5	7	230	10	14	19
	PSY	384	<1	1	1	917	2	3	6	2 189	4	9	23
	SUR	1 925	<1	1	2	4 270	5	7	8	7 655	15	31	55
HKWC	ENT	811	<1	<1	1	2 762	3	6	8	3 230	8	26	81
	MED	1 804	<1	<1	1	1 924	3	5	9	8 580	10	33	69
	GYN	1 552	<1	<1	2	1 106	4	5	7	4 999	9	18	124
	OPH	3 478	<1	<1	1	1 434	3	4	8	4 546	3	13	24
	ORT	909	<1	<1	2	1 584	3	4	7	8 578	9	16	42
	PAE	532	<1	<1	1	701	1	4	7	1 237	10	12	14
	PSY	516	<1	1	2	875	2	3	6	2 812	8	32	124
	SUR	1 897	<1	<1	2	2 675	3	6	8	9 636	8	15	62
KCC	ENT	1 482	<1	<1	1	1 142	1	2	6	12 105	13	25	35
	MED	1 418	<1	1	1	1 875	3	5	7	8 812	18	42	97
	GYN	427	<1	<1	1	1 809	3	4	7	3 183	11	16	34
	OPH	7 166	<1	<1	<1	4 333	1	4	5	13 391	49	54	58
	ORT	301	<1	1	1	1 029	<1	2	6	6 594	37	66	108
	PAE	711	<1	<1	1	544	5	6	7	1 174	7	16	18
	PSY	179	<1	<1	1	980	1	3	7	1 692	14	16	37
	SUR	2 234	<1	1	1	2 750	3	5	7	13 217	22	32	47
KEC	ENT	1 907	<1	<1	1	2 545	1	3	7	5 663	36	40	57
	MED	1 741	<1	1	1	4 322	4	6	7	12 609	12	55	83
	GYN	1 277	<1	1	1	1 048	4	6	7	6 017	13	51	83
	OPH	5 487	<1	<1	1	540	3	6	7	12 213	11	14	81
	ORT	3 778	<1	<1	1	3 140	6	7	7	9 762	20	105	167
	PAE	1 027	<1	<1	1	741	4	7	7	2 441	15	16	20
	PSY	359	<1	1	2	1 892	3	5	7	4 621	8	34	103
	SUR	1 733	<1	1	1	6 252	6	7	7	17 700	12	23	140

Cluster	Specialty	Priority 1				Priority 2				Routine			
		Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
			25th	50th	90th		25th	50th	90th		25th	50th	90th
			percentile				percentile				percentile		
KWC	ENT	3 663	<1	<1	1	3 801	3	5	8	9 921	16	28	53
	MED	2 530	<1	<1	1	6 305	4	6	7	21 351	17	47	72
	GYN	1 032	<1	<1	2	2 239	4	6	7	10 672	11	28	53
	OPH	6 722	<1	<1	<1	6 499	3	4	7	6 629	5	52	58
	ORT	3 981	<1	<1	1	5 343	3	5	8	14 345	25	60	125
	PAE	3 092	<1	<1	1	1 217	4	5	7	3 652	8	11	18
	PSY	399	<1	1	4	560	2	4	8	13 306	2	21	64
	SUR	3 782	<1	1	2	10 504	4	6	7	23 841	16	36	83
NTEC	ENT	4 181	<1	<1	2	3 564	3	4	7	7 893	12	38	96
	MED	2 883	<1	<1	1	2 662	3	5	8	15 413	18	70	95
	GYN	2 024	<1	<1	2	1 032	3	6	8	7 993	17	41	99
	OPH	7 644	<1	<1	1	3 149	3	4	8	9 745	18	62	66
	ORT	5 896	<1	<1	1	2 133	3	4	8	14 036	23	119	140
	PAE	341	<1	<1	2	475	3	4	7	3 297	4	17	36
	PSY	1 221	<1	1	2	2 454	2	4	8	5 353	12	45	131
	SUR	2 031	<1	<1	2	3 065	3	5	8	19 902	17	35	78
NTWC	ENT	2 807	<1	<1	1	1 658	2	3	7	8 379	25	56	73
	MED	1 325	<1	1	2	3 066	5	6	7	5 540	39	61	80
	GYN	1 112	<1	1	2	543	4	6	8	5 621	12	19	68
	OPH	8 769	<1	<1	1	4 058	2	4	7	7 403	17	60	66
	ORT	1 731	<1	1	1	1 231	2	3	7	10 643	28	78	83
	PAE	147	1	1	2	370	2	3	5	1 732	9	10	10
	PSY	531	<1	1	1	1 973	3	7	8	4 431	13	49	74
	SUR	1 461	<1	1	3	3 035	4	6	34	17 668	24	57	67

2015-16

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 (up to 31 December 2016) [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	736	<1	<1	<1	2 519	1	3	7	3 910	9	31	50
	MED	1 721	<1	1	2	2 890	3	6	8	5 891	10	25	71
	GYN	521	<1	<1	1	693	3	3	7	3 219	17	38	147
	OPH	4 189	<1	<1	1	1 630	4	7	8	5 233	12	36	51
	ORT	1 060	<1	1	1	1 222	4	6	7	5 573	21	60	99
	PAE	102	<1	1	2	734	4	5	7	208	9	12	18
	PSY	223	<1	1	1	601	2	3	5	1 967	6	15	40
	SUR	1 250	1	1	2	3 490	5	7	8	6 637	19	37	60
HKWC	ENT	417	<1	<1	1	1 371	3	4	7	4 132	<1	14	45
	MED	1 405	<1	<1	1	1 619	3	4	7	7 080	13	30	75
	GYN	1 342	<1	<1	1	860	3	5	8	3 703	12	29	190
	OPH	2 535	<1	<1	1	1 309	4	4	7	3 056	30	37	41
	ORT	602	<1	<1	1	1 201	2	3	6	6 206	10	22	108
	PAE	487	<1	<1	1	726	2	4	7	1 016	9	13	17
	PSY	375	<1	1	1	625	2	3	7	2 478	14	39	131
	SUR	1 862	<1	<1	1	2 307	3	5	7	7 945	8	17	59
KCC	ENT	1 025	<1	<1	1	878	2	4	7	9 568	24	28	52
	MED	1 065	<1	1	1	1 564	4	4	6	7 268	39	69	93
	GYN	304	<1	<1	1	1 425	4	6	8	2 603	17	36	49
	OPH	6 240	<1	<1	1	4 058	1	2	5	9 686	68	78	88
	ORT	250	<1	1	1	738	2	3	7	5 663	21	60	89
	PAE	646	<1	1	1	601	3	6	7	828	4	13	30
	PSY	102	<1	<1	1	601	1	3	7	1 120	15	23	43
	SUR	1 493	<1	1	1	2 207	3	5	7	10 817	26	44	51
KEC	ENT	1 331	<1	<1	1	1 931	1	4	7	4 632	52	86	95
	MED	1 271	<1	1	1	4 001	4	6	7	10 435	16	73	101
	GYN	1 115	<1	1	1	793	4	6	7	5 026	13	32	62
	OPH	4 550	<1	<1	1	199	3	6	7	9 469	11	12	136
	ORT	2 852	<1	<1	1	3 031	4	7	8	7 876	19	49	121
	PAE	966	<1	<1	1	586	2	4	7	2 037	12	13	21
	PSY	302	<1	1	1	1 274	3	5	7	4 004	3	12	97
	SUR	1 582	<1	1	1	5 331	4	7	7	13 369	11	25	86

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	2 892	<1	<1	1	3 022	3	5	8	8 968	17	46	60
	MED	1 906	<1	<1	2	4 920	3	4	7	16 416	25	60	85
	GYN	932	<1	<1	1	2 248	4	6	7	9 286	11	24	62
	OPH	5 417	<1	<1	<1	4 787	1	2	3	6 092	4	50	53
	ORT	2 799	<1	1	2	3 699	3	4	8	11 805	33	71	134
	PAE	2 122	<1	<1	1	829	4	6	7	3 428	9	12	22
	PSY	241	<1	<1	2	542	1	3	7	10 332	1	11	66
	SUR	2 906	<1	1	2	6 588	4	6	7	22 428	20	33	71
NTEC	ENT	3 250	<1	<1	1	2 919	2	3	7	6 809	12	36	64
	MED	2 418	<1	<1	1	2 604	4	6	8	13 042	16	70	105
	GYN	1 535	<1	<1	2	693	4	6	8	6 759	18	56	87
	OPH	6 077	<1	<1	1	3 672	3	4	8	7 884	16	53	68
	ORT	4 455	<1	<1	1	1 644	3	5	8	12 100	23	127	176
	PAE	172	<1	<1	1	444	3	4	6	2 901	5	11	36
	PSY	896	<1	1	2	2 017	2	4	8	4 055	21	78	161
	SUR	1 608	<1	<1	2	2 887	3	5	8	16 558	16	38	84
NTWC	ENT	2 057	<1	<1	1	1 320	3	4	7	7 319	14	70	77
	MED	1 299	<1	1	2	2 923	3	5	7	5 756	16	50	72
	GYN	893	<1	1	2	206	3	5	8	4 357	17	30	125
	OPH	7 238	<1	<1	1	2 542	3	4	8	5 772	17	36	55
	ORT	1 413	<1	1	2	1 246	3	4	8	7 722	24	71	79
	PAE	92	1	1	2	461	6	7	7	1 483	17	20	26
	PSY	432	<1	1	1	1 315	4	7	7	3 245	10	37	95
	SUR	1 372	<1	1	2	2 837	3	5	7	13 844	24	56	68

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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of HA for 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Cluster	2014-15				2015-16				2016-17 (Up to 31 December 2016) [Provisional figures]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKEC	3 628	<1	1	3	3 617	1	1	3	2 546	1	1	4
HKWC	4 427	1	3	4	4 593	1	3	5	3 515	1	2	4
KCC	6 827	5	10	20	7 334	8	16	21	5 219	8	14	22
KEC	3 199	<1	1	3	3 404	<1	1	3	2 727	<1	1	3
KWC	14 726	3	6	13	12 761	2	5	9	9 231	2	4	8
NTEC	12 401	3	5	18	13 121	3	5	18	10 343	3	5	18
NTWC	3 116	1	1	3	2 835	1	2	4	2 152	1	2	4

Note:
1. HA uses 90th percentile to denote the longest waiting time for SOP service.
2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

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

Specialty:
ENT – Ear, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology

PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2369)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding community psychiatric nurses, would the Government please provide the following information of all the clusters under the Hospital Authority:

a. the numbers of community psychiatric nurses and the psychiatric population in the cluster, and the ratios between community psychiatric nurses and the elderly population at present and in the past 3 years;

b. the numbers of psychiatric patients served by each community psychiatric nurse, the numbers of cases requiring long-term follow-up, the numbers of visits per case per year, and the length of each visit per case.

Asked by: Hon KWOK Ka-ki (Member Question No. 348)

Reply:

(a)
The table below sets out the number of community psychiatric nurses (CPNs) working in psychiatric stream in each cluster in the Hospital Authority (HA) in the past three years (from 2014-15 to 2016-17) :

Cluster	**Community Psychiatric Nurses (CPNs)[1, 2, 3]**		
	2014-15 (as at 31 March 2015)	**2015-16 (as at 31 March 2016)**	**2016-17* (as at 31 December 2016)**
HKEC	9	10	8
HKWC	8	9	8
KCC	12	12	11
KEC	16	16	16
KWC	21	21	23

Cluster	Community Psychiatric Nurses (CPNs)[1, 2, 3]		
	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17* (as at 31 December 2016)
NTEC	21	17	20
NTWC	43	45	49
Overall	**129**	**130**	**135**

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 nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.
3. The job duty of CPN is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.

The table below sets out the total number of psychiatric patients treated in each cluster in 2014-15, 2015-16 and 2016.

Cluster	Total number of psychiatric patients treated [1]		
	2014-15	2015-16	2016* (January – December) [provisional figures]
HKEC	20 100	20 800	21 300
HKWC	18 500	19 400	20 100
KCC	17 400	18 000	17 900
KEC	29 900	31 500	33 500
KWC	62 600	66 800	69 100
NTEC	38 900	41 000	42 600
NTWC	34 800	36 100	37 400
Overall [2]	**217 400**	**228 700**	**237 200**

Note:

1. Figures are rounded to the nearest hundred.
2. The numbers of patients treated in the clusters may not add up to the total as a patient may be treated in more than one cluster.

Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. In planning services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration. Furthermore, patients may receive treatment in hospitals other than those in their own residential districts. Some specialised services are available only in certain hospitals, and hence certain clusters. The beds in those clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision due to the above reasons.

(b)

The multi-disciplinary teams of the community psychiatric service (CPS) in HA, involving psychiatric doctors, psychiatric nurses (including CPNs), clinical psychologists, occupational therapists, medical social workers, peer support workers and etc., provide appropriate community support services to patients with mental health problems residing in the community.

The number of cases handled by each CPN 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 CPN. The number and length of visit per each case also varies as it depends on the complexity of the condition and clinical needs of the patients. Hence, the requested information is not available.

The table below sets out the number of psychiatric outreach attendances in each cluster from 2014-15 to 2016-17 (up to 31 December 2016) :

Cluster	**2014-15**	**2015-16**	**2016-17* (up to 31 December 2016) [provisional figures]**
HKEC	23 896	22 587	17 498
HKWC	19 381	19 414	15 303
KCC	19 743	19 296	13 838
KEC	30 152	30 460	23 781
KWC	85 130	87 560	66 563
NTEC	41 998	41 647	32 509
NTWC	59 820	61 771	47 688
Overall	280 120	282 735	217 180

* Note to tables (a) and (b) above:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 2371)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding drug treatment services, would the Government please 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? What were the staff establishment of each centre and the expenditure involved?

b. Are there any additional drug treatment-related services included in the 2017-18 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. 359)

Reply:

(a)
The table below sets out the number of patients treated in the substance abuse clinics (SACs) by cluster in the Hospital Authority (HA) in 2014-15, 2015-16 and 2016.

No. of patients treated in the substance abuse clinics [1]	**2014-15**	**2015-16**	**2016 (January – December) [provisional figures]**
HKEC	360	370	400
HKWC	390	400	400
KCC [2]	310	310	320
KEC	340	370	400
KWC [2]	990	960	930
NTEC	880	890	910
NTWC	930	1 000	1 060
Overall [3]	4 130	**4 240**	**4 360**

Note:

1. Figures are rounded to the nearest 10.
2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.
3. Individual figures may not add up to overall since patients can be treated in more than one cluster.

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

(b)
No additional funding has been earmarked for substance abuse services for 2017-18.

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 2017-18 Reply Serial No.

FHB(H)080

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2851)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What was the distribution of expenditure on the resources of obstetrics and gynaecology departments of hospitals under the Hospital Authority, including hospital beds and clinics, staff, equipment and other resources, in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 124)

Reply:

The table below sets out the staff cost and other charges of obstetrics and gynaecology services, inclusive of both inpatient and outpatient services, of each cluster in Hospital Authority in 2014-2015 and 2015-2016. Corresponding information for 2016-17 is not yet available.

Cluster	Staff Cost [Note 1] ($ million)	Other Charges [Note 2] ($ million)	**Total Costs of Obstetrics and Gynaecology Services ($ million)**
2014-15			
HKEC	121	112	**233**
HKWC	131	161	**292**
KCC	180	141	**321**
KEC	159	142	**301**
KWC	317	243	**560**
NTEC	200	152	**352**
NTWC	145	156	**301**
Total	**1,253**	**1,107**	**2,360**

2015-16*			
HKEC	122	109	**231**
HKWC	164	169	**333**
KCC	192	144	**336**
KEC	169	153	**322**
KWC	339	256	**595**
NTEC	187	162	**349**
NTWC	174	149	**323**
Total	**1,347**	**1,142**	**2,489**

*Starting from 2015-16, the service costs include costs of nurse clinics running in specialist outpatient clinics.

Notes:

(1) The staff costs include direct staff costs (such as doctors and nurses) for providing services to patients.

(2) Other charges mainly include cost for drugs, medical equipment and consumables, 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, repair and maintenance of medical equipment), as appropriate.

(3) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

It should be noted that the costs of obstetrics and gynaecology services vary among different clusters owing to 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.

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 2017-18 Reply Serial No.

FHB(H)081

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2852)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What is the estimated distribution of expenditure on the resources of obstetrics and gynaecology departments of hospitals under the Hospital Authority, including hospital beds and clinics, staff, equipment and other resources, in 2017-18?

Asked by: Hon KWOK Ka-ki (Member Question No. 125)

Reply:

Service costs of the Hospital Authority include direct staff costs for providing services to patients, expenditure incurred for various clinical support services, and other operating costs. Breakdown of cost information by specialties for 2017-18, including that of obstetrics and gynaecology, is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3080)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Pneumococcal Vaccination Programme for elderly people and young children, will the Government advise on the following:

(a) What were the numbers of elderly people who received pneumococcal vaccination in the past 3 years and the estimated number of elderly people who will receive pneumococcal vaccination in 2017-18? What is the percentage of elderly people who have received pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(b) What were the numbers of young children who received pneumococcal vaccination in the past 3 years and the estimated number of young children who will receive pneumococcal vaccination in 2017-18? What is the percentage of young children who have received pneumococcal vaccination in the target group to which they belong? What is the expenditure involved?

(c) How many private clinics have joined the Pneumococcal Vaccination Progamme?

(d) Does the Government have any measures to increase the rate of pneumococcal vaccination among local residents? If yes, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 98)

Reply:

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

- Government Vaccination Programme (GVP), which provides free pneumococcal vaccination to eligible elders aged 65 or above;

- Vaccination Subsidy Scheme (VSS), which provides subsidised pneumococcal vaccination to elders aged 65 or above;

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at 2, 4 and 6 months of age followed by a booster dose at 12 months at Maternal and Child Health Centres (MCHCs) of the DH; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme (the Programme), which was a one-off booster programme launched by phases between December 2013 and October 2015. It provided a choice for children born on or after 26 November 2008 (i.e. aged 2 to under 5 during that period of time) who have never received PCV13 to receive 1 dose of PCV13 for personal protection if considered necessary. As part of the Programme, the Childhood Vaccination Subsidy Scheme (PCV13 booster) (CVSS (PCV13 booster)) provided eligible children with 1 subsidised dose of PCV13 from enrolled private doctors.

(a) Relevant statistics and the estimated number of recipients for the 2016-17 vaccination season, and the expenditure are detailed at **Annex 1**. It should be noted that some elders may have received pneumococcal vaccination outside the GVP and VSS and they are not included in the statistics.

(b) Hong Kong Childhood Immunisation Programme

The total expenditure involved in the past 3 years is about $223 million. The statistics on PCV vaccinations administered by MCHCs in the past 3 years are tabulated as follows -

Year	Number of doses of PCV administered by MCHCs
2014	205 900
2015	218 900
2016	215 000

Children may have received PCV outside MCHCs and they are not included in the above statistics.

Based on the figure of 2016, the number of PCV doses administered by MCHCs in 2017 is estimated to be about 215 000 and the expenditure involved depends on the relevant contract price of the vaccine concerned.

The Childhood PCV13 Booster Vaccination Programme

The relevant statistics of the Programme are at **Annex 2**.

According to an immunisation survey conducted by the DH in 2012, the PCV vaccination coverage among surveyed children for the 1st, 2nd, 3rd and the booster dose were 99.4%, 99.0%, 97.4% and 94.7% respectively.

(c) As at 28 February 2017, 1 540 doctors (involving 2 260 clinics) enrolled in the VSS providing subsidised pneumococcal vaccination to eligible elders. As for CVSS (PCV13 booster), a total of 951 doctors (involving 1 149 clinics) enrolled in the scheme.

(d) As announced in the 2017 Policy Address, the Government will provide free/subsidised PCV13 to eligible high risk elders under the GVP and the VSS respectively. 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 (SCVPD). Upon implementation of the above new initiative, eligible high risk elders will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes.

The vaccination will be administered through either the GVP or VSS in the following ways -

- for previously vaccinated elders with high risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and

- for those high risk elders who have reached 65 and have never been vaccinated before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangement for elders without high risk conditions remain unchanged, that is, they are eligible for receiving 1 dose of free/subsidized 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above new initiative will be absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2017-18, a provision of $77.2 million is earmarked for implementing the above new initiative. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

- End –

Annex 1

Pneumococcal vaccination for the elderly under the GVP and the VSS

Target groups	Vaccination programme/ scheme	2014-15*			2015-16*			2016-17* (as at 28 Feb 2017)		
		Number of recipients^	Subsidy claimed ($ million)	Accumulative percentage of population in the age group vaccinated+	Number of recipients^	Subsidy claimed ($ million)	Accumulative percentage of population in the age group vaccinated+	Number of recipients^	Subsidy claimed ($ million)	Accumulative percentage of population in the age group vaccinated+
Elderly aged 65 or above	GVP	15 800	Not applicable	34.2%	19 600	Not applicable	33.9%	22 800	Not applicable	33.8%
	VSS	24 700	4.7		15 400	2.9		13 100	2.5	
Total:		**40 500**	**4.7**		**35 000**	**2.9**		**35 900**	**2.5**	

* Elders aged 65 or above received a single dose of 23vPPV in 2014-15, 2015-16 and 2016-17.

^ Refers to new recipients only

+ Based on the accumulated number of recipients excluding those already deceased

Annex 2

Childhood PCV13 Booster Vaccination Programme (the Programme)

	Number of recipients (as at close of the Programme on 31 Oct 2015)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at institutions of the Hospital Authority	350	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 250	
Eligible children receiving vaccination at the clinic of enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	21 730	
Total:	**23 330**	**22.2%**[##]

As at 31 October 2015, the cost of all PCV13 used under the Programme amounted to $7.8 million and the subsidies for private doctors amounted to $1.1 million.

[##]Some children received the PCV13 supplementary dose in private sector not covered by the scheme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2462)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question :
It is mentioned in the Budget that the Government will recruit more healthcare staff, enhance service and improve waiting time through such initiatives as increasing the number of hospital beds, and the quota for general out-patient consultation, augmenting the service capacity of specialist out-patient clinics and Accident and Emergency Departments, strengthening psychiatric healthcare manpower, and expanding clinical pharmacy, drug reconciliation and consultation services. In this connection, will the Government inform this Committee of the following :

Which specialties are these newly recruited healthcare staff mainly expected to come from? Which districts and hospitals will they be deployed to and what will be the estimated expenditures involved?

Asked by : Hon LAM Kin-fung, Jeffrey (Member Question No. 44)

Reply :
To meet the rising demand from the growing and ageing population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2017-18 is projected to reach around $62 billion, representing an increase of around 4% when compared to 2016-17. HA will implement new initiatives and enhance various types of service to meet the rising demand for hospital services and to improve the quality of patient care.

The number of medical, nursing and allied health staff in 2017-18 will be increased by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17. HA will deploy existing staff and recruit additional staff to cope with the implementation of the new and enhanced initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2465)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the Government will lower the eligibility age for Elderly Health Care Vouchers from 70 to 65. What is the estimated expenditure of the proposal for 2017-18?

Has the Government assessed the annual increase in the total recurrent expenditure on healthcare arising from the proposal in the next 5 years in view of our ageing problem getting more acute?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 45)

Reply:

The Government proposes to lower the eligibility age for the Elderly Health Care Voucher Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is $2,135.0 million.

The table below shows the estimated additional recurrent funding required for 2017-18 to 2021-22 to meet the voucher expenditure after the eligibility age is lowered from 70 to 65:

	2017-18	**2018-19**	**2019-20**	**2020-21**	**2021-22**
Additional recurrent funding required with eligibility age lowered to 65 ($ million)	712.9	874.0	910.7	943.2	1,067.2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2835)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Given the progressive ageing of population and an anticipated growth in population upon future completion of new public housing in the North District, coupled with the fact that Hong Kong residents residing in the Mainland mainly seek medical treatment at the North District Hospital, the pressure put on the North District Hospital will certainly continue to increase. In this regard, will the Government advise on :

(1) the total number of attendances and average daily attendances of the Accident and Emergency (A&E) Department of the North District Hospital for each year between 2014 and 2017;

(2) the average occupancy rate of general beds of the North District Hospital for each year between 2014 and 2017;

(3) the numbers of doctors and nurses in the North District Hospital for each year between 2014 and 2017; and

(4) the amount of provision allocated to the North District Hospital by the Government for each year between 2014 and 2017?

Asked by: Hon LAU Kwok-fan (Member Question No. 8)

Reply:

(1)

The table below sets out the number of Accident and Emergency (A&E) attendances in North District Hospital (NDH) from 2014-15 to 2016-17.

NDH	Total number of A&E attendances	Daily average number of A&E attendances
2014-15	106 630	292
2015-16	108 150	295
2016-17 (up to 31 December 2016) [Provisional figures]	81 226	295

(2)
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.

The table below sets out the inpatient bed occupancy rate for general specialties (acute and convalescent) in New Territories East Cluster (NTEC) from 2014-15 to 2016-17.

NTEC	Inpatient bed occupancy rate for general specialties (acute and convalescent)
2014-15	89%
2015-16	89%
2016-17 (up to 31 December 2016) [Provisional figures]	92%

In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via A&E Department or those who have stayed for more than 1 day. The calculation of inpatient bed occupancy rate does not include that of day inpatients.

(3)
The table below sets out the full-time equivalent (FTE) strength of doctors and nurses in NDH from 2014-15 to 2016-17.

NDH	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 31 December 2016)
Doctors	161	164	169
Nurses	674	706	696

Note:

1. The manpower figures above are calculated on an FTE basis including permanent, contract and temporary staff.
2. Doctors exclude Interns and Dental Officers.

(4)

The table below sets out the recurrent budget allocation to NDH in 2014-15, 2015-16 and 2016-17.

	2014-15 ($ million)	2015-16 ($ million)	2016-17 (projection as of 31 December 2016) ($ million)
NDH	1 298	1 429	1 500

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3047)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In view of the rising public demand for mental health services, will the Government advise this Committee of the following:

What were the resources allocated for psychiatric services by the Hospital Authority from 2014-15 to 2016-17? What is the establishment of the psychiatric department (including the number of medical officers, nursing officers and allied health professionals) in each public hospital? What is the expenditure for these posts? Please provide the information in table form.

Asked by: Hon LAU Kwok-fan (Member Question No. 29)

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 2014-15 to 2016-17.

Costs of Mental Health Service ($ million)		
2014-15	**2015-16**	**2016-17 (Revised Estimate)**
4,079	4,368	4,665

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

The 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 from 2014-15 to 2016-17:

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]
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 March 2016)						
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] (as at 31 December 2016)						
HKEC	34	242	8	8	N/A	19
HKWC	28	113	8	6	N/A	21
KCC[7]	35	236	11	10	N/A	26
KEC	38	141	16	11	N/A	20
KWC[7]	72	654	23	26	N/A	70
NTEC	65	372	20	15	N/A	40
NTWC	84	716	49	13	N/A	60
Overall	**356**	**2 473**	**135**	**89**	**243**	**256**

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. Starting from 2016-17, the figure on psychiatric doctors also includes doctors working in SLH.
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.
6. Starting from 2016-17, the figures on psychiatric doctors also include doctors working in SLH.
7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government states that the recurrent expenditure on healthcare will be increased by $3.2 billion for the implementation of new initiatives which include recruiting more healthcare staff. In this connection, please provide the details, the implementation timetable, the expenditure and additional manpower involved.

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

Reply:

To meet the rising demand from the growing and ageing population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2017-18 is projected to reach around $62 billion, representing an increase of around 4% when compared to 2016-17. HA will implement new initiatives and enhance various types of service to meet the rising demand for hospital services and to improve the quality of patient care. Example of such measures include:

(a) increasing 229 public hospital beds;

(b) extending medical wavier of public healthcare services to cover Old Age Living Allowance recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples);

(c) augmenting mental health services;

(d) enhancing pharmacy services in HA including clinical pharmacy services in Oncology and Paediatrics, as well as addressing patient waiting time by enhancing the drug refill services and 24-hour pharmacy services;

(e) implementing Newborn Screening for Inborn Errors of Metabolism in Queen Elizabeth Hospital, Queen Mary Hospital and Prince of Wales Hospital. It is expected that around 17,000 newborn babies will receive screening services in 2017-18;

(f) continuing the Pilot Programme of Integrated Chinese-Western Medicine in 7 public hospitals for 5 more years and expanding the Programme to cover one more disease area in 2018-19;

(g) working together with the Social Welfare Department to strengthen medical-social collaboration to provide a full range of rehabilitation and care support services for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period;

(h) enhancing the management and treatment of life-threatening diseases, including HA's stroke care and cardiac services, with a view to strengthening service quality and capacity;

(i) enhancing support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions for surgery and traumatology, setting up geriatric fragility fracture co-ordination services in designated acute hospitals and enhancing physiotherapy service for elderly patients;

(j) enhancing the services provided by the Community Geriatric Assessment Teams for terminally ill patients living in residential care homes for the elderly;

(k) strengthening the services for chronic diseases through, for example, increasing the service capacity of chemotherapy and radiotherapy for cancer service, enhancing the service quota of haemodialysis for renal service, and stepping up complications screening for diabetic patients;

(l) increasing the number of operating theatre sessions and the quota for endoscopy examination and diagnostic radiological service so as to enhance the service capacity for addressing the ever rising healthcare needs;

(m) increasing the quota for general out-patient and specialist out-patient services and enhancing Accident & Emergency Services to improve the waiting time for out-patient and emergency services. The quota for general out-patient clinics in two clusters (namely New Territories East Cluster and New Territories West Cluster) will increase by 27 500 attendances in 2017-18 and 44 000 attendances in 2018-19; and

(n) widening the scope of the HA Drug Formulary to improve the drug treatment for patients in public hospitals.

The number of medical, nursing and allied health staff in 2017-18 will be increased by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17. 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. 0199)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's provision of $10 billion for the establishment of an endowment fund to enhance the implementation of public-private partnership initiatives, please provide the details, the expenditure involved and the number of attendances of such initiatives in 2017-18. 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. 2)

Reply:

The estimated annual expenditure for supporting the public-private partnership (PPP) initiatives for 2017-18 is $278 million, with breakdown by major programmes and the corresponding planned provisions listed in the table below:

Programme	**2017-18 Estimated Annual Expenditure** [Note 1] **(in $ million)**	**2017-18 Planned Provisions**
CSP	2.7	450 surgeries
TSW PPP	4.3	1 500 patients
HD PPP	55.0	225 places
PEP	25.9	14 000 patients
Radi Collaboration	49.2	19 590 scans
GOPC PPP	68.8	19 131 patients
Infirmary Service PPP	23.8	64 beds
Colon PPP	18.4	1 130 colonoscopies

Note 1: The estimated annual expenditure is based on projected activities and 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 deviated from the assumptions adopted in the above estimates.

The Hospital Authority (HA) currently does not have any plans for 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
TSW PPP: Tin Shui Wai Primary Care Partnership Project
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. 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What is the progress of the strategic review of healthcare manpower planning and professional development, and that of the voluntary accredited registers scheme for supplementary healthcare professions mentioned in the 2016 Policy Address? Has the Government earmarked resources and manpower for the relevant implementation work? If yes, what are the details, expenditure and manpower involved? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 3)

Reply:

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations upon consultation with stakeholders with necessary resources.

In end 2016, the Government launched the pilot Accredited Registers Scheme (AR Scheme) which aims to enhance the current society-based registration arrangement for healthcare professions which are currently not subject to statutory regulation, with a view to providing more information to the public so as to facilitate them to make informed decision and ensuring the professional competency of relevant healthcare professionals.

The AR Scheme will operate under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent appointed by the Department

of Health (DH) will assess and accredit one professional body that has met the prescribed requirements. The accredited professional body shall be responsible for administering the register of its profession. Upon accreditation, members of the public may look up the registers of healthcare professionals through the accredited healthcare professional bodies. The accreditation is valid for 3 years and renewable provided that the professional bodies can demonstrate that they continue to meet the requirements.

The Pilot Scheme covers the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council. These professions may, having regard to their own aspirations and circumstances, opt to join the Pilot Scheme. If healthcare professions other than the above-mentioned are interested in joining the Pilot Scheme, their applications would be considered on a case-by-case basis.

The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong (CUHK) has been appointed as the Accreditation Agent for the Pilot Scheme. The application for the Pilot Scheme was closed on February 17, 2017. CUHK is conducting an initial screening of the applications. The result of the Pilot Scheme is expected to be announced by the end of 2017.

The Government will provide financial resources for the implementation of the AR Scheme, including operational and assessment costs of the Accreditation Agent and other related expenses. Healthcare professional organisations may apply for accreditation on voluntary basis and no application fee is required. Professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs.

In 2017-18, a provision of $8.6 million is earmarked for rolling out the Pilot Scheme including staff and operational costs.

- 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, please advise on:

a. the number of nursing graduates (including registered nurses, enrolled nurses, registered psychiatric nurses and enrolled psychiatric nurses) for the next 5 years, with a breakdown by year of the number of nursing graduates in each of the institutions and nursing schools;
b. the number of nurses currently employed in public and private healthcare facilities, with a breakdown by hospital and by rank;
c. the estimated number of nurses required in public and private healthcare facilities for the next 5 years, with a breakdown by hospital and by rank; and
d. whether the Government has put in place an indicator for nurse-to-patient ratio in its planning for the future manpower requirement for nurses in the Hospital Authority. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 5)

Reply:

(a) We do not have information on the number of nursing graduates for the next 5 years. A breakdown of the training places of pre-registration / pre-enrolment nursing programmes accredited by the Nursing Council of Hong Kong by stream and training school for the 5 academic years from 2017/18 to 2021/22 is set out in the following table-

Nurse Training Schools	Training Places by Academic Year																			
	2017/18				2018/19				2019/20				2020/21				2021/22			
	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	-	-	40	-	-	-	60	-	-	-	60	-	-	-	60	-	-	-	60	-
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	325	-	150	-	325	-	150	-	325	-	150	-	325	-	150	-	325	-	150	-
HKU School of Professional and Continuing Education	35[#]	-	-	-	35[#]	-	-	-	35[#]	-	-	-	35[#]	-	-	-	35[#]	-		-
HKU Space Community College	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-	-	-	40	-
Caritas Institute of Higher Education	200	-	-	-	200	-	-	-	200	-	-	-	200	-	-	-	200	-	-	-
The Open University of Hong Kong	210 280[#]	125 57[#]	230	60	210 280[#]	125 57[#]	230	60	210 280[#]	125 57[#]	230	60	210 280[#]	125 57[#]	230	60	210 280[#]	125 57[#]	230	60

Nurse Training Schools	Training Places by Academic Year																			
	2017/18				2018/19				2019/20				2020/21				2021/22			
	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)	197 (First-year) 60 (Senior-year) 75 (Master Prog.)	-	-	-	197 (First-year) 60 (Senior-year) 75 (Master Prog.)	-	-	-	75 (Master Prog.)	-	-	-	75 (Master Prog.)	-	-	-	75 (Master Prog.)	-	-	-
The Hong Kong Polytechnic University (2)	173 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-	173 (First-year) 40 (Senior-year) 40 (Master Prog.)	70	-	-	40 (Master Prog.)	-	-	-	40 (Master Prog.)	-	-	-	40 (Master Prog.)	-	-	-
The University of Hong Kong (3)	190 (First-year) 25 (Senior-year) 35#	-	-	-	190 (First-year) 25 (Senior-year) 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 2013 HMS on registered nurses, the 2014 HMS on registered midwives and the 2015 HMS on enrolled 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
2013	Registered Nurse	34 510+	68.5%	7.3%	4.4%	2.9%	16.9%
2014	Registered Midwife	4 630*	62.1%	15.3%	4.1%	3.3%	15.1%
2015	Enrolled Nurse	12 309+	40.0%	5.1%	20.1%	0.5%	34.2%

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

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

* Figure refers to the number of registered midwives registered with the Midwives Council of Hong Kong under the Midwives Registration Ordinance (Chapter 162) as at the 31st August of the survey year.

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

We do not have information on the breakdown of nurses currently employed in the private sector by hospital and by rank. The number of nurses employed in DH and the Hospital Authority (HA) is set out in the following tables –

DH

	as at 1.2.2017
	Strength
Registered Nurse grade	
Principal Nursing Officer	0
Regional Nursing Officer	1
Chief Nursing Officer	2
Senior Nursing Officer	16
Nursing Officer	299
Registered Nurse	900
Sub-total:	**1 218**
Enrolled Nurse grade	
Enrolled Nurse	174
Sub-total:	**174**
Total:	**1 392**

HA

Cluster / Rank Group	as at 31.12.2016							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Department Operations Manager / Senior Nursing Officer and above	44	42	46	42	95	56	48	373
Advanced Practice Nurse / Nurse Specialist / Nursing Officer / Ward Manager	509	556	685	525	1 173	787	693	4 928
Registered Nurse	1 742	1 782	2 212	1 803	3 854	2 595	2 215	16 203
Enrolled Nurse / Others	386	421	390	367	620	592	527	3 303
Total	**2 681**	**2 801**	**3 333**	**2 737**	**5 742**	**4 030**	**3 483**	**Around 24 810**

Note:

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

(2) Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(c) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including nurses. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to nurses) upon consultation with stakeholders.

(d) As HA provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account various factors such as the number of patients, patient dependency and nursing activities, etc. The model is currently being used for assessing nursing workload and staffing requirements in HA. HA will make reference to the model when planning for new services.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, and the manpower requirement for each allied health grade, please advise on:

a. the estimated manpower requirement for each allied health grade in public and private healthcare facilities for the next 5 years;
b. the number of graduates of each allied health grade for the next 5 years, with a breakdown by institution and by grade; and
c. the number of staff in each allied health grade currently employed in public and private healthcare facilities, with a breakdown by hospital and by rank.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 6)

Reply:

(a) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations upon consultation with stakeholders.

(b) 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 Medical Laboratory Science, Occupational Therapy, Physiotherapy, Radiography and Optometry, with graduates recognised by the Supplementary Medical Professions Council (SMPC) for registration under the Supplementary Medical Professions Ordinance (Cap. 359). TWC offers self-financing degree programmes in Medical Laboratory Science, Radiation Therapy and Occupational Therapy. The degree

programmes in Medical Laboratory Science and Radiation Therapy obtained professional accreditation by SMPC in August 2016, while the Occupational Therapy degree programme of TWC is undergoing professional accreditation. The number of professionally accredited First-Year-First-Degree training places provided by PolyU and TWC for the 2016/17 - 2018/19 triennium by programme and institution is set out in the following table. According to the established practice, UGC conducts academic planning and recurrent grants assessment with its eight funded universities on a triennial basis. Planning for the 2019/20 to 2021/22 triennium will begin in the third quarter of 2017. Therefore, the number of UGC-funded training places on allied health professions after 2018/19 academic year is not available. We do not have information on the number of graduates of each allied health grade for the next 5 years.

Programme	**Academic Year**		
	2016/17	**2017/18**	**2018/19**
Hong Kong Polytechnic University			
BSc (Hons) Medical Laboratory Science	54	54	54
BSc (Hons) Occupational Therapy	100	100	100
BSc (Hons) Physiotherapy	130	130	130
BSc (Hons) Radiography	110	110	110
BSc (Hons) Optometry	40	40	40
Tung Wah College			
BMedSc (Major in Medical Laboratory Science)(1)	25	30	30
BMedSc (Major in Radiation Therapy)(2)	15	15	15

Note:

(1) The BMedSc (Major in Medical Laboratory Science) will be replaced by the BSc (Hons) Medical Laboratory Science Programme starting from the 2017/18 academic year.

(2) The BMedSc (Major in Radiation Therapy) will be replaced by the BSc (Hons) Radiation Therapy Programme starting from the 2017/18 academic year.

(c) The Department of Health (DH) conducts Health Manpower Surveys (HMS) on a regular basis to obtain up-to-date information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare personnel included in the health services functional constituency and the 2014 HMS on medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers, the estimated distribution of allied health personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Personnel	Number of Healthcare Personnel❖*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Personnel	Number of registered healthcare personnel❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Medical Laboratory Technologist	3 084	46.2%	9.0%	8.4%		36.3%
Occupational Therapist	1 608	49.8%	2.8%	32.0%	4.9%	10.5%
Optometrist	2 097	3.3%	5.4%			91.4%
Physiotherapist	2 538	38.5%	1.3%	15.9%	3.4%	40.8%
Radiographer (Diagnostic)	1 649	50.6%	6.1%			43.3%
Radiographer (Therapeutic)	318	59.6%	-		40.4%	

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

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

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

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

We do not have information on the breakdown of the allied health grade staff employed in the private sector by hospital and by rank. The breakdown information of the allied health grade staff currently employed in DH and the Hospital Authority (HA) is set out in the following tables –

DH

Grade	Rank	Strength as at 1.2.2017
Clinical Psychologist	Senior Clinical Psychologist	2
	Clinical Psychologist	33
Dental Hygienist	Dental Hygienist	13
Dental Surgery Assistant	Senior Dental Surgery Assistant	53
	Dental Surgery Assistant	289
Dental Technician	Senior Dental Technologist	1
	Dental Technologist	2
	Dental Technician I	30
	Dental Technician II	13
Dental Therapist	Tutor Dental Therapist	1
	Senior Dental Therapist	25
	Dental Therapist	238
Dietitian	Senior Dietitian	0
	Dietitian	16
Dispenser	Chief Dispenser	2
	Senior Dispenser	19
	Dispenser	48
Medical Laboratory Technician	Chief Medical Technologist	1
	Senior Medical Technologist	9
	Medical Technologist	88
	Medical Laboratory Technician I	23
	Medical Laboratory Technician II	128
Occupational Therapist	Senior Occupational Therapist	0
	Occupational Therapist I	16
Optometrist	Optometrist	16
Orthoptist	Orthoptist I	1
	Orthoptist II	1
Physiotherapist	Senior Physiotherapist	1
	Physiotherapist I	13
Radiographer	Senior Radiographer	3
	Radiographer I	13
	Radiographer II	21
Scientific Officer (Medical)	Scientific Officer (Medical)	103
Speech Therapist	Speech Therapist	15
Total:		**1 237**

HA

Cluster / Grade	2016-17 (as at 31 December 2016)							
	HK East	**HK West**	**Kowloon Central**	**Kowloon East**	**Kowloon West**	**NT East**	**NT West**	**Total**
Medical Laboratory Technologist	119	252	232	142	303	244	160	1 451
Radiographer (Diagnostic Radiographer & Radiation Therapist)	127	138	161	97	245	194	143	1 105
Occupational Therapist	86	83	113	83	190	136	126	816
Physiotherapist	119	114	169	124	209	172	122	1 028
Dispenser	149	129	151	135	320	222	168	1 274
Others	88	124	141	94	169	140	138	894

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to rounding.
2. The 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.
3. Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in this year's Policy Address that the caseload of each case manager under the Case Management Programme will be improved. In this connection, please provide the following information:

a. the current 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 details and objectives of the improvement plan, the expenditure involved and its implementation schedule.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 7)

Reply:

(a) to (c)
Since 2010-11, 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 (SMI). By 2014-15, the Programme was extended to cover all the 18 districts.

As at 31 December 2016, HA has recruited a total of 322 case managers (including 238 psychiatric nurses, 62 occupational therapists and 22 registered social workers) to provide personalised and intensive community support for around 15 000 patients with SMI under the Programme.

The current case manager to patient ratio is about 1 to 47, comparing to the initial planning 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.

In 2015-16 and 2016-17, HA has introduced a peer support element into the Programme to enhance community support for patients through the recruitment of ten peer support workers. In 2017-18, HA will further enhance the Programme by recruiting an additional five peer support workers, involving an additional recurrent expenditure of around $1.5 million. Meanwhile, ongoing case manager recruitment exercise is in progress to fill up the vacancies to support the Programme.

HA plans to review the service model of the community psychiatric service as well as the manpower of case managers in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0204)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 the following information:

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. 8)

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.

	2014-15	**2015-16**	**2016-17 (up to 31 December 2016) [provisional figures]**
Expenditure on drugs for psychiatric in-patients	$79 million	$93 million	$76 million

	2014-15	2015-16	2016-17 (up to 31 December 2016) [provisional figures]
Expenditure on drugs for psychiatric out-patients	$331 million	$371 million	$296 million

(b) & (c)
Prescription of drugs is based on clinical judgement 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. The number of patients taking new antipsychotic drugs has increased by 65% over the past five years. 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 limited public resources and providing appropriate treatment for as many needy patients as possible.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0205)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review on mental health services, please provide the following information:

a. the manpower of psychiatric nurses of the Hospital Authority (HA) in the past 5 years and the average number of cases handled by each psychiatric nurse, with a breakdown by rank (including registered psychiatric nurses, enrolled psychiatric nurses and community psychiatric nurses) and by service unit; and

b. the manpower of psychiatric nurses of the HA for the next 5 years, with a breakdown by rank (including registered psychiatric nurses, enrolled psychiatric nurses and community psychiatric nurses) and by service unit as it is mentioned in the Budget Speech that more resources will be allocated to strengthening the manpower of psychiatric services.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 9)

Reply:

(a)
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. HA does not have ready breakdown on the number of cases handled by psychiatric nurses.

The table below sets out the number of psychiatric nurses by rank in each cluster in the past five years:

Cluster	Rank Group	No. of Psychiatric Nurses [1, 2]				
		2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 31 December 2016)
HKEC	DOM/SNO and above	4	3	4	4	4
	APN/NS/NO/WM	51	49	49	49	50
	Registered Nurse	110	121	128	143	147
	Enrolled Nurse/Others/Trainees	54	58	51	47	41
Total [3]		**219**	**230**	**231**	**243**	**242**
HKWC	DOM/SNO and above	2	2	2	2	2
	APN/NS/NO/WM	30	31	32	32	34
	Registered Nurse	59	55	54	55	54
	Enrolled Nurse/Others/Trainees	25	25	25	22	23
Total [3]		**116**	**113**	**112**	**111**	**113**
KCC [4]	DOM/SNO and above	3	3	3	3	3
	APN/NS/NO/WM	50	49	50	49	50
	Registered Nurse	129	127	129	130	124
	Enrolled Nurse/Others/Trainees	65	59	63	63	59
Total [3]		**247**	**238**	**245**	**245**	**236**
KEC	DOM/SNO and above	1	2	2	2	2
	APN/NS/NO/WM	26	29	32	31	34
	Registered Nurse	66	72	71	84	84
	Enrolled Nurse/Others/Trainees	26	30	29	25	20
Total [3]		**119**	**133**	**135**	**143**	**141**
KWC [4]	DOM/SNO and above	12	13	14	12	13
	APN/NS/NO/WM	141	155	163	165	166
	Registered Nurse	289	292	316	333	337
	Enrolled Nurse/Others/Trainees	126	148	158	147	138
Total [3]		**568**	**608**	**651**	**657**	**654**
NTEC	DOM/SNO and above	3	3	3	3	3
	APN/NS/NO/WM	77	83	86	89	89
	Registered Nurse	153	158	169	176	183
	Enrolled Nurse/Others/Trainees	104	105	109	102	97
Total [3]		**337**	**349**	**367**	**370**	**372**
NTWC	DOM/SNO and above	7	6	8	6	7
	APN/NS/NO/WM	136	139	134	138	144
	Registered Nurse	335	341	354	367	380
	Enrolled Nurse/Others/Trainees	213	217	204	193	185
Total [3]		**691**	**703**	**700**	**705**	**716**

Cluster	Rank Group	No. of Psychiatric Nurses [1, 2]				
		2012-13 (as at 31 March 2013)	**2013-14 (as at 31 March 2014)**	**2014-15 (as at 31 March 2015)**	**2015-16 (as at 31 March 2016)**	**2016-17 (as at 31 December 2016)**
Overall	DOM/SNO and above	32	32	36	32	34
	APN/NS/NO/WM	510	534	546	553	567
	Registered Nurse	1 140	1 166	1 221	1 288	1 309
	Enrolled Nurse/Others/Trainees	614	642	639	599	563
Total [3]		**2 296**	**2 375**	**2 442**	**2 472**	**2 473**

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, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.
4. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(b)

In 2017-18, the HA will further enhance the mental health services by strengthening the manpower of psychiatric nurses, amongst other healthcare professionals and supporting staff, with details as follows:

i. For strengthening the psychiatric specialist outpatient services in NTEC, additional three nurses (including one APN and two registered nurses) will be recruited to provide support for patients with common mental disorders;

ii. For enhancing the psychiatric in-patient services in KCC, KEC and NTEC, additional 29 nurses (including six APNs and 22 registered nurses) will be recruited;

iii. For the implementation of a two-year pilot scheme named "Student Mental Health Support Scheme" in the 2016/17 school year and the 2017/18 school year in KEC and KWC to provide support for students with mental health needs, additional four APNs will be recruited; and

iv. For the implementation of a two-year pilot scheme named "Dementia Community Support Scheme" from February 2017 to January 2019 in HKEC, KEC, NTEC and NTWC to provide community support services to elderly persons with mild or moderate dementia, additional eight APNs will be recruited.

Abbreviations:

APN - Advanced Practice Nurse
DOM - Department Operations Manager
NS - Nurse Specialist
NO - Nursing Officer
SNO - Senior 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Student Mental Health Support Pilot Scheme, please advise on the relevant details, the expenditure involved and the estimated number of service recipients; the manpower requirement for healthcare staff, educational staff and social workers; as well as their scope of work and respective ratios to students. Please provide a breakdown by grade.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 10)

Reply:

The Food and Health Bureau, in collaboration with the Education Bureau, the Hospital Authority (HA) and the Social Welfare Department, launched a two-year pilot scheme named "Student Mental Health Support Scheme" (the pilot scheme) based on a medical-educational-social collaboration model in 17 schools by two phases from the 2016/17 school year to 2017/18 school year. Under the pilot scheme, a multi-disciplinary team is formed in each school, comprising a psychiatric nurse of HA, designated teachers(s) and a school social worker as the core members to work closely with the psychiatric teams of HA, the school-based educational psychologists, relevant teachers and social workers from relevant social service units for the provision of support services to students with mental health needs and their carers.

The scope of work includes provision of comprehensive assessments, formulation of care and support plans, provision of multi-disciplinary interventions, conduct of regular case conferences and provision of training to relevant parties involved in the support services under the pilot scheme.

The estimated expenditure on the student pilot scheme is about $8.3 million. Subject to the number of suitable cases identified in the schools as well as the number of students and their parents/guardians who would give consent to participate in the pilot scheme, it is estimated that the pilot scheme will benefit about 100 to 200 students.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the progress of development of the Hong Kong Children's Hospital, please provide the following information:

a. What is the provision for the development plan? How much expenditure has been used? What is the progress of the plan?

b. What will be the number of nurses required by the Hospital? Please provide a breakdown by rank.

c. On transfer arrangements, what arrangements have been made regarding the deployment of manpower? How many healthcare personnel have opted to transfer to the Hong Kong Children's Hospital? Please provide a breakdown by the hospital they are originally serving in, rank and years of service.

d. How will the Government ensure that there is sufficient nursing staff in the Hong Kong Children's Hospital?

e. Will the vacancies arisen from staff deployment to the Hong Kong Children's Hospital be filled immediately? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 12)

Reply:

(a)

The approved project estimate in money-of-the-day prices for the construction of Hong Kong Children's Hospital (HKCH) is $12,985.5 million with an expenditure of around

$3,610.6 million up to 1 February 2017. The construction works have commenced in August 2013 and are progressing as scheduled targeting for completion in 2017.

(b)

The estimated required number of nurses is around 400 for the initial service commencement of HKCH in 2018. The detailed operational arrangements for HKCH, including the detailed nurse requirement by rank, will be worked out when the detailed commissioning plan is finalised.

(c)

With the translocation of priority services to HKCH from various hospitals according to the service commencement plan which include paediatric oncology, cardiology, nephrology and paediatric surgery, some of the existing manpower and expertise serving in those areas will also be transferred to HKCH. Nurses currently working in these priority areas are invited to be transferred to HKCH. As at 31 December 2016, a total of 123 nursing staff have accepted the invitation.

(d)

Apart from the transfer of existing staff in the priority areas, Hospital Authority (HA) has started recruitment of nursing staff in advance since 2015-16. Local and overseas training for the recruits is being carried out to facilitate smooth commissioning of the hospital.

(e)

Replacement of vacancies consequential to staff deployment to HKCH will follow HA's established recruitment mechanism. In general, HA fills vacancies of senior healthcare staff through internal transfer or promotion of suitable serving HA staff as far as possible. For vacancies of junior level staff, HA conducts on-going recruitment exercises each year to recruit local graduates and candidates.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on:

a. the utilisation of elderly health care vouchers, the expenditure involved and the percentage of beneficiaries in the total number of eligible persons in the past 3 years.
b. whether any review has been conducted on the utilisation of elderly health care vouchers and whether any complaints have been received. If yes, what are the details?
c. whether the scope of the scheme will be further extended. If yes, what are the details? If not, what are the reasons?
d. whether the voucher amount will be increased or a specific "elderly dental care voucher" will be introduced to subsidise and encourage elders to use dental services to improve their dental health. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 14)

Reply:

a. Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage as compared to the eligible elderly population:

	2014	**2015**	**2016**
Number of elders who had made use of vouchers	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	75%	79%	84%

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

Regarding the utilisation of EHV, the number of voucher claim transactions and the amount of vouchers claimed in the past 3 years from 2014 to 2016 are as follows:

Number of Voucher Claim Transactions

	2014	2015	2016
Medical Practitioners	1 734 967	2 006 263	1 955 048
Chinese Medicine Practitioners	383 613	533 700	607 531
Dentists	73 586	109 840	119 305
Occupational Therapists	584	478	620
Physiotherapists	13 201	19 947	21 835
Medical Laboratory Technologists	3 697	5 646	9 748
Radiographers	3 047	4 971	5 886
Nurses	921	1 457	3 079
Chiropractors	1 975	3 125	5 003
Optometrists	5 956	21 326	72 572
Sub-total (Hong Kong):	2 221 547	2 706 753	2 800 627
University of Hong Kong - Shenzhen Hospital [Note]	-	2 287	5 667
Total:	2 221 547	2 709 040	2 806 294

Amount of Vouchers Claimed (in $'000)

	2014	2015	2016
Medical Practitioners	444,401	611,860	638,006
Chinese Medicine Practitioners	82,369	142,265	171,599
Dentists	55,131	98,563	105,455
Occupational Therapists	390	230	271
Physiotherapists	3,981	6,381	7,007
Medical Laboratory Technologists	2,273	3,820	9,905
Radiographers	1,358	2,365	3,197
Nurses	773	1,389	3,335
Chiropractors	1,276	1,825	1,913
Optometrists	5,587	37,092	128,399
Sub-total (Hong Kong):	597,539	905,790	1,069,087
University of Hong Kong - Shenzhen Hospital [Note]	-	537	1,471
Total:	597,539	906,327	1,070,558

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

b. & c.

The Department of Health ("DH") has put in place measures and procedures for checking and auditing voucher claims in handling reimbursements under the EHV Scheme which include routine checking, monitoring and investigation of aberrant patterns of transactions and, where necessary, investigation of complaints. Over the past 3 years from 2014 to 2016, the DH had handled a total of 77 complaints about the EHV Scheme, involving scheme coverage, operational procedures, administrative and support services, suspected fraud, and improper voucher claims.

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. We will closely monitor the pattern of voucher use and consider enhancing the EHV Scheme as appropriate taking into account the review findings and the Government's fiscal condition.

d. Under the EHV Scheme, eligible elders can use vouchers to pay for primary care services provided by various private healthcare professionals who have enrolled in the Scheme, including dental services. The present arrangement provides elders with greater flexibility in using the vouchers for healthcare services that best suit their needs. We have converted the EHV Scheme into a regular programme, doubled the annual voucher amount to $2,000 and raised the accumulation limit on unspent vouchers to $4,000 since 2014, and these measures should provide more room for eligible elders to use dental services.

With an ageing population and the proposed enhancement to the EHV Scheme by lowering the eligibility age from 70 to 65 in 2017, we anticipate that both the number of elders using vouchers and the annual financial commitment involved will continue to increase substantially. In considering any increase in the annual voucher amount, we need to assess in detail the long-term financial implications for the Government. We do not have any plan to increase the annual voucher amount or introduce a dental voucher at present.

- 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding rehabilitation and palliative care services, please advise on the resources and manpower involved in the past 3 years with a breakdown by cluster and hospital.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 15)

Reply:

The Hospital Authority (HA) has been providing a comprehensive range of rehabilitation and palliative care services (e.g. inpatient, outpatient, day care service and outreach service) to patients based on their clinical needs.

Rehabilitation is a component of medicine that is generally incorporated into all aspects of healthcare delivery. Through multi-disciplinary teams of healthcare professionals (e.g. doctors, nurses, allied health professionals), HA provides rehabilitation services when patients' condition have been stabilised after the acute phase, so as to help patients regain functions and integrate back into the community as early as possible. Allied health professionals are the principal providers of rehabilitation services across various HA settings. The table below sets out the manpower of key allied health professionals involved in rehabilitation service provision in the past three years with a breakdown by cluster.

	2014-15 [as at 31 March 2015]	2015-16 [as at 31 March 2016]	2016-17 [as at 31 December 2016]
HKEC	291	304	312
HKWC	292	304	323
KCC	353	377	389
KEC	286	311	322
KWC	552	594	622
NTEC	380	409	429
NTWC	323	356	382

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The manpower figures above include allied health grades in rehabilitation stream only (i.e. clinical psychologist, dietitian, occupational therapist, physiotherapist, podiatrist, prosthetist & orthotist, medical social worker and speech therapist).
3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Separate statistics on manpower of doctors and nurses as well as resources specifically for provision of rehabilitation services are not readily available.

HA provides palliative care services with a comprehensive service model for terminally-ill patients and their families through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc.

At present, palliative care services in HA are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The table below sets out the number of nurses serving under PCUs and Oncology Centres in the past three years.

	As at 31 December 2014	**As at 31 December 2015**	**As at 31 December 2016**
Number of nurses serving under PCUs	202	206	226
Number of nurses serving under Oncology Centres	426	435	448

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

HA constantly makes assessment on its manpower requirement and flexibly deploys its staff having regard to the service and operation needs. Breakdown of resources and other manpower specifically for the provision of palliative care services is not readily available.

HA will regularly review the demand for various medical services and plan for the development of its services (including rehabilitation and palliative care services) according to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on:
a. the current number of nurses with a breakdown by rank;
b. the ratio of registered nurses to advanced practice nurses of the HA in the past 3 years;
c. the average nurse-to-patient ratio of the HA in the past 3 years with a breakdown by hospital and department;
d. the number of nurses who left the HA in the past 3 years with a breakdown by hospital, years of service and rank;
e. the number of nurses who were promoted in the HA in the past 3 years and their respective ranks;
f. the number of part-time nurses recruited by the HA in the past 3 years with a breakdown by employment duration (i.e. less than 1 year, 1-3 years and 3 years or more);
g. the average number of time-off hours accumulated by nurses of the HA for each of the past 3 years with a breakdown by hospital; and
h. whether a nurse-to-patient ratio be set down so as to plan future manpower requirement. If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 16)

Reply:

(a) The table below sets out the number of nursing staff currently working in the Hospital Authority (HA) by rank group as at 31 December 2016.

Rank Group	Number of Nurses (as at 31 December 2016)
DOM/SNO and above	383
APN/NS/NO/WM	4 956
Registered Nurse	16 208

Enrolled Nurse/Others	3 304
Total	**24 851**

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 ratio of Registered Nurse to Advanced Practice Nurse (including Nursing Officer, Nurse Specialist and Ward Manager) was:

as at 31 March 2015 3.2:1
as at 31 March 2016 3.3:1
as at 31 December 2016 3.3:1.

(c) The tables below set out the number of nurses and nurse-to-patient ratios in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016) 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**
2014-15 (as at 31 March 2015)			
HKEC	2 517	22.1	13.7
HKWC	2 679	23.6	13.5
KCC	3 275	25.4	15.6
KEC	2 613	20.8	14.8
KWC	5 608	20.7	14.7
NTEC	3 897	23.1	14.5
NTWC	3 163	23.3	15.1
2015-16 (as at 31 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 December 2016)			
HKEC	2 681	22.5	14.1
HKWC	2 801	23.7	13.3
KCC	3 332	24.2	15.1
KEC	2 737	20.4	14.2
KWC	5 743	20.4	14.4
NTEC	4 030	22.2	13.6
NTWC	3 483	23.8	15.4

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
2014-15 (as at 31 March 2015)			
Medicine	6 480	14.3	9.6
Obstetrics & Gynaecology	1 161	12.3	7.7
Orthopaedics & Traumatology	1 061	11.8	9.5
Paediatrics	1 392	15.4	11.3
Psychiatry	2 362	133.7	132.7
Surgery	2 061	11.7	6.9
2015-16 (as at 31 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 December 2016)			
Medicine	6 861	14.2	9.4
Obstetrics & Gynaecology	1 211	12.7	8.2
Orthopaedics & Traumatology	1 101	11.4	9.3
Paediatrics	1 475	14.5	10.8
Psychiatry	2 395	133.1	132.1
Surgery	2 203	12.0	6.9

Note:

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

(2) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(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 2016-17, the manpower status is drawn as at 31 December 2016); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2016-17, the number refers to the actual number from 1 January 2016 to 31 December 2016 are taken). The numbers of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

(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."

(d) The table below sets out the number of full-time nursing staff who left HA in the past three years and their respective years of service and rank groups.

Cluster	Respective years of service	2014-15				2015-16				2016-17 (Jan - Dec 2016)			
		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	16	5	0	0	13	7	0	0	19	3
	1-5 years	0	0	35	18	0	2	53	17	0	1	56	14
	6-10 years	0	2	13	0	0	2	16	3	0	2	18	2
	11-15 years	0	0	0	0	0	1	2	1	0	1	3	0
	16-20 years	0	4	9	4	0	3	10	3	0	1	5	1
	21-25 years	1	5	7	5	2	9	7	4	2	12	13	5
	26-30 years	0	0	0	0	0	1	2	0	0	0	0	0
	> 31 years	0	0	2	0	1	3	1	0	0	2	0	1
HKWC	< 1 year	0	0	25	8	0	0	15	4	0	0	14	4
	1-5 years	0	0	45	6	0	1	40	20	0	0	60	18
	6-10 years	0	0	5	1	0	0	17	3	0	1	26	0
	11-15 years	0	0	1	0	0	0	0	1	0	2	3	0
	16-20 years	3	4	11	2	0	3	7	1	0	2	9	1
	21-25 years	0	6	16	5	1	9	8	4	2	13	11	3
	26-30 years	0	1	0	0	0	0	1	0	0	0	0	0
	> 31 years	1	2	0	2	0	6	0	2	0	10	5	1
KCC	< 1 year	0	0	11	6	0	0	18	3	0	0	16	3
	1-5 years	0	0	43	11	0	0	47	11	0	0	61	22
	6-10 years	0	0	12	0	0	0	20	0	0	0	22	1
	11-15 years	0	1	1	0	0	0	3	0	0	0	3	0
	16-20 years	0	10	11	1	1	5	11	2	1	5	12	0
	21-25 years	2	5	6	1	1	10	8	11	3	12	12	11
	26-30 years	0	0	0	1	0	0	1	0	0	1	1	0
	> 31 years	1	8	4	3	0	8	3	0	0	10	0	1
KEC	< 1 year	0	0	11	4	0	0	10	9	0	0	10	2
	1-5 years	0	1	39	17	0	1	38	16	0	1	34	31
	6-10 years	0	0	14	0	0	0	19	0	0	1	14	1
	11-15 years	0	1	4	0	0	0	4	0	0	0	3	0
	16-20 years	0	2	8	5	0	2	16	2	0	2	6	0

Cluster	Respective years of service	2014-15				2015-16				2016-17 (Jan - Dec 2016)			
		DOM/ SNO	APN/NSNO/ WM	RN	EN/ Others	DOM/ SNO	APN/NSNO/ WM	RN	EN/ Others	DOM/ SNO	APN/NSNO/ WM	RN	EN/ Others
	21-25 years	2	10	7	12	2	15	3	7	2	14	10	2
	26-30 years	0	0	0	0	0	1	0	0	0	0	0	0
	> 31 years	0	2	0	0	0	0	0	1	1	0	0	0

Cluster	Respective years of service	2014-15				2015-16				2016-17 (Jan - Dec 2016)			
		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
KWC	< 1 year	0	0	26	10	0	0	26	6	0	0	22	6
	1-5 years	0	0	50	22	0	0	63	32	0	0	74	33
	6-10 years	0	0	19	1	0	0	23	1	0	1	24	2
	11-15 years	0	0	7	0	0	0	9	0	0	0	6	0
	16-20 years	1	2	22	2	1	4	24	2	0	3	11	0
	21-25 years	5	15	19	7	4	23	26	8	5	20	26	5
	26-30 years	0	0	0	0	0	2	0	0	0	1	0	0
	> 31 years	0	4	0	3	0	4	2	2	0	4	1	4
NTEC	< 1 year	0	0	11	3	0	0	18	8	0	0	19	8
	1-5 years	0	0	46	18	0	0	45	17	0	0	63	13
	6-10 years	0	0	17	1	0	0	15	0	0	0	14	2
	11-15 years	0	0	2	1	0	1	5	0	0	1	5	0
	16-20 years	4	0	12	3	0	3	16	1	0	1	12	0
	21-25 years	1	11	14	5	0	4	12	6	2	7	21	10
	26-30 years	0	0	0	1	0	0	0	0	0	0	0	0
	> 31 years	2	7	1	1	1	7	1	2	0	6	2	4
NTWC	< 1 year	0	0	16	3	0	0	18	1	0	0	13	5
	1-5 years	0	0	35	14	0	1	57	15	0	0	47	13
	6-10 years	0	0	16	1	0	0	11	1	0	1	10	1
	11-15 years	0	1	3	0	0	0	0	0	0	0	2	0
	16-20 years	2	2	14	2	2	3	7	1	0	0	9	0
	21-25 years	1	8	6	3	2	13	9	6	3	15	8	9
	26-30 years	0	1	0	0	0	1	1	0	0	0	0	1
	> 31 years	0	6	0	1	0	4	3	4	0	6	1	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 respectively.

(3) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 – 5" years.

(4) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(e) 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**		
	2014 -15	**2015-16**	**2016 -17 (as at December 2016)**
DOM/SNO and above	39	39	30
APN/NS/NO/WM	405	447	345

(f) The table below sets out the year of service of part-time nursing staff in the past three years by rank group.

	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 31 December 2016)
<1 year	1 784	1 734	1 184
1-3 years	407	427	450
>3 years	296	307	361

(g) HA does not have records of time off in lieu of nurses.

(h) As HA provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities, etc. The model is currently being used for assessing nursing workload and staffing requirements. HA will make reference to the model when planning for new services.

Abbreviations

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

Rank Group
DOM – Department Operations Manager
SNO – Senior Nursing Officer
WM – Ward Manager
APN – Advanced Practice Nurse
NS – Nurse Specialist
NO – Nursing Officer

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0214)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on:
a. the current number of staff in various allied health grades with a breakdown by grade and by rank;
b. the number of allied health staff who left the HA in the past 3 years and their respective years of service and ranks with a breakdown by hospital;
c. the number of allied health staff who were promoted in the HA in the past 3 years with a breakdown by grade; and
d. the number of allied health staff recruited by HA to rejoin its service in the past 3 years and their average years of service with a breakdown by grade.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 17)

Reply:

(a)

The table below sets out the number of allied health staff in 2016-17 by major allied health grade in the Hospital Authority (HA):

Grade	Number of staff (as at 31 December 2016)
Medical Laboratory Technologist	1 457
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 106
Social Worker	326
Occupational Therapist	817
Physiotherapist	1 029
Pharmacist	630
Dispenser	1 287
Others	908

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptist, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
3. For social worker, only HA employed social workers are included.

(b)

The tables below set out the number of full-time allied health staff who left HA in 2014-15, 2015-16 and 2016-17 and their respective years of service by cluster and by major allied health grade:

2014-15

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		< 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	> 31 years
HKEC	Medical Laboratory Technologist	0	2	0	0	2	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	1	1	0	0
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	1	0	0	0
	Physiotherapist	1	2	0	0	0	1	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	1	1	1	1	0	1
	Others	1	0	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	2	1	0	0	2	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	3	0	0	1	0	0	0
	Social Worker	0	2	0	0	0	0	0	0
	Occupational Therapist	1	2	0	0	1	0	0	0
	Physiotherapist	1	0	0	1	0	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	0	0	0	1	0	0
	Others	1	2	0	0	2	1	0	0
KCC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	6	0	1	2	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	0	1	0	1	0	0
	Physiotherapist	1	12	2	1	1	0	0	0
	Pharmacist	1	0	0	0	0	0	0	0
	Dispenser	2	0	0	1	1	1	0	1
	Others	1	1	0	2	1	0	0	2
KEC	Medical Laboratory Technologist	0	0	0	0	1	3	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	1	0	0	1	1	0	0
	Physiotherapist	0	4	3	1	1	0	0	0
	Pharmacist	0	0	0	0	0	1	0	0
	Dispenser	1	1	1	2	0	0	0	0
	Others	1	0	0	0	0	0	0	0

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
KWC	Medical Laboratory Technologist	3	0	0	0	0	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	4	4	0	0	2	3	0	0
	Social Worker	3	2	0	0	1	0	0	0
	Occupational Therapist	0	3	0	0	1	0	0	0
	Physiotherapist	1	3	0	0	0	2	0	0
	Pharmacist	0	0	0	0	2	2	0	0
	Dispenser	1	1	0	1	2	1	1	0
	Others	1	0	0	0	3	0	0	0
NTEC	Medical Laboratory Technologist	0	2	0	0	0	0	0	4
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	3	0	1	0	0	0	0
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	1	4	2	0	0	0	0	0
	Physiotherapist	2	5	2	1	3	1	0	0
	Pharmacist	0	2	0	0	1	0	0	0
	Dispenser	0	0	0	0	2	2	0	0
	Others	3	0	0	0	1	1	0	0
NTWC	Medical Laboratory Technologist	0	0	0	0	1	0	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	1	0	0	1	0	0
	Social Worker	1	1	0	0	0	0	0	0
	Occupational Therapist	2	1	0	0	1	0	0	0
	Physiotherapist	3	3	0	1	2	0	0	0
	Pharmacist	0	4	1	0	0	0	0	0
	Dispenser	0	0	0	2	1	0	0	1
	Others	1	0	1	0	0	1	0	0

2015-16

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		< 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	> 31 years
HKEC	Medical Laboratory Technologist	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

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
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
	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 (Rolling period from 1 January 2016 to 31 December 2016)

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		< 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	> 31 years
HKEC	Medical Laboratory Technologist	1	1	0	0	0	3	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	4	0	0	0	3	0	1
	Social Worker	0	2	0	0	0	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
	Occupational Therapist	0	1	0	0	0	0	0	0
	Physiotherapist	1	2	1	0	0	0	0	0
	Pharmacist	0	0	1	0	0	0	0	0
	Dispenser	1	3	0	0	3	0	0	0
	Others	2	0	0	1	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
HKWC	Medical Laboratory Technologist	0	1	3	0	1	9	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	0	1	0	1
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	2	1	0	0	0	0	0	0
	Physiotherapist	1	3	0	0	0	1	0	0
	Pharmacist	0	1	0	0	0	2	0	0
	Dispenser	2	0	0	0	0	0	0	2
	Others	1	4	0	0	0	4	0	0
KCC	Medical Laboratory Technologist	1	1	2	0	0	6	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	0	0	0	1	3	0	3
	Social Worker	0	0	0	0	0	1	0	0
	Occupational Therapist	3	0	1	0	0	2	0	0
	Physiotherapist	1	8	1	0	2	3	0	0
	Pharmacist	0	1	0	0	0	1	0	1
	Dispenser	1	0	0	0	0	1	0	0
	Others	1	0	0	0	0	0	0	0
KEC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	1	0	0
	Social Worker	4	2	0	0	1	2	0	0
	Occupational Therapist	0	2	0	0	4	1	0	0
	Physiotherapist	1	1	1	0	0	0	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	3	0	2	0	0	1	0
	Others	1	2	1	0	1	0	0	0
KWC	Medical Laboratory Technologist	2	2	1	1	0	5	0	1
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	3	2	0	0	0	0	0
	Social Worker	2	2	0	0	0	2	0	0
	Occupational Therapist	3	3	1	0	2	3	0	0
	Physiotherapist	0	5	0	0	0	2	0	0
	Pharmacist	1	2	0	0	0	1	0	0
	Dispenser	1	0	0	4	0	0	1	0
	Others	4	3	0	0	0	1	0	0
NTEC	Medical Laboratory Technologist	1	1	0	0	2	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	3	0	0	0	0	1
	Social Worker	2	2	2	0	0	0	0	0
	Occupational Therapist	0	5	2	0	0	0	0	0
	Physiotherapist	1	4	1	0	1	1	0	1
	Pharmacist	0	0	1	0	0	0	0	0
	Dispenser	3	1	0	1	0	1	0	0
	Others	2	3	0	0	0	1	0	0
NTWC	Medical Laboratory Technologist	1	1	1	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	1	0	0	0	0	0	1
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	2	2	0	1	0	0	0
	Physiotherapist	1	3	0	0	0	1	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	2	0	2	0	0	0	0
	Others	1	4	1	1	1	0	0	0

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1-5 years".
4. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(c)

The table below sets out the number of allied health staff who were promoted in HA in 2014-15, 2015-16 and 2016-17 by major allied health grade:

Grade	**2014-2015**	**2015-2016**	**2016-2017 (up to 31 December 2016)**
Medical Laboratory Technologist	24	75	36
Radiographer (Diagnostic Radiographer & Radiation Therapist)	49	39	39
Social Worker	5	1	3
Occupational Therapist	34	36	29
Physiotherapist	42	45	39
Pharmacist	5	4	5
Dispenser	14	23	16
Others	12	17	5

(d)
The tables below set out the number of allied health staff recruited by HA to rejoin its service in 2014-15, 2015-16 and 2016-17 and their years of service by major allied health grade:

2014-15

Grade	Number of re-appointed staff / Years of service in previous HA employment					
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years	>21 years
Medical Laboratory Technologist	3	0	0	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	6	4	1	0	0	0
Social Worker	7	0	0	0	0	0
Occupational Therapist	13	2	2	0	0	0
Physiotherapist	6	6	1	0	1	0
Pharmacist	38	2	0	0	0	0
Dispenser	14	1	1	0	1	0
Others	20	2	0	1	0	0

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
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 (Up to 31 December 2016)

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
Medical Laboratory Technologist	2	2	0	0	2	2
Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	2
Social Worker	1	1	0	0	0	0
Occupational Therapist	1	0	0	1	1	0
Physiotherapist	1	2	0	0	0	1
Pharmacist	29	0	0	0	0	0
Dispenser	3	2	0	0	0	0
Others	6	4	1	0	1	1

Notes:

1. Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2014/15 - 2016/17 with break of service irrespective of terms of employment/rank.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 – 5" years.

Abbreviations

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. 0216)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government states that it will increase the recurrent expenditure on medical and health services by $3.2 billion for the implementation of new initiatives, including the strengthening of psychiatric healthcare manpower. In this connection, please provide the following information:

a. details of the initiatives, the timetable for implementation, the expenditure involved and the increase in manpower;

b. the number of psychiatric nurses in the past 3 years, with a breakdown by hospital and by rank;

c. the average number of cases handled by each psychiatric nurse (including community psychiatric nurses and case managers) in the past 3 years, with a breakdown by service unit and by rank; and

d. the average number of cases expected to be handled by each psychiatric nurse, community psychiatric nurse and case manager upon implementation of the initiatives, with a breakdown by service unit.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 18)

Reply:

(a)
The Hospital Authority (HA) has earmarked a total of around $73 million to further enhance its psychiatric services. Details in 2017-18 are as follows:

i. For strengthening the psychiatric specialist outpatient services in NTEC, additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. For enhancing the psychiatric in-patient services in KCC, KEC and NTEC, additional 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. For enhancing the clinical psychology services in all seven clusters, additional one clinical psychologist and eight supporting staff will be recruited;

iv. For enhancing the peer support element in the Case Management Programme, additional five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited; and

v. For the implementation of a two-year pilot scheme named "Student Mental Health Support Scheme" in the 2016/17 school year and the 2017/18 school year in KEC and KWC to provide support for students with mental health needs, additional four APNs and four supporting staff will be recruited.

In addition, for the implementation of a two-year pilot scheme named "Dementia Community Support Scheme" from February 2017 to January 2019 in HKEC, KEC, NTEC and NTWC to provide community support services to elderly persons with mild or moderate dementia, additional eight APNs and four supporting staff will be recruited with funding from the Community Care Fund (CCF).

(b)
The table below sets out the number of psychiatric nurses by rank in each cluster in the past three years:

Cluster	**Rank Group**	**No. of Psychiatric Nurses [1, 2]**		
		2014-15 (as at 31 March 15)	**2015-16 (as at 31 March 16)**	**2016-17 (as at 31 December 16)**
HKEC	DOM/SNO and above	4	4	4
	APN/NS/NO/WM	49	49	50
	Registered Nurse	128	143	147
	Enrolled Nurse/Others/Trainees	51	47	41
Total [3]		**231**	**243**	**242**
HKWC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	32	32	34
	Registered Nurse	54	55	54
	Enrolled Nurse/Others/Trainees	25	22	23
Total [3]		**112**	**111**	**113**
KCC [4]	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	50	49	50
	Registered Nurse	129	130	124
	Enrolled Nurse/Others/Trainees	63	63	59
Total [3]		**245**	**245**	**236**

Cluster	Rank Group	No. of Psychiatric Nurses [1, 2]		
		2014-15 (as at 31 March 15)	**2015-16 (as at 31 March 16)**	**2016-17 (as at 31 December 16)**
KEC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	32	31	34
	Registered Nurse	71	84	84
	Enrolled Nurse/Others/Trainees	29	25	20
Total [3]		**135**	**143**	**141**
KWC [4]	DOM/SNO and above	14	12	13
	APN/NS/NO/WM	163	165	166
	Registered Nurse	316	333	337
	Enrolled Nurse/Others/Trainees	158	147	138
Total [3]		**651**	**657**	**654**
NTEC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	86	89	89
	Registered Nurse	169	176	183
	Enrolled Nurse/Others/Trainees	109	102	97
Total [3]		**367**	**370**	**372**
NTWC	DOM/SNO and above	8	6	7
	APN/NS/NO/WM	134	138	144
	Registered Nurse	354	367	380
	Enrolled Nurse/Others/Trainees	204	193	185
Total [3]		**700**	**705**	**716**
Overall	DOM/SNO and above	36	32	34
	APN/NS/NO/WM	546	553	567
	Registered Nurse	1 221	1 288	1 309
	Enrolled Nurse/Others/Trainees	639	599	563
Total [3]		**2 442**	**2 472**	**2 473**

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. Psychiatry nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.
4. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the

new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(c) & (d)
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. HA does not have ready breakdown on the number of cases handled or to be handled by each psychiatric nurse.

As regards the cases handled by each psychiatric nurse as case manager, HA has recruited a total of 322 case managers (including 238 psychiatric nurses, 62 occupational therapists and 22 registered social workers) as at 31 December 2016 to provide personalised and intensive community support for around 15 000 patients with severe mental illness under the Case Management Programme.

The current case manager to patient ratio is about 1 to 47, comparing to the initial planning 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.

HA plans to review the manpower of case managers in 2017-18.

Abbreviations:
APN - Advanced Practice Nurse
DOM - Department Operations Manager
NS - Nurse Specialist
NO - Nursing Officer
SNO - Senior 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. 0231)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

To attract, motivate and retain staff, the Hospital Authority creates the post of Nurse Consultant to provide better career progression pathways for nurses. In this regard, please advise on the following:

a. The number of Nurse Consultants following the creation of the post so far. Please provide the number of nurses promoted each year with a breakdown by cluster and specialty.

b. Will the Government plan to continue creating more Nurse Consultant posts? If yes, please provide the breakdown by cluster and specialty. If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 20)

Reply:

(a)

The rank of Nurse Consultant was first created in the Hospital Authority (HA) in 2008-09. A total of 106 Nurse Consultant posts have been created in HA as at 2016-17. Nurse Consultants provide nursing services in Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery, and other specialties. The table below sets out the breakdown of Nurse Consultant posts created in each hospital cluster from 2008-09 to 2015-16. The recruitment of Nurse Consultant in 2016-17 is in progress.

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

Notes:

1) Including Emergency Care and Trauma
2) Including Cardiac Care, Diabetic Care, Gerontology, Renal Care, Respiratory and Stroke Care
3) Including Breast Care, Burns, Urology and Neurosurgery
4) Including Community, Continence Care, Palliative Care, Oncology, Perioperative Care, Wound and Stoma Care, Pain Management and Infection Control

(b)

The creation of the rank of Nurse Consultant aims to enhance the development of the nursing profession, thereby improving the healthcare services of HA and meeting the increasing public demand for healthcare services. HA will constantly review the actual service needs as well as the service mode and demand with a view to enhancing the quality of nursing services. Additional posts of Nurse Consultant will be considered to dovetail with the strategic priorities in the annual plans of HA for better healthcare services.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0233)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the priority tasks the Hospital Authority (HA) focuses on (including the treatment of illnesses that entail high cost, advanced technology and multi-disciplinary professional team work), and assistance offered to patients with rare diseases, please inform this Council of the following:

a. Will the Government formulate policies to support patients with rare diseases (including multiple sclerosis, tuberous sclerosis complex, myelofibrosis, cryopyrin-associated periodic syndromes, and systemic juvenile idiopathic arthritis)? If so, what are the details and the expenditure involved? If not, what are the reasons?

b. Please provide the number of rare disease patients currently being treated by the HA with a breakdown by type of diseases.

c. What kind of assistance has been offered to these patients?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 21)

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. From 2008-09 to 2016-17, the Government has allocated an additional annual recurrent funding (increasing in phases to

$75 million annually) to manage the increasing service demand and sustain the provision of expensive drug treatment for uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders (LSD) through the assessment of an independent expert panel, which reviews the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Review is conducted annually. The six ERT drugs that are used to treat the LSDs, namely Alglucosidase alpha for Pompe disease, Algalsidase beta for Fabry disease, Imiglucerase for Gaucher disease, Laronidase for Mucopolysaccharidosis Type I, Idursulfase for Mucopolysaccharidosis Type II and Glasulfase for Mucopolysaccharidosis Type VI , are all provided under standard fees and charges in HA. Patients who meet specific clinical criteria will be provided with the treatment at standard fees and charges by HA at a highly subsidised rate. In addition, HA provides multi-disciplinary care and other conventional treatments for patients with uncommon disorders where appropriate, including rehabilitative care, pain alleviation, surgical treatment and bone marrow transplant.

In 2017-18, the Government will invite the Community Care Fund (CCF) to consider implementing a pilot scheme of providing drug subsidies to eligible patients for use of ultra-expensive drugs (including those for treating uncommon disorders).

HA will pay close attention to the latest published evidence on treatment of uncommon disorders in the international medical sector, as well as development of health policy in the management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(b)

Up to December 2016, 27 HA patients with LSD have been provided with ERT. Currently, 22 patients are still undergoing ERT in HA hospitals, with breakdown as follows:

Lysosomal Storage Disorder	**Number of patients undergoing ERT**
Pompe	9
Gaucher	2
Fabry	7
Mucopolysaccharidosis Type I	2
Mucopolysaccharidosis Type II	0
Mucopolysaccharidosis Type VI	2
Total	**22**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0234)

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

Subhead (No. & title): ( )

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Despite the rising demand for elderly dental services, there will only be a small increase of training places in the Prince Philip Dental Hospital for undergraduates in the estimate for the 2017/18 academic year. As compared to the revised estimate for the 2016/17 academic year, training places for undergraduates will be increased to 358. Has the Government assessed whether the increased training places are sufficient to meet the rising demand? If yes, please set out the assessed manpower requirements for dental services in the coming 5 years. If not, what are the plans to provide additional manpower to cope with the demand for dental services?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 22)

Reply:

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including dentists.

To meet the anticipated demand for dental manpower, the Government, based on the preliminary findings of the Strategic Review, has increased the annual intake of University Grants Committee (UGC)-funded degree places in dentistry from 53 to 73 by 20 in the 2016/17-2018/19 triennium.

UGC conducts academic planning and recurrent grants assessment with its eight funded universities on a triennial basis. Planning for the 2019/20 to 2021/22 triennium will begin in the third quarter of 2017 and the Government will continue to engage the relevant stakeholders in the next planning exercise.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0239)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Hospital Authority (HA)'s measures to attract, motivate and retain staff, the nurses and allied health professionals of the HA have pointed out that the pay of those recruited after 15 June 2002 had to be frozen for the first 2 years after promotion, which dealt a severe blow to their morale. The Government has pledged to conduct a review. In this regard, please provide information on the following:

a. What is the progress of the review?

b. What are the numbers of affected nurses and allied health professionals? Please provide a breakdown by grade. What is the expenditure involved?

c. Will the Government cancel the relevant policy? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 19)

Reply:

(a), (b) & (c)

The Hospital Authority (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. The HA is currently reviewing the policy on increment upon promotion. In view of its complexity and long-term and read-across implications to HA including those on its resource requirement, performance management system etc., considerable time is required for conducting the review. The way forward in regard to the continuation of the

policy or otherwise will be considered taking into account the result of the review in due course and any other relevant factors.

The table provides the number of affected nurses and allied health professionals (as at 31 December 2016) who were employed by HA on or after 15 June 2002 and have been granted the increment after the first 2 years following their promotion, and their total remuneration in 2016-17 (full-year projection) :

Grade	**Number of Staff**	**Total Remuneration ($ million)**
Nurse	470	334
Allied Health Professional	777	572

Note

(1) The statistics on the number of staff are based on headcounts as at 31 December 2016.

(2) The remuneration expenditure includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0317)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes, please provide the following information for the past 3 years:

a. The quantity of vaccines purchased each year and the resources involved.
b. The number of vaccine recipients and their age distribution.
c. Were there any surplus vaccines? If so, what were the quantity and expenditure involved? How did the Government dispose of them?
d. How did the Government assess the quantity of vaccines required each year?
e. What measures did the Government take to encourage the public to receive vaccination?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 53)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidized seasonal influenza (SI) vaccination to eligible persons –

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible target groups. In 2016-17, the GVP expanded scope of the eligible target groups to cover also children aged 6 to under 12 from families receiving Comprehensive Social Security Assistance (CSSA) or holding valid Certificates for Waiver of Medical Charges and all persons receiving Disability Allowance (PDAs) regardless of disability on a pilot basis. As announced in the 2017 Policy Address, these enhancements will be regularised as from 2017-18 season.

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to target groups. In 2015-16, the eligible target groups included elders aged 65 or above, children between 6 months to under 6 years old and persons with intellectual disabilities. In 2016-17, VSS has been further expanded on a trial

basis to cover also children aged 6 to under 12, PDA and pregnant women. As announced in the 2017 Policy Address, the above enhancements will be regularised starting 2017-18 season.

(a) The following figures are the quantities of seasonal influenza vaccines (SIV) that the Government procured under the GVP in the past 3 years and the contract prices:

Financial Year	Number of doses	Amount $ million
2014-15	278 000#	14.1#
2015-16	400 000	21.0
2016-17	430 000	23.3 (revised estimate)

In addition, a total of 100 000 doses of Southern Hemisphere SIV at a cost of $4.0 million were procured in 2014-15.

(b) The number of recipients for the past 3 years under SI vaccination programme/ schemes are as follows –

The total number of SI recipients under the GVP and VSS in the past 3 vaccination seasons

Target groups	**Number of SI recipients**		
	2014-15	**2015-16**	**2016-17 (as at 28 February2017)**
Children between 6 months to under 6 years old	57 600	47 600	108 000
Children aged 6 to under 12	N/A	N/A	
Elderly aged 65 or above	372 700	457 800*	459 200
Others#	62 500	71 000	78 300
Total:	**492 800**	**576 400**	**645 500**

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 Seasonal Influenza Vaccination under the GVP from May to August 2015.

As many target group members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(c) The product life of seasonal influenza vaccines (SIV) can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phases according to the established procedures and arrangement. Among the SIV procured by the DH for 2014-15 and 2015-16 seasons, about 15 000 and 7 000 doses were expired. As the Government's vaccination programme/schemes launched in 2016-17 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 damage of vaccine, etc.

The Government will strive to reduce wastage of vaccines whilst ensuring sufficient vaccine provision by collaborating with different service units.

(e) The Government has been closely monitoring the vaccination rate of SIVs, and continuously promotes the importance of SIVs to the public through various channels. To further enhance the availability of SIV service to the public, the Government has approached the health sector and relevant stakeholders since mid-2016 to explore feasible options to reach out to the target groups, in particular the new target groups, for vaccination. Eligible persons can receive subsidised SIV from enrolled doctors in their clinics or through outreach vaccination activities (e.g. in schools or community centers). To facilitate the outreach arrangement, guidelines and briefings were provided to doctors, schools and relevant organisers.

To promote the vaccination message, publicity has been launched through multiple channels, e.g. press conferences, Announcements in the Public Interest, advertisement on public transport, newspapers/magazines and other social media. The Government has further enlisted support from community groups for encouraging vaccination among their clients. Media interviews by medical experts (including paediatrician, geriatrician and obstetrician) on the importance of SIV have also been arranged.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0318)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

On revamping private healthcare facilities regulatory regime, what are the progress, implementation timetable and resources involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 54)

Reply:

The new regulatory regime for private healthcare facilities (PHFs) 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. We are finalising details of the new regulatory regime for PHFs, taking into account the views received from stakeholders. We aim to introduce the Bill to the Legislative Council in the first half of this year. Related expenditure will be absorbed within the existing resources of Food and Health Bureau.

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 2017-18, the financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the Food and Health Bureau in reviewing the regulatory regime is $54.1 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0319)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development of the regulatory framework for medical devices, what are the progress and timetable of implementation? What are the resources and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 55)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance, quality and efficacy 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.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare

Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH 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 results of the consultancy study and the latest proposed regulatory framework for medical devices to the LegCo HS Panel on 16 January 2017. Subsequently, the Administration received views from different sectors on the regulation of medical devices. In gist, there is a general consensus on the need to regulate medical devices, but the part on "use control" requires further deliberation. In this regard, while the Government aims to take forward the plan to introduce a bill focusing on the “pre-market control” and “post-market control” of the regulatory regime for medical devices into the LegCo in mid-2017, we plan to set up a multi-party platform concurrently to invite participation from different stakeholders to provide practicable and constructive views on "use control" categorisation of specific medical devices under the premise of protecting public health.

In 2017-18, a provision of $25.6 million has been earmarked for the DH for the operation of the existing MDACS as well as the preparatory work for the long-term statutory control of medical devices. The number of staff establishment of the Medical Device Control Office of the DH as at 1 March 2017 was 16.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0320)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the measures to attract, motivate and retain staff, please advise:

a. on the concrete measures to retain nurses and allied health professionals in the past year. How effective were these measures and what were the resources involved?
b. whether there will be concrete measures to retain nurses and allied health professionals in 2017-18. What will be the resources involved?
c. whether resources have been earmarked to improve the remuneration package of nurses and allied health professionals, including cancelling first year pay freeze, as well as reinstating the incremental jump, 16.5% cash allowance and study grant, etc., so as to retain them. If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 56)

Reply:

From 2013-14 onwards, Hospital Authority (HA) has earmarked around $321 million annually for recruitment and retention of healthcare staff to ensure effective provision of quality care. Apart from the $321 million, there is an additional three-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development. An additional time-limited funding of $570 million for 2015-16 to 2017-18 has also been designated for a Special Retired and Rehire Scheme to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age to help alleviate the expertise gap and manpower issues.

Major measures to retain nurses include enhancement of career advancement opportunities for experienced nurses, enhancement of nursing manpower and provision of training to registered nursing students and enrolled nursing students at HA's nursing schools.

Major measures to recruit and retain allied health staff include offering 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.

The attrition rate of full-time nurses in 2015-16 was 5.2%, which has been steady when compared with the figures in recent years. The attrition rate of full-time allied health professionals has slightly dropped from 3.9% in 2011-12 to 3.5% in 2015-16.

In 2017-18, HA plans to recruit about 2 130 nursing and 590 allied health staff in order to address manpower shortage, maintain existing service provision and implement service enhancement initiatives. HA will continue to implement the range of measures to retain staff in the nursing and allied health grades in 2017-18, and review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

HA reviews the remuneration of its staff from time to time with a view to improving their remuneration with available resources in accordance with HA's service priority. The HA is currently reviewing the policy on increment upon promotion. In view of its complexity and long-term and read-across implications to HA including those on its resource requirement, performance management system etc., considerable time is required for conducting the review. The way forward in regard to the continuation of the policy or otherwise will be considered taking into account the result of the review in due course and any other relevant factors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0322)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of nurses of the Hospital Authority, please provide the following information:

a. The number of nurses who provided hospice care in the past 3 years. Please provide a breakdown by cluster.

b. The number of patients who received hospice care in the past 3 years.

c. Will the Government consider allocating more resources to extend the hospice care service to further implement the policy of ageing in place? If yes, what are the details and the resources and manpower involved? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 57)

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 three years are set out in the table below:

	As at 31 December 2014	**As at 31 December 2015**	**As at 31 December 2016**
Number of nurses serving under PCUs	202	206	226
Number of nurses serving under Oncology Centres	426	435	448

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 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) are set out in the table below.

Palliative Care Service	**Number of Attendances**		
	2014-15	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional Figures]**
Palliative care inpatient service[1] (Total number of inpatient / day inpatient discharges and deaths)	8 254	7 970	6 006
Palliative care specialist outpatient service[1]	9 449	9 058	7 130
Palliative home visits[2]	33 199	34 311	30 273
Palliative day care attendances	12 275	12 231	9 560
Bereavement service	3 034	3 436	2 942

Note:

1. The above statistics refer to the throughputs in Hospice Specialty only.
2. Data definition has been refined since April 2016. 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 three-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.

At the same time, HA endeavours to enhance its palliative care services. In recent years, HA has allocated additional resources to improve the service model and strengthen multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives.

HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. The additional resources involved is around $34 million per year. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counselling, crisis management, etc., to terminally-ill patients and their caregivers. The additional resources 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 $12 million on the enhancement. The 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 2017-18, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional recurrent expenditure is estimated to be around $4.5 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 -

Examination of Estimates of Expenditure 2017-18 | Reply Serial No. **FHB(H)111**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0324)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The number of general (acute and convalescent) inpatient beds is increasing every year, from 21 587 in the actual figure as at 31 March 2016 to 21 798 in the revised estimate as at 31 March 2017 and 22 027 (target and plan) as at 31 March 2018. Will the Government strengthen the nursing manpower and resources for general specialties accordingly? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 58)

Reply:

To meet the rising demand from the growing and ageing population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2017-18 is projected to reach around $62 billion, representing an increase of around 4% when compared to 2016-17. HA will implement new initiatives and enhance various types of services to meet the rising demand for hospital services and to improve the quality of patient care.

Specifically on nursing manpower, HA in 2017-18 will increase 823 nurses on a full-time equivalent basis as compared to 2016-17. HA will deploy existing staff and recruit additional staff to cope with the implementation of the new and enhanced initiatives. The detailed arrangement for manpower deployment is being worked out and is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0326)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding specialist out-patient services, it was mentioned in the 2015 Policy Agenda that the quota for specialist out-patient consultation would be increased to improve the waiting time. However, the median waiting times for first appointments for first priority and second priority patients at specialist clinics were less than 1 week and 5 weeks respectively as at 31 March 2016 (actual), revised to 2 weeks and 8 weeks respectively as at 31 March 2017 (revised estimate), and will remain the same as at 31 March 2018 (target and plan). These figures suggest that there has been no improvement in the waiting time. What are the reasons for this?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 59)

Reply:

It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within two weeks and eight weeks respectively. The corresponding figures indicated in the Estimates for 2016-17 and 2017-18 reflect these targets. The corresponding figures for 2015-16, 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 targets.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0327)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In the face of rising demand for elderly dental services, the Government has not increased the number of training places for student dental technicians, student dental surgery assistants and student dental hygienists. What are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 60)

Reply:

We do not envisage an increase in demand for the 3 courses and hence have not increased the number of training places. The Prince Philip Dental Hospital will continue to take into account all relevant factors, including the service needs, the manpower requirements for healthcare professionals and the number of potential applicants, in deciding on the number of training places.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0342)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

During 2017-18, Prince Philip Dental Hospital will continue to explore ways to improve the completion rates of the para-dental training courses. What are the specific plans and the resources involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 61)

Reply:

The Prince Philip Dental Hospital (PPDH) will continue to make arrangements for graduates and / or current students of the para-dental training courses to share their learning experience and information about job opportunities with the prospective students during interview days and admission seminars. Besides, starting from the 2017/18 academic year, PPDH will provide catch-up and revision sessions to students before assessment as far as possible with a view to enhancing support and guidance to students. With these measures, it is expected that there will be an improvement in the completion rates of these courses. Implementation of these measures requires no additional resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0367)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the strategic review on healthcare manpower planning and professional development, there are calls from members of the pharmaceutical industry for a review of the existing Pharmacy and Poisons Board of Hong Kong and the establishment of an independent regulator for pharmacists to promote their development in a more effective manner. Has the Government considered the opinion and reserved resources for the review? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 4)

Reply:

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including pharmacists.

Regarding the regulatory regimes for healthcare professions, the Strategic Review covers the functions of statutory regulatory bodies, complaint investigation and disciplinary inquiry mechanism as well as training and development. The regulation of pharmacists (including functions of the Pharmacy and Poisons Board of Hong Kong) is included in the Strategic Review.

We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to pharmacists) upon consultation with stakeholders.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0371)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the enhancement of the services provided by the Hospital Authority's Community Geriatric Assessment Team (CGAT) for terminally ill patients living in residential care homes for the elderly, what is the expenditure involved? What are the manpower of the team and the grades of team members? What is the number of attendances of CGAT service? What is the projected number of elderly people in need of CGAT service? Has the Administration reviewed the adequacy of the relevant support services? If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 65)

Reply:

The Hospital Authority (HA) has been strengthening the Community Geriatric Assessment Team (CGAT) service in phases since 2015-16 in providing better support for terminally ill residents living in residential care homes for the elderly (RCHEs). HA has so far recruited 13 additional Registered Nurses (RNs) and six additional Palliative Care Advanced Practice Nurses (APN(PC)) and deployed additional resources of around $12 million on enhancing end-of-life (EOL) care for elderly patients living in RCHEs. The CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care to provide around 9 000 additional visits per year to elderly patients living in RCHEs facing terminal illness, and to provide training for RCHEs staff.

In 2017-18, HA will further strengthen EOL care for elderly patients in RCHEs by conducting 1 400 additional visits. HA also plans to recruit four additional RNs and one APN(PC). The additional recurrent expenditure is estimated to be around $4.5 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. 0522)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the 2015-16 Budget that $50 billion has been earmarked to support healthcare reform, including the high risk pool and tax concession under the Voluntary Health Insurance Scheme. How is the funding utilised? Please provide a breakdown by project.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 50)

Reply:

Since the initial pledge in the 2008-09 Budget for the Government to earmark $50 billion from the fiscal reserves to support healthcare reform, we have secured the approval of Finance Committee to set up a $10 billion endowment fund for Hospital Authority to pursue public-private partnership initiatives, and to offer a loan of $4.03 billion to the Chinese University of Hong Kong for developing a non-profit making private teaching hospital. Government will provide further resources for the development of the Voluntary Health Insurance Scheme, and will provide tax deductions for the purchase of regulated health insurance products, details of which are being examined by the Government.

Funding for measures in support of healthcare reform has been and will continue to be provided on a need basis – through increasing expenditure and/or forgoing revenue.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0524)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a standing advisory committee in connection with the review on mental health, what are the resources and manpower involved? What is the timetable for implementation?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 51)

Reply:

After publishing the mental health review report in the second quarter of 2017, we will deploy existing manpower resources to provide support for the establishment of the standing advisory committee on mental health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0525)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review on mental health services, the 2015 Policy Address proposed the introduction of peer support. In this connection, please advise on the following:

a. the expenditure on the above initiative, the number of service recipients and the manpower involved; and

b. whether the Government has assessed the effectiveness of the initiative. If yes, what are the details? If no, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 52)

Reply:

(a) & (b)
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. In 2014-15, the Programme was extended to cover all the 18 districts in Hong Kong. As at 31 December 2016, HA recruited a total of 322 case managers to provide personalised and intensive community support for around 15 000 patients under the Programme.

In 2015-16 and 2016-17, HA introduced a peer support element into the Programme to enhance community support for patients. A total of ten peer support workers, who are previous service users having recovered, were recruited in the rank of Patient Care Assistant II to support patients to achieve their personal recovery goals and develop illness management skills, involving an additional recurrent expenditure of around $3 million.

In 2017-18, HA will further enhance the Programme by recruiting additional five peer support workers (one each in the Hong Kong East Cluster, Hong Kong West Cluster,

Kowloon Central Cluster, Kowloon East Cluster and Kowloon West Cluster). The additional recurrent expenditure is estimated at around $1.5 million.

Evaluation of the Programme's effectiveness is in progress with results expected by 2018.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0692)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 psychiatric service capacity in the coming 5 years by year and hospital.

Asked by: Hon LEE Wai-king, Starry (Member Question No. 42)

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 number of attendances in the past three years in each cluster is set out in the table below. With reference to the past trend, it is estimated that there will be about 1 to 4% increase in attendances of psychiatric SOP clinics in HA each year.

Cluster	**2014-15[1]**	**2015-16[1,3]**	**2016-17[1,3] (up to 31 December 2016) [provisional figures]**
HKEC	82 000	82 100	62 000
HKWC	60 400	62 500	48 700
KCC	66 300	66 600	49 100
KEC	94 400	99 200	79 400
KWC	222 900	235 000	181 700
NTEC	127 500	134 200	103 200
NTWC	142 600	146 000	114 400
Overall[2]	**796 100**	**825 600**	**638 300**

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

The tables below set out the number of SOP psychiatric new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each cluster from 2012-13 to 2016-17 (up to 31 December 2016):

2012-13

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

2013-14

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

2014-15

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	380	1	920	3	2 190	9
HKWC	520	1	880	3	2 810	32
KCC	180	<1	980	3	1 690	16
KEC	360	1	1 890	5	4 620	34

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
KWC	400	1	560	4	13 310	21
NTEC	1 220	1	2 450	4	5 350	45
NTWC	530	1	1 970	7	4 430	49
Overall	3 590	1	9 650	4	34 400	22

2015-16

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	320	<1	850	3	2 300	10
HKWC	690	<1	850	3	3 500	76
KCC	100	<1	890	3	1 640	16
KEC	450	<1	1 920	4	4 740	54
KWC	310	<1	630	3	13 200	12
NTEC	1 360	1	2 460	4	5 600	53
NTWC	460	<1	1 780	6	4 230	46
Overall	3 680	<1	9 390	4	35 200	22

2016-17 (up to 31 December 2016) [provisional figures]

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	220	1	600	3	1 970	15
HKWC	380	1	630	3	2 480	39
KCC[2]	100	<1	600	3	1 120	23
KEC	300	1	1 270	5	4 000	12
KWC[2]	240	<1	540	3	10 330	11
NTEC	900	1	2 020	4	4 060	78
NTWC	430	1	1 320	7	3 250	37
Overall	2 570	1	6 980	4	27 200	19

Note:

1. Figures are rounded to the nearest ten.
2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

To enhance support for psychiatric SOP services, additional manpower and resources were allocated to KWC and KEC in 2015-16 and 2016-17 respectively. In 2017-18, HA will

further allocate additional manpower and resources to strengthen the psychiatric SOP services in NTEC. 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. 0699)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government has set up Chinese Medicine Centres for Training and Research in each of the 18 districts to promote the development of "evidence-based" Chinese medicine as well as provide internship and training opportunities for graduates of local Chinese medicine degree programmes. Every Chinese Medicine Centre for Training and Research is operated by the Hospital Authority, a non-governmental organisation and a local university on a tripartite collaboration model. The non-governmental organisation is responsible for the daily operation of the Chinese Medicine Centres for Training and Research.

(1) Please provide the breakdown by district of the number of Chinese medicine practitioners employed by Chinese Medicine Centres for Training and Research, the expenditure involved and the number of attendances;

(2) The percentage and number of Chinese medicine practitioners employed who are graduates of local Chinese medicine degree programmes.

Asked by: Hon LEE Wai-king, Starry (Member Question No. 44)

Reply:

(1) In the 2017-18 Estimates, the Government has earmarked $94.5 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) As at end-December 2016, 381 CMPs were employed at the 18 CMCTRs, of whom 257 were local Chinese medicine degree programme graduates.

- End -

Annex

Number of Chinese Medicine Practitioners Engaged and Attendances at 18 Chinese Medicine Centres for Training and Research

District [Date of opening]	Number of CMPs [1] (as at end-December 2016)	Attendances [2] (in 2016)
Central and Western [December 2003]	21	62 246
Tsuen Wan [December 2003]	26	78 580
Tai Po [December 2003]	26	76 537
Wan Chai [April 2006]	24	71 042
Sai Kung [April 2006]	18	61 007
Yuen Long [April 2006]	23	76 670
Tuen Mun [November 2006]	22	71 232
Kwun Tong [November 2006]	22	65 313
Kwai Tsing [January 2007]	23	60 497
Eastern [March 2008]	16	65 021
North [March 2008]	20	75 396
Wong Tai Sin [December 2008]	18	60 066
Sha Tin [February 2009]	23	73 353
Sham Shui Po [March 2009]	25	71 874
Southern [March 2011]	21	60 879
Kowloon City [December 2011]	18	43 249
Yau Tsim Mong [December 2012]	21	52 830
Islands [July 2014]	14	41 959
Total:	**381**	**1 167 751**

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).

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0700)

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) (Patrick T K NIP)

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. 45)

Reply:

As at 28 February 2017, there were a total of 9 946 Chinese medicine practitioners (CMPs) in Hong Kong. Among these CMPs, 7 304 were registered CMPs and 2 642 were listed CMPs.

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 2014-15, 2015-16 and 2016-17 are listed below:

Academic year	Student intake	No. of graduates
2014-15	14	15
2015-16	22	27
2016-17 (provisional)	24	Not yet available

We do not have information on the percentage of graduates who have entered the field of Chinese medicines. We also do not have information about the intake and graduates of courses offering diploma or certificates in Chinese medicines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1250)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health services for the elderly, please advise this Committee of:

(1) 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

(2) whether the Government has assessed the effectiveness of elderly health care vouchers in reducing the pressure on the public healthcare system; if yes, of the details.

Asked by: Hon LEUNG Che-cheung (Member Question No. 3)

Reply:

(1) Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past three years and its percentage as compared to the eligible elderly population:

	2014	**2015**	**2016**
Number of elders who had made use of vouchers	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	75%	79%	84%

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

The table below shows the amount of vouchers claimed in the past three years from 2014 to 2016:

Amount of Vouchers Claimed (in $'000)

	2014	2015	2016
Medical Practitioners	444,401	611,860	638,006
Chinese Medicine Practitioners	82,369	142,265	171,599
Dentists	55,131	98,563	105,455
Occupational Therapists	390	230	271
Physiotherapists	3,981	6,381	7,007
Medical Laboratory Technologists	2,273	3,820	9,905
Radiographers	1,358	2,365	3,197
Nurses	773	1,389	3,335
Chiropractors	1,276	1,825	1,913
Optometrists	5,587	37,092	128,399
Sub-total (Hong Kong):	597,539	905,790	1,069,087
University of Hong Kong - Shenzhen Hospital [Note]	-	537	1,471
Total:	597,539	906,327	1,070,558

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

(2) 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 cover the impact of vouchers on primary care services for the elderly, e.g. any change in health-seeking behavior of elders using the vouchers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1257)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please list the number of doctors, nurses and allied health professionals by cluster of the Hospital Authority, and their ratios to the overall population and population aged over 65 in their respective clusters in the past 2 years.
(2) Please list the number of doctors, nurses and allied health professionals of Tuen Mun Hospital (TMH) and Pok Oi Hospital (POH) in the New Territories West Cluster (NTWC) by specialty, and their ratios to the overall population and population aged over 65 in the target catchment districts in the past 2 years.
(3) Please list the estimated number of doctors, nurses and allied health professionals of TMH, POH and Tin Shui Wai Hospital (TSWH) in the NTWC by specialty, and their ratios to the overall population and population aged over 65 in the target catchment districts in 2017-18.
(4) TSWH has commenced operation by phases. Please advise whether the progress on recruitment and the operation of the hospital are on schedule, and whether round-the-clock accident and emergency services can commence as planned.

Asked by: Hon LEUNG Che-cheung (Member Question No. 10)

Reply:

(1) and (2)
The tables below set out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster in 2015-16 and 2016-17, together with their respective ratios to overall population as well as population aged 65 or above:

2015-16

Cluster	Number of doctors, nurses and allied health 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+	
HKEC	595	0.8	4.2	2 613	3.4	18.5	791	1.0	5.6	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.0	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.0	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	17.4	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**	**6.4**	

2016-17 (as at 31 December 2016)

Cluster	Number of doctors, nurses and allied health 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+	
HKEC	605	0.8	4.1	2 681	3.5	18.1	805	1.1	5.4	Eastern, Wan Chai, Islands (excluding Lantau Island)
HKWC	659	1.3	7.2	2 801	5.4	30.7	956	1.8	10.5	Central & Western, Southern
KCC	747	1.4	7.5	3 332	6.2	33.6	1 058	2.0	10.7	Kowloon City, Yau Tsim
KEC	684	0.6	4.0	2 737	2.4	16.0	780	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 374	0.7	4.0	5 743	2.9	16.9	1 695	0.9	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	5.2	4 030	3.1	22.0	1 228	0.9	6.7	Sha Tin, Tai Po, North
NTWC	799	0.7	5.7	3 483	3.1	24.9	961	0.8	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	**5.0**	**24 806**	**3.4**	**21.1**	**7 484**	**1.0**	**6.4**	

HA organises its services on 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. Manpower figures in respect of the NTWC are provided above.

(3) Relevant information for 2017-18 is not yet available.

(4) Tin Shui Wai Hospital (TSWH) has commenced services on 9 January 2017, providing mainly day ambulatory services including:

- Specialist outpatient clinic service
- Haemodialysis service
- Radiology service
- Allied health services
- Pharmacy service

The Accident and Emergency (A&E) Department of TSWH has commenced operation on 15 March 2017 to provide 8-hour service at the initial stage. Subject to manpower availability, the A&E service will be extended to 12 hours in late 2017. As at March 2017, TSWH has already recruited over 300 staff. After the initial stage of service commencement, the NTWC will further assess various factors, including operation, service demand, patient safety and human resources of the new hospital in order to decide the opening of other services.

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 the rounding effect.

2) Doctors exclude 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 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 mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning

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

5) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 1312)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:
(1) Please set out (i) the number of patient days; and (ii) the in-patient bed occupancy rate for all general and major specialties in the Tuen Mun Hospital and Pok Oi Hospital over the past 2 years.

(2) Please set out the average waiting time of new cases and follow-up cases for various specialist out-patient services in the Tuen Mun Hospital and Pok Oi Hospital over the past 2 years.

(3) Please set out the average waiting time for A&E services in various triage categories in the Tuen Mun Hospital and Pok Oi Hospital over the past 2 years.

Asked by: Hon LEUNG Che-cheung (Member Question No. 43)

Reply:
(1) The Hospital Authority (HA) organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Activity indicators such as patient days and inpatient bed occupancy rate should be interpreted at cluster level. The tables below set out (i) the number of patient days and (ii) inpatient bed occupancy rate for all general specialties and major specialties in New Territories West Cluster (NTWC) in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16

Specialty	NTWC	
	Patient days	Inpatient bed occupancy rate
All general specialties (acute and convalescent)	873 642	101%
GYN	18 626	104%
MED	421 293	109%
OBS	27 970	94%

Specialty	NTWC	
	Patient days	Inpatient bed occupancy rate
ORT	116 162	93%
PAE	32 180	100%
SUR	114 814	96%

2016-17 (up to 31 December 2016) [Provisional figures]

Specialty	NTWC	
	Patient days	Inpatient bed occupancy rate
All general specialties (acute and convalescent)	681 786	101%
GYN	14 984	110%
MED	331 685	109%
OBS	21 538	97%
ORT	85 483	88%
PAE	28 264	116%
SUR	90 143	94%

HA classifies "day inpatients" as those patients 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 (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. The calculation of inpatient bed occupancy rate, on the other hand, does not include that of day inpatients.

(2) The tables 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 (50th percentile) waiting time in NTWC in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16

Specialty	NTWC					
	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)
ENT	2 816	<1	1 239	4	8 977	55
MED	1 278	1	3 091	6	6 015	54
GYN	1 141	1	126	4	5 665	39
OPH	9 232	<1	2 815	4	7 833	54
ORT	1 912	1	1 374	4	10 164	83
PAE	78	1	478	5	1 816	13
PSY	456	<1	1 778	6	4 231	46
SUR	1 515	1	3 160	6	16 757	59

2016-17 (up to 31 December 2016) [Provisional figures]

Specialty	NTWC					
	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)
ENT	2 057	<1	1 320	4	7 319	70
MED	1 299	1	2 923	5	5 756	50
GYN	893	1	206	5	4 357	30
OPH	7 238	<1	2 542	4	5 772	36
ORT	1 413	1	1 246	4	7 722	71
PAE	92	1	461	7	1 483	20
PSY	432	1	1 315	7	3 245	37
SUR	1 372	1	2 837	5	13 844	56

Note :

Clinics for the same specialty within the same cluster will co-ordinate their provision of services, the waiting time for SOP services is thus reported on a cluster basis.

The date of follow-up consultations of each patient is determined according to the patient's clinical needs and therefore appointment time for follow-up consultation varies from case to case. As such, the duration between consultations for individual patients is not an indication of the performance of HA.

(3) The tables below set out the average waiting time for A&E services in various triage categories in each A&E Department in NTWC in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16

Hospital	NTWC				
	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)
POH	0	5	22	113	125
TMH	0	5	28	135	151

2016-17 (up to 31 December 2016) [Provisional figures]

Hospital	NTWC				
	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)
POH	0	5	23	116	129
TMH	0	6	31	143	164

Abbreviations

Specialty :

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

Hospital :

POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1186)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In September 2015, the Government conducted a study on the control of use of 20 types of selected medical devices which have been used for cosmetic purposes. The study recommends the adoption of a risk-based approach to setting qualification requirements for users of such devices, which will be proportionate to their degree of risk. Those categorised as high-risk can only be operated by registered healthcare professionals. Representatives of the beauty industry reckoned that the proposal would throttle the industry. In this connection, would the Government inform the Council of the following:

1. The expenditure on the subsidies provided for young people to develop their career and find placements in the beauty sector in the past 3 years and the numbers of beneficiaries.

2. The estimated expenditure on the above subsidies in the next 3 years and the target numbers of beneficiaries.

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 36)

Reply:

We do not have information on the expenditure on the subsidies provided for young people to develop their career and find placements in the beauty sector as it is outside the purview of Food and Health Bureau.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1190)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Recently, a taxi driver has uploaded onto the Internet a secretly taken photograph of a female passenger breastfeeding a baby inside the taxi compartment. The driver was subsequently arrested by the Police under the charge of access to computer with criminal or dishonest intent. The incident has aroused public concern over some people's understanding and level of acceptance of breastfeeding. In this connection, will the Government inform this Committee of the following:

(1) the Government's expenditures on providing babycare rooms and relevant ancillary facilities in recreational and cultural venues under its management in the past 3 years; and

(2) the expenditures earmarked for publicity and promotion of breastfeeding in the coming 5 years to enhance public understanding and tolerance of breastfeeding so as to create a breastfeeding-friendly society, with a detailed breakdown of the expenditures involved?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 39)

Reply:

(1)

The Government has been proactively promoting the provision of babycare facilities in government premises and public places. The Food and Health Bureau (FHB), together with the Architectural Services Department, the Department of Health (DH), Government Property Agency, Buildings Department and Housing Department formulated the "Advisory Guidelines on Babycare Facilities" in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management.

Most of the new babycare facilities built in the past three years are part of the new or reprovisioned venues managed by the Leisure and Cultural Services Department (LCSD).

The LCSD does not have separate figures on the expenditure of providing babycare facilities in their permises.

(2)

The FHB and the DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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.

In 2017-18, a sum of $6.0 million has been earmarked for enhancing the effort for promotion of breastfeeding. The Government will keep reviewing the effectiveness of the measures that promote breastfeeding and allocate sufficient resources in future in necessary.

- 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: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the attendances at hospitals under the Hospital Authority (HA) arising from injury at work each year from 2012 to 2016, please inform the Committee of the following:

1. The number of attendances at the HA hospitals arising from injury at work 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 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. 33)

Reply:

(1) & (2)

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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) 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[1] ($ 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	
2012-13	70 758	48 878	35 378	67 405	166
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 (up to 31 December 2016) [Provisional figures]	51 835	33 007	28 100	47 137	152

[1]The estimated cost is based on the average unit cost of respective services and the corresponding activities (in terms of attendances) provided.

The related statistics of magnetic resonance imaging and the average waiting time for those patients as described in (B) are not readily available.

Note:
It should however be noted that not all the medical treatment subsequently received by the above patients after their A&E attendance are necessarily related to their work-related injuries. Hence the above expenditure should not be taken as the total expenditure for the treatment for work-related injuries.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0352)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding seasonal influenza, please provide the following information:

(1) the number of deaths with principal diagnosis of influenza in each of the past 5 years;

(2) the number of admissions to public hospitals due to seasonal influenza in each of the past 5 years and the patient days; and

(3) the number of additional beds provided in each cluster for peak flu seasons in each of the past 3 years and the medical expenses involved.

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

Reply:

(1)
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 5 years from 2012-2016:

Year	Number of deaths with principal diagnosis of influenza
2012	76
2013	25
2014	75
2015	232
2016	92

(2)
The table below sets out the number of hospital admissions and average length of stay with principal diagnosis of influenza in HA in the past 5 years from 2012-2016:

Year	Number of admissions with principal diagnosis of influenza	Average length of stay of admissions with principal diagnosis of influenza (days)
2012	6 004	4.0
2013	3 057	3.7
2014	5 270	4.2
2015	9 744	4.5
2016	7 653	4.2

Note:

(a)

The number of deaths and admissions with principal diagnosis of influenza in 2015 as seen in the tables in parts (1) and (2) above may be related to the predominance of influenza A (H3N2) viruses which tended to affect elderly who had higher chances of hospitalisation and fatal outcome once infected. Besides, there was marked decrease in the effectiveness of the seasonal influenza vaccine in the 2014-15 vaccination season due to the circulation of an antigenically drifted H3N2 virus (i.e. the Switzerland strain) which was unmatched with the H3N2 component (a Texas strain) included in the 2014-15 northern seasonal flu vaccine.

(b)

The length of stay may not be directly related to the principal diagnosis but subject to other clinical conditions which require hospitalisation.

(3)
To meet the rising demand from the growing and ageing population, HA expended over $270 million, $320 million and around $235 million for opening new beds in 2014-15, 2015-16 and 2016-17 respectively. Opening of these new beds is crucial in alleviating hospitals' pressure especially during the winter surge. The number of beds opened in the past 3 years from 2014-15 to 2016-17 is set out in the table below:

Cluster	2014-15	2015-16	2016-17
HKEC	40	21	20
HKWC	–	–	–
KCC	24	–	24
KEC	4	36	16
KWC	23	–	–
NTEC	62	71	62
NTWC	52	122	109
Total	**205**	**250**	**231**

Note

(a)

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(b)

In addition, cluster hospitals have opened temporary beds during influenza peak season to cope with increased demand as required.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0353)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

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.

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons –

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible target groups. In 2016-17, the GVP expanded the scope of eligible target groups to cover also children aged 6 to under 12 from families receiving Comprehensive Social Security Assistance (CSSA) or holding valid Certificates for Waiver of Medical Charges and all persons receiving Disability Allowance (PDAs) regardless of disability on a pilot basis. As announced in the 2017 Policy Address, these enhancements will be regularised as from 2017-18 season.

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to target groups. In 2015-16, the eligible target groups included elders aged 65 or

above, children between 6 months to under 6 years old and persons with intellectual disabilities. In 2016-17, VSS has been further expanded on a trial basis to cover also children aged 6 to under 12, PDAs and pregnant women. As announced in the 2017 Policy Address, the above enhancements will be regularised starting 2017-18 season.

The statistics on SI vaccination under these programmes/schemes are detailed at Annexes I and II. As some target group members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the statistics.

The product life of seasonal influenza vaccines (SIV) can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phases according to the established procedures and arrangement. Among the SIV procured by the DH for 2014-15 and 2015-16 seasons, about 15 000 and 7 000 doses were expired. As the Government's vaccination programme/schemes launched in 2016-17 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.

Annex I

(1) The number of recipients of **Seasonal Influenza Vaccination** under the Government Vaccination Programme (GVP) and Vaccination Subsidy Scheme (VSS) for the past 5 years.

Target groups	**Vaccination programme/ scheme**	**2012-13**			**2013-14**		
		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 6 months to under 6 years old	GVP	2 700	Not applicable	12.5% Note 2	2 700	Not applicable	12.9% Note 2
	CIVSS*	60 400	7.9		62 000	10.7	
Elderly aged 65 or above	GVP	180 500	Not applicable	32.8%	176 100	Not applicable	32.7%
	EVSS*	141 700	18.4		160 100	20.8	
Others Note 1	GVP/VSS	58 600	Not applicable		61 900	Not applicable	
TOTAL		**443 900**	**26.3**		**462 800**	**31.5**	

Annex I (Cont'd)

Target groups	**Vaccination programme/ scheme**	**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**
Children between 6 months to under 6 years old	GVP	2 400	Not applicable	18% Note 2	2 400	Not applicable	15.1% Note 2
	CIVSS*	55 200	11.5		45 200	9.3	
Elderly aged 65 or above	GVP	193 200	Not applicable	35%	320 900#	Not applicable	40.8%
	EVSS*	179 500	28.7		136 900	21.9	
Others Note 1	GVP/VSS	62,500	Not applicable		71,000		
TOTAL		**492 800**	**40.2**		**576 400**	**31.2**	

Annex I (Cont'd)

Target groups	**Vaccination programme/ scheme**	**2016-17 (as at 28 February 2017)**		
		No. of recipients	**Subsidy Claimed ($ million)**	**Percentage of population in the age group**
Children between 6 months to under 12 years old	GVP	1 400	Not applicable	16.7% Note 2
	VSS	106 600	24.5	
Elderly aged 65 or above	GVP	316 900	Not applicable	39.1%
	VSS	142 300	27.0	
Others Note 1	GVP/VSS	78 300	0.9	
TOTAL		**645 500**	**52.4**	

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 figures for 2014-15, 2015-16 and 2016-17 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 seasonal influenza vaccines (SIV) procured by the Government under the Government Vaccination Programme for the past 5 years

Year	The number of doses of SIV procured	Amount $ million
2012-13	285 000	7.9
2013-14	285 000	7.7
2014-15	278 000#	14.1#
2015-16	400 000	21.0
2016-17	430 000	23.3 (revised estimate)

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0355)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is learnt that the Hospital Authority (HA) has re-employed retired healthcare staff to return to work on contract basis in response to the healthcare manpower shortage problem. In this regard, please provide:

(1) by hospital cluster the number of doctors, nurses and other allied health professionals who have returned to work in hospitals through the above measure and the expenditure on emoluments involved in each of the past 3 years;
(2) by grade the maximum and median salaries of healthcare professionals (who have not yet retired) currently employed by public hospitals under the HA in each of the past 3 years; and
(3) by grade the maximum and median salaries of retired healthcare professionals re-employed on contract basis by the HA in each of the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 15)

Reply:

(1)

A Special Retired and Rehire Scheme was implemented by the Hospital Authority (HA) from 1 April 2015 to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age in 2015-16 and 2016-17, subject to operational need, to help alleviate the expertise gap and manpower issues. As at 31 December 2016, arrangements were made to re-employ 120 suitable retired/retiring clinical staff in 2015-16 and 2016-17. Breakdown on the number of rehirees by retiring year and by cluster are as follows :

Retiring Year	Grade	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	Total
2014-15	Not Applicable								
2015-16	Doctors	1	4	3	4	6	1	8	27
	Nurses	5	3	2	3	5	3	4	25
	Allied Health Professionals	0	0	1	0	1	0	0	2
	Total	6	7	6	7	12	4	12	54
2016-17	Doctors	4	6	5	7	7	4	3	36
	Nurses	2	2	4	1	4	7	3	23
	Allied Health Professionals	0	4	2	0	0	1	0	7
	Total	6	12	11	8	11	12	6	66

The total remuneration expenditure involved was $38.3 million in 2015-16, and $139.7 million in 2016-17 (full-year projection).

Note:
The total remuneration includes basic salary, allowance, gratuity and other on cost such as provision of home loan interest subsidy benefit and death & disability benefit.

(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 3 years.

		Monthly Basic Salary ($)	
Year	Grade	Maximum	Median
2014-15 (as at 31 March 2015)	Doctors	201,965	98,300
	Nurses	91,590	41,200
	Allied Health Professionals	109,340	39,395
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 December 2016)	Doctors	219,500	109,670
	Nurses	99,205	43,145
	Allied Health Professionals	121,985	43,145

(3)

The Special Retired and Rehire Scheme was implemented from 1 April 2015. The table below shows the maximum and median salaries of retired healthcare professionals re-employed by HA on contract basis under the Scheme in 2015-16 and 2016-17.

		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 December 2016)	Doctors	219,500	171,350
	Nurses	65,740	59,425
	Allied Health Professionals	99,205	65,740

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. 0356)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the healthcare personnel of public hospitals, please:

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

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

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 16)

Reply:

(a)

The tables below provide the number of "doctors", "nursing", "allied health professionals" and "care-related support staff" of the Hospital Authority (HA) in each cluster, and their average salary and their total salary expenditure in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17:

2012-13

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

2013-14

Cluster	Staff Group	No. of Staff (as at 31 March 2014)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	575	1.7	987
	Nursing	2 443	0.6	1,360
	Allied Health Professionals	746	0.7	489
	Care-related Support Staff	1 341	0.2	241
HKWC	Doctors	602	1.7	1,012
	Nursing	2 553	0.6	1,499
	Allied Health Professionals	838	0.7	584
	Care-related Support Staff	1 231	0.2	221
KCC	Doctors	679	1.8	1,190
	Nursing	3 175	0.6	1,849
	Allied Health Professionals	978	0.7	658
	Care-related Support Staff	1 748	0.2	285
KEC	Doctors	627	1.7	1,044
	Nursing	2 474	0.6	1,392
	Allied Health Professionals	685	0.6	428
	Care-related Support Staff	1 211	0.2	221
KWC	Doctors	1 300	1.7	2,153
	Nursing	5 337	0.6	3,180
	Allied Health Professionals	1 479	0.7	969
	Care-related Support Staff	2 478	0.2	454
NTEC	Doctors	879	1.7	1,469
	Nursing	3 707	0.6	2,136
	Allied Health Professionals	1 018	0.7	704
	Care-related Support Staff	2 099	0.2	377
NTWC	Doctors	702	1.7	1,164
	Nursing	3 027	0.6	1,763
	Allied Health Professionals	797	0.6	501
	Care-related Support Staff	2 028	0.2	348

2014-15

Cluster	Staff Group	No. of Staff (as at 31 March 2015)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	584	1.8	1,065
	Nursing	2 517	0.6	1,513
	Allied Health Professionals	762	0.7	535
	Care-related Support Staff	1 485	0.2	308
HKWC	Doctors	608	1.8	1,075
	Nursing	2 679	0.6	1,614
	Allied Health Professionals	883	0.7	640
	Care-related Support Staff	1 422	0.2	281
KCC	Doctors	703	1.8	1,265
	Nursing	3 275	0.6	1,998
	Allied Health Professionals	989	0.7	712
	Care-related Support Staff	1 968	0.2	371
KEC	Doctors	644	1.8	1,149
	Nursing	2 613	0.6	1,527
	Allied Health Professionals	706	0.7	473
	Care-related Support Staff	1 436	0.2	303
KWC	Doctors	1 318	1.8	2,367
	Nursing	5 608	0.6	3,478
	Allied Health Professionals	1 566	0.7	1,069
	Care-related Support Staff	2 831	0.2	579
NTEC	Doctors	881	1.8	1,599
	Nursing	3 897	0.6	2,324
	Allied Health Professionals	1 081	0.7	767
	Care-related Support Staff	2 358	0.2	480
NTWC	Doctors	723	1.7	1,265
	Nursing	3 163	0.6	1,946
	Allied Health Professionals	831	0.7	553
	Care-related Support Staff	2 216	0.2	422

2015-16

Cluster	Staff Group	No. of Staff (as at 31 March 2016)	Average Salary ($ million)	Total Salary Expenditure ($ million)
HKEC	Doctors	595	1.9	1,151
	Nursing	2 613	0.6	1,636
	Allied Health Professionals	791	0.7	565
	Care-related Support Staff	1 507	0.2	320
HKWC	Doctors	624	1.9	1,189
	Nursing	2 788	0.6	1,747
	Allied Health Professionals	913	0.8	688
	Care-related Support Staff	1 489	0.2	306
KCC	Doctors	731	1.9	1,383
	Nursing	3 304	0.6	2,113
	Allied Health Professionals	1 028	0.7	756
	Care-related Support Staff	2 044	0.2	397
KEC	Doctors	676	1.9	1,263
	Nursing	2 698	0.6	1,640
	Allied Health Professionals	750	0.7	515
	Care-related Support Staff	1 491	0.2	320
KWC	Doctors	1 352	1.9	2,580
	Nursing	5 730	0.6	3,712
	Allied Health Professionals	1 646	0.7	1,164
	Care-related Support Staff	2 950	0.2	624
NTEC	Doctors	921	1.9	1,764
	Nursing	4 053	0.6	2,513
	Allied Health Professionals	1 179	0.7	836
	Care-related Support Staff	2 427	0.2	512
NTWC	Doctors	748	1.9	1,396
	Nursing	3 356	0.6	2,110
	Allied Health Professionals	889	0.7	611
	Care-related Support Staff	2 358	0.2	462

2016-17

Cluster	Staff Group	No. of Staff (as at 31 December 2016)	Average Salary ($ million) (Full Year Projection)	Total Salary Expenditure ($ million) (Full Year Projection)
HKEC	Doctors	605	2.0	1,193
	Nursing	2 681	0.7	1,752
	Allied Health Professionals	805	0.8	605
	Care-related Support Staff	1 511	0.2	339
HKWC	Doctors	659	1.9	1,258
	Nursing	2 801	0.7	1,857
	Allied Health Professionals	956	0.8	730
	Care-related Support Staff	1 457	0.2	327
KCC	Doctors	747	1.9	1,449
	Nursing	3 332	0.7	2,219
	Allied Health Professionals	1 058	0.8	799
	Care-related Support Staff	2 105	0.2	431
KEC	Doctors	684	2.0	1,346
	Nursing	2 737	0.6	1,772
	Allied Health Professionals	780	0.7	561
	Care-related Support Staff	1 559	0.2	352
KWC	Doctors	1 374	2.0	2,688
	Nursing	5 743	0.7	3,960
	Allied Health Professionals	1 695	0.7	1,250
	Care-related Support Staff	2 973	0.2	667
NTEC	Doctors	952	1.9	1,845
	Nursing	4 030	0.7	2,724
	Allied Health Professionals	1 228	0.7	912
	Care-related Support Staff	2 520	0.2	561
NTWC	Doctors	799	1.9	1,506
	Nursing	3 483	0.7	2,297
	Allied Health Professionals	961	0.7	683
	Care-related Support Staff	2 465	0.2	508

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

(6) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(7) 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 2016-17 represent full-year projection.

(b)

The tables below provide the intake and attrition (wastage) numbers of "doctors", "nursing", "allied health professionals" and "care-related support staff" of HA in each cluster in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17:

2012-2013

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

2013-2014

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

2014-2015

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

2015-2016

Cluster	Staff Group	Intake No.	Attrition (Wastage) No.	
			FT	PT
HKEC	Doctors	48	22	7
	Nursing	264	163	1
	Allied Health Professionals	76	32	1
	Care-related Support Staff	258	237	0
HKWC	Doctors	61	44	0
	Nursing	247	143	8
	Allied Health Professionals	68	34	5
	Care-related Support Staff	376	294	0
KCC	Doctors	60	26	3
	Nursing	258	163	2
	Allied Health Professionals	79	37	0
	Care-related Support Staff	387	303	0
KEC	Doctors	55	30	8
	Nursing	225	146	1
	Allied Health Professionals	73	23	1
	Care-related Support Staff	234	195	0
KWC	Doctors	108	63	11
	Nursing	403	262	0
	Allied Health Professionals	140	59	2
	Care-related Support Staff	433	358	0
NTEC	Doctors	84	20	9
	Nursing	326	162	0
	Allied Health Professionals	109	35	0
	Care-related Support Staff	387	342	0
NTWC	Doctors	72	35	14
	Nursing	318	160	0
	Allied Health Professionals	69	23	0
	Care-related Support Staff	401	283	0

2016-2017

Cluster	Staff Group	Intake No. (Apr – Dec 2016)	Attrition (Wastage) No. (Jan – Dec 2016)	
			FT	PT
HKEC	Doctors	43	34	8
	Nursing	174	161	1
	Allied Health Professionals	39	32	1
	Care-related Support Staff	191	232	0
HKWC	Doctors	58	32	5
	Nursing	179	185	13
	Allied Health Professionals	82	42	2
	Care-related Support Staff	166	246	0
KCC	Doctors	48	27	7
	Nursing	199	197	1
	Allied Health Professionals	73	47	1
	Care-related Support Staff	300	312	0
KEC	Doctors	41	36	3
	Nursing	163	134	6
	Allied Health Professionals	55	35	4
	Care-related Support Staff	201	199	0
KWC	Doctors	80	67	9
	Nursing	311	248	0
	Allied Health Professionals	104	62	4
	Care-related Support Staff	285	357	1
NTEC	Doctors	67	35	8
	Nursing	205	190	0
	Allied Health Professionals	92	48	1
	Care-related Support Staff	417	412	1
NTWC	Doctors	73	24	11
	Nursing	230	149	0
	Allied Health Professionals	88	27	0
	Care-related Support Staff	305	280	0

Note

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

(2) Intake number of doctors includes number of interns appointed as residents.

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

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

(5) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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
HAHO – HA Head Office

- 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

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding community health centres (CHCs),

(1) please list the number of attendances, the number of attendances for health risk assessments and the number of healthcare staff by type of healthcare professionals at each of the 3 existing public CHCs in the past 3 financial years; and

(2) it is mentioned in last year's Budget Speech that CHCs would be set up in Mong Kok, Shek Kip Mei and North District. What is the progress of these projects? When will these 3 CHCs be expected to come into operation? What are the manpower and expenditure involved and the estimated number of service users?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 30)

Reply:

(1)

The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the first of its kind to be designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively.

CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise 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 general outpatient attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC from 2014-15 to 2016-17 (up to 31 December 2016) are as follows:

CHC	2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional figures]
Tin Shui Wai (Tin Yip Road) CHC	75 448	82 431	73 200
North Lantau CHC	59 774	64 826	51 306
Kwun Tong CHC	5 336 (Commenced service in March 2015)	235 505	183 215

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. The Hospital Authority will work out the detailed operational arrangements and resource requirements at a later stage when the respective commissioning plans are available. The estimated project costs are within the dedicated provision of $200 billion under the ten-year hospital development plan.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.0362)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services provided by public hospitals, please list:

(1) the total number of doctors working in A&E departments of each public hospital, their average weekly total hours of overtime work and the extra expenditure on emoluments and allowances for overtime work so incurred in each of the past 5 years; and

(2) 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 MAK Mei-kuen, Alice (Member Question No. 31)

Reply:

(1) & (2)

The table below sets out the manpower of doctors in the Accident and Emergency (A&E) specialty by hospital under the Hospital Authority (HA) for 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Cluster	Hospital	2012-13 (as at 31 March 2013)	2013-14 (as at 31 March 2014)	2014-15 (as at 31 March 2015)	2015-16 (as at 31 March 2016)	2016-17 (as at 31December 2016)
HKEC	PYNEH	33	34	33	32	34
	RH	17	17	17	18	18
	SJH	4	4	5	5	5
HKWC	QMH	30	29	26	26	30
KCC	QEH	39	40	41	48	46
KEC	TKOH	20	23	21	26	26
	UCH	35	36	37	38	41
KWC	CMC	26	23	27	25	27
	KWH	28	27	26	28	28
	NLTH^	0	15	22	23	24
	PMH	28	30	31	30	31
	YCH	26	31	28	29	30
NTEC	AHNH	22	24	24	24	23
	NDH	19	20	20	20	20
	PWH	24	23	22	26	27
NTWC	POH	23	24	25	24	23
	TMH	36	39	41	41	52

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

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

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours. Furthermore, to deal with the heavy workload of A&E departments, HA has introduced various measures to strengthen healthcare support at A&E departments, including the A&E Support Session Programme where additional medical and nursing staff, including those from and outside-A&E departments, are recruited to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower is deployed to handle semi-urgent and non-urgent cases so that the pressure and workload of A&E staff can be reduced, thus allowing them to focus on more urgent cases. In 2016-17, HA has earmarked $22 million for the Programme.

(2) The tables below set out the average waiting time for A&E services in Triage 4 and 5 in each A&E department under HA for 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016). The statistics of longest waiting time at each A&E department are not readily available.

2012-13

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

2013-14

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	80	121
	RH	65	119
	SJH	21	32
HKWC	QMH	90	155
KCC	QEH	174	207
KEC	TKOH	71	79
	UCH	122	184
KWC	CMC	69	64
	KWH	151	179
	NLTH^	23	24
	PMH	108	160
	YCH	125	159
NTEC	AHNH	26	29
	NDH	106	160
	PWH	174	163
NTWC	POH	111	124
	TMH	149	161
Overall HA		**106**	**124**

2014-15

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

2015-16

Cluster	Hospital	Average waiting time (minute) 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 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Average waiting time (minute) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	112	145
	RH	81	137
	SJH	25	32
HKWC	QMH	102	177
KCC	QEH	146	190
KEC	TKOH	103	112
	UCH	136	205
KWC	CMC	60	57
	KWH	121	134
	NLTH^	32	51
	PMH	93	133
	YCH	119	149
NTEC	AHNH	36	39
	NDH	107	148
	PWH	183	198
NTWC	POH	116	129
	TMH	143	164
Overall HA		**106**	**131**

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

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

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

Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
QMH – Queen Mary Hospital
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1166)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($m)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2012						
2013						
2014						
2015						
2016						

Year	Average amount of subsidy granted per case ($)	
	Non-drug items	Drugs
2012		
2013		
2014		
2015		
2016		

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 34)

Reply:

The two tables below set out information on financial assistance under the Samaritan Fund:

Year	Total number of applications for financial assistance under the Samaritan Fund		Number of cases approved for subsidy		Amount of subsidies granted ($ million)	
	Non-drug items	Drugs	Full subsidy granted	Partial subsidy granted	Non-drug items	Drugs
2012-13	3 389	1 745	4 279	855	86.9	241.6
2013-14	3 464	2 027	4 665	825	97.7	280.2
2014-15	3 699	2 230	4 941	987	140.4	310.8
2015-16	3 864	2 237	4 991	1 108	145.5	317.5
2016-17 (Up to 31 December 2016)	3 298	1 876	4 237	937	130.9	272.9

Year	Average amount of subsidy granted in each case ($)	
	Non-drug items	Drugs
2012-13	25,655	138,436
2013-14	28,221	138,234
2014-15	37,970	139,367
2015-16	37,668	141,932
2016-17 (up to 31 December 2016)	39,692	145,477

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1167)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the oncology services of the Hospital Authority, please advise on the following:

● by hospital cluster the number of new oncology cases received by different hospital clusters in each of the past 5 years (from 2012 to 2016) and the average waiting time for the first appointment of oncology patients; and

● the 20 most common cancers, number of new cases, number of death cases and average waiting time for the first check-up in the past 5 years (from 2012 to 2016) in table form as shown below.

The 20 most common cases	Number of new cases	Number of registered deaths	Average waiting time for first check-up
Cancer (1)			
…			
Cancer (20)			

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 35)

Reply:

(1) The table below sets out the number of specialist outpatient clinical oncology new cases and their respective median waiting time in each hospital cluster of the Hospital Authority (HA) from 2012-13 to 2016-17 (up to 31 December 2016).

Cluster	2012-13		2013-14		2014-15		2015-16		2016-17 (up to 31 December 2016) [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	2 651	1	2 804	1	2 872	<1	3 008	1	2 263	1
HKWC	2 645	1	2 710	1	2 686	<1	2 909	1	2 273	1
KCC	6 202	1	6 226	1	6 353	1	6 260	1	4 904	1
KEC*	465	2	489	2	562	1	1 051	1	835	2
KWC	2 820	3	2 964	3	3 111	3	3 605	3	3 004	3
NTEC	4 768	1	4 861	1	4 945	1	5 107	1	4 238	2
NTWC	3 212	1	3 388	1	3 356	1	3 343	1	2 842	1

*KEC commenced limited onsite oncology service since 2009-10.

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(2) The table below sets out the number of cancer new cases and registered cancer deaths from 2012 to 2014 in Hong Kong. Statistics from 2015 onwards are not yet available.

Ranking* (2014)	Cancer Site	Number of new cases			Number of registered deaths		
		2012	2013	2014	2012	2013	2014
1	Lung	4 610	4 631	4 674	3 893	3 867	3 866
2	Colorectum	4 563	4 769	4 979	1 903	1 981	2 034
3	Liver	1 790	1 852	1 847	1 505	1 524	1 585
4	Stomach	1 113	1 100	1 146	657	625	657
5	Breast	3 522	3 544	3 883	604	600	610
6	Pancreas	574	608	655	538	584	576
7	Prostate	1 631	1 655	1 709	362	372	398
8	Non-Hodgkin lymphoma	804	877	918	351	352	352
9	Oesophagus	400	429	409	313	329	327
10	Leukaemia	489	547	540	276	302	316
11	Nasopharynx	819	841	834	329	312	308
12	Lip, oral cavity and pharynx except nasopharynx	547	647	590	192	184	213
13	Bladder	384	425	409	184	172	211
14	Kidney and other urinary	541	566	653	204	180	200

Ranking* (2014)	Cancer Site	Number of new cases			Number of registered deaths		
		2012	2013	2014	2012	2013	2014
	organs except bladder						
15	Gallbladder and extrahepatic bile duct	361	393	393	175	187	188
16	Ovary etc.	531	526	576	174	208	179
17	Multiple myeloma	233	240	232	151	120	137
18	Cervix	457	503	472	133	142	131
19	Bone and soft tissue	253	255	276	98	114	116
20	Brain and nervous system	218	240	231	93	101	114
	Others	4 008	4 288	4 192	1 201	1 333	1 285
	All sites	**27 848**	**28 936**	**29 618**	**13 336**	**13 589**	**13 803**

*Ranking according to number of registered deaths in 2014

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. 1168)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

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

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 37)

Reply:

The table below sets out the number of drugs in the Hospital Authority Drug Formulary (HADF) as at January 2017.

Drug Category	**Number of Drugs**
Total number of drugs in the Formulary	Around 1 300 *
General drugs	869
Special drugs	360
Self-financed items	71
Drugs covered by the safety net	26
Drugs supported by the Community Care Fund	13

* Note: A drug may fall in more than one category (General, Special, Self-Financed, Self-Financed with Safety Net) in HADF due to different therapeutic indications or dose presentations. The figures are gross summations of drugs in all categories in HADF.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1171)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

1. what were the provisions for the HA in the past 5 years (i.e. from 2012-13 to 2016-17)? What percentage did the provisions account for in the Government's overall public health expenditure each year?

2. what were the HA's expenditures on various items, including staff costs and drug expenditure, in the past 5 years (i.e. from 2012-13 to 2016-17)? What was the respective percentage of each expenditure item in the total recurrent operating expenditure?

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Staff costs (percentage in the total recurrent operating expenditure)	- - (--%)	- - (--%)	- - (--%)	- - (--%)	- - (--%)
Drug expenditure (percentage in the total recurrent operating expenditure)	- - (--%)	- - (--%)	- - (--%)	- - (--%)	- - (--%)
…	- - (--%)	- - (--%)	- - (--%)	- - (--%)	- - (--%)
Total expenditure	- -	- -	- -	- -	- -

3. what were the provisions allocated to each hospital cluster and each hospital under the clusters in the past 5 years (i.e. from 2012-13 to 2016-17)? Please tabulate details below.

	Provision allocated in 2012-13	Provision allocated in 2013-14	Provision allocated in 2014-15	Provision allocated in 2015-16	Provision allocated in 2016-17
Hong Kong East Cluster					
Cheshire Home, Chung Hom Kok					
Pamela Youde Nethersole Eastern Hospital					
Ruttonjee Hospital					
St. John Hospital					
Tang Shiu Kin Hospital					
Tung Wah Eastern Hospital					
Wong Chuk Hang Hospital					
Hong Kong West Cluster					
Grantham Hospital					
MacLehose Medical Rehabilitation Centre					
Queen Mary Hospital					
The Duchess of Kent Children's Hospital at Sandy Bay					
Tsan Yuk Hospital					
Tung Wah Group of Hospitals Fung Yiu King Hospital					
Tung Wah Hospital					
Kowloon Central Cluster					
Hong Kong Red Cross Blood Transfusion Service					
Hong Kong Buddhist Hospital					
Hong Kong Eye Hospital					
Kowloon Hospital					
Queen Elizabeth Hospital					
Rehabaid Centre					
Kowloon East Cluster					
Haven of Hope Hospital					
Tseung Kwan O Hospital					
United Christian Hospital					
Kowloon West Cluster					
Caritas Medical Centre					
Kwai Chung Hospital					
Kwong Wah Hospital					
North Lantau Hospital					
Our Lady of Maryknoll Hospital					
Princess Margaret Hospital					

Tung Wah Group of Hospitals Wong Tai Sin Hospital					
Yan Chai Hospital					
New Territories East Cluster					
Alice Ho Miu Ling Nethersole Hospital					
Bradbury Hospice					
Cheshire Home, Shatin					
North District Hospital					
Prince of Wales Hospital					
Shatin Hospital					
Tai Po Hospital					
New Territories West Cluster					
Castle Peak Hospital					
Pok Oi Hospital					
Siu Lam Hospital					
Tuen Mun Hospital					

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 20)

Reply:

(1)

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

	2012-13 (Actual)	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Revised Estimate)**
Financial Provision to HA ($ billion)	52.89[N1]	46.32	49.80	61.55 [N3]	53.43
Percentage in Total Government Expenditure on Health	88.8%	68.5% [N2]	86.6%	87.4%	80.7%

Note:

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

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

N3 The actual financial provision for 2015-16 includes a one-off allocation of $10 billion from the Government to HA for setting up an endowment fund to operate the clinical public-private partnership programmes.

(2)

The table below sets out the staff costs, drug expenditure and other expenditure of HA as well as the respective percentages of such expenditure in HA's total recurrent operating expenditure [N4] in the past 5 years:

		2012-13	2013-14	2014-15	2015-16	2016-17 (Projection)
Staff Costs	Amount ($ billion)	31.86	34.07	37.21	40.28	43.17
	% of total recurrent operating expenditure	72.3%	72.6%	72.3%	72.8%	72.9%
Drug Expenditure	Amount ($ billion)	4.79	5.02	5.33	5.71	6.15
	% of total recurrent operating expenditure	10.9%	10.7%	10.4%	10.3%	10.4%
Other Expenditure	Amount ($ billion)	7.41	7.83	8.89	9.38	9.90
	% of total recurrent operating expenditure	16.8%	16.7%	17.3%	16.9%	16.7%
Total ($ billion)		**44.06**	**46.92**	**51.43**	**55.37**	**59.22**

Note:

N4 The recurrent operating expenditure as shown in the table above represents the resources utilised to meet HA's daily operational needs, such as staff costs, drug expenditure (including items self-financed by patients), medical supplies and utility charges, etc.

(3)

The table below sets out the recurrent budget allocation for each cluster of HA in the past 5 years from 2012-13 to 2016-17:

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	($ billion)						
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
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 (projection as of 31 December 2016)	5.68	5.93	7.14	5.68	12.08	8.68	7.30

The recurrent budget allocation as shown in the table above represents the funding allocated to clusters for supporting 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.

HA arranges its services on a cluster basis and hence budget allocation for the clusters is given above. Budget allocation to clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 1179)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme, please provide information on:
(1) for services involving the use of health care vouchers, the average amount per transaction and the median transaction amount for each of the past 5 financial years;
(2) the amount of the 10 transactions with the highest single transaction amount and the services rendered over the past 5 financial years: and
(3) the numbers of complaints relating to the Elderly Health Care Voucher Scheme received for each of the past 3 years, the number of substantiated complaints, as well as the handling of these substantiated complaints.

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

Reply:

(1) Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued with 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:

	2012	**2013**	**2014**	**2015**	**2016**
(a) Total amount of vouchers claimed (in $'000)	163,219	314,704	597,539	906,327	1,070,558
(b) Total number of voucher claim transactions	937 200	1 470 439	2 221 547	2 709 040	2 806 294
(c) Average amount of vouchers claimed per transaction ($) [i.e. (a)/(b)]	174	214	269	335	381

Statistics on the median amount of vouchers claimed are not readily available.

(2) There is no limit on the amount of vouchers that an elder may use for each visit to a participating service provider. The maximum amount of vouchers in monetary value that can be accumulated in any voucher account in the past 5 years are $1,250 in 2012, $2,250 in 2013, and $4,000 in 2014 to 2016 respectively. More than 10 voucher claims were made each year from 2012 to 2016 using the maximum amount of vouchers available in a voucher account for various types of healthcare services, including preventive care, management of acute episodic condition, follow-up/ monitoring of long term conditions, and rehabilitation care.

(3) The Department of Health (DH) had handled 11 complaints in 2014, 24 complaints in 2015 and 42 complaints in 2016 about the EHV Scheme, related to scheme coverage, operational procedures, administrative and support services, suspected fraud, and improper voucher claims. Of these 77 complaint cases, 22 were substantiated and 7 are under investigation.

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 organisations (such as the Medical Council of Hong Kong) for follow-up, and may be disqualified from participating in the EHV Scheme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1180)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the elderly health care vouchers, please provide the following information:

(1) the number of elders who had made use of the vouchers, the number of eligible elders, and the percentage of eligible elders who had made use of the vouchers in **each of** the past 5 financial years; and

(2) the number of voucher claim transactions **each month** and the total number of voucher claim transactions in each of the past 5 financial years.

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

Reply:

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

	2012	**2013**	**2014**	**2015**	**2016**
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	59%	67%	75%	79%	84%

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

Number of Voucher Claim Transactions

	2012	2013	2014	2015	2016
January	105 093	187 301	244 652	336 283	289 161
February	109 526	140 998	161 524	260 407	260 893
March	116 670	156 258	194 934	267 718	307 836
April	85 392	143 186	165 732	237 371	286 943
May	88 791	123 671	146 590	214 846	253 367
June	68 619	102 327	177 142	211 935	207 218
July	65 187	108 533	199 131	191 850	195 628
August	72 189	103 638	192 565	179 340	196 144
September	55 417	93 129	177 915	178 075	187 803
October	57 423	98 553	180 603	201 784[Note]	178 730
November	57 171	100 984	180 118	201 410	204 038
December	55 722	111 861	200 641	228 021	238 533
Total	937 200	1 470 439	2 221 547	2 709 040	2 806 294

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1181)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:
Please provide the following information on each of the hospital clusters in the past 5 financial years:

(1) the total population and the percentage of persons aged 65 or above in the total population of the clusters; and

(2) the average service costs incurred by persons aged 65 or above and persons below 65 respectively and the overall average service costs.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 40)

Reply:
(1)
The tables below set out the total population and the population aged 65 or above in respect of each cluster of the Hospital Authority (HA) in the past 5 years:

Population Estimates in 2012 (as at mid-2012)

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

Population Estimates in 2013 (as at mid-2013)

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

Population Estimates in 2014 (as at mid-2014)

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

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Total Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 700	141 200
Central & Western, Southern	HKWC	525 700	87 000
Kowloon City, Yau Tsim	KCC	540 900	94 300
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	1 956 000	328 900
Sha Tin, Tai Po, North	NTEC	1 290 200	171 300
Tuen Mun, Yuen Long	NTWC	1 117 500	130 100
Overall Hong Kong		**7 305 700**	**1 117 300**

Projected Population in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Total Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	764 200	148 000
Central & Western, Southern	HKWC	521 900	91 300
Kowloon City, Yau Tsim	KCC	538 300	99 200
Kwun Tong, Sai Kung	KEC	1 122 300	170 900
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 955 200	340 800
Sha Tin, Tai Po, North	NTEC	1 315 200	183 200
Tuen Mun, Yuen Long	NTWC	1 136 400	139 600
Overall Hong Kong		**7 354 500**	**1 173 000**

The table below sets out the percentage of population aged 65 or above in respect of each cluster of HA in the past 5 years:

Districts	Corresponding Hospital Cluster	Percentage of Population Aged 65+ (%)				
		2012	2013	2014	2015	2016
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	16.1	17.0	17.5	18.4	19.4
Central & Western, Southern	HKWC	14.4	15.1	15.8	16.5	17.5
Kowloon City, Yau Tsim	KCC	15.9	16.8	16.8	17.4	18.4
Kwun Tong, Sai Kung	KEC	13.6	13.9	14.4	14.9	15.2
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	15.5	15.8	16.3	16.8	17.4
Sha Tin, Tai Po, North	NTEC	11.6	12.1	12.7	13.3	13.9
Tuen Mun, Yuen Long	NTWC	10.0	10.5	11.1	11.6	12.3
Overall Hong Kong		**13.7**	**14.2**	**14.7**	**15.3**	**15.9**

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

(2)

HA provides a spectrum of comprehensive medical services, mainly inpatient services,

specialist outpatient (SOP) services, Accident & Emergency (A&E) and general outpatient (GOP) services for elderly patients.

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. HA does not collate age-specific unit cost and therefore average costs of these services for patients aged 65 or above and those aged under 65 are not available.

The tables below set out the actual and projected unit costs of these services in the past 5 years:

Year	Average Cost per Patient Day (General (acute & convalescent)) ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2012-13	4,420	4,900	3,910	4,240	4,060	4,100	3,940	**4,180**
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 (Revised Estimate)	5,310	6,180	4,820	5,180	5,030	5,080	4,950	**5,170**

Year	Average Cost per SOP Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2012-13	1,040	1,250	1,000	915	1,020	1,120	1,050	**1,050**
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 (Revised Estimate)	1,240	1,430	1,250	1,170	1,240	1,300	1,250	**1,260**

Year	Average Cost per GOP Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2012-13	395	370	365	350	360	345	340	**360**
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 (Revised Estimate)	485	490	465	465	500	455	430	**470**

Year	Average Cost per A&E Attendance ($)							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2012-13	960	945	915	960	890	1,030	855	**935**
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 (Revised Estimate)	1,300	1,190	1,350	1,290	1,330	1,410	1,200	**1,310**

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.

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.

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 1182)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health care services for the ethnic minorities:

(1) please set out by year the number of ethnic minority attendances for various kinds of hospital services (including follow-up attendance and inpatient services) in each hospital cluster in the past 5 years;

(2) please set out by year the number of calls for interpretation services in each hospital cluster and the expenditure involved in the past 5 years; and

(3) what work plans does the Government have for improving the health care services for the ethnic minorities this year?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 47)

Reply:

(1)

The Hospital Authority (HA) does not maintain statistics on the number of ethnic minorities seeking medical consultation in HA.

(2)

HA provides services for members of the public regardless of their race and ethnic origin. 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 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, disease information sheets and patient consent forms in 18 languages to enhance communication between hospital staff and ethnic minority 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 (A&E) department).

Statistics on interpretation services provided by HA in its public hospitals and clinics and the expenditure in the past 5 years are set out in the table below:

Year	**Interpretation Services (number of cases)**	**Expenditure ($ million)**
2012 - 13	4 976	2.3
2013 - 14	6 017	3
2014 - 15	7 951	4.6
2015 - 16	10 449	6.2
2016 - 17 (April to November 2016)	8 206	4.9

(3)

HA will continue to strengthen the promotion of interpretation services to ethnic minorities. Multilingual posters have been printed and posted in public hospitals, and television panels are used for promoting and helping ethnic minorities understand how to use the interpretation services.

HA has been organising seminars or training courses on ethnic minorities and anti-discrimination ordinances at cluster level according to service need. Besides, the HA e-Learning Centre is offering an e-courseware on communication with ethnic minorities, knowledge about the cultures of ethnic minorities and proper arrangement of hospital interpretation service. Participants of these training courses and e-courseware include frontline staff working at enquiry counters of hospitals and clinics, nurses and clerical staff. During April 2012 to December 2016, the total number of participants of these training courses and e-courseware was over 7 000.

HA launched a dedicated website for ethnic minorities in mid-2015, providing essential information given on the current HA website in five languages, including Hindi, Nepali, Punjabi (Indian), Punjabi (Pakistani) and Urdu. The website contains information about HA and A&E service, as well as the addresses, telephone numbers and consultation hours of general outpatient clinics. Revamp of the website was completed in February 2017 to make the content available in three more languages, namely Thai, Bahasa Indonesia and Tagalog, so that more ethnic groups can better understand information provided by HA.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1183)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the treatment of dementia, please provide information on:

(1) the number of new cases of dementia received by psychogeriatric services of various public hospitals and the average waiting time for new cases in each of the past 3 years; and

(2) the number of elderly people suspected to be suffering from dementia during health assessment in the Elderly Health Centres, the number of successful referrals to psychogeriatric services run by the Hospital Authority, and the average waiting time for first consultation liaison after such referrals in each of the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 49)

Reply:

(1)

Through an integrated and multi-disciplinary approach involving doctors, nurses, clinical psychologists, medical social workers and occupational therapists, etc., the Hospital Authority (HA) provides a spectrum of mental health services for patients with mental health problems including elderly patients with dementia, such as inpatient, outpatient, ambulatory and community support services, having regard to their severity of the condition and clinical needs.

The tables below set 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 each cluster under HA from 2014-15 to 2016-17 (up to 31 December 2016).

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	15	1	49	4	62	7
HKWC	91	1	179	4	421	47
KCC	36	<1	239	2	525	28
KEC	52	1	350	5	789	53
KWC	246	1	165	4	964	23
NTEC	130	1	503	4	888	77
NTWC	7	<1	219	5	683	26
Overall	577	1	1 704	4	4 332	29

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	19	1	30	3	85	7
HKWC	109	<1	164	3	511	73
KCC	17	1	190	1	548	16
KEC	57	1	362	5	935	45
KWC	238	<1	164	1	895	9
NTEC	147	1	508	5	865	71
NTWC	6	1	208	3	701	40
Overall	593	<1	1 626	3	4 540	27

2016-17[4] (up to 31 December 2016) [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	10	<1	18	3	275	37
HKWC	60	1	123	4	320	34
KCC	18	<1	161	4	456	23
KEC	31	1	314	6	574	23
KWC	186	<1	169	2	684	24
NTEC	104	1	449	4	674	96
NTWC	6	1	154	5	555	42
Overall	415	<1	1 388	4	3 538	28

The table below sets out the number of dementia patients who have received psychiatric specialist services in each cluster in 2014-15, 2015-16 and 2016. HA does not have statistics on the number of new cases of dementia.

Cluster	Number of dementia patients[1,2]		
	2014-15	2015-16	2016[4] (January - December) [Provisional figures]
HKEC	990	950	910
HKWC	540	560	580
KCC	1 290	1 380	1 370
KEC	1 050	1 080	1 160
KWC	4 310	4 480	4 660
NTEC	2 280	2 250	2 280
NTWC	1 650	1 620	1 630
Overall[3]	**11 860**	**12 100**	**12 360**

Note:

1. Figures are rounded to the nearest ten.
2. Refer to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
3. Sum of clusters may not add up to the total as patients may be treated in more than one cluster.
4. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(2)

The number of elderly people with suspected cognitive impairment during health assessment in the Elderly Health Centres in 2014, 2015, and 2016 are 2 415, 2 453, and 1 694 (provisional figure as of 30 September 2016) respectively. Follow-up arrangements are made for suspected cases as appropriate, including referrals to specialist services of HA. The number of referrals to HA for suspected dementia is not readily available.

HA does not have statistics on the number of patients and the average waiting time for first consultation referred by the Elderly Health Centres.

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. 2957)

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) (Patrick T K NIP)

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 in each of the past 5 years.

How many complaints about the use of health care vouchers has the Government ever received? Some health care voucher users said that certain participating medical organisations would charge elderly users higher drug fees than other patients. Has the Government received similar complaints? Is there any way to improve it?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. 24)

Reply:

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme and the amount of vouchers claimed in the past 5 years:

	2012	**2013**	**2014**	**2015**	**2016**
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Amount of vouchers claimed (in $'000)	163,219	314,704	597,539	906,327	1,070,558

Over the past 3 years, the Department of Health (DH) had investigated a total of 77 complaints about the EHV Scheme, including 15 complaints related to service fees charged by the 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 voucher. 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 organisations (such as the Medical Council of Hong Kong) 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 issued letters to participating service providers reminding them of the proper practices in making voucher claims, including the need to increase the price transparency of their services.

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 enhancing the EHV Scheme as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2965)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

How many resources will the Government reserve for studies concerning the redevelopment of Our Lady of Maryknoll Hospital (OLMH)? Is the redevelopment plan already in place? What is the expected commencement date of the redevelopment?

Will the Government consider providing accident and emergency services in the redeveloped OLMH to enhance medical services for residents in Wong Tai Sin district? If yes, what is the progress? If no, what are the reasons?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. 26)

Reply:

The redevelopment of Our Lady of Maryknoll Hospital (OLMH) is one of the projects under the ten-year Hospital Development Plan of the Hospital Authority (HA). HA is currently working on the preparatory studies, including ground investigation, geotechnical and traffic impact assessments, etc. for the redevelopment of OLMH project. HA will work out the timetable and seek funding provision for the project in accordance with the established procedures.

At present, accident and emergency (A&E) services in Wong Tai Sin district are mainly provided by Kwong Wah Hospital, Queen Elizabeth Hospital and United Christian Hospital. With the support of these three acute hospitals, the demand for A&E services in the district has been largely addressed.

OLMH is planned to be redeveloped as a non-acute hospital with focus on ambulatory care services in order to meet the long term medical needs of the community. The redeveloped OLMH will partner with the proposed new acute hospital at Kai Tak Development Area (KTDA) to ensure provision of appropriate medical services for the local community, including the Wong Tai Sin district. OLMH, together with Wong Tai Sin Hospital and

Hong Kong Buddhist Hospital, will form a service network with the new acute hospital at KTDA to streamline and coordinate the patient care pathways from hospital to community care. The redevelopment of OLMH project will enhance the hospital facilities to strengthen its role in the Kowloon Central Cluster.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2967)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Budget Speech that "to encourage the use of private healthcare services by the public, we will provide tax deduction for the purchase of regulated health insurance products, details of which are being examined by the Government." Please advise this Committee of the amount of resources earmarked for the relevant studies this financial year and the anticipated progress of such studies.

Asked by: Hon OR Chong-shing, Wilson (Member Question No. 51)

Reply:

The Government released the Consultation Report on the Voluntary Health Insurance Scheme (VHIS) on 9 January 2017. As revealed by the consultation outcomes, there was broad support for the concept and policy objectives of the VHIS in general. The Government will proceed to implement the VHIS through a non-legislative framework.

We will establish a VHIS Office, comprising staff of different expertise, to certify those products that are VHIS-compliant which would be eligible for tax deduction. Consultants with extensive experience in the insurance sector will also be engaged to advise on the technical details of the proposals.

We aim to finalise the VHIS practice guidelines and details of the tax deduction arrangement in 2018. Relevant implementation details, including estimated expenditure pertaining to the VHIS, will be formulated in due course.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2208)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

With respect to the work in support of breastfeeding, what specific measures will the Government take to promote the creation of an encouraging environment for breastfeeding in the community? In addition, what organisations will the Government collaborate with to promote and facilitate breastfeeding? What are the details of the specific collaboration plans involved?

Asked by: Hon QUAT Elizabeth (Member Question No. 31)

Reply:

The superiority of breastfeeding in ensuring physical and psychosocial health and well-being of mother and child as well as the important impacts of early nutrition on long-term health are widely recognised. In addition to clear short-term health benefits such as protection from gastrointestinal and middle-ear infections in children, breastfeeding has also been shown to be protective against obesity and development of non-communicable diseases in adulthood. On top of that, studies have also shown that breastfeeding could protect against premenopausal breast cancer in mothers.

The benefits of breastfeeding are shown to be proportional to its duration and exclusiveness. The World Health Organization has made a global public health recommendation that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health and thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 2 years of age or beyond. In May 2016, WHO issued the "Guidance on ending the inappropriate promotion of foods for infants and young children" which has clarified that its recommendations regarding restrictions on marketing practices of breastmilk substitutes include any milk, in either liquid or powdered form, that are specifically marketed for feeding infant and young children up to age of 36 months (including follow-up formula and growing-up milks).

The Government has all along endeavoured to promote, protect and support breastfeeding. The Food and Health Bureau (FHB) set up the Committee on Promotion of Breastfeeding (the Committee) in early April 2014 under the chairmanship of the Under Secretary for Food and Health. Members include representatives from relevant professional healthcare bodies, academia as well as representatives of the organisations that have participated in the promotion of breastfeeding. The Committee provides specific recommendations and supervision on strategies and action plans to further strengthen the promotion, protection and support for breastfeeding. Its objectives are to enhance the sustainability of breastfeeding and promote breastfeeding as a norm for babycare widely accepted by the general public.

In 2017-18, the FHB and the Department of Health (DH) will continue to promote and support breastfeeding in support of the Committee's work through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children ("HK Code"); and strengthening the surveillance on local breastfeeding situation.

The DH 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 -

- Providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
- Providing health information on breastfeeding for parents through workshops, production and distribution of educational materials, and individual counselling;
- Providing guidance and skill support for breastfeeding mothers; and
- Organising publicity activities to enhance public awareness.

To facilitate various sectors in implementing breastfeeding friendly measures, the DH has also developed relevant guidelines such as "Guide to Establishing Breastfeeding Friendly Premises", "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combing Breastfeeding with Work" for reference by public and private organisations.

Since July 2015, the FHB, the DH and the Hong Kong Committee for the United Nations Children's Fund (UNICEF HK) have jointly launched a promotion campaign entitled "Say Yes to Breastfeeding". The campaign aims to encourage private organisations to implement the Breastfeeding Friendly Workplace Policy and encourage them to introduce breastfeeding friendly initiatives in public places, big and small, under their management. In addition, the promotion campaign "Breastfeeding Friendly Mall" was launched in May 2016 to encourage shopping malls to implement breastfeeding friendly policy supporting lactating mothers to breastfeed anywhere anytime. The Government also encourages public transport facilities to adopt breastfeeding friendly premises policy.

The DH and the UNICEF HK have also collaborated with the Hong Kong Catering Industry Association to introduce and promote "breastfeeding friendly premises" measures to the

catering industry. As at October 2016, more than 80 restaurants had implemented "breastfeeding friendly premises" measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2209)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What specific measures will the Government take to "attract, motivate and retain" doctors and nurses? Are there any indicators such as the doctor-to-patient ratio, the nurse-to-patient ratio, etc in place for the Government to review the effectiveness of the above measures? What is the expenditure involved for the above measures?

Asked by: Hon QUAT Elizabeth (Member Question No. 32)

Reply:

In the past 3 years, the Hospital Authority (HA) has earmarked around $321 million annually to attract and retain healthcare professionals. Major measures include enhancing training opportunities by offering corporate scholarships for overseas training, strengthening manpower support, recruitment of additional supporting staff and re-engineering work processes. HA would continue central recruitment of full-time and part-time clinical staff to further increase manpower strength and improve staff retention. A time-limited funding of $570 million from 2015-16 to 2017-18 has also been designated for a special retired and rehire scheme to re-employ suitable serving healthcare staff upon their retirement or completion of contract at normal retirement age to retain suitable expertise for training and knowledge transfer, and to help alleviate manpower issues.

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

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

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

In 2017-18, HA plans to recruit about 430 doctors and 2 130 nursing in order to address manpower shortage, to maintain existing service provision and to implement service enhancement initiatives. HA will continue to implement the range of measures for retaining staff in the medical and nursing grades in 2016-17. HA will review the effectiveness of the above initiatives and explore further enhancement measures to attract and retain staff as and when necessary.

In planning for services and the associated manpower support, HA has taken into account a number of factors, including the model of care, the complexity of individual cases and level of technology used. Specifically for the nursing grade, HA has developed a workload assessment model to assess the nursing workload and staffing requirements based on factors such as patient number, patient dependency and nursing activities. HA will take into account the manpower requirements as assessed by this model when planning new services.

Overall, HA provides different types and levels of services for patients according to their individual condition and needs, and has to flexibly deploy its manpower resources in order to meet the operational needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3177)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding "to encourage the use of private healthcare services by the public, the Government will provide tax deduction for the purchase of regulated health insurance products", will the Government advise on the following:

1. When will the Government finish its examination of the relevant details and release the findings?

2. The recent tightening of claims policy for a number of hospital procedures by an insurance company has aroused public concern. Has the Government assessed the possible impact of this move of the insurance company on people's confidence in purchasing health insurance products and the subsequent influence on the insurance industry? If yes, what are the details? If no, what are the reasons?

Asked by: Hon SHEK Lai-him, Abraham (Member Question No. 2)

Reply:

The Government released the Consultation Report on the Voluntary Health Insurance Scheme (VHIS) on 9 January 2017. As revealed by the consultation outcomes, there was broad support for the concept and policy objectives of the VHIS in general. The Government will proceed to implement the VHIS through a non-legislative framework.

We will establish a VHIS Office, comprising staff of different expertise, to certify those products that are VHIS-compliant which would be eligible for tax deduction. Consultants with extensive experience in the insurance sector will also be engaged to advise on the technical details of the proposals. We aim to finalise the VHIS practice guidelines and details of the tax deduction arrangement in 2018.

Under the VHIS, one of the Minimum Requirements is "coverage of hospitalisation and prescribed ambulatory procedures". We will continue to discuss with stakeholders regarding the details of this Minimum Requirement.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3098)

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

Subhead (No. & title): (514) Hospital Authority

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Are there any medical services specifically provided for homeless mental patients?

2. If yes, please provide information on the relevant services, including their locations in various districts, services used, number of users and utilisation rate.

3. If no, what are the reasons? What are the supporting measures available for the homeless in need?

Asked by: Hon SHIU Ka-chun (Member Question No. 142)

Reply:

(1) to (3)
The Hospital Authority (HA) delivers mental health service using an integrated and multi-disciplinary approach involving doctors, nurses, clinical psychologists, medical social workers and occupational therapists etc. The multidisciplinary teams of HA provide a spectrum of mental health services for patients with mental health problems, including homeless mental patients, through inpatient, outpatient, ambulatory and community support services and having regard to their severity of the condition and clinical needs.

At present, patients in need of psychiatric community support (including homeless mental patients) can be referred to the community psychiatric service (CPS) through various channels, such as the Integrated Community Centre for Mental Wellness subvented by the Social Welfare Department (SWD) or social workers.

For homeless mental patients, the multi-disciplinary teams of CPS will work closely with SWD and arrange joint visits to provide coordinated and individualised community support to them at appropriate time (including non-office hours) and location, according to the patient's clinical needs and risks profile and taking into account relevant personal safety and privacy issues. Apart from CPS, the multi-disciplinary teams will also arrange appropriate

mental health services for homeless patients, including inpatient, outpatient and ambulatory services.

HA does not have the requested information on locations in various districts, services used, number of users and utilisation rate regarding services for homeless mental patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3099)

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

Subhead (No. & title): (514) Hospital Authority

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Is there any standardised instructions on providing outreach service for community psychiatric teams (CPTs) of various clusters? For example, under the same circumstances, CPTs of some clusters will provide outreach service, while those of others will not. There are inconsistent practices among the clusters. Is outreach service attendance by CPTs subject to any guidelines or code of practice?
2. Under what circumstances will CPTs decide to/not to provide outreach services? What will CPTs do if they fail to find the subject patient who is homeless?
3. It is said that CPTs will consider whether a work environment is absolutely safe for outreach service attendance and that they have accordingly refused to provide such services to homeless patients. Is this true?
4. It is said that CPTs will only provide services during office hours and that they have accordingly refused to provide services to homeless patients who can only be reached at night. Is this true?
5. If no outreach services will be provided to homeless patients on account of safety concern or outside office hours, what support will be provided by CPTs to this kind of patients in need? Will the existing arrangements deprive homeless patients of the right to receive healthcare services?
6. Please list the details of the services provided by CPTs, including the geographic distribution of CPTs, scope of services, number of users, utilisation rate and a breakdown of the expenditure involved.

Asked by: Hon SHIU Ka-chun (Member Question No. 143)

Reply:

(1) to (5)

The multi-disciplinary teams of the community psychiatric service (CPS) in the Hospital Authority (HA), involving doctors, nurses, clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide appropriate community

support services to patients with mental health problems, including homeless patients residing in the community and having regard to their conditions and clinical needs.

At present, patients in need of psychiatric community support (including homeless mental patients) can be referred to the community psychiatric service (CPS) through various channels, such as the Integrated Community Centre for Mental Wellness subvented by the Social Welfare Department (SWD) or social workers.

For homeless mental patients, the multi-disciplinary teams of CPS will work closely with SWD and arrange joint visits to provide coordinated and individualised community support to them at appropriate time (including non-office hours) and location according to the patient's clinical needs and risks profile and taking into account relevant personal safety and privacy issues. Apart from CPS, the multi-disciplinary teams will also arrange appropriate mental health services for homeless patients, including inpatient, outpatient and ambulatory services.

If the multi-disciplinary team of CPS fails to locate a referred patient in the community, the team will closely liaise with other relevant stakeholders including the referrer and family members to make appropriate arrangement.

To ensure the standardisation of practice, HA will regularly review its service provision to ensure that the service can meet the needs of the patients.

(6)
At present, CPS is provided in all seven clusters in HA. In 2016-17 (up to 31 December 2016) [provisional figures], the number of psychiatric outreach attendances was 217 180.

The total costs of CPS provided by HA in 2016-17 are estimated to be $474 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3100)

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

Subhead (No. & title): (514) Hospital Authority

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide information on the services provided for the homeless mental patients followed up by community psychiatric nurses while such patients are taking home leave, including their geographical distribution, the follow-up action to be taken, the number of service recipients, the usage rate and a breakdown of the expenditures.
2. Please list the number of homeless mental patients whom the community psychiatric nurses could not contact while the patients were taking home leave in the past 5 years, including their geographical distribution and the number of such patients.
3. Will the community psychiatric nurses directly close such cases? What are the procedures and arrangements? Are there any other measures to tackle such cases?

Asked by: Hon SHIU Ka-chun (Member Question No. 144)

Reply:

(1) to (3)

The multi-disciplinary teams of the community psychiatric service (CPS) in the Hospital Authority (HA), involving doctors, nurses, clinical psychologists, occupational therapists, medical social workers and peer support workers etc., provide appropriate community support services to patients with mental health problems, including homeless patients residing in the community and having regard to their conditions and clinical needs.

For homeless mental patients discharged from hospitals, the multi-disciplinary teams of CPS will work closely with the Social Welfare Department and arrange joint visits to provide coordinated and individualised community support to them at appropriate time (including non-office hours) and location according to the patient's clinical needs taking into account relevant personal safety and privacy issues. Apart from CPS, the multi-disciplinary teams will also arrange appropriate mental health services for homeless patients, including inpatient, outpatient and ambulatory services.

The table below sets out the number of psychiatric outreach attendances in each cluster from 2012-13 to 2016-17 (up to 31 December 2016):

Cluster	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17[#] (up to 31 December 2016) [provisional figures]**
HKEC	27 152	23 503	23 896	22 587	17 498
HKWC	19 372	19 129	19 381	19 414	15 303
KCC	14 891	18 153	19 743	19 296	13 838
KEC	25 974	29 782	30 152	30 460	23 781
KWC	62 311	74 051	85 130	87 560	66 563
NTEC	31 394	35 844	41 998	41 647	32 509
NTWC	57 702	59 684	59 820	61 771	47 688
Overall	238 796	260 146	280 120	282 735	217 180

[#] Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

The table below sets out the costs of CPS provided by HA from 2012-13 to 2016-17.

Costs of Community Psychiatric Services ($ million)				
2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
322	352	402	439	474

The service costs include staff costs (such as doctors, nurses and allied health staff) for providing direct 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 travelling expenses).

If the multi-disciplinary team of CPS could not contact a referred patient in the community, the team will closely liaise with other relevant stakeholders including the referrer and family members to make appropriate arrangement.

HA does not have the requested information for homeless mental 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. 3114)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding accident and emergency (A&E) services, please advise this Committee of the estimated expenditure and average cost per patient of each A&E department in the past 5 years.

Asked by: Hon SHIU Ka-chun (Member Question No. 8)

Reply:

The table below sets out the total costs and the average cost per attendance of Accident & Emergency (A&E) services provided by the Hospital Authority (HA) from 2012-13 to 2016-17.

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
Total costs ($ million)	2,102	2,328	2,529	2,741	2,926
Average cost per attendance ($)	935	1,040	1,140	1,230	1,310

HA's 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). The average cost per attendance represents an average computed with reference to the total A&E service costs and the corresponding activities (in terms of attendances) provided.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3215)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of doctors and nurses engaged in Comprehensive Child Development Service in different clusters of the Hospital Authority in the past 3 years? What were the numbers of cases where the parents of the children concerned were suspected substance abusers in each cluster?

2014-15

	No. of doctors	No. of nurses	No. of cases where the parents of the children concerned are suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

2015-16

	No. of doctors	No. of nurses	No. of cases where the parents of the children concerned 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 of the children concerned are suspected substance abusers
HKEC			
HKWC			
KCC			
KEC			
KWC			
NTEC			
NTWC			

Asked by: Hon SHIU Ka-chun (Member Question No. 198)

Reply:

The Comprehensive Child Development Service (CCDS) was launched as a joint initiative led by Labour and Welfare Bureau (LWB) with support from Department of Health (DH), Hospital Authority (HA), Education Bureau (EDB) and Social Welfare Department (SWD), 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 (MCHCs) 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, development 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 table below sets out the number of doctors and nurses engaged in CCDS in each hospital cluster under HA from 2014-15 to 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**

In 2014-15, 2015-16 and 2016-17 (up to 31 December 2016), there were 2 312, 2 311 and 1 980 at-risk pregnant women identified respectively which were followed up under HA CCDS. Among them, 296, 287 and 257 in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) 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. 0855)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In 2017-18, the Health Branch of the Food and Health Bureau will publish the report of the strategic review on healthcare manpower planning and professional development and implement its recommendations in consultation with stakeholders. In this connection, would the Government please advise on:

1. whether the current status and problems encountered in the admission of overseas doctors are covered in the review? If so, what are the details? If not, what are the reasons?

2. whether there is any plan to conduct a public consultation?

3. whether a timetable has been drawn up for the implementation of the relevant recommendations? If so, what are the details? If not, what are the reasons?

Asked by: Hon SHIU Ka-fai (Member Question No. 9)

Reply:

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including doctors.

According to the preliminary findings of the Strategic Review, there is a manpower shortage of doctors in Hong Kong. Locally-trained medical graduates are the most important sources of doctors serving in the public sector. To meet the manpower demand, the Government has further increased the number of publicly-funded degree places in medicine from 420 to 470 by 50 in the 2016/17-2018/19 triennium, further to the increase of 100 from

320 to 420 in 2012/13-2015/16 academic years. Looking ahead, the growth in healthcare services will be able to absorb new medical graduates.

For non-locally trained doctors, the Medical Council of Hong Kong (MCHK) has increased the frequency of the Licensing Examination from once to twice a year since 2014 and has introduced more flexibility to the relevant internship requirement since 2016. Any person who has passed the Licensing Examination can apply for exemption from a specialty of internship assessment if he/she has a comparable specialist experience. The internship period could be shortened from one year to six months. The Government has also provided additional resources to MCHK to set up an online platform for candidates sitting the Licensing Examination in order to increase the transparency of the Licensing Examination.

Subsequent to the Legislative Council's deliberation of the Medical Registration (Amendment) Bill 2016, the Government has set up a tripartite platform comprising doctors, representatives of patient groups and Consumer Council, and Legislative Councillors to promote understanding and communication, as well as provide views and deliberate on amendment proposals to Medical Registration Ordinance. The Government plans to re-introduce a Medical Registration (Amendment) Bill into the Legislative Council as soon as possible in the first half of 2017 to, among others, extend the valid period of limited registration of non-locally trained doctors to be approved by the MCHK from not exceeding one year to not exceeding three years in order to attract more qualified non-locally trained doctors to serve in our public hospitals.

We expect that the report of the Strategic Review will be published in the second quarter of 2017. We have been engaging relevant stakeholders in the course of the Strategic Review. We will take forward the recommendations of the Strategic Review (including those relevant to the manpower of doctors) upon consultation with stakeholders.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0909)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) will strengthen the regulation of Chinese medicine in 2017-18. Will the Government advise on the proposed details and timetable of the regulation and provide a breakdown of the estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 11)

Reply:

The Chinese Medicine Ordinance (Cap. 549) (CMO), enacted in 1999, provides a statutory framework for the regulation of the practice, use, trading and manufacturing of Chinese medicines in Hong Kong. Based on the principle of professional self-regulation, the Chinese Medicine Council of Hong Kong (CMC) has been established under the CMO to, among others, develop and implement these regulatory measures.

Under the CMO, all Chinese medicine practitioners (CMPs) should be registered before they can practise Chinese medicine in Hong Kong. The CMO also stipulates that all proprietary Chinese medicines (pCms) must be registered before they can be imported, manufactured or sold in Hong Kong. There are also provisions under the CMO stipulating mandatory registration of pCms and requirements on labelling and package insert for pCms. Besides, all Chinese medicines traders who engage in a business of retail and wholesale of Chinese herbal medicines, or manufacture or wholesale of pCms are required to obtain the relevant Chinese medicines traders licence before commencement of their business.

The Chinese Medicine Division (CMD) of the Department of Health is, among others, responsible for (i) the enforcement of the CMO; (ii) providing professional and administrative support to the CMC in devising and implementing regulatory measures for Chinese medicine; and (iii) the development of standards for some commonly used Chinese materia medica. The total financial provision for the CMD in 2017-18 is $175.7 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0911)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) will continue to oversee the operation of Chinese medicine clinics in the public sector and provide selective integrated Chinese and Western medicine treatment for Hospital Authority patients in 2017-18. In this connection, will the Government advise on the detailed work plans, the proposed timetable for implementation and the breakdown of the estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 12)

Reply:

To help gather experiences in the operation of integrated Chinese-Western medicine (ICWM) and Chinese Medicine in-patient services, the Hospital Authority (HA) has been tasked to carry out the ICWM pilot project (pilot project). The pilot project was launched in phases to provide ICWM treatment for HA in-patients of selective disease areas, namely stroke care, cancer palliative care and acute 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 having regard to the findings of the review. Phase I ended on 20 December 2015, which had recruited a total of 238 patients who joined the pilot project on a voluntary basis.

With improvement measures introduced, Phase II was launched immediately after Phase I in 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). To kick start the pilot project, one-off allocation of $42.5 million has already been provided to the HA for providing the relevant clinical services.

As announced in the 2017 Policy Address, the Government will allocate provisions 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0916)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In 2017-18, the Food and Health Bureau (Health Branch) will continue to oversee the implementation of the Elderly Heath Care Voucher Scheme. In this connection, will the Government inform this Committee of the expenditure involved and the number of beneficiaries each year in the past 5 years after the implementation of the Scheme.

Asked by: Hon SHIU Ka-fai (Member Question No. 10)

Reply:

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher Scheme and the amount of vouchers claimed in the past 5 years:

	2012	**2013**	**2014**	**2015**	**2016**
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Amount of vouchers claimed (in $'000)	163,219	314,704	597,539	906,327	1,070,558

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0918)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) is planning to develop the long-term regulatory framework for medical devices in 2017-18. In this connection, will the Government advise on the following:

1. the details and timetable of the plan;

2. the expenditure involved in engaging an external consultant to conduct the related research in September 2015 and its working hours. Please also set out in table form the number of hours the consultant spent on meeting with various trade stakeholders; and

3. in view of the strong objection from many members of the community, particularly the beauty sector, to the slipshod paper on the proposed regulatory framework for medical devices submitted by the Bureau, will the Government revise the plan? If yes, what are the details? If not, what are the reasons?

Asked by: Hon SHIU Ka-fai (Member Question No. 13)

Reply:

The Administration has been taking steps to put in place statutory regulation of the safety, performance, quality and efficacy 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.

In November 2010, the Food and Health Bureau consulted the Legislative Council (LegCo) Panel on Health Services (HS Panel) on the proposed regulatory framework for medical devices, which had taken into account the results of the regulatory impact assessment, views of stakeholders and the public collected during consultations, previous discussions with the

LegCo, and experience gained from the operation of the MDACS. In response to the recommendation of the Business Facilitation Advisory Committee, the DH engaged in 2011 a consultant to conduct a Business Impact Assessment (BIA) on the regulatory proposal. The BIA was completed in 2013. The Administration reported to the LegCo HS Panel in June 2014 on the outcome of the BIA study together with the way forward of the legislative exercise for putting in place the statutory regulatory framework for medical devices.

The Working Group on Differentiation between Medical Procedures and Beauty Services (WG) under the Steering Committee on Review of Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the WG considered that the control of their use (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the WG, the DH 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 consultancy fee for the study was USD669,329. In order to gauge local stakeholders' views, the consultant conducted a total of 38 site visits and interviews (including 14 of beauty sector, 13 of medical sector and 11 of medical device trade sector); conducted a questionnaire survey inviting feedback from some 60 additional industry stakeholders; and arranged two public forums. The stakeholder engagement exercise spanned from September 2015 to April 2016.

The Administration reported the results of the consultancy study and the latest proposed regulatory framework for medical devices to the LegCo HS Panel on 16 January 2017. Subsequently, the Administration received views from different sectors on the regulation of medical devices. In gist, there is a general consensus on the need to regulate medical devices, but the part on "use control" requires further deliberation. In this regard, while the Government aims to take forward the plan to introduce a bill focusing on the "pre-market control" and "post-market control" of the regulatory regime for medical devices into the LegCo in mid-2017, we plan to set up a multi-party platform concurrently to invite participation from different stakeholders to provide practicable and constructive views on "use control" categorisation of specific medical devices under the premise of protecting public health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0919)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) is planning to continue to oversee efforts to promote, facilitate and support breastfeeding in collaboration with relevant organisations in 2017-18. In this connection, will the Government advise on the following:

1. the details, timetable and a breakdown of the estimated expenditure of the related work; and

2. whether a higher target level of breastfeeding rate will be set. If yes, what are the details and justifications? If not, what are the reasons?

Asked by: Hon SHIU Ka-fai (Member Question No. 14)

Reply:

1. and 2.

The superiority of breastfeeding in ensuring physical and psychosocial health and well-being of mother and child as well as the important impacts of early nutrition on long-term health are widely recognised. In addition to clear short-term health benefits such as protection from gastrointestinal and middle-ear infections in children, breastfeeding has also been shown to be protective against obesity and development of non-communicable diseases in adulthood. On top of that, studies have also shown that breastfeeding could protect against premenopausal breast cancer in mothers.

The benefits of breastfeeding are shown to be proportional to its duration and exclusiveness. The World Health Organization has made a global public health recommendation that infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health and thereafter, to meet their evolving nutritional

requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 2 years of age or beyond. In May 2016, WHO issued the "Guidance on ending the inappropriate promotion of foods for infants and young children" which has clarified that its recommendations regarding restrictions on marketing practices of breastmilk substitutes include any milk, in either liquid or powdered form, that are specifically marketed for feeding infant and young children up to age of 36 months (including follow-up formula and growing-up milks).

In 2017-18, the Food and Health Bureau and the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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 2017-18 for enhancing the effort for promotion of breastfeeding. Breakdown of the estimated expenditure is not available.

The practices of feeding infants and young children are affected by a multitude of socio-economic, cultural and environmental factors. With the concerted effort of the Government and various sectors of the community over the years, the local ever-breastfeeding rate on hospital discharge has increased from 66% in 2004 to 88.5% in 2015. According to the DH's Breastfeeding Surveys, local exclusive breastfeeding rate for infants at 4 months of age has also increased from 11% for babies born in 2004 to 27% for those born in 2014. But the local exclusive breastfeeding rate still remains on the relatively low side. The DH would conduct regular surveys to monitor the local trend of breastfeeding rate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0921)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau (Health Branch) plans to continue to implement the established tobacco control policy through promotion, education, legislation, enforcement, taxation, smoking cessation and other means in 2017-18. In this connection, would the Government please advise on the following:

1. The details and objectives of the established tobacco control policy and the time of its formulation. Has public consultation been conducted before the formulation of the policy? If yes, what are the details? If no, what are the reasons?

2. Whether a progressive approach is adopted in implementing the established tobacco control policy.

Asked by: Hon SHIU Ka-fai (Member Question No. 15)

Reply:

The Government's tobacco control policy seeks to safeguard public health by discouraging smoking, containing the proliferation of tobacco use and minimising the impact of passive smoking on the public. To this end, the Government adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation services and taxation. Moreover, China is a signatory of and has ratified the Framework Convention on Tobacco (FCTC) of the World Health Organization (WHO), the application of which has been extended to Hong Kong since 2006. Our current policy on tobacco control has full regard to the provisions of FCTC.

The Smoking (Public Health) Ordinance (the Ordinance) (Cap. 371), which was first enacted in 1982, provides the legal framework for restricting the use, sale and promotion

of tobacco products in Hong Kong. The Ordinance is subject to review on a regular basis, having regard to the latest international trends in tobacco control and public expectations and acceptance for more stringent tobacco control measures. It was observed that the smoking prevalence rate has dropped from 23.3% in 1982 to 12.4% in 2000.

In June 2001, the Government launched a public consultation exercise to gauge public opinions on various legislative proposals with a view to further strengthening the tobacco framework in Hong Kong, including expansion of no smoking area, strengthening regulation on advertising of tobacco products, imposing the graphical health warning requirement on tobacco product packets as well as conferring enforcement powers on public officers including staff of the Tobacco Control Office. The public consultation reflected broad-based community support for the proposals and the Ordinance was amended in 2006 to strengthen the tobacco control regime.

Starting from December 2010, smoking ban has been extended to public transport facilities (PTFs). There are currently about 240 PTFs designated as no smoking areas. The list of these PTFs is updated regularly to take into account any relocation or changes in the physical layout and public transport services at individual locations. The smoking prevalence rate further dropped from 14.0% in 2005 to 10.5% in 2015.

Over the years, the Government continued to introduce new measures. The Government further amended the Ordinance in 2016 to impose smoking ban at the bus interchanges located at eight tunnel portal areas, with an aim to minimising the impact of passive smoking on bus passengers and protecting public health.

Publicity and Education

Over the years, the Department of Health (DH) has been working with various non-governmental organisations in implementing various promotional activities to discourage tobacco use. These include general publicity, 24-hour health education hotline, distribution of pamphlets and posters, announcements of public interest and campaigns targeting both smokers and non-smokers.

Smoking Cessation

Smoking cessation is an integral and indispensable part of the Government's tobacco control policy to complement other tobacco control measures. DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and arrange referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority, as well as community-based cessation programmes operated by non-governmental organisations. A mobile phone-based application is also available to support smokers to quit smoking.

Tobacco Duty

WHO FCTC states that price and tax are effective and important means of reducing tobacco consumption. In this regard, WHO encourages its members to raise taxes on tobacco products periodically and recommends raising tobacco taxes to accounting for at

least 70% of retail prices. Tobacco duty rates were last increased by 11.72% in 2014, bringing the proportion of duty to the retail price of cigarettes to about 70%.

The Government will continue to implement appropriate tobacco control measures having regard to the wider community's interest and new developments of the tobacco market.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1318)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Hospital Authority Drug Formulary (the Formulary), would the Government advise this Committee of the following:

1. The estimated number of drugs on the Formulary in 2017-18 and the expenditure involved; and

2. Further to (1), please compare in table form those figures with the corresponding figures in the past 5 financial years.

Asked by: Hon SHIU Ka-fai (Member Question No. 17)

Reply:

(1) and (2)

The Hospital Authority (HA) has implemented the Drug Formulary (HADF) since July 2005 with a view to ensuring equitable access by patients to cost effective drugs of proven safety and efficacy through standardization of drug policy and drug utilization in all public hospitals and clinics. HADF is continually updated with regular evaluation of new drugs and review of the prevailing list of drugs under established mechanisms.

Since appraisal of new drugs is an ongoing process driven by evolving medical evidence, latest clinical development and market dynamics, HA is at present unable to project the number of new drugs to be incorporated into or removed from the HADF in 2017-18. The growth in drug consumption expenditure in 2017-18 is projected at around 5%. The number of drugs in the HADF and the amount of consumption expenditure on drugs provided for patients at standard fees and charges in the past five years are set out below:

	2012-13	2013-14	2014-15	2015-16	2016-17
Number of drugs in HADF [1] (as at January)	1 349	1 316	1 341	1 340	1 339
Consumption expenditure on drugs provided at standard fees and charges (in $ billion)	3.75	4.08	4.33	4.57	4.93 [2]

Note 1: 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 summations of drugs in all categories in the HADF.

Note 2: Projection based on expenditure figure as at 31 December 2016

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1319)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding drugs not listed on the Hospital Authority Drug Formulary, would the Government advise this Committee of the following:

1. The estimated number of drugs to be used in 2017-18 and the expenditure involved; and

2. Further to (1), please compare in table form those figures with the corresponding figures in the past 5 financial years.

Asked by: Hon SHIU Ka-fai (Member Question No. 18)

Reply:

(1) & (2)

Drugs listed on the Hospital Authority Drug Formulary (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.

The number of drug items outside HADF used in Hospital Authority (HA) and the corresponding consumption expenditure from 2012-13 to 2016-17 (up to 31 December 2016) are set out in the table below:

	2012-13	2013-14	2014-15	2015-16	2016-17*
Number of drug items outside HADF used	279	290	346	362	287
Consumption expenditure on drug items outside HADF used ($ million)	69	89	160	249	179

* Figure as at 31 December 2016

HA is unable to project the number of drug items outside HADF to be used in 2017-18 and the corresponding expenditure.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1320)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority has stated that it will ensure accountability to the public for the management and control of the public medical service system. What are the specific measures involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 19)

Reply:

As a statutory body providing public hospital services in Hong Kong, the Hospital Authority (HA) is required, under the Hospital Authority Ordinance (Cap. 113), to ensure its accountability to the public for the management and control of the public hospitals system. Accordingly, HA has developed appropriate performance management tools to measure service performance and provide reference on service planning and improvement as well as resource allocation.

HA's key activity targets and indicators in support of policy objectives related to public healthcare services are set out in the Controlling Officer's Report, and HA's performance is measured against pre-set targets and, where applicable, performance pledges and key performance indicators (KPIs). Regular reports on the achievement of annual plan targets as well as performance of KPIs are submitted to the HA Board and the Food and Health Bureau. The HA Annual Report also provides an overview on HA's performance for the year under report. As a major public organisation, HA is also answerable to enquiries from the legislature, district councils, media and members of the public concerning its services and performance.

HA has put in place a governance framework through a proper organisation structure established at all levels with clearly defined roles and responsibilities and delegation

of authority and accountability, together with systems and processes for effective control of key results areas and risks, through which it directs, controls and holds the organisation accountable. The HA Board, as the managing board, leads and manages HA by giving leadership and strategic direction, steering the organisation, supervising the executive management and reporting on stewardship and performance of HA, with a view to ensuring that quality public healthcare services are provided to the public.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1321)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), will the Government provide information on:

1. the respective shortfalls of medical officers, nursing officers and allied health professionals at present;
2. the number of overseas medical officers recruited by the HA in each of the past 5 years (in table form) and
3. the difficulties encountered in recruiting overseas medical officers.

Asked by: Hon SHIU Ka-fai (Member Question No. 20)

Reply:

(1)

The Hospital Authority (HA) deploys clinical staff to its service units having regard to service need. The overall manpower shortfall of doctors and nurses in all specialties in HA is around 300 and 600 respectively in 2016-17. 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 2016-17.

(2)

The table below sets out the number of non-locally trained doctors employed by HA under limited registration in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17.

2012-13	2013-14	2014-15	2015-16	2016-17
13	15	18	17	15

Note:

The figures refer to the total number of non-locally trained doctors employed, including doctors who have completed or ended their contracts during the said period.

(3)
With an ageing population and advances in medical technology, there is an increasing demand for healthcare services in the community, and the manpower requirement for healthcare personnel grows continuously. In the past few years, HA has implemented a series of measures to recruit and retain doctors in order to address manpower need. Since 2012, HA has been recruiting non-locally trained doctors under limited registration as an additional and immediate measure to supplement the local recruitment drive. All applicants were doctors registered overseas with at least 3 years of post-internship clinical experience and post-graduate qualifications comparable to the Intermediate Examinations of the constituent Colleges of the Hong Kong Academy of Medicine.

Under the Medical Registration Ordinance, the Medical Council of Hong Kong (MCHK) can approve limited registration for a duration not exceeding one year. Potential non-locally trained candidates may find it difficult to leave their current job and accept a one-year employment term to work in Hong Kong. HA will continue to monitor the manpower situation and recruit non-locally trained doctors under limited registration as and when necessary.

The Government plans to re-introduce a Medical Registration (Amendment) Bill into the Legislative Council as soon as possible in the first half of 2017 to, among others, extend the valid period of limited registration of non-locally trained doctors to be approved by the MCHK from not exceeding 1 year to not exceeding three years in order to attract more qualified non-locally trained doctors to serve in our public hospitals.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1324)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority has stated that one of its four priority areas is illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment. In this connection, will the Government advise this Committee of the following:

1. the average time taken for vetting and approving a new drug item for incorporation into the Drug Formulary; and

2. the reasons for not incorporating some drugs with regular demand into the Drug Formulary.

Asked by: Hon SHIU Ka-fai (Member Question No. 21)

Reply:

(1)

The Hospital Authority (HA) has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review existing drugs in the 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.

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 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 does not capture data on the average time taken for incorporating a new drug into HADF.

(2)

The objective of implementing HADF is to ensure equitable access by patients to cost-effective drugs of proven safety and efficacy through standardisation of drug policy and drug utilisation in all public hospitals and clinics. HADF drugs are intended for corporate-wide use benefitting the entire local population while drugs outside HADF would be used to cater for the clinical needs of individual patients in exceptional situations.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1325)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

According to the Hospital Authority, the priority areas it will focus on in 2017-18 include services for the low income group and the underprivileged, and illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment. However, it is understood that patients prescribed with non-HA Drug Formulary drugs in different public hospitals and clinic may be charged differently, and the specialist drugs prescribed by different public hospitals for patients with the same disease may not be the same while the patients concerned may not be fully informed. As such, would the Government provide an explanation for this?

Asked by: Hon SHIU Ka-fai (Member Question No. 22)

Reply:

Currently, there are approximately 1 300 drugs listed on the Hospital Authority Drug Formulary (HADF) which covers a wide range of disease treatments and is in general sufficient to meet the demand for public medical services. The use of drugs outside the HADF is an integral part of medical care to cater for the clinical needs of individual patients in exceptional situations. Clinically, it is common that a drug may be indicated for use in more than one disease and different patients using the same drug may have different underlying clinical conditions. Similarly, patients having the same disease may be at different stages and vary in disease complexity. Therefore, the use of drugs on different patients cannot be compared directly.

Currently, more than 95% of prescriptions involving drugs outside HADF are provided at standard fees and charges, meaning that the use of these drugs are essential for treatment in the majority of cases. The other cases involving prescription of drugs outside HADF are based on clinicians' professional judgment in consideration of individual patients' specific clinical conditions and choice of using these drugs.

Public hospitals/clinics in Hong Kong may differ in their size, nature and services in serving patient population in their respective catchment areas (e.g. acute vs convalescent/rehabilitation hospitals, general vs psychiatric hospitals, general vs specialist outpatient clinics). Each hospital/clinic would select suitable drugs from HADF to formulate its local drug formulary in order to cater for their specific service needs. The local drug formularies may vary among hospitals/clinics. Also, as there is usually more than one drug available in HADF for treating the same disease, clinicians would prescribe appropriate drug treatment based on their clinical expertise and professional judgment, taking into consideration the clinical conditions of individual patients. The use of drugs on patients having the same disease may therefore be different among the patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1326)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In 2017-18, the Hospital Authority will continue to make use of investment returns generated from the $10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Authority on 31 March 2016 to operate clinical PPP programmes. In this regard, will the Government provide:

1. the details of the clinical PPP programmes and the expenditure involved.

Asked by: Hon SHIU Ka-fai (Member Question No. 23)

Reply:

In line with the Government's healthcare reform proposals, the Hospital Authority (HA) has launched a variety of clinical Public-Private Partnership (PPP) initiatives since 2008, including:

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

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

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

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

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

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

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

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by HA to attend empowerment sessions. The empowerment sessions are procured from 4 non-governmental organisations in the community.

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

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

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

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

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

The GOPC PPP has been rolled out to 9 more districts since October 2016. It is expected that the programme will be rolled out to the remaining 6 districts in 2 years.

(7) Provision of Infirmary Service through Public-Private Partnership (Infirmary Service PPP) (launched in 2016)

HA collaborates with a non-governmental organisation (NGO) to enhance the choices of infirmary care services for applicants on the Central Infirmary Waiting List managed by HA. The Infirmary Service PPP was implemented on a pilot basis in September 2016, through contracting with the 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.

(8) 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 list 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 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.

The estimated annual expenditure for supporting the PPP initiatives for 2017-18 is $278 million, as detailed in the table below with breakdown by major programmes and corresponding planned provisions:

Programme	**2017-18 Estimated Annual Expenditure** **Note 1** **(in $ million)**	**2017-18 Planned Provisions**
CSP	2.7	450 surgeries
TSW PPP	4.3	1 500 patients
HD PPP	55.0	225 places
PEP	25.9	14 000 patients
Radi Collaboration	49.2	19 590 scans
GOPC PPP	68.8	19 131 patients
Infirmary Service PPP	23.8	64 beds
Colon PPP	18.4	1 130 colonoscopies

Note 1: The estimated annual expenditure is based on projected activities and 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 deviated from the assumptions adopted in the above estimates.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3163)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The estimated financial provision of the Hospital Authority (HA) in 2017-18 is approximately $55.3 billion. Will the Government advise this Committee of the following:

1. The estimated percentage of total drug costs for patients' consumption and its ratio to the total expenditure of the HA;
2. Further to (1), please compare them with similar figures in the past 5 financial years in table form.

Asked by: Hon SHIU Ka-fai (Member Question No. 16)

Reply:

(1)

As the budget of the Hospital Authority (HA) for 2017-18 is being worked out, details of the estimated drug expenditure and its respective percentage in HA's total operating expenditure are not yet available.

(2)

The table below sets out the drug expenditure (including items self-financed by patients) of HA as well as the respective percentages of such expenditure in HA's total operating expenditure [N1] in the past five years:

		2012-13	2013-14	2014-15	2015-16	2016-17 (Projection)
Drug Expenditure	Amount ($ billion)	4.79	5.02	5.33	5.71	6.15
	% of total operating expenditure	10.9%	10.7%	10.4%	10.3%	10.4%

N1 The operating expenditure as shown in the table above represents the resources utilised to meet HA's daily operational needs, such as staff costs, drug expenditure (including items self-financed by patients), medical supplies and utility charges, etc. It does not include capital expenditure such as those for capital works projects, major equipment acquisition, and corporate-wide information technology development projects, etc.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)170

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3164)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:
In 2017-18, the Hospital Authority will continue to make use of investment returns generated from the $10 billion public-private partnership (PPP) Endowment Fund allocated to the Hospital Authority on 31 March 2016 to operate clinical PPP programmes. In this connection, will the Government advise this Committee of:

1. The amount of such investment returns and the rate of return.

Asked by: Hon SHIU Ka-fai (Member Question No. 23)

Reply:

The projected 2017-18 investment return from the $10 billion placement with the Exchange Fund for the Public-Private Partnership programmes is estimated at around $270 million, with reference to the declared rate of return for 2017 by the Hong Kong Monetary Authority at 2.8% (for April to December of 2017) and the lower-end estimated rate of return for fiscal reserves as adopted in the Medium Range Forecast in the 2017-18 Budget at 2.4% (for January to March of 2018).

- End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1986)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding resources allocation among hospital clusters, please provide the information in 2016-17 in the table below:

Cluster	Number and ratio of general beds, doctors and nurses per 1 000 geographical population of catchment districts						Catchment districts
	General beds	Ratio to overall population	Doctors	Ratio to overall population	Nurses	Ratio to overall population	
Hong Kong East							
Hong Kong West							
Kowloon Central							
Kowloon East							
Kowloon West							
New Territories East							
New Territories West							
Cluster Average							
Cluster Total							

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 19)

Reply:

The tables below set out the number of general beds, doctors and nurses in the Hospital Authority (HA) by cluster in 2016-17, together with their respective ratios to overall population:

2016-17 (As at 31 December 2016)

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 population						Catchment districts
	General Bed	Ratio to overall population	Doctors	Ratio to overall population	Nurses	Ratio to overall population	
HKEC	2 085	2.7	605	0.8	2 681	3.5	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	2 860	5.5	659	1.3	2 801	5.4	Central & Western, Southern
KCC	3 053	5.7	747	1.4	3 332	6.2	Kowloon City, Yau Tsim
KEC	2 347	2.1	684	0.6	2 737	2.4	Kwun Tong, Sai Kung
KWC	5 244	2.7	1 374	0.7	5 743	2.9	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	3 672	2.8	952	0.7	4 030	3.1	Sha Tin, Tai Po, North
NTWC	2 537	2.2	799	0.7	3 483	3.1	Tuen Mun, Yuen Long
Cluster Total	**21 798**	**3.0**	**5 819**	**0.8**	**24 806**	**3.4**	

Note:

It should be noted that the ratios of doctors, nurses and general beds per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;

(b) patients may receive treatment in hospitals other than those in their own residential districts; and

(c) some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters are providing services for patients living across different districts.

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

It should also be noted that the above bed information refers only to the general beds in HA, while those of infirmary, mentally ill and mentally handicapped beds have not been included given their specific nature.

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 effect.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 1991)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of Tin Shui Wai Hospital, will the Government advise this Committee on the following:

(a) The number of doctors, nurses and medical staff the hospital currently recruits and the number of beds offered;

(b) The existing services and services to be provided in future;

(c) Are there any plans of expansion? If yes, what are the details and the expenditure involved?

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 53)

Reply:

(a) Tin Shui Wai Hospital (TSWH) has recruited over 300 staff for service commencement on 9 January 2017, including 12 doctors, 61 nurses, and 48 allied health professionals. TSWH has a planned capacity of 300 inpatient and day beds upon full commissioning.

(b) On service commencement, TSWH mainly provides day ambulatory services, including :

- Specialist outpatient clinic service
- Haemodialysis service
- Radiology service
- Allied health service
- Pharmacy service

The Accident and Emergency (A&E) Department has commenced operation on 15 March 2017 to provide eight-hour service at the initial stage. Subject to manpower availability, the A&E service will be extended to 12 hours in late 2017.

(c) After the initial stage of service commencement, the New Territories West Cluster will further assess various factors including operation, service demand, patient safety and human resources of the new hospital in order to decide the opening of other services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1997)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

a) Please list the initiatives launched under HA's health promotion and preventive 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;

b) Please set out the details, objectives and expenditure of HA services for the low-income and the disadvantaged groups in the past 5 years;

c) Please give a brief account of all the public-private partnership (PPP) programmes (including the General Outpatient Clinic Public-Private Partnership Programme, 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, as well as the total expenditure of the PPP programmes in the past 5 years;

d) Please give a brief description of the primary care services, including the expenditure involved and their percentage shares in the total medical expenses for each of the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 72)

Reply:

(a)
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, in preparation for the winter influenza season, 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 in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17.

Year	**No. of seasonal influenza vaccination administered in HA**	**No. of pneumococcal vaccination administered in HA**
2012-13	151 029	9 745
2013-14	150 852	10 549
2014-15	169 136	12 312
2015-16	297 315	18 137
2016-17 (up to 27 February 2017)	302 596	20 468

(b)
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 Comprehensive Social Security Assistance (CSSA) will be waived from payment of their public health care expenses. Non-CSSA recipients who could not 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 Unit of the Social Welfare Department.

The amount of medical fee waived in HA in the last five years is set out below:

Year	**Amount of medical fee waived (notes 1 & 2) ($ million)**
2012-13	455.5
2013-14	462.1
2014-15	453.4
2015-16	444.3
2016-17 (Up to 31 December 2016)	335.3

Note:
1. The amount waived represents the waiver cases approved during the year.
2. Waived amount includes 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.

(c)

In line with the Government's healthcare reform proposals, the Hospital Authority (HA) has launched a variety of clinical Public-Private Partnership (PPP) initiatives since 2008, including:

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

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

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

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

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

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

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

Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by HA to attend empowerment sessions. The empowerment sessions are 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)

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

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

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

Each participating patient will receive up to ten 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 GOPC PPP has been rolled out to nine more districts since October 2016. It is expected that the programme will be rolled out to the remaining six districts in two years.

(vii) Provision of Infirmary Service through Public-Private Partnership (Infirmary Service PPP) (launched in 2016)

HA collaborates with a non-governmental organisation (NGO) to enhance the choices of infirmary care services for applicants on the Central Infirmary Waiting List managed by HA. The Infirmary Service PPP was implemented on a pilot basis in September 2016, through contracting with the NGO to operate infirmary services at the Wong Chuk Hang Hospital with a maximum capacity of 64 beds for three years and possible extension by two 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 list 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 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 from 2012-13 to 2016-17 are tabled below:

Programmes (Year of launch)	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17 (planned provision)**
CSP (2008) (No. surgeries)	900	700	999	538	450
TSW PPP (2008) (No. of patients)	1 618	1 618	1 618	1 618	1 618

HD PPP (2010) (No. of patients)	145	204	203	208	204
PEP (2010) (No. of patients)	22 301	20 213	17 083	17 534	14 000
Radi Collaboration (2012) (No. of scans)	3 601	5 465	10 475	14 985	19 000
GOPC PPP (2014) (No. of patients)	-	-	3 647	7 609	11 055
Infirmary Service PPP (2016) (No. of beds)	-	-	-	-	64
Colon PPP (2016) (No. of colonoscopies)	-	-	-	-	628

The estimated expenditure incurred for supporting the above-mentioned PPP programmes in the past five years (2012-13 to 2016-17) is around $560 million.

(d)
The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in DH and HA. The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest 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 (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars have also been 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)

The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. We are exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(iv) Publicity Activities

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

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

At the same time, HA provides community-based primary care services through a wide range of services and activities delivered by 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).

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 include the Risk Factor Assessment and Management Programme, Nurse and Allied Health Clinics, etc.

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

2012-13 (Actual)	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Revised Estimate)**
5 633 407	5 813 706	5 905 262	5 984 576	5 984 000

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

2012-13 (Actual) ($ million)	**2013-14 (Actual) ($ million)**	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Revised Estimate) ($ million)**
2,021	2,236	2,431	2,651	2,827

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2000)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

a) Please briefly describe the "Patient Empowerment Programme (PEP)". Under the PEP, what non-governmental organisations have been invited to collaborate with the Bureau?

b) Please provide a breakdown of the numbers 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, ≧65).

c) Please provide a breakdown of the numbers of patients who participated in the PEP in the past 5 years by household income (0-4999, 5000-9999, 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).

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 73)

Reply:

a)
The Patient Empowerment Programme (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 hypertension and diabetes mellitus in primary and secondary care settings are referred to non-governmental organisations (NGOs) to attend empowerment sessions in the community. Currently, there are four NGOs providing services in seven clusters, namely Haven of Hope Christian Service, Po Leung Kuk, The Hong Kong Society for Rehabilitation and Tung Wah Group of Hospitals.

b)
The programme was launched in March 2010 and extended to the seven clusters in 2010-11. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. The numbers of PEP participants with breakdown by gender and age group in the past five years are set out in the table below.

	2012 - 2013		**2013 - 2014**		**2014 - 2015**		**2015-2016**		**2016 (January - December)**	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16-24	4	2	3	2	1	1	4	4	0	3
25-34	36	21	25	23	31	26	29	30	35	28
35-44	259	334	265	293	227	261	257	284	251	243
45-54	1 431	2 222	1 346	2 070	1 052	1 632	1 150	1 751	9 35	1 539
55-64	3 299	4 883	2 935	4 421	2 538	3 790	2 665	3 971	2 493	3 661
≧65	4 385	5 425	4 003	4 827	3 414	4 110	3 414	3 975	3 223	3 858
Total	9 414	12 887	8 577	11 636	7 263	9 820	7 519	10 015	6 937	9 332

c)

Hospital Authority does not collect information on the household income of the PEP participants.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2002)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

a) Please provide a breakdown of the numbers of patients who participated in the "General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme" 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 (0-4999, 5000-9999, 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), and the number of consultation.

b) How many private doctors enrolled in the GOPC PPP Programme in the past 5 years?

c) How many private doctors were there in Hong Kong in the past 5 years?

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 74)

Reply:

(a)

As at end-December 2016, 10 503 patients have participated in the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP). Breakdown of patient profile by gender and age group is tabulated below:

Gender	**No. of Patients**
Male	4 251
Female	6 252
Total	**10 503**

Age Range	No. of Patients
0-15	0
16-24	0
25-34	10
35-44	162
45-54	1 233
55-64	3 748
≥65	5 350
Total	**10 503**

Information regarding family income of these patients and breakdown by number of attendances are not available.

(b)

As at end-December 2016, 228 private doctors have participated in the GOPC PPP.

(c)
According to the 2012 and 2015 Health Manpower Surveys (HMS) conducted by the Department of Health, the estimated distribution of registered medical practitioners who were practising among the different service sectors in Hong Kong is set out in the following table –

Survey Year	Number of registered medical practitioners	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 medical practitioners 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 medical practitioners 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2009)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please list the numbers of patients who have 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 family 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.

(b) Please provide the numbers 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 numbers 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.

(c) Please provide the numbers 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 numbers of people suffering from the respective chronic diseases (i.e. 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.

(d) Please list the numbers of people in Hong Kong suffering from chronic diseases (including hypertension, high cholesterol, diabetes mellitus, heart disease, cancer, asthma and stroke) by family 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.

(e) Please list the numbers 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.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 75)

Reply:

(a)

As at end-December 2016, 1 618 patients have participated in the Tin Shui Wai Primary Care Partnership Project. 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	23
45-54	208
55-64	469
≥65	916
Total	**1 618**

Information regarding family income of these patients is not available.

(b) to (e)

The Census and Statistics Department has been conducting Thematic Household Survey on the topic of health-related issues once in around two to three years to collect, inter alia, information on the health status of Hong Kong residents. From 2012 to 2017, the Census and Statistics Department conducted and completed two rounds of Thematic Household Survey on health-related issues in 2011-12 and 2014. More up-to-date statistics are not yet available as the data collected from the 2016 round of survey are being processed. The estimates given in the tables below were compiled from self-reported information provided by respondents in the two aforementioned surveys.

(i) The table below sets out the estimated number of persons who had chronic health conditions by age group and the rate in the respective age groups.

Age Group	**Survey Period**			
	October 2011 to January 2012		March to August 2014	
	No. of persons	Rate (%)*	No. of persons	Rate (%)*
< 15	76 600	9.4	65 300	8.4
15 - 24	97 700	11.5	95 200	11.6
25 - 34	108 600	11.5	113 800	11.8
35 - 44	178 500	17.1	168 200	16.4
45 - 54	345 800	27.6	363 200	29.7
55 - 64	426 200	45.7	489 600	47.1
≥ 65	662 600	73.7	745 600	74.6
Overall	**1 896 100**	**28.1**	**2 041 000**	**29.8**

Notes:

* As a percentage of all persons in the respective age groups. For example, among all persons aged below 15, 9.4% had chronic health conditions as diagnosed by practitioners of Western medicine in 2011-12.

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.

(ii) The table below sets out the estimated number of persons who had selected chronic health conditions by age group and the rate in the respective age groups.

Selected chronic health conditions^	**Age Group#**	**Survey Period**			
		October 2011 to January 2012		March to August 2014	
		No. of persons	Rate (%)*	No. of persons	Rate (%)*
Hypertension	< 25	1 100	0.1	‡	‡
	25 - 34	3 500	0.4	3 400	0.4
	35 - 44	20 800	2.0	20 600	2.0
	45 - 54	99 400	7.9	124 600	10.2
	55 - 59	92 700	17.8	103 600	17.7
	60 - 64	108 700	26.3	137 300	30.2
	≥ 65	413 800	46.0	470 800	47.1
	Overall	739 900	11.0	860 700	12.6
High cholesterol	< 25	‡	‡	‡	‡
	25 - 34	1 400	0.1	4 400	0.5

Selected chronic health conditions^	**Age Group[#]**	**Survey Period**			
		October 2011 to January 2012		March to August 2014	
		No. of persons	Rate (%)*	No. of persons	Rate (%)*
	35 - 44	16 100	1.5	16 700	1.6
	45 - 54	50 600	4.0	57 400	4.7
	55 - 59	34 200	6.6	48 600	8.3
	60 - 64	38 900	9.4	59 300	13.0
	≥ 65	119 300	13.3	178 000	17.8
	Overall	261 200	3.9	365 200	5.3
Diabetes mellitus	< 25	1 100	0.1	1 300	0.1
	25 - 34	‡	‡	1 800	0.2
	35 - 44	10 800	1.0	7 900	0.8
	45 - 54	44 800	3.6	41 300	3.4
	55 - 59	42 400	8.2	38 900	6.7
	60 - 64	58 200	14.1	53 500	11.8
	≥ 65	180 100	20.0	186 600	18.7
	Overall	337 600	5.0	331 300	4.8
Heart diseases	< 25	2 200	0.1	2 500	0.2
	25 - 34	‡	‡	1 900	0.2
	35 - 44	2 100	0.2	3 600	0.3
	45 - 54	10 800	0.9	15 300	1.3
	55 - 59	15 700	3.0	13 800	2.4
	60 - 64	15 200	3.7	19 500	4.3
	≥ 65	88 500	9.8	94 300	9.4
	Overall	135 100	2.0	150 900	2.2
Cancer[++]	< 25	‡	‡	‡	‡
	25 - 34	‡	‡	1 900	0.2
	35 - 44	3 700	0.4	2 700	0.3
	45 - 54	15 800	1.3	16 300	1.3
	55 - 59	11 000	2.1	13 800	2.4
	60 - 64	12 600	3.0	13 000	2.8
	≥ 65	31 700	3.5	41 200	4.1
	Overall	75 700	1.1	89 600	1.3
Asthma	< 25	15 200	0.9	16 400	1.0
	25 - 34	5 700	0.6	9 600	1.0
	35 - 44	7 200	0.7	6 500	0.6

Selected chronic health conditions^	Age Group#	Survey Period			
		October 2011 to January 2012		March to August 2014	
		No. of persons	Rate (%)*	No. of persons	Rate (%)*
	45 - 54	8 600	0.7	10 500	0.9
	55 - 59	3 200	0.6	3 100	0.5
	60 - 64	4 300	1.0	3 500	0.8
	≥ 65	14 100	1.6	18 500	1.8
	Overall	58 300	0.9	68 000	1.0
Stroke	< 25	‡	‡	‡	‡
	25 - 34	‡	‡	‡	‡
	35 - 44	‡	‡	1 600	0.2
	45 - 54	2 000	0.2	2 900	0.2
	55 - 59	3 200	0.6	3 000	0.5
	60 - 64	4 900	1.2	5 300	1.2
	≥ 65	29 100	3.2	32 100	3.2
	Overall	40 300	0.6	45 000	0.7

Notes:

\# For selected chronic health conditions, estimates with respect to age groups <15 and 15 – 24 are less than 1 000 (including zero figures) and related statistics derived based on such estimates (e.g. percentages and rates) are not released in the table due to very large sampling errors. These two age groups are combined into a single age group <25 in the table.

* As a percentage of all persons in the respective age groups. For example, among all persons aged below 25, 0.1% had hypertension as diagnosed by practitioners of Western medicine in 2011-12.

^ Multiple answers were allowed.

++ Referring to primary cancers but not secondary metastases.

‡ Estimates less than 1 000 (including zero figures) and related statistics derived based on such estimates (e.g. percentages and rates) are not released in the table due to very large sampling errors.

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.

(iii) The table below sets out the estimated number of persons who had chronic health conditions by monthly household income.

Monthly household income (HK$)	Survey Period	
	October 2011 to January 2012	March to August 2014
< 5,000	246 800	212 500
5,000 – 9,999	255 400	259 400
10,000 – 14,999	236 400	235 500

Monthly household income (HK$)	Survey Period	
	October 2011 to January 2012	March to August 2014
15,000 – 19,999	216 500	201 700
20,000 – 24,999	194 200	203 900
25,000 – 29,999	157 400	163 100
30,000 – 39,999	220 700	264 100
40,000 – 49,999	131 000	174 100
50,000 – 59,999	84 300	103 300
60,000 – 69,999	51 900	60 300
70,000 – 79,999	29 500	39 100
≥ 80,000	72 000	123 900
Overall	**1 896 100**	**2 041 000**

Note: 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.

(iv) The table below sets out the estimated number of persons who had selected chronic health conditions (hypertension, high cholesterol, diabetes mellitus, heart diseases, cancer, asthma and/or stroke) by whether they had regular follow-up and whether they had follow-up at public hospital / clinic or private hospital / clinic.

Whether having regular follow-up and whether follow-up at public hospital / clinic or private hospital / clinic	Survey Period	
	October 2011 to January 2012	March to August 2014
Yes	996 400	1 142 700
Public hospital / clinic only	*874 500*	*977 700*
Private hospital / clinic only	*106 400*	*148 000*
Both public and private hospital / clinic	*15 500*	*17 000*
No	136 500	171 400
Overall	**1 132 900**	**1 314 100**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2015)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the following:

a) the number of hospital beds in public and private hospitals in each of the past 5 years;

b) the occupancy rates of hospital beds in various departments (general, infirmary, psychiatry and mentally handicapped) in the past 5 years with a breakdown by department and 18 districts;

c) the number of hospital beds in the hospitals under the Hospital Authority (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); and

d) the number of public and private hospitals and clinics in Hong Kong with a breakdown by 18 districts.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 76)

Reply:

(a)

The table below sets out the number of hospital beds under the Hospital Authority (HA) in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17.

	Number of hospital beds under HA
2012-13 (as at 31 March 2013)	27 153
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 December 2016)	28 126

The numbers of beds provided by the private hospitals in Hong Kong in the past 5 years are as follows:

	2012	2013	2014	2015	2016
Number of beds	4 033	3 882	3 906	4 014	4 226

(b) & (c)
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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2012-13

	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
General (acute and convalescent)								
Number of hospital beds#	2 004	2 853	3 004	2 175	5 179	3 474	2 156	20 845
Inpatient bed occupancy rate	83%	73%	88%	87%	85%	88%	96%	85%
Infirmary								
Number of hospital beds#	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	88%	82%	79%	75%	97%	82%	95%	87%
Mentally ill								
Number of hospital beds#	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	75%	77%	85%	82%	77%	67%	73%	75%
Mentally handicapped*								
Number of hospital beds#	-	-	-	-	160	-	500	660
Inpatient bed occupancy rate	-	-	-	-	57%	-	97%	87%

Hospital beds as at 31 March 2013
* Mentally handicapped beds are provided in KWC and NTWC only.

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 (up to 31 December 2016) [Provisional figures]

	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%	77%	90%	94%	90%	92%	101%	90%
Infirmary								
Number of hospital beds[#]	627	200	118	116	328	517	135	2 041
Inpatient bed occupancy rate	88%	77%	92%	89%	96%	87%	96%	89%
Mentally ill								
Number of hospital beds[#]	400	82	425	80	920	524	1 176	3 607
Inpatient bed occupancy rate	71%	62%	74%	85%	76%	80%	65%	72%
Mentally handicapped*								
Number of hospital beds[#]	-	-	-	-	160	-	520	680
Inpatient bed occupancy rate	-	-	-	-	40%	-	94%	81%

Hospital beds as at 31 December 2016

* 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 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.

(d)
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 hospitals/institutions, specialist outpatient clinics (SOPCs) and general outpatient clinics (GOPCs) in HA as at 31 December 2016.

Cluster	**No. of hospitals/ institutions**	**No. of SOPCs**	**No. of GOPCs**
HKEC	7	7	12
HKWC	7	8	6
KCC	5	6	6
KEC	3	4	8
KWC	8	11	23
NTEC	7	7	10
NTWC	5	4	8
Total	**42**	**47**	**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

Note:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

The table below sets out the number of clinics of the Department of Health (DH) by region as at 1 January 2017.

Region	**No. of Clinics**
Hong Kong Island	51
Kowloon	63
New Territories East	44
New Territories West	40
Total	**198**

The DH registers private hospitals, maternity homes and nursing homes under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and medical clinics under the Medical Clinics Ordinance (Cap. 343). As at 31 December 2016, a total of 11 private hospitals (including 13 satellite clinics) were registered under Cap. 165 and 97 medical clinics were registered under Cap. 343.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2033)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

a) the respective public, private and overall healthcare expenditure as a percentage of the gross domestic product in each of the past 5 years;
b) the number of attendances and the total number of patient days in each of the past 5 years in respect of non-eligible persons (NEPs) receiving in-patient healthcare services provided by the Hospital Authority (HA); the expenditure incurred; after deducting the expenditure on the provision of healthcare services to NEPs, the ratio of HA's annual expenditure to the Hong Kong population;
c) the per capita public health expenditure in each of the past 5 years;
d) whether the public health expenditure has increased correspondingly with population growth in the past 5 years; and
e) the respective expenditures on in-patient services, day in-patient services, accident and emergency services, specialist out-patient services, primary care services, rehabilitation and palliative care services, geriatric services and psychiatric services in each of the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No.77)

Reply:

(a)

The table below sets out the health expenditure as a percentage of Gross Domestic Product from 2009-10 to 2013-14[Note].

Year	Health expenditure as a % of GDP		
	Public	**Private**	**Overall**
2009-10	2.6%	2.6%	5.2%
2010-11	2.5%	2.6%	5.1%
2011-12	2.6%	2.7%	5.3%
2012-13	2.7%	2.8%	5.6%
2013-14	2.8%	2.9%	5.7%

(b)
The table below sets out (i) the number of inpatient and day inpatient discharges and deaths (IPDP D&D) and (ii) the number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths) for non-eligible persons (NEPs) in the Hospital Authority (HA) in the past 5 years.

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Provisional figures up to 31 December 2016)**
IPDP D&D	7 579	5 542	6 513	7 191	5 922
Patient days	27 858	23 693	27 459	30 613	25 543

HA classifies day inpatients as those patients who are admitted into hospitals for non-emergency treatment and are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency (A&E) departments or those who have stayed in hospitals for more than one day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

HA adopts a "total cost" approach in compiling service costs for major care types, e.g. inpatient services, outpatient services, A&E services and community care services, etc. As HA does not collate patient level cost information, the costs of services for a particular type of patient are not available. Accordingly, HA's annual expenditure after deduction of costs of services to NEPs is also not available.

(c)
The table below sets out the per capita public health expenditure from 2009-10 to 2013-14 [Note].

Year	Per capita public health expenditure (at 2014 prices)
2009-10	$7,095
2010-11	$7,261
2011-12	$7,794
2012-13	$8,223
2013-14	$8,627

(d)

During 2009-10 to 2013-14, public health expenditure had increased along the increase in population. The cumulative growth of public health expenditure increased by 25.3% (using 2014 prices), which is higher than the 3.0% growth in population. The table below sets out the public health expenditure and population estimates from 2009-10 to 2013-14[Note].

Year	Public health expenditure ($ million at 2014 prices)	Population mid-year estimates (million)
2009-10	49,470	6.97
2010-11	51,006	7.02
2011-12	55,117	7.07
2012-13	58,829	7.15
2013-14	62,007	7.18
Cumulative growth from 2009-10 to 2013-14	25.3%	3.0%

(e)

The table below sets out the costs of inpatient services, A&E services, specialist outpatient services, primary care services and psychiatric services provided by HA in the past 5 years.

Services	Total service costs[#] ($ million)				
	2012-13	2013-14	2014-15	2015-16	2016-17 (Revised estimate)
Inpatient services (Note 1)	28,619	30,594	33,287	35,883	38,683

Services	Total service costs[#] ($ million)				
	2012-13	2013-14	2014-15	2015-16	2016-17 (Revised estimate)
A&E services	2,102	2,328	2,529	2,741	2,926
Specialist outpatient services	9,425	9,888	10,680	11,439	12,200
Primary care services (Note 2)	2,292	2,526	2,749	2,976	3,182
Psychiatric services	3,696	3,858	4,079	4,368	4,665

Note

(1) Include both inpatient services and day inpatient services

(2) Primary care services comprise general outpatient services and family medicine specialist outpatient services

HA provides a spectrum of comprehensive medical services including inpatient services, outpatient services, day hospital, community and infirmary services for patients aged 65 or above. This group of patients is the major users of HA hospital services. They account for around 50% of all patient days and inpatient admissions via A&E departments, as well as more than one-third of all general outpatient clinic and specialist outpatient clinic attendances. The table below sets out the cost of services to patients aged 65 or above in the past 5 years.

Year	Costs of services to patients aged 65 or above[#] ($ million)
2012-13	20,036
2013-14	21,655
2014-15	23,637
2015-16	25,499
2016-17 (Revised estimate)	28,196

The above-mentioned 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), as appropriate.

It should be noted that the costs of services to patients aged 65 or above are based on the average unit cost of the major care types/services and the actual (or projected) activities consumed by patients aged 65 or above from 2012-13 to 2016-17. HA's service costing approach in compiling costs for major care types, e.g. inpatient services, outpatient services,

A&E services and community care services, etc., is on an average basis (i.e. with reference to the total costs of respective services and the corresponding activities, in term of patient days/attendances) for that period. HA does not collate patient level cost information, and therefore costs of services for a particular type of patient are not available.

HA provides a wide range of rehabilitation services to patients suffering from disability after injuries or due to illnesses and provides palliative care services with a comprehensive service model for terminally-ill patients and their families. HA provides both services through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses and allied health professionals. Resources specifically deployed for the provision of these services and corresponding cost information are not readily available.

Note:
Statistics on the overall health expenditure in Hong Kong are derived from the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development. The HKDHA aim to capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health. Due to the complexity of gathering, compiling, verifying and analyzing health expenditure data from various sources, HKDHA take time to compile and are available up to 2013-14 only.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2042)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on:

a) the respective expenditures on in-patient services, day in-patient services, accident and emergency services, specialist out-patient services, primary care services, rehabilitation and palliative care services, geriatric services and psychiatric services as a percentage of the public health expenditure, the overall health expenditure and the gross domestic product in each of the past 5 years;

b) the public health expenditure borne by various Government departments or public organisations (such as the Department of Health and the Hospital Authority) and their respective percentages in the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No.78)

Reply:

(a)

The table below sets out the costs of inpatient services, Accident & Emergency (A&E) services, specialist outpatient (SOP) services, primary care services and psychiatric services provided by the Hospital Authority (HA) in the past 5 years:

Services	**Total Service Costs ($ million)**				
	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
Inpatient services (Note 1)	28,619	30,594	33,287	35,883	38,683

Services	Total Service Costs ($ million)				
	2012-13	2013-14	2014-15	2015-16	2016-17 (Revised Estimate)
A&E services	2,102	2,328	2,529	2,741	2,926
Specialist outpatient services	9,425	9,888	10,680	11,439	12,200
Primary care services (Note 2)	2,292	2,526	2,749	2,976	3,182
Psychiatric services	3,696	3,858	4,079	4,368	4,665

Note:
(1) Include both inpatient services and day inpatient services
(2) Primary care services comprise general outpatient (GOP) services and family medicine SOP services

HA provides a spectrum of comprehensive medical services including inpatient, outpatient, day hospital, community and infirmary services for patients aged 65 or above. This group of patients is the major users of HA hospital services. They account for around 50% of all patient days and inpatient admissions via A&E departments, as well as more than one-third of all GOP clinic and SOP clinic attendances. The table below sets out the cost of services to patients aged 65 or above in the past 5 years:

Year	Costs of Services to Patients Aged 65 or Above# ($ million)
2012-13	20,036
2013-14	21,655
2014-15	23,637
2015-16	25,499
2016-17 (Revised Estimate)	28,196

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 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.

It should be noted that the costs of services to patients aged 65 or above are based on the average unit cost of the major care types/services and the actual (or projected) activities consumed by patients aged 65 or above from 2012-13 to 2016-17. HA's service costing approach in compiling costs for major care types, e.g. inpatient services, outpatient services, A&E services and community care services, etc., is on an average basis (i.e. with reference to the total costs of respective services and the corresponding activities, in term of patient days/attendances) for that period. HA does not collate patient level cost information, and therefore costs of services for a particular type of patient are not available.

HA provides a wide range of rehabilitation services to patients suffering from disability after injuries or due to illnesses and provides palliative care services with a comprehensive service model for terminally-ill patients and their families. HA provides both services through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, allied health professionals. Resources specifically deployed for the provision of these services and corresponding cost information are not readily available.

HA's service costs account for only part of the public health expenditure. It would be misleading to simply compare HA's service costs with the overall health expenditure or Gross Domestic Product of Hong Kong.

(b)

The table below sets out the recurrent public expenditure on health borne by Government departments or public organisations and their respective percentages in the past 5 years:

Government Departments/ Public Organisations	**Recurrent Public Expenditure on Health ($ million)**				
	2012-13 (Actual)	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Revised Estimate)**
Hospital Authority	42,130 (91.1%)	45,670 (91.6%)	49,046 (90.7%)	50,798 (90.0%)	52,602 (89.5%)
Department of Health	3,766 (8.2%)	3,907 (7.8%)	4,706 (8.7%)	5,271 (9.3%)	5,677 (9.7%)
Others (Note)	330 (0.7%)	313 (0.6%)	339 (0.6%)	404 (0.7%)	487 (0.8%)
Total	**46,226**	**49,890**	**54,091**	**56,473**	**58,766**

Note:
Include the Food and Health Bureau (Health Branch), Government Laboratory, Government Secretariat: Innovation and Technology Commission and Prince Philip Dental Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2639)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The expenditure of the Food and Health Bureau on "Health" initiatives in 2017-18 is $71.7 million higher than the revised provision of the last financial year. How much of the expenditure will be used for public health promotion and disease prevention?

Nowadays, diabetes patients are becoming younger. Has the Government reviewed the effectiveness of the current practice of relying on health education alone for raising the awareness of diabetes prevention among adolescents and children? If so, what are the details?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 38)

Reply:

The work of the Health Branch of the Food and Health Bureau under Programme (1) includes formulation and co-ordination of policies and programmes for the purposes of (i) protecting and promoting health, (ii) preventing and treating illness and disease, and (iii) minimising the impact of disability. The provision for 2017–18 under Programme (1) is $71.7 million higher than the revised estimate for 2016–17. This is mainly due to the increased cash flow requirement for the general non-recurrent item on Health and Medical Research Fund, as well as increased operating expenses for additional measures to tackle antimicrobial resistance. Both are related to the work of health promotion and disease prevention.

In 2008, the Government published a strategic framework document entitled "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" to prevent and control non-communicable diseases. A steering committee chaired by the Secretary for Food and Health was set up to steer and monitor implementation of the strategy which adopts a cross-sectoral and multi-disciplinary approach, based on evidence, in tackling unhealthy lifestyle habits among the local population.

Successful implementation of the strategy depends on close collaboration among the Government, the public and private sectors, the community and the public in fostering an environment which promotes healthy lifestyles. By maintaining normal body weight through regular physical activity and a healthy diet, the risk of diabetes can be significantly reduced.

The Department of Health (DH) has been, over the years, encouraging and supporting, through a life-course and setting-based approach, people of all ages to adopt a balanced diet, engage in regular physical activity and maintain normal body weight in family, school, workplace and community settings. Health promotion partners such as the Education Bureau, the Leisure and Cultural Services Department, the Occupational Safety and Health Council, the Hong Kong Housing Authority, the Healthy Cities Projects, non-governmental organisations (NGOs) and the business sector are engaged in building supportive environments for healthy living. The DH also collaborated with NGOs such as Diabetes Hongkong in the past few years to increase public awareness of the prevention and management of diabetes, through for example, producing a series of videos on diabetes-friendly recipes and publication of the booklet on management of diabetes. The DH has also developed, updated and promoted the use of an evidence-based reference framework for diabetes care in primary care settings.

To echo the World Health Organization's World Health Day 2016 Campaign on Diabetes, the DH has launched a series of publicity and public education campaigns since April 2016 to increase public awareness of the prevention and management of diabetes. Through websites, video, mobile applications, booklets and other means, the DH provides practical tools to facilitate members of the public to perform regular physical activity and practise healthy eating at home or when dining out.

Moreover, the Family Health Service of the DH has proactively promoted breastfeeding to prevent childhood obesity and provided parent education on optimal infant and young child nutrition through various channels including distribution of health education resource material, workshops and individual counselling. The Student Health Service of the DH checks enrolled students' body weight during annual health assessments, counsels students with sub-optimal weight, and makes referrals to specialists if further management is considered necessary.

With the increasing diabetes problem across all ages, the DH will actively assess and review the relevance and effectiveness of health promotion and other strategies for prevention and control of diabetes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3144)

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

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

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Last year, the Hospital Authority (HA) was allocated $10 billion to set up the Public-Private Partnership (PPP) Endowment Fund, using the investment returns generated to operate clinical PPP programmes. Since the operation of the fund, what initiatives have been launched under the PPP programmes? What is the expenditure involved? What is the fiscal surplus? What is the number of beneficiaries?
It is mentioned under Matters Requiring Special Attention in 2017-18 that the HA will continue to make use of the provision. What initiatives are expected to be covered in the financial year? What is the expected number of beneficiaries?
Will the Government review the effectiveness of the said programmes? If yes, what are the details?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 64)

Reply:

The estimated annual expenditure for supporting the Public-Private Partnership (PPP) initiatives for 2016-17 and 2017-18 are $194 million and $278 million respectively, with breakdown by major programmes and the corresponding planned provisions listed in the table below:

Programme	**2016-17 Estimated Annual Expenditure[Note] (in $ million)**	**2017-18 Estimated Annual Expenditure[Note] (in $ million)**	**2016-17 Planned Provisions**	**2017-18 Planned Provisions**
CSP	2.4	2.7	400 surgeries	450 surgeries
TSW PPP	4.1	4.3	1 500 patients	1 500 patients
HD PPP	47.8	55.0	204 places	225 places
PEP	21.6	25.9	14 000 patients	14 000 patients

Programme	2016-17 Estimated Annual Expenditure[Note] (in $ million)	2017-18 Estimated Annual Expenditure[Note] (in $ million)	2016-17 Planned Provisions	2017-18 Planned Provisions
Radi Collaboration	46.0	49.2	19 000 scans	19 590 scans
GOPC PPP	31.2	68.8	11 055 patients	19 131 patients
Infirmary Service PPP	11.0	23.8	64 beds	64 beds
Colon PPP	12.6	18.4	625 colonoscopies	1 130 colonoscopies

Note:
The estimated annual expenditure is based on projected activities and 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 deviated from the assumptions adopted in the above estimates.

In general, PPP seeks to provide more choices for patients, collaboration among healthcare providers and make better use of resources in both the public and private sectors. The Hospital Authority will continue communicating with the public and patient groups, and work closely with relevant stakeholders to enhance the existing PPP programmes and explore the feasibility of introducing new PPP programmes.

Abbreviations

CSP: Cataract Surgeries Programme
TSW PPP: Tin Shui Wai Primary Care Partnership Project
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. 2467)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide information on the actual and estimated waiting time of dental patients in 2015, 2016 and 2017 with a breakdown by type of dental diseases.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 36)

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.

The waiting time of teaching patients before commencement of treatment will depend on the training needs of the students and their study progress. PPDH does not have a breakdown of waiting time for both the teaching patients and the private fee paying patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2475)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide details of continuing to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services and the manpower involved.

2. Please provide details of increasing the quotas for specialist and general out-patient services.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 37)

Reply:

(1) & (2)

To meet the rising demand from the growing and ageing population, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2017-18 is projected to reach around $62 billion, representing an increase of around 4% when compared to 2016-17. HA will implement new initiatives and enhance various types of services, including the following initiatives among others:

(a) increasing the number of operating theatre sessions and the quota for endoscopy examination and diagnostic radiological service so as to enhance the service capacity for addressing the ever rising healthcare needs by

    (i) Opening additional operating theatre sessions in Princess Margaret Hospital (PMH) and Alice Ho Miu Ling Nethersole Hospital;
    (ii) Opening additional fluoroscopic endoscopy sessions in Prince of Wales Hospital (PWH);

(iii) Enhancing Magnetic Resonance Imaging (MRI) service by extending operating hours in Ruttonjee Hospital, providing additional attendances in PWH and installing an MRI machine in Pok Oi Hospital;

(iv) Enhancing the capacity of interventional radiology (IR) service in PMH and provide additional IR procedures;

and

(b) increasing the quota for general outpatient and specialist outpatient services and enhancing Accident & Emergency Services to improve the waiting time for outpatient and emergency services. The quota for general outpatient clinics in 2 clusters (namely New Territories East Cluster and New Territories West Cluster) will increase by 27 500 attendances in 2017-18 and 44 000 attendances in 2018-19.

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. 2481)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. What are the details of augmenting mental health services by strengthening healthcare professional and supporting manpower?

2. What are the 2015-16 actual expenditure, the 2016-17 revised estimate and the 2017-18 estimated expenditure respectively for mental health services?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 38)

Reply:

(a)
In 2017-18, the Hospital Authority (HA) will further enhance its psychiatric services with details as below:

i. For strengthening the psychiatric specialist outpatient services in NTEC, additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. For enhancing the psychiatric in-patient services in KCC, KEC and NTEC, additional 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. For enhancing the clinical psychology services in all seven clusters, additional one clinical psychologist and eight supporting staff will be recruited;

iv. For enhancing the peer support element in the Case Management Programme, additional five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited;

v. For the implementation of a two-year pilot scheme named "Student Mental Health Support Scheme" in the 2016/17 school year and the 2017/18 school year in KEC and KWC to provide support for students with mental health needs, additional four APNs and four supporting staff will be recruited; and

vi. For the implementation of a two-year pilot scheme named "Dementia Community Support Scheme" from February 2017 to January 2019 in HKEC, KEC, NTEC and NTWC to provide community support services to elderly persons with mild or moderate dementia, additional eight APNs and four supporting staff will be recruited.

(b)

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	4,368
2016-17 (Revised Estimate)	4,665
2017-18 (Estimate)	4,778

The mental health service costs include staff costs (such as doctors, nurses and allied health staff) for providing direct services to patients; the expenditures 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).

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. 2496)

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

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

Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please list out the title of each research project granted under the Health and Medical Research Fund (HMRF) in 2016-17, the responsible institution and the amount of grants for each project.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 39)

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 provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, research fellowship and government-commissioned research programmes.

In 2016-17, $144.9 million have been committed to support a total of 154 research projects. Details of the approved projects, including the project titles, responsible research institutions, approved funding and latest position, will be available from the Research Fund Secretariat website at http://rfs.fhb.gov.hk in April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0763)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Supporting the development of Chinese medicines falls under the purview of the Bureau. Since human resources are fundamental to the development of Chinese medicines, has the Bureau, together with other relevant departments, deployed financial and human resources to evaluate the situation of manpower training for the Chinese medicines industry in Hong Kong? If yes, for evaluating the effectiveness of the Bureau's efforts, please set out the tertiary institutions that are currently running related training courses and the courses offered and advise on the numbers of student intakes and graduates of these courses, as well as the percentage of graduates who have entered the field of Chinese medicines in each of the past 3 years. What are the manpower and financial resources involved in the evaluation process?

Asked by: Hon WONG Ting-kwong (Member Question No. 25)

Reply:

The Chinese Medicine Ordinance (Cap. 549) stipulates that the holder of retailer licence in Chinese herbal medicines (Chm) with dispensing service of Chm and the holder of manufacturer licence in proprietary Chinese medicines (pCm) must nominate a person who will be responsible for the supervision of the dispensing of Chm or for the supervision of the manufacture of pCm as appropriate, and not more than two deputies, one of whom shall act in the absence of the responsible person.

Responsible persons nominated in the application of the above licences must comply with the minimum requirements regarding knowledge and experience as set out in Schedule 1 of the Chinese Medicines Regulation (Cap. 549F). Among the requirements, any person who holds a bachelor's degree in Chinese medicine awarded by a university in Hong Kong; or a diploma in Chinese medicines awarded by a university in Hong Kong or the Vocational Training Council (VTC); or a certificate in Chinese medicines awarded by a university in

Hong Kong or the VTC on completion of a 120-hour course together with the specific experience can be nominated to be the responsible person.

Currently, there is only one full-time undergraduate programme in pharmacy in Chinese medicines in Hong Kong (i.e. Bachelor of Pharmacy (Hons) in Chinese Medicine offered by Hong Kong Baptist University). The number of student intake and graduates of the above programme concerned in academic years 2014-15, 2015-16 and 2016-17 are listed below:

Academic year	Student intake	No. of graduates
2014-15	14	15
2015-16	22	27
2016-17 (provisional)	24	Not yet available

We do not have information about the intake and graduates of courses offering diploma or certificates in Chinese medicines.

As at 2 March 2017, holders of retailer licence in Chm with dispensing service and holders of manufacturer licence in pCm amounted to 1 699 in total. There is no information on the percentage of graduates who have entered the field of Chinese medicines.

The Government set up a Chinese Medicine Development Committee (the Committee) in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicines in Hong Kong. The Government has been supporting the work of the Committee. There is no breakdown of manpower and financial resources incurred for evaluating the situation of manpower training for the Chinese medicines industry in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0729)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding hospital beds for general and various specialties under this Programme, please inform this Committee of the following:

1. The occupancy rates of hospital beds for general and various specialties under the Hospital Authority ("HA") as a whole and in each hospital cluster, as well as the lengths of stay of the patients in 2015-16 and 2016-17.
2. (i) The number of patient days; (ii) the number of beds; and (iii) the bed occupancy rate for all general and major specialties of each hospital in the Kowloon Central and Kowloon East Clusters of HA in the past 2 years.
3. HA will open 229 additional beds to cope with population growth and ageing. What will be the distribution of these beds?

Asked by: Hon WU Chi-wai (Member Question No. 37)

Reply:

1. The tables below set out the inpatient (IP) bed occupancy rate for all general specialties and major specialties and their respective IP average length of stay (ALOS) in each hospital cluster under the Hospital Authority (HA) and in HA as a whole in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16	**Cluster**							**HA Overall**
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	
Overall for general specialties (acute and convalescent)								
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**

2015-16	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
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 (up to 31 December 2016) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Overall for general specialties (acute and convalescent)								
IP bed occupancy rate	89%	77%	90%	94%	90%	92%	101%	**90%**
IP ALOS (days)	5.4	5.8	7.0	5.4	5.3	6.1	5.7	**5.8**
Major specialties								
Gynaecology								
IP bed occupancy rate	92%	61%	103%	51%	80%	75%	110%	**76%**
IP ALOS (days)	2.3	2.6	2.3	2.2	2.0	2.1	1.8	**2.1**
Medicine								
IP bed occupancy rate	91%	87%	101%	100%	98%	105%	109%	**99%**
IP ALOS (days)	5.2	5.6	7.6	6.0	6.1	7.1	7.2	**6.4**

2016-17 (up to 31 December 2016) [Provisional Figures]	Cluster							HA Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Obstetrics								
IP bed occupancy rate	88%	65%	76%	64%	72%	71%	97%	**75%**
IP ALOS (days)	3.8	2.9	3.2	2.9	2.8	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
IP bed occupancy rate	90%	75%	103%	103%	93%	84%	88%	**90%**
IP ALOS (days)	5.2	8.1	11.5	6.1	6.3	8.1	9.3	**7.5**
Paediatrics								
IP bed occupancy rate	95%	72%	74%	91%	81%	90%	116%	**86%**
IP ALOS (days)	3.3	5.1	3.8	2.9	3.0	3.8	3.8	**3.5**
Surgery								
IP bed occupancy rate	85%	75%	98%	91%	80%	101%	94%	**87%**
IP ALOS (days)	3.9	5.4	4.8	4.0	3.8	5.5	4.4	**4.4**

IP ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. Both IP bed occupancy rate and IP ALOS also vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore the figures cannot be directly compared among different clusters or specialties.

2. The table below sets out the number of hospital beds for all general specialties and major specialties in each hospital under the Kowloon Central Cluster (KCC) and Kowloon East Cluster (KEC) under HA in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16 KCC	Number of hospital beds as at 31 March 2016			
	Hong Kong Buddhist Hospital	Hong Kong Eye Hospital	Kowloon Hospital	Queen Elizabeth Hospital
All general specialties (acute and convalescent)	324	45	778	1 882
Major specialties				
Gynaecology	–	–	–	29
Medicine	209	–	255	611
Obstetrics	–	–	–	125
Orthopaedics & Traumatology	38	–	95	163
Paediatrics	–	–	10	114
Surgery	–	–	40	255

2015-16 KEC	Number of hospital beds as at 31 March 2016		
	Haven of Hope Hospital	Tseung Kwan O Hospital	United Christian Hospital
All general specialties (acute and convalescent)	345	661	1 325
Major specialties			
Gynaecology	–	39	40
Medicine	321	333	516
Obstetrics	–	1	80
Orthopaedics & Traumatology	–	87	169
Paediatrics	–	37	73
Surgery	–	123	217

2016-17 (up to 31 December 2016) [Provisional figures] KCC	Number of hospital beds as at 31 December 2016			
	Hong Kong Buddhist Hospital	Hong Kong Eye Hospital	Kowloon Hospital	Queen Elizabeth Hospital
All general specialties (acute and convalescent)	324	45	778	1 906
Major specialties				
Gynaecology	–	–	–	29
Medicine	209	–	255	623
Obstetrics	–	–	–	125
Orthopaedics & Traumatology	38	–	95	187
Paediatrics	–	–	10	114
Surgery	–	–	40	255

2016-17 (up to 31 December 2016) [Provisional figures] KEC	Number of hospital beds as at 31 December 2016		
	Haven of Hope Hospital	Tseung Kwan O Hospital	United Christian Hospital
All general specialties (acute and convalescent)	345	667	1 335
Major specialties			
Gynaecology	–	39	40
Medicine	321	335	526
Obstetrics	–	1	80
Orthopaedics & Traumatology	–	87	169
Paediatrics	–	37	73
Surgery	–	127	217

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 and IP bed occupancy rate should be interpreted at cluster level.

The table below sets out the number of patient days (number of IP patient days and number of day IP discharges & deaths) and IP bed occupancy rate for all general specialties and major specialties in KCC and KEC under HA in 2015-16 and 2016-17 (up to 31 December 2016).

2015-16	**KCC**	**KEC**
All general specialties (acute and convalescent)		
Patient days	999 921	741 722
IP bed occupancy rate	90%	91%
Major specialties		
Gynaecology		
Patient days	12 720	15 045
IP bed occupancy rate	90%	55%
Medicine		
Patient days	399 116	414 339
IP bed occupancy rate	103%	99%
Obstetrics		
Patient days	32 750	18 141
IP bed occupancy rate	72%	62%
Orthopaedics & Traumatology		
Patient days	111 514	88 683
IP bed occupancy rate	104%	100%
Paediatrics		
Patient days	31 477	30 655
IP bed occupancy rate	70%	79%
Surgery		
Patient days	98 736	103 631
IP bed occupancy rate	95%	87%

2016-17 (up to 31 December 2016) [Provisional Figures]	KCC	KEC
All general specialties (acute and convalescent)		
Patient days	763 404	583 019
IP bed occupancy rate	90%	94%
Major specialties		
Gynaecology		
Patient days	10 616	10 774
IP bed occupancy rate	103%	51%
Medicine		
Patient days	299 300	320 690
IP bed occupancy rate	101%	100%
Obstetrics		
Patient days	26 096	14 001
IP bed occupancy rate	76%	64%
Orthopaedics & Traumatology		
Patient days	83 781	69 164
IP bed occupancy rate	103%	103%
Paediatrics		
Patient days	24 644	26 305
IP bed occupancy rate	74%	91%
Surgery		
Patient days	76 463	83 433
IP bed occupancy rate	98%	91%

HA classifies day IPs as those patients 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 Department or those who have stayed for more than one day. The calculation of IP ALOS and bed occupancy rate, on the other hand, does not include that of day IPs.

3. The table below sets out the breakdown of the 229 hospital beds to be opened in 2017-18 in the HA.

Cluster	Number of beds to be opened in 2017-18		
	Acute General	Convalescent	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**

Abbreviations

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

Note:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0732)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the general outpatient service under this Programme, will the Government inform this Committee of the followings:

1) In the past 12 months, what were the numbers of average hourly attendances (A) in day sessions from Mondays to Saturdays; and (B) in other time slots (if holiday day outpatient and evening outpatient services were provided) in the following general outpatient clinics? Has the number of attendances of the clinics reached their maximum consultation quotas? Has evaluation been made by the Hospital Authority (HA) on whether the services provided by the clinics in 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; and
XI) Shun Lee General Out-patient Clinic;

2) It is mentioned in the Programme that HA will "increase quotas for specialist and general outpatient services". Please provide the estimated additional number of quotas for general outpatient service allocated to each of the 18 administrative districts?

Asked by: Hon WU Chi-wai (Member Question No. 36)

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 out-patient attendances of the concerned GOPCs in 2016-17 (up to 31 December 2016).

Clinic	**2016-17 (up to 31 December 2016) [Provisional figures]**
East Kowloon General Out-patient Clinic	85 324
Hong Kong Buddhist Hospital General Out-patient Clinic	33 762
Our Lady of Maryknoll Hospital Family Medicine Clinic*	113 721
Robert Black General Out-patient Clinic*	67 580
Wang Tau Hom Jockey Club General Out-patient Clinic	33 283
Wu York Yu General Out-patient Clinic	30 169
Kowloon Bay Health Centre General Out-patient Clinic	56 047
Kwun Tong Community Health Centre*	183 215
Lam Tin Polyclinic General Out-patient Clinic	88 220
Ngau Tau Kok Jockey Club General Out-patient Clinic	119 990
Shun Lee General Out-patient Clinic	49 108

* 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 New Territories East Cluster and New Territories West Cluster by 27 500 attendances in 2017-18 and a total of 44 000 attendances in 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0750)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Since the launch of the "General Outpatient Clinic Public-Private Partnership (GOPC PPP) Programme" by the Hospital Authority (HA) in Wong Tai Sin, Kwun Tong and Tuen Mun districts in mid-2014,

(1) how many doctors and patients have participated in the GOPC PPP Programme? What was the total expenditure involved?

(2) how many doctors and patients have withdrawn from the GOPC PPP Programme? Have the HA and the Government assessed the reasons for that?

(3) what enhancement measures have been or will be taken by the HA, such as the extension of the scope of the GOPC PPP Programme to cover more illnesses? When will the HA extend the GOPC PPP Programme to other districts?

Asked by: Hon WU Chi-wai (Member Question No. 34)

Reply:

(1)

The General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) was launched by the Hospital Authority (HA) in mid-2014 in three pilot districts, namely Kwun Tong, Wong Tai Sin and Tuen Mun. The initial support and response from private doctors and patients were positive. As at end-December 2016, 228 private doctors and 10 503 patients have participated in the programme. The estimated expenditure in 2016-17 is $31.2 million.

(2)

Since the programme launch up to end-December 2016, 17 private doctors have ceased their participation in the GOPC PPP while 501 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.

HA had completed the interim review of the GOPC PPP in 2016. Having regard to the feedback from external and internal stakeholders, enhancements on the key areas including the arrangement for providing programme drugs, information technology platform, operation matters and stakeholders' communication platform were suggested and would be implemented by phases.

(3)

In addition to the three piloting districts, the GOPC PPP has been rolled out to nine more districts since October 2016. It is expected that the programme will be rolled out to the remaining six districts in two years. The roll-out plan is outlined as follows:

District	**2016-17**	**2017-18**	**2018-19**	**Cluster Applicable**
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKEC / HKWC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Kwun Tong	Implemented in 2014			KEC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KCC / KWC
Wong Tai Sin	Implemented in 2014			KCC / KWC
Islands		✓		HKEC / KWC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Tuen Mun	Implemented in 2014			NTWC
Yuen Long	✓			NTWC

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.

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. 0757)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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, will the Government inform this Committee:

1) Has the Government drawn up a list of priorities and schedule for projects yet to seek funding approvals? If yes, what are the details? If no, which projects are expected to commence in the coming 3 years?

2) With regard to the redevelopment of Our Lady of Maryknoll Hospital, what is the progress so far? Will the services provided by the hospital be strengthened before the redevelopment, such as by providing preliminary examination or other accident and emergency services?

3) As for the following projects, namely A) the Hong Kong Children's Hospital in Kai Tak; B) the expansion of United Christian Hospital; C) the refurbishment of Hong Kong Buddhist Hospital; D) the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital; and E) the construction of a new acute hospital at Kai Tak Development Area, what are the progress in 2017-18, estimated expenditure involved, expected completion dates and service commencement dates?

4) Was there any plan for the future development of Queen Elizabeth Hospital in 2016-17? If yes, what are the details? What are the expenses and manpower involved in the plan for 2017-18?

Asked by: Hon WU Chi-wai (Member Question No. 35)

Reply:

1)

Under the Ten-year Hospital Development Plan (HDP), the Hospital Authority (HA) is implementing the following projects:

(a) substructure and utilities diversion works for the extension of Operating Theatre Block for Tuen Mun Hospital project (commenced in May 2016);
(b) redevelopment of Kwai Chung Hospital (Phase 1) project (commenced in May 2016);
(c) demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital project (commenced in June 2016); and
(d) expansion of Haven of Hope Hospital project (commenced in July 2016).

In addition, the HA plans to commence the following projects in the coming 3 years under the HDP :

(a) preparatory works for the construction of a new acute hospital at Kai Tak Development Area (KTDA) in 2017-18;
(b) redevelopment of Prince of Wales Hospital (Phase 2) (stage 1) in 2017-18; and
(c) main works for the redevelopment of Queen Mary Hospital (Phase 1) by 2019-20.

2)

The redevelopment of Our Lady of Maryknoll Hospital (OLMH) is currently at initial planning stage.

Over the past few years, HA has implemented the following measures to enhance the medical services of OLMH and in Wong Tai Sin (WTS) district :

(i) Improve the day service capacity in OLMH to serve 200 additional day cases;
(ii) Better manage the waiting list of endoscopy services by providing 1 200 additional endoscopic procedures in OLMH and by providing improved endoscopies facilities;
(iii) Enhance the accessibility of pharmacy services in OLMH by extending the weekday pharmacy service by 2 hours;
(iv) Enhance the community nursing service of OLMH by providing 6 700 additional home visits;
(v) Strengthen the rehabilitation facilities in Wong Tai Sin Hospital (WTSH), and enhance manpower support by providing additional 300 additional discharge episodes;
(vi) Roll out pilot project in WTS district to rationalise the patient journey from acute to rehabilitation settings. Starting from August 2015, some patients living in WTS district would be discharged from Queen Elizabeth Hospital to WTSH for rehabilitation;
(vii) Add approximately 50 000 general out-patient clinic (GOPC) quota to WTS GOPCs from 2011-12 till 2015-16;
(viii) Conduct renovation works for WTS GOPCs to enhance facilities and improve environment;
(ix) Extend OLMH GOPC clinic sessions on Sunday / Public Holiday from morning only to both morning and afternoon since April 2015;
(x) Provide additional computed tomography scans, enhanced Orthopaedic & Traumatology service on specialist out-patient attendances and day procedures; and
(xi) Pilot the GOPC Public-Private Partnership Programme in WTS district.

3)

Construction works for the Hong Kong Children's Hospital commenced in August 2013 for completion in 2017. The approved project estimate (APE) in money-of-the-day (MOD) prices is $12,985.5 million with an estimated expenditure of $2,900 million in 2017-18.

The expansion of United Christian Hospital project will be carried out in two stages, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $20 million in 2017-18. The demolition and substructure works commenced in August 2015 and the APE in MOD prices is $1,791.6 million with an estimated expenditure of $400 million in 2017-18. Subject to funding approval by the Finance Committee (FC), the whole expansion project is planned for completion in 2023.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019. The APE in MOD prices is $563.3 million with an estimated expenditure of $200 million in 2017-18.

The redevelopment of Kwong Wah Hospital project will be carried out in two phases. The preparatory works commenced in March 2013 and the APE in MOD prices is $552.7 million with an estimated expenditure of $45 million in 2017-18. The demolition and substructure works for Phase 1 commenced in June 2016 and the APE in MOD prices is $654.8 million with an estimated expenditure of $277 million in 2017-18. Subject to funding approval by the FC, the whole redevelopment project is planned for completion in 2025.

The redevelopment of Kwai Chung Hospital project will be carried out in 3 phases. Phase 1 of the project commenced in May 2016 and is planned for completion in 2018. The APE for this part of the project is $750.8 million in MOD prices with an estimated expenditure of $257.9 million in 2017-18.

Subject to funding approval by the FC, preparatory works for the construction of a new acute hospital at KTDA is planned to start in 2017 and the whole project is planned for completion in 2024.

4)

HA takes into account various factors when planning and developing the 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, etc. HA is planning to relocate the clinical services of Queen Elizabeth Hospital (QEH) to the new acute hospital at KTDA. This will provide an opportunity for redevelopment of the original QEH site according to the service needs of Hong Kong as a whole. Having regard to the scheduled completion of the new acute hospital at KTDA, detailed planning for the site will commence when the latest service demand projection is available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1010)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of attendances at the general and specialist outpatient clinics of the Hospital Authority and the actual expenditures involved in each of the financial years between 2014 and 2017? Of these attendances, how many involved the elderly and the chronically ill? What percentages did the attendances of these patients account for in the total number of attendances? What were the expenditure ratios?

Asked by: Hon WU Chi-wai (Member Question No. 78)

Reply:

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

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

2014-15 (Actual)	**2015-16 (Actual)**	**2016-17 (Revised Estimate)**
5 905 262	5 984 576	5 984 000

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

2014-15 (Actual) ($ million)	2015-16 (Actual) ($ million)	2016-17 (Revised Estimate) ($ million)
2,431	2,651	2,827

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

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

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

2014-15 (Actual)	2015-16 (Actual)	2016-17 (Revised Estimate)
7 191 780	7 310 332	7 325 000

In the past 3 years, elderly patients aged 65 or above accounted for about 35% of the total attendances of the SOP clinics under HA.

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

2014-15 (Actual) ($ million)	2015-16 (Actual) ($ million)	2016-17 (Revised Estimate) ($ million)
10,680	11,439	12,200

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

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1018)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychiatric out-patient services under the Programme, please advise this Committee on:

1) the average waiting time at each child and adolescent psychiatric specialist out-patient (SOP) clinic in 2015-16 and 2016-17 by district;
2) the average waiting time at each adult psychiatric SOP clinic in 2015-16 and 2016-17 by district; and
3) the number of elderly patients with dementia who received psychiatric treatments provided by the Hospital Authority and the average waiting time for psychogeriatric services in 2015-16 and 2016-17.

Asked by: Hon WU Chi-wai (Member Question No. 85)

Reply:

1)

The table below sets 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 cluster under the Hospital Authority (HA) in 2015-16 and 2016-17 (up to 31 December 2016):

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]	12	2	84	3	2 711	95
HKWC[1]						
KCC[2]	38	1	245	4	3 679	41
KWC[2]						
KEC	32	1	135	5	1 764	83
NTEC	120	1	190	5	1 891	84

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)
NTWC	0	-	261	1	1 427	86

2016-17 (up to 31 December 2016) [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]	15	1	65	3	1 720	90
HKWC[1]						
KCC[2&3]	51	1	192	4	2 835	49
KWC[2&3]						
KEC	9	1	100	4	949	95
NTEC	114	1	107	3	1 520	136
NTWC	0	-	168	5	938	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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

2)

The table below sets 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 cluster under the HA in 2015-16 and 2016-17 (up to 31 December 2016):

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 (up to 31 December 2016) [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	213	1	583	3	1 691	14
HKWC	300	1	437	3	439	14
KCC[1]	74	<1	431	3	606	16
KEC	262	<1	860	5	2 481	5
KWC[1]	14	<1	190	3	6 871	4
NTEC	678	<1	1 461	4	1 861	62
NTWC	426	1	993	7	1 752	15

Note:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

3)

The table below sets out the number of psychogeriatric SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in the HA in 2015-16 and 2016-17 (up to 31 December 2016):

	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 (up to 31 December 2016) [provisional figures]	415	<1	1 388	4	3 538	28

The table below sets out the number of dementia patients who have received psychiatric services in HA in 2015-16 and 2016.

	2015-16	2016 (January – December) [Provisional figure]
Number of dementia patients *(diagnosed with dementia under the psychiatric specialty and followed up by psychiatric departments of HA)*[1,2]	12 100	12 360

Notes:

1. There are patients with dementia being followed up by other departments of HA (such as geriatric departments, etc.), subject to the comorbidities of the patients
2. Figures are rounded to the nearest ten.

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. 1752)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Law Reform Commission, which has as ex officio members both the Secretary for Justice and the Law Draftsman, recommended in a report in 2006 that "advance directives" in relation to medical treatment should be promoted by non-legislative means, and that the Government should, in the light of public awareness of "advance directives" and the position, review and consider whether legislation should be introduced. The report was published 10 years ago, and public awareness of "advance directives" has heightened. In this connection, would the Government inform this Committee of:

1. the resources allocated for the review on public awareness in Hong Kong of "advance directives" in the past 3 years? What is the progress of the work by the Government on this issue?

2. the resources to be allocated for the review, study and legislative work on "advance directives" in the next 3 years?

Asked by: Hon YEUNG Alvin (Member Question No. 1)

Reply:

Advance directives concern the decision to withhold or withdraw life-sustaining treatment. It is an important topic which must be dealt with carefully.

In view of the report entitled "Substitute Decision-making and Advance Directives in Relation to Medical Treatment" published by the Law Reform Commission in 2006, the Food and Health Bureau ("FHB") issued a consultation paper entitled "Introduction of the Concept of Advance Directives in Hong Kong" in 2009. During the consultation period, we received a total of 52 submissions from organisations and individuals. Most of the

submissions showed no objection to introducing the concept of advance directives by non-legislative means in Hong Kong.

Under common law, a patient may, while mentally competent to make decisions, give an advance directive to specify that apart from basic and palliative care, he chooses not to receive any life-sustaining treatment or any other specified treatment when he is terminally ill, in a state of irreversible coma or in a persistent vegetative state, or to specify the withholding or withdrawal of futile treatment which merely postpones his death under specific conditions. Hospital Authority (HA)'s healthcare professionals can also, through advance care planning (ACP), discuss with patients suffering from serious irreversible diseases and their families on, out of the patients' best interest, whether to withhold or withdraw futile treatment(s) which can only delay the death process.

Since 2010, HA has issued the Guidance for HA Clinicians on Advance Directives in Adults. HA has uploaded the said Guidance, the model form, a set of concise questions and answers; and public education materials on ACP, advance directives, and Do-Not-Attempt Cardiopulmonary Restitution on the Internet for reference by healthcare professionals and the public.

In 2015, FHB commissioned the Chinese University of Hong Kong to conduct a three-year research study at $9.98 million on the quality of healthcare for the ageing. As part of the study, the research team will analyse the implementation of advance directives and provide recommendations with a focus on the legislative and relevant ethical and cultural issues. The research team will also propose a publicity strategy to promote public understanding and acceptance of the concept of advance directives.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1998)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Since 2006, the Government, including the incumbent Secretary for Food and Health, Dr Ko Wing-man, has proposed to establish a "Community Medical Network". In this connection, will the Government advise this Committee on:

1. the expenditure incurred by the Hospital Authority in the development of medical record database in public and private medical institutions, the number of patients co-ordinated and referred by the institutions, and the number of participating private and public medical institutions in table form in the past 5 years;

2. the expenditure involved in establishing a permanent co-ordination framework under the Network and its scope of services in the past 5 years, and the increase/decrease in expenditure in the coming 3 years;

3. the specific services to be provided under the Network and the corresponding expenses involved in the coming 5 years.

Asked by: Hon YEUNG Alvin (Member Question No. 124)

Reply:

The Hospital Authority (HA) provides a wide range of services to the community through general outpatient clinics (GOPCs), Community Geriatric Assessment Teams (CGATs), Community Nursing Services (CNS), and General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP).

HA is committed to providing community-based primary care services through a wide range of services and activities delivered by 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).

In line with Government policy, HA has 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 the Risk Factor Assessment and Management Programme, Nurse and Allied Health Clinics, etc.

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

2012-13 (Actual) ($ million)	**2013-14 (Actual) ($ million)**	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Revised Estimate) ($ million)**
2,021	2,236	2,431	2,651	2,827

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

CGATs provide comprehensive multi-disciplinary care to residents of Residential Care Homes for the Elderly 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.

The table below sets out the total costs of CGAT services in the past five years.

2012-13 (Actual) ($ million)	**2013-14 (Actual) ($ million)**	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Revised Estimate) ($ million)**
254	267	286	315	346

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).

CNS provides nursing care and treatment for patients in their own homes. Community Nurses administer proper nursing care to patients through home visits and at the same time, imbue patients and their families with knowledge of health promotion and disease prevention. The ultimate goal of CNS is to provide continuous care for patients who are discharged from hospitals and allow patients to recover in their home environment.

The table below sets out the total costs of CNS in the past five years.

2012-13 (Actual) ($ million)	**2013-14 (Actual) ($ million)**	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Revised Estimate) ($ million)**
359	384	421	457	489

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

The GOPC PPP, which gives a choice to HA patients with specific chronic diseases and in stable clinical condition to receive treatment provided by private doctors, was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme. The total estimated expenditure incurred for the GOPC PPP since its roll-out up to 2016-17 is around $78 million.

HA leveraged on the "Public Private Interface - Electronic Patient Record" and "Electronic Health Record Sharing System" to share patients' health records in HA with other public and private healthcare providers, with the patients' consent, in order to facilitate the PPP programmes and services, including the above-mentioned GOPC PPP. The expenditure of the related information technology for supporting the PPP programmes in the past five years was $10 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2006)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the concept of advance directive, will the Government please inform this Council of the following:

1. the expenditures incurred for promoting this concept to Hospital Authority doctors in the past 5 years and the estimated expenditures on such work in the coming 3 years;

2. the expenditures incurred for promoting this concept to the public, the details and numbers of participants of relevant promotional activities, and the numbers of people who have filled out advance directive form in the past 5 years. (please set out the information in table from);

3. the number of patients who have died naturally according to their advance directives in the past 5 years.

Asked by: Hon YEUNG Alvin (Member Question No. 127)

Reply:

An advance directive (AD) for health care is a statement, usually in writing, in which a person indicates, when mentally competent, the form of health care he would like to have at a future time when he is no longer competent. The concept of AD is largely derived from the principle of informed consent and the person's right of self-determination in health care decisions.

Within the Hospital Authority (HA), AD is mainly used as a tool for advance care planning for patients with end-of-life care needs. It documents the patient's wishes concerning withholding specified life-sustaining treatments or any other treatment he has specified, save for basic and palliative care, when he is terminally ill, in a state of irreversible coma or

in a persistent vegetative state and is no longer mentally capable of making health care decisions.

(1) & (2)
In order to support its frontline staff in handling issues involving AD in the hospital setting, HA has formulated the Guidance for HA Clinicians on Advance Directives in Adults, the model form and a set of concise questions and answers on AD. These materials are intended to facilitate the use of AD by selected patients with serious irreversible illnesses. Such information is also available on the HA's website for access by the public.

In addition, HA has organised rounds of forums at its Head Office and hospital clusters to enhance the understanding of its healthcare professionals and staff about AD.

(3)
For the past five years (from August 2012 to December 2016), a total of 2 621 patients signed an AD, of which 2 070 deaths were recorded.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2016)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the palliative care and treatment services provided in Hong Kong, will the Government inform this Committee of the following:

1. the resources allocated to palliative care and treatment services in the public healthcare institutions of Hong Kong in the past 5 years in table form;

Year	Public Healthcare Institution (Name)	Total Amount of Annual Funding Provided by the Government

2. the total number of public and private healthcare institutions providing palliative care and treatment services in Hong Kong;
3. ways to extend palliative care and treatment services to all public healthcare institutions in Hong Kong to make them part of the regular services in the coming 5 years; the resources to be allocated; the service effectiveness objectives, the timeframe and the specific care and treatment services to be provided;
4. the number of community nurses providing palliative treatment, the resources allocated and the average treatment time for each patient in the past 3 years by hospital cluster in table form;
5. the resources to be allocated to community nurses responsible for providing palliative treatment and the criteria for increasing or decreasing the resources to be allocated in the coming 5 years; and
6. the percentage of palliative treatment in the total cost of medical services in the past 3 years?

Asked by: Hon YEUNG Alvin (Member Question No. 128)

Reply:

At present, the Hospital Authority (HA) provides palliative care services under a comprehensive service model for terminally ill patients and their families through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc. HA provides palliative care through inpatient service, outpatient service, day care service, home care service and bereavement counselling to terminally ill patients. As healthcare professionals supporting palliative care services also provide support for a variety of clinical services to other patients, HA does not have the requested data on the cost of its palliative services as a percentage of the total cost of medical services.

Palliative home care service is an important component of HA's palliative care services and is provided in all its clusters. Palliative home care teams collaborate closely with inpatient units of hospitals to provide symptom management and monitoring, psychosocial and spiritual care, advance care planning, care coordination, counselling and bereavement support in order to provide continuing care for discharged patients.

Palliative home care teams will provide service to support patients based on the individual's clinical conditions. HA does not have the requested information on average treatment time for patients on palliative home care services.

HA has been allocating additional resources to improve the service model and strengthen its multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of life. HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the services to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally ill patients suffering from cancer. The additional resources involved is around $34 million per year. Since 2015-16, HA has strengthened its 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 $12 million on the enhancement. The 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 2017-18, HA plans to further strengthen EOL care for elderly patients in RCHEs and the additional recurrent expenditure is estimated to be around $4.5 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.

At the same time, various non-governmental organisations and community organisations have been promoting life and death education and providing palliative service on their own initiative. The Government does not maintain a list of these organisations. Nonetheless, some of the nursing homes registered under the Hospitals, Nursing Homes and Maternity

Homes Registration Ordinance (Cap. 165) (the Ordinance) provide palliative service. As at 31 December 2016, a total of 63 nursing homes are registered under the Ordinance. Among these nursing homes, 44 provide residential service to the elderly among which three indicated in the registration documents that they would provide palliative service.

Given an aging population and the prevalence of chronic diseases, the Government has been putting elderly care and service at the top of its policy agenda. In 2015, the Food and Health Bureau commissioned the Chinese University of Hong Kong to conduct a three-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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2029)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding geriatric services, would the Government please advise on:

1. the total number of beds for hospice, infirmary and palliative care services in public healthcare facilities in Hong Kong as at December 2016, the average number of bed days per patient, and the longest and shortest periods of stay in terms of bed days;
2. the total number of full-time medical, nursing and allied health staff in the geriatrics specialty of the Hospital Authority as at December 2016, the expenditure on manpower resources in the past 3 years, the amount of increase/decrease in resources for geriatric services in the coming 5 years and the reasons for that;
3. the number of manpower deployed by the Government for outreach geriatric services in the past 3 years, and the average time of care services for each user;
4. the number of elderly patients aged over 65 who died of the following advanced chronic diseases: 1) chronic obstructive pulmonary disease; 2) renal failure; and 3) dementia in the past 3 years, and their respective percentages in the total number of deaths in each of these 3 years; and
5. the total number of geriatric service users who have given advance directives and advance care directives respectively as at December 2016.

Asked by: Hon YEUNG Alvin (Member Question No. 132)

Reply:

(1)

The Hospital Authority (HA) provides infirmary service to cater for elders or disabled persons who are fully dependent on others in carrying out activities of daily living and having health conditions that require prolonged medical care. The table below sets out (i) the number of hospital beds, (ii) number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths) and (iii) inpatient average length of stay (IP ALOS) for infirmary service under HA in 2016-17 (up to 31 December 2016).

Infirmary	**2016-17 (up to 31 December 2016) [Provisional figures]**
Number of hospital beds^	2 041
Patient days*	389 756
IP ALOS (days)**	135.5

^ Number of hospital beds as at 31 December 2016
* Patient days include inpatient patient days and day inpatient discharges & deaths
** IP ALOS do not cover day inpatients

Note:

1. As infirmary service involves long-stay patients and small patient volume, the distribution of inpatient length of stay is highly variable year by year and therefore the number of patient days would therefore be a better indicator to reflect the utilisation of the service.

2. 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 & Emergency Department (A&E) or those who have stayed for more than one day. The calculation of the number of hospital beds and patient days 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.

Palliative care services provided by HA include inpatient, consultative service, outpatient, day care and home care services, bereavement services, etc. Palliative Care inpatient services are mainly for terminally ill patients with severe or complex symptoms and needs. As at 31 December 2016, HA has over 360 palliative care beds. Besides, if necessary, some terminally ill patients admitted to other specialties and in need of palliative care services can also receive treatment from the palliative care teams. As such, the inpatient length of stay of patients receiving palliative care services in various specialties is not readily available.

(2)
HA has been providing a spectrum of comprehensive medical services including inpatient, outpatient, day hospital, community and infirmary services for patients aged 65 or above. These group of patients are the major users of HA hospital services, which account for around 50% of all patient days and inpatient admissions via A&E departments, as well as more than one-third of all general outpatient clinic and specialist outpatient clinic attendances.

The table below sets out the cost of services to patients aged 65 or above from 2014-15 to 2016-17.

	Costs of Services to Patients Aged 65 or Above ($ million)		
	2014-15	**2015-16**	**2016-17 (Revised Estimate)**
Services to patients aged 65 or above	23,637	25,499	28,196

HA's service costing approach for major care types, e.g. inpatient services, outpatient services, A&E services and community care services, etc., is on an average basis (i.e. with reference to the total costs of respective services and the corresponding activities, in term of patient days/attendances) for that period. HA does not collate patient level cost information, and therefore costs of services for a particular type of patient is not available. The costs of services to patients aged 65 or above are based on the average unit cost of the major care types/services and the actual (or projected) activities consumed by patients aged 65 or above from 2014-15 to 2016-17.

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 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 equipments), as appropriate.

As for the manpower, sub-specialty statistics for Geriatrics are grouped under the specialty of Medicine. As at 31 December 2016, there were 1 292 doctors and 6 861 nurses working in the specialty of Medicine.

For allied health, elderly service is provided through multi-disciplinary teams of allied health staff across various allied health grades with flexible deployment of staff to cope with service needs and operational requirements. Breakdown of allied health manpower specifically for the provision of elderly service is not readily available. As at 31 December 2016, the number of allied health staff in HA is 7 484.

HA will regularly review the demand for various medical services and plan for the development of its services (including services for elderly patients) according to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

Note:

1. The manpower figures are calculated on full-time equivalent (FTE) basis includes permanent, contract and temporary staff in HA's workforce.

2. Doctors exclude Interns and Dental Officers

(3)

HA's Community Geriatric Assessment Teams (CGATs) 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 medical team coming from specialties such as Geriatrics of the specialty of Medicine. Apart from providing outreach support to RCHEs, they also provide inpatient services in medical wards. Breakdown of the CGAT manpower providing outreach services alone is not available. The provision of CGAT services including medical and nursing care will depend on the clinical conditions of individual patients.

(4)
Regarding chronic obstructive pulmonary disease, chronic renal failure and dementia, the number of registered deaths aged 65 and above and corresponding proportionate mortality in 2013 – 2015 are as follows:

Number of registered deaths aged 65 and above by specific disease group, 2013 – 2015

Disease group (ICD-10 code)#	2013		2014		2015	
	No. of registered deaths	Proportionate mortality*	No. of registered deaths	Proportionate mortality*	No. of registered deaths	Proportionate mortality*
(1) Chronic obstructive pulmonary disease (J40-J44)	1 399	4.1%	1 418	3.9%	1 314	3.5%
(2) Chronic renal failure (I12.0, N08.3, N18, N19)	1 239	3.6%	1 333	3.7%	1 258	3.4%
(3) Dementia (F00-F04)	993	2.9%	1 095	3.0%	1 135	3.1%
All other causes of deaths	30 484	89.4%	32 413	89.4%	33 488	90.0%
All registered deaths aged 65 and above	34 115	100.0%	36 259	100.0%	37 195	100.0%

Note:
Refers to the code in the 10th revision of the International Statistical Classification of diseases and related health problems developed by the World Health Organization.
* Refers to the percentage of registered deaths aged 65 and above by the disease group.
(Source: Department of Health)

(5)
From 2012 to 2016, a total of 632 geriatric patients have signed Advance Directive (428 of this group have passed away).

– End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1066)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(1) What are the smart phone applications developed by the Hospital Authority for the use of the public in the past 5 years. What are the development costs involved and the number of downloads?

Applications	Major functions	Development costs	Number of downloads

(2) What are the specific measures taken by the Government to apply the latest technology to review and update, on a regular basis, the contents of the applications to suit the needs of the general public, taking into consideration the usage of such applications?

Asked by: Hon YIU Si-wing (Member Question No. 20)

Reply:

(1)
The following table sets out relevant information on the mobile applications (mobile apps) developed by the Hospital Authority (HA) in the past 5 years from 2012-13 to 2016-17 for use by the public.

Mobile Apps (Launch Date)	**Major Functions**	**Development Costs**	**Number of downloads (as at 28 February 2017)**
Finding Patient Groups (October 2012 & September 2013)	To provide patients and the general public with contact information of patient self-help groups	$158,000	6 317

Mobile Apps (Launch Date)	**Major Functions**	**Development Costs**	**Number of downloads (as at 28 February 2017)**
HAC 2016 (First quarter of 2016)	To facilitate mobile access to programmes of the HA Convention (HAC) 2016 (Note : Similar apps were developed for annual HAC starting from 2012.)	$56,000	3 027
Touch Med (March & May 2014)	To provide useful pharmacy and drug-related information and the medicine collection status	$410,000	63 689
PWH easyGo (January 2015)	To help patients and visitors navigate the routes to buildings and facilities of Prince of Wales Hospital (PWH)	$100,000	6 349
HA Touch (July 2015)	To provide timely updates on HA services, including (i) alerts of the latest news; (ii) contact numbers and addresses of public hospitals, institutions and clinics; (iii) fees and charges; (iv) waiting time of accident & emergency (A&E) service, elective surgery and new case booking for specialist outpatient services; and (v) one-stop portal to all public apps of HA	$225,000	34 933
PWH AE Aid (October 2015)	To provide timely information on the A&E triage system, waiting status for semi-urgent and non-urgent cases in the A&E Department of PWH, and the list of nearby private clinics which are currently open to facilitate patients' consideration of consultation channels	$100,000	8 673

Mobile Apps (Launch Date)	**Major Functions**	**Development Costs**	**Number of downloads (as at 28 February 2017)**
Book HA (March 2016)	To provide information on HA's specialist outpatient clinics (SOPC) including contact numbers, addresses and new case booking waiting time, and a mobile platform for the public to submit SOPC new case booking requests	$300,000	68 679
HApi Journey (February 2017)	To provide useful and up-to-date health information for moms-to-be and their families	$380,000	5 005

(2)

HA has an effective mechanism in place to facilitate continuous quality improvement on all information technology (IT) applications including mobile apps. The mechanism involves soliciting inputs from professional groups, end users and IT staff. For mobile apps designed for patients and/or general public, comments and suggestions from patient groups will be sought. Download counts, utilisation rate and user feedback will be considered in developing a new release for existing mobile apps.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2942)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the rehabilitation and geriatric services provided in public hospitals, please advise on the following:

1. The numbers of healthcare staff serving in medicine and geriatrics in each local public hospital and their respective ratios to patients in 2016-17, and the projected differences in 2017-18.

2. Whether the Government has any plans for recruiting or training more healthcare staff to serve in medicine and geriatrics to reduce their respective ratios to patients. If yes, what are the details (including whether provision and manpower will be reserved for this purpose in 2017-18)? If no, what are the reasons?

3. Whether the Government has evaluated the wastage rates of healthcare staff serving in medicine and geriatrics in public hospitals. If yes, what are the results and the response measures? Please provide the manpower required for, cost involved in and timetable for implementing each measure.

Asked by: Hon YUNG Hoi-yan (Member Question No. 21)

Reply:

(1)

The table below sets out the doctor-to-patient and nurse-to-patient ratios for the specialty of Medicine (Geriatrics being a subspecialty under Medicine) in the Hospital Authority (HA) in 2016-17 (as at 31 December 2016). In the calculation of patient ratios, inpatient and day inpatient discharges and deaths for hospice, rehabilitation and infirmary are also included.

	Number	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Doctors	1 292	2.7	1.8
Nurses	6 861	14.2	9.4

Relevant information for 2017-18 is not yet available.

(2) & (3)

HA delivers healthcare services by 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.

From 2013-14 onwards, HA has earmarked around $321 million a year for recruitment and retention of healthcare staff in different specialties including Medicine to ensure effective provision of quality care. Apart from the $321 million, there is an additional 3-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development. A time-limited funding of $570 million for 2015-16 to 2017-18 has also been designated for a special retired and rehire scheme to rehire suitable clinical staff upon their retirement or completion of contract at normal retirement age to help alleviate the expertise gap and manpower issues.

In 2016-17 (rolling 12 months from January to December), the attrition rates of full-time doctors and nurses are 4.2% and 5.9% respectively in the specialty of Medicine.

In 2017-18, HA plans to recruit a total of 430 doctors and 2 130 nurses. HA constantly makes assessment on its manpower requirement and flexibly deploys its staff having regard to its service and operational needs.

In planning 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.

HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to meet the service and operational needs.

Notes:

1. The manpower figures are calculated on full-time equivalent (FTE) basis includes permanent, contract and temporary staff in HA's workforce.

2. Doctors exclude Interns and Dental Officers.

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 2016-17, the manpower status as at 31 December 2016 is drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2016-17, the throughput from 1 January 2016 to 31 December 2016 was taken). The numbers of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

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

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

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

7. 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.

8. Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0982)

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 the launch of the pilot colorectal cancer screening programme, what were the annual estimates for the programme, actual number of cases approved and the expenditure involved? Will the Government consider increasing the number of beneficiaries under the programme? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 86)

Reply:

The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.

On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The Department of Health (DH) will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

Over the three-year pilot period, DH expects some 300 000 numbers of participations, assuming a coverage rate of 30% among the eligible persons and that they have enrolled in the electronic Health Record Sharing System. Findings from the evaluation of the Pilot Programme will form the basis for further consideration regarding whether and how colorectal cancer screening service could be provided to the wider population.

The revised estimate for the Pilot Programme in 2016-17 is $51.7 million. The provision for 2017-18 and 2018-19 will be $98.7 million and $134.7 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0986)

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:

According to the Estimates, the target percentage of new dermatology cases with an appointment time given within 12 weeks is over 90%, yet both the actual percentage for 2016 and the planned percentage for 2017 are 31%, why is that so? Will the Government allocate additional resources for the provision of dermatological services so as to ensure that such target for new cases will be met? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 34)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0987)

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:

What were the Government's expenditures on public dental services and the numbers of dental consultations provided in the past 3 years? Does the Government have any plans to earmark financial provision for assessing the demand and affordability of the public in respect of dental services in order to review the existing public dental services? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 35)

Reply:

Under Programme 4, the Department of Health (DH) provides free emergency dental services to public through the general public sessions (GP sessions) at 11 government dental clinics. Patient holding discs for a particular session will be seen during that session. DH also provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of seven public hospitals.

The expenditure of providing dental service for public by the DH in financial years 2014-15, 2015-16 and 2016-17 are:-

Financial Year	Amount $ million
2014-15 (Actual)	61.7
2015-16 (Actual)	57.6
2016-17 (Revised estimate)	66.6

The attendances of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2014, 2015 and 2016 are as follows –

	2014	**2015**	**2016**
Hospital patients (attendances)	55 000	55 600	58 000
Special needs group (number of patients)	11 000	10 600	11 400

The attendances of dental clinics emergency treatment at GP Sessions are as follows –

	2014	**2015**	**2016**
Dental clinics emergency treatment (attendances)	34 700	35 500	35 300

Note: The figures provided in the above two tables are rounded to the nearest hundred.

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 has prioritised its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

Since 2013-14 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a 4-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. 0988)

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 the Estimates, the target percentage of new cases in the child assessment centres (CACs) with assessments completed within 6 months is over 90%, yet the actual percentage for 2016 and the planned percentage for 2017 are 61% and 70% respectively, why is that so? Will the Government allocate additional resources to the CACs so as to ensure that such target for new cases will be met? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 36)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the increasing demand for the services provided by the Child Assessment Service (CAS), coupled with the high turnover rate and difficulties in recruiting doctors to the CAS.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in

assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1108)

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 disease prevention, the estimate for 2017-18 in respect of the Government sector is $4,561.5 million, reflecting an increase of 34.8% over the revised expenditure in 2016-17. What are the reasons for the increase and how will the additional funds be used specifically?

Asked by: Hon CHAN Han-pan (Member Question No. 80)

Reply:

Provision for 2017-18 for disease prevention in respect of the Government sector is $1,178.2 million (34.8%) higher than the revised estimate for 2016-17. The increase in provision is mainly due to the following:

(a) continuing to promote and implement the Elderly Health Care Voucher Scheme which will be enhanced in 2017 by lowering the eligibility age to 65, with increased provision of $1,013.7 million;
(b) enhancing protection of elders against invasive pneumococcal disease with a provision of $77.2 million;
(c) continuing to implement the pilot colorectal cancer screening programme with increased provision of $47.0 million;
(d) enhancing the elderly health services with increased provision of $7.3 million;
(e) promoting breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" with a provision of $6.0 million; and
(f) implementing a pilot public-private partnership programme on smoking cessation with a provision of $4.2 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0498)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As indicated in the Programme under the Department of Health, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance ("the Ordinance") conducted by the Department is estimated to decrease from 160 in 2016 to 125 in 2017. In this regard, will the Government inform this Committee of the following:

a) What are the reasons for the drop in the estimated number of inspections of registered nursing homes in 2017?

b) What were the number of cases of suspected non-compliance with the Ordinance by nursing homes uncovered during inspections of nursing homes in 2016 and the nature of the suspected non-compliances? Have follow-up actions been taken against the relevant nursing homes? If so, what are the details?

c) Will the Department consider increasing the number of inspections of nursing homes from not less than once a year to not less than twice a year? What will be the staffing and estimated expenditure?

Asked by: Hon CHAN Kin-por (Member Question No. 24)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing

Homes and Maternity Homes which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

(a) 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.

(b) In 2016, DH has issued 17 regulatory letters covering 18 cases of non-compliance by nursing homes. These cases were related to non-compliance with requirements related to equipment, policies and procedures or reporting of significant incidents. DH has monitored their remedial actions.

(c) In 2016, a total of 160 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.5. In 2017, 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. In 2017-18, the number of approved posts and financial provision earmarked for the personal emolument involved in the enforcement of the Ordinance are 28 and $27.2 million, respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0338)

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 set out the following details in 2014-15, 2015-16 and 2016-17:

(a) the financial provision for the Programme;
(b) the numbers of non-governmental organisations participating in the Programme and outreach dental teams, broken down by the administrative district of the Social Welfare Department;
(c) the percentages of residential care homes for the elderly participating in the Programme, broken down by the administrative district of the Social Welfare Department; and
(d) the numbers of elderly persons who were benefited from the Programme and their attendances.

Asked by: Hon CHAN Pierre (Member Question No. 5)

Reply:

(a) The financial provision for the Outreach Dental Care Programme for the Elderly (ODCP) from 2014-15 to 2016-17 was as follows –

Financial Year	Amount
	$ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

(b) A total of 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up since the implementation of the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

(c) Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD by service year is at **Annex B**.

(d) Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) were served under the ODCP.

- End -

Annex A

Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	1
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	1

* Some outreach dental teams under ODCP have been assigned to serve more than one administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department by Service Year

	First Service Year of ODCP [Note]			Second Service Year of ODCP [Note]			Third Service Year of ODCP [Note] (October 2016 - January 2017)		
	I (a)	**II (b)**	**% (a)/(b)**	**I (c)**	**II (d)**	**% (c)/(d)**	**I (e)**	**II (f)**	**% (e)/(f)**
Central, Western, Southern and Islands	69	110	63%	88	109	81%	20	107	19%
Eastern and Wan Chai	76	102	75%	81	103	79%	23	103	22%
Kwun Tong	44	66	67%	52	69	75%	31	70	44%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	35	72	49%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	83	133	62%
Sham Shui Po	58	88	66%	56	91	62%	35	91	38%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	52	110	47%
Tuen Mun	47	54	87%	49	54	91%	41	54	76%
Yuen Long	54	59	92%	56	60	93%	32	60	53%
Sha Tin	48	64	75%	49	64	77%	37	64	58%
Tai Po and North	74	92	80%	84	93	90%	74	93	80%
Total:	**705**	**944**	**75%**	**773**	**959**	**81%**	**463**	**957**	**48%**

Note: Service year covers the period from 1 October of the year to 30 September of the following year.

I : No. of participating RCHEs and DEs

II : Total no. of RCHEs and DEs

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2622)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail, by type of sexually transmitted infections (STIs), the number of attendances at Social Hygiene Clinics of the Department of Health, the numbers / percentages / mean ages of male and female attendees and the unit cost of treatment for 2012-13 to 2016-17.

Type of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Unit cost of treatment

Asked by: Hon CHAN Pierre (Member Question No. 47)

Reply:

The figures of attendance at the Social Hygiene Clinics under the Department of Health over the past 5 years are appended below –

Year	**Total attendance***	
2012	84 287	(69:31)
2013	88 066	(71:29)
2014	85 782	(70:30)
2015	86 609	(71:29)
2016	81 831	(71:29)

* The figures in brackets refer to the male: female ratio of the attendance.

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the 5 most common sexually transmitted infections (STIs) seen in the Social Hygiene Clinics. The number of new diagnoses of these 5 STIs and other STIs over the past 5 years are appended below:

Year	**NGU/ NSGI**	**GW**	**GC**	**Syphilis**	**GH**	**Other STIs**	**Total**
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)
2014	5 941 (59:41)	1 947 (72:28)	1 163 (86:14)	1 082 (66:34)	846 (68:32)	1 637	12 616 (59:41)
2015	5 760 (62:38)	1 953 (72:28)	1 357 (88:12)	1 112 (65:35)	772 (67:33)	1 832	12 786 (62:38)
2016	5 664 (62:38)	1 865 (69:31)	1 433 (87:13)	1 020 (72:28)	789 (61:39)	1 554	12 325 (62:38)

*The figures in brackets refer to the male: female ratio of the new diagnoses.

A breakdown of the mean age of attendees for individual STIs and the average unit cost for treating each type of STI are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2674)

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), please inform this Committee of the following:

1. What are the number of attendances of Hong Kong elders using the elderly health care vouchers (EHVs) at the HKU-SZ Hospital since the implementation of the Pilot Scheme and the value of EHVs involved? Does the Government know which clinics or departments have been providing services to these elders?

2. The Government stated earlier that the Pilot Scheme is aimed at providing an extra service point for Hong Kong elders and facilitating those who reside in the Mainland or in places near Shenzhen (e.g. North District of the New Territories) to seek necessary medical services. Does the Government know 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?

3. When will the Government evaluate the effectiveness of the Pilot Scheme so that a decision can be made either to make it a regular initiative or to extend the use of the EHVs by Hong Kong elders to other areas in the Mainland? What criteria will the Government adopt in assessing if the Pilot Scheme is successful?

Asked by: Hon CHAN Pierre (Member Question No. 39)

Reply:

1. As at 31 December 2016, 1 191 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 $2.0 million (to pay for healthcare service fees of around RMB1.7 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 2016, among the elders who had ever made use of vouchers in the HKU-SZ Hospital and provided their residential information, about 69% were residing in the Mainland while 31% were residing in Hong Kong.

3. As this is the first time we provide a service point for using the vouchers outside Hong Kong, we are closely monitoring the implementation of the Pilot Scheme at the HKU-SZ Hospital. 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. 2145)

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 reference to the prevailing list of notifiable infectious diseases maintained by the Centre for Health Protection (CHP), there had been reports of human-to-human transmission of different infectious disease agents in Hong Kong before. Over the years, the CHP has been disseminating health messages on its website to prevent epidemics of such diseases. In this connection, will the Government inform this Committee of:

1. the details of various policies and measures implemented by the Department of Health in maintaining the surveillance and control of communicable diseases;

2. the actual expenditure incurred in adopting different protective measures in the past financial year; and

3. the estimated expenditure of the Department in the current financial year.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 18)

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health achieves effective prevention and control of diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, laboratory services, vaccinations, specialised treatment and care services, preventing importation of infectious diseases at boundary control points as well as training and research.

   For surveillance of communicable diseases, the CHP receives notifications from medical practitioners and institutions; monitors data collated from various sentinel surveillance systems; communicates with international and regional health authorities, and monitors media reports of various kinds.

To control communicable diseases, the CHP carries out prompt epidemiological investigation, on-site inspections, segregation or confinement measures, contact tracing and medical surveillance in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) and conducts risk communication, public education and community engagement to reduce the risk of spread.

Aside from working closely with the Scientific Committees which advise on issues of public health importance, the CHP also provides specialised treatment services and carries out surveillance and prevention activities for tuberculosis, HIV, and sexually transmitted infections through its Tuberculosis and Chest Service, Special Preventive Programme and Social Hygiene Service respectively.

2. Expenditures of the CHP in financial years 2015-16 and 2016-17 are provided below –

Financial Year	Expenditure
2015 – 16	$1,686.0 million (actual)
2016 – 17	$1,721.9 million (revised estimate)

The CHP does not have breakdown of the expenditure by different protective measures which are integral parts of its disease surveillance, prevention and control functions.

3. The provision for financial year 2017-18 will be $1,909.4 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2148)

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 Chief Executive mentioned in his Policy Address that the practice of Chinese medicine is well positioned for further development in Hong Kong. However, according to the random tests conducted last year, several local proprietary Chinese medicines (pCm) were found to contain excessive mercury or other unauthorised substances. In this connection, will the Department inform this Committee of:

1. how safety of the ingredients of pCm can be ensured more effectively in the future?

2. whether any reports concerning adverse reactions of patients after consuming registered pCm were received by the Department? If so, please provide the number and details of such cases. Had appropriate follow-up actions been taken? What was the expenditure involved?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 19)

Reply:

1. A stringent regime has been set up under the Chinese Medicine Ordinance (Cap. 549) (CMO) for the regulation of, among others, proprietary Chinese medicines (pCm) and Chinese medicines traders. Regarding the regulation of Chinese medicines traders, any person who engages in wholesale and manufacture business of pCm must obtain a licence from the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMCHK) and comply with the relevant practicing guidelines, which include ensuring that the pCm traded by them are of good quality and suitable to be used. The Department of Health (DH) conducts inspections in the premises of licensed wholesalers and licensed manufacturers of pCm from time to time to ensure their compliance with the requirements of the law and the practicing guidelines.

   All products fulfilling the definition of pCm as stipulated by the CMO must be registered by the CMB before they can be imported, manufactured or sold in Hong Kong. To be registered in Hong Kong, all pCm must meet the registration

requirements in respect of safety, quality and efficacy prescribed by the CMB. Applicants are required to provide sufficient information and various reports to prove that their products have met the registration requirements. For safety aspect, applicants are required to submit heavy metals and toxic element test report, pesticide residues test report and microbial limit test report.

To monitor the quality and safety of the pCm regulated under the CMO, the DH has put in place a market surveillance system under which samples of pCm are collected from the market for testing on a regular basis. The regular testing items include adulteration of western medicines, heavy metal and toxic element contents, pesticide residues and microbial limit. To safeguard public health, the DH has also established a mechanism for reporting adverse incidents related to Chinese medicines. Information has been collated through various channels so as to conduct risk assessment, management and reporting. If any sub-standard pCm are found, the DH may request the Chinese medicines traders concerned to recall the products and refer the case to the CMCHK for follow-up actions. Press statements will also be issued. The Government is planning to enhance the recall mechanism by introducing legislative proposal to confer power on the Director of Health under the CMO to make decision to recall pCm which may pose health hazards to the public. Moreover, the DH will continue to maintain close liaison with the relevant Mainland regulatory authorities for timely exchange of information on quality and safety of Chinese medicines according to the established mechanism.

2. In 2016, the DH did not receive any adverse event from the Hospital Authority that was caused by consumption of registered pCm.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1096)

Head: (37) Department of Health

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

Programme: (4) Curative Care (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the various types of specialised outpatient clinics and the child assessment centres set up by the Department of Health as well as the two Chinese Medicine Clinics subvented by the Department as mentioned in paragraphs 16, 17 and 21, will the Department please inform this Committee of:

(1) the attendances at the various types of specialised outpatient clinics set up by the Department and the two subvented Chinese Medicine Clinics run by the Tung Wah Group of Hospitals as well as the average waiting time for each patient in the 2016-17 financial year;

(2) the wastage rates of the resident medical practitioners at the various types of specialised outpatient clinics set up by the Department in the 2016-17 financial year; and

(3) the attendances at the child assessment centres for assessments and the average waiting time for each child in the 2016-17 financial year.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 3)

Reply:

(1) & (2)

Social Hygiene Service

In 2016, total attendances for receiving dermatological service and social hygiene service were 244 197 and 81 831 respectively. In 2016, first appointment could be arranged within 12 weeks for approximately 31% of new dermatology cases.

The wastage rate for Medical and Health Officers in Social Hygiene Service in 2016-17 (up to 1 March 2017) was 10.7%.

Tuberculosis and Chest Service

The number of consultations (first visits plus return visits) of Tuberculosis and Chest Service (TB&CS) in 2016 was 188 939. As regards waiting time for enrolment, persons attending chest clinics with a diagnosis of active tuberculosis or suspected active tuberculosis will be seen by doctor within 1 to 2 days. Persons attending chest clinics with diagnoses other than tuberculosis and are therefore not under the key service area of TB&CS will be offered an appointment by medical staff depending on the circumstances. TB&CS has not compiled the number of persons falling into this latter category and their corresponding waiting time for enrolment.

The wastage rate for Medical and Health Officers in TB&CS in 2016-17 (up to 1 March 2017) was 9.7%.

HIV/AIDS Clinic

In 2016, the total attendances at Kowloon Bay Integrated Treatment Centre was 14 900. All new cases in 2016 were seen within 14 days. The Department of Health (DH) does not have information about the average waiting time for patients at the above centre.

There was no wastage of Medical and Health Officers in HIV/AIDS Clinic in 2016-17 (up to 1 March 2017).

Tung Wah Group of Hospitals

The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its 2 general outpatient clinics, i.e. Kwong Wah Hospital Chinese Medicine General Outpatient Clinic (KCGC) and Tung Wah Hospital Chinese Medicine General Outpatient Clinic (TCGC). KCGC and TCGC provide free bone-setting and herbalist services for the public. The attendances of these 2 Chinese Medicine Clinics (CMCs) for these services in 2016 are set out below:

	KCGC	TCGC
Bone-setting service*	244 419	51 702
Herbalist service	12 807	7 446
Total	257 226	59 148

* The attendances for bone-setting service include those patients obtaining herbal paste from the clinics without consultation.

The daily quota offered by these 2 CMCs are as follows:

	KCGC	TCGC
Bone-setting service	270	70
Herbalist service	100	40
Herbal paste	No limit	No limit

There is no information on the average waiting time for consultation for these 2 CMCs.

(3)
The number of children assessed by the Child Assessment Service (CAS) in 2016 was 15 395. In 2016, 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 has dropped from 83% in 2014 to 61% in 2016. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average waiting time for assessment of new cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1628)

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 dermatological specialist outpatient services provided by the Department of Health, please advise on the following for the past 5 years:

a) the number of new dermatology cases handled each year;
b) the percentage of new dermatology cases with an appointment time given within 12 weeks; and
c) the lower quartile, median, and upper quartile of waiting times for new dermatology cases in Kowloon, the New Territories and Hong Kong Island respectively.

Asked by: Hon KWONG Chun-yu (Member Question No. 24)

Reply:

a) The number of new attendances in the past 5 years from 2012 to 2016 at dermatological clinics are as follows:

Year	Attendance
2012	28 709
2013	27 989
2014	28 494
2015	27 366
2016	26 027

b) The percentage of new dermatology cases with appointment time given within 12 weeks in the past 5 years from 2012 to 2016 are as follows:

Year	Percentage
2012	55%
2013	53%
2014	48%
2015	43%
2016	31%

c) The Department of Health does not compile relevant statistics regarding the median, upper quartile and lower quartile of the waiting time for new dermatology cases.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1635)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 are 43% and 31% respectively, and the planned figure for 2017 remains at 31%. What are the major obstacles to raising the percentage of new dermatology cases with an appointment time given within 12 weeks? Why is the planned percentage for 2017 set at 31%, which is far below the target of over 90%?

Asked by: Hon KWONG Chun-yu (Member Question No. 31)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2682)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

There were outbreaks of H7N9 avian influenza in some Mainland cities and detection of mutation of the virus. Will the Government inform this Committee of the following:

(1) What arrangements and response plans has the Department of Health (DH) made and devised in view of the possible spread of H7N9 avian influenza in Hong Kong?

(2) Does the DH have to seek additional funding for expenditure or manpower in view of the possible spread of H7N9 avian influenza in Hong Kong? What are the details?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 21)

Reply:

(1) With regard to the prevention and control of avian influenza, the Government has put in place the "Preparedness Plan for Influenza Pandemic" (the Plan) which adopts a three-tiered response level system (i.e. Alert, Serious and Emergency) based on the risk assessment of influenza pandemic that may affect Hong Kong and its health impact on the community. The Plan has already covered the overall response measures during an outbreak of influenza pandemic caused by a novel influenza virus (including avian influenza virus). The Alert Response Level is now activated under the Plan. The Centre for Health Protection (CHP) of the Department of Health (DH) will continue to closely monitor the latest development of avian influenza situation, disseminate the information to the public and health care workers in a timely manner and take appropriate prevention and control measures.

The CHP adopts a range of measures on prevention and control of avian influenza, including:-

Strengthening Surveillance

The Government has maintained a sensitive surveillance system for human infection with avian influenza viruses in Hong Kong. Novel influenza A infection (including

avian influenza) is a notifiable disease. Doctors are required to report any patients fulfilling both clinical criteria and epidemiological criteria to the CHP for investigation. All suspected cases will be isolated immediately in public hospitals and respiratory specimens will be collected from them for testing for influenza viruses. Besides, the CHP has collaborated with the Hospital Authority (HA) to set up a referral mechanism for suspected cases reported by private doctors. In view of the upsurge in human H7N9 cases in recent months, the CHP has collaborated with the HA to activate the eH7 electronic reporting platform for real-time exchange of information of suspected cases.

Furthermore, any cases of community-acquired pneumonia of unknown causes, requiring intensive care unit care, occurring in clusters or involving healthcare workers will be tested for avian influenza irrespective of travel or exposure history, as part of the enhanced surveillance in collaboration with HA.

Communication with other Health Authorities

All along, the CHP maintains close liaison with the health authorities of the neighbouring areas and/or overseas countries to monitor the latest development of avian influenza and other novel influenza viruses around the world.

Strengthening Port Health Measures

The CHP's Port Health Office conducts health surveillance measures at all boundary control points. Thermal imaging systems are in place for body temperature checks on inbound travellers. Suspected human cases of avian influenza will be immediately referred to public hospitals for follow-ups. The display of posters and broadcasting of health messages in departure and arrival halls as health education for travellers have been strengthened. Special pamphlet for avian influenza during Lunar New Year was distributed. The travel industry and other stakeholders are regularly updated on the latest information. In addition, Port Health Office will upload the latest outbreak information and health advice for preventing avian influenza to the Travel Health Service website for the travellers' reference.

Strengthening Risk Communication and Public Education

The CHP takes a transparent and timely approach in the dissemination of information. Updates on the disease and health advice are provided to members of the public through press releases from time to time. The CHP all along promulgates in press releases and public announcements that travellers returning from affected places who present with respiratory symptoms should wear face masks, seek medical attention and reveal their travel and exposure history to doctors. The CHP also issues letters to doctors, hospitals, schools and residential care homes for the elderly and the disabled to inform them of the latest situation of avian influenza and remind them to take prevention measures. Moreover, surveillance data on avian influenza are summarised in the weekly on-line publication "Avian Influenza Report" uploaded to the CHP website (http://www.chp.gov.hk/en/guideline1_year/29/134/441/332.html).

The CHP strengthens public education on prevention of avian influenza, and personal and environmental hygiene through various channels, including a dedicated webpage under CHP website, Facebook Fanpage, YouTube Channel, television, radio, newspapers, and distribution of health education materials. The CHP has also solicited the support of its health promotion partners in disseminating relevant health information.

(2) The prevention and control of avian influenza requires concerted efforts of the DH, the Agricultural, Fisheries and Conservation Department, the Food and Environmental Hygiene Department and the HA. For the DH, no additional resources and manpower are required based on the assessment of the present situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0461)

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 order to "develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control" as mentioned in the Policy Address, the Department of Health (DH) will "set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines". In this regard, will the Government please inform this Committee of the following:

(1) What will be estimated expenditure involved for this initiative?

(2) What is the progress in the preparation of the Government Chinese Medicines Testing Institute (GCMTI) at present? When is the Institute expected to commence operation?

(3) How many of the 27 net new posts created under Programme (1) are related to this initiative? What are the scope of work and details of such posts?

(4) The Government Laboratory also carries out testing of Chinese medicines. Will there be overlapping of roles between the Government Laboratory and the said Chinese Medicines Testing Institute under this initiative?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. 23)

Reply:

(1) The provision for the temporary GCMTI in 2017-18 is about $24.9 million.

(2) Fitting out works of the temporary GCMTI was completed and the site was taken over by the Department of Health (DH) in December 2016. Most of the major equipment have been installed. The temporary GCMTI will come into operation in phases starting from late March 2017. As regards the permanent GCMTI, the Food and

Health Bureau and the DH are currently working with the Planning Department to identify a suitable site.

(3) Of the net creation of 27 posts under Programme (1), none of them is for the temporary GCMTI. Nevertheless, 15 posts have been created in 2016-17 for the temporary GCMTI including 1 Senior Chemist, 1 Chemist, 6 Scientific Officer (Medical), 1 Science Laboratory Technologist, 1 Science Laboratory Technician I, 2 Science Laboratory Technician II, 1 Laboratory Attendant, 1 Executive Officer II, and 1 Assistant Clerical Officer. 3 posts of Scientific Officer (Medical) have also been redeployed to support the work of the temporary GCMTI.

(4) The Government Laboratory (GL) works closely with the Chinese Medicine Division of the DH with a view to safeguarding public health and supporting the enforcement of the Chinese Medicine Ordinance (Cap. 549). The main duties of GL in this respect include providing analytical services to support market surveillance and investigation of poisoning cases, and acting as expert witness in legal proceedings when necessary. On the other hand, the GCMTI will employ new analytical technology and conduct scientific research to develop a set of internationally-recognised reference standards for Chinese medicines. It will empower the industry through transfer of technology to strengthen quality control of Chinese medicines, establish the brand image of Hong Kong in Chinese medicines, and develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control.

The roles of the GL and the GCMTI complement each other in supporting enforcement and development of Chinese medicines in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0209)

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? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 13)

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, and $44.8 million in 2016-17 and 2017-18 respectively, 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 2017, about 66 500 elders (involving about 109 900 attendances) had benefitted from the ODCP.

b. Between October 2014 and January 2017, about 66 500 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. 0499)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the numbers of registration applications from healthcare professionals processed by statutory boards/councils, please advise on the operating expenditure, manpower, number of registration applications and the average time required for approval for each application in 2016. Besides, how many complaints and disciplinary inquiries were processed by statutory boards/councils last year and what were the expenditure and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 26)

Reply:

In 2016, the relevant statutory boards/councils processed 5 494 applications for registration from healthcare professionals. The types and numbers of applications, and the average time taken for approval are as follows-

Healthcare Profession	**No. of applications for registration processed in 2016**	**Average time taken for approval[#]**
Chiropractors	13	2 - 3 months
Dental Hygienists (Enrolled)	22	1 – 2 months
Dentists	114	
- *Full registration*	*(99*)*	2 - 3 weeks
- *Specialist registration*	*(15)*	2 - 3 months
Doctors	1 328	
- *Full registration*	*(379)*	1 day
- *Provisional registration*	*(380)*	2 - 3 weeks
- *Limited registration*	*(168)*	2 weeks
- *Temporary registration*	*(86)*	2 weeks
- *Specialist registration*	*(315)*	2 - 3 months
Midwives	87	1 week

Healthcare Profession	No. of applications for registration processed in 2016	Average time taken for approval[#]
Nurses (Registered and Enrolled)	2 326	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	165	1 week
Chinese Medicine Practitioners	291	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 148	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 494	

Notes:

* *including 29 cases of deemed-to-be registered dentists.*

\# *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.*

In 2016, the relevant statutory boards/councils received 1 058 complaints and conducted 66 inquiries against healthcare professionals. The breakdown figures are as follows-

Healthcare Profession	No. of complaints received in 2016	No. of inquiries conducted in 2016
Chiropractors	9	1
Dental Hygienists (Enrolled)	1	0
Dentists	132	6
Doctors	628	26
Midwives	0	0
Nurses (Registered and Enrolled)	52	7
Pharmacists	0	1
Chinese Medicine Practitioners	209	19
Supplementary Medical Profession Practitioners	27	6

Healthcare Profession	No. of complaints received in 2016	No. of inquiries conducted in 2016
- Medical Laboratory Technologists	(1)	(1)
- Occupational Therapists	(2)	(1)
- Optometrists	(12)	(3)
- Physiotherapists	(10)	(0)
- Radiographers	(2)	(1)
Total:	1 058	66

In 2016, the Department of Health (DH) assigned 20 staff to provide secretariat support to the relevant statutory boards/councils in processing registration and other related applications from 13 healthcare professions. In addition, DH 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 2016-17 are around $11.7 million and $13.8 million respectively.

- 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:

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. 27)

Reply:

a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are as follows:

   2014-15 (Actual): $201.8 million

   2015-16 (Actual): $ 210.1 million

   2016-17 (Revised estimate): $ 216.8 million

b. A breakdown of the number of staff establishment by grades in the SHS in financial years 2014-15, 2015-16 and 2016-17 is as follows:

	2014-15 (As at 31.3.2015)	2015-16 (As at 31.3.2016)	2016-17 (As at 1.3.2017)
Doctors	37	37	37
Nurses	236	236	236
Paramedical staff	18	18	18
Administrative and clerical staff	82	82	82
Workmen	42	29	29
Supporting staff	7	7	7
Total	422	409	409

c. The DH has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for SHS in 2017-18 will be $215.4 million. The number of staff establishment of the SHS in 2017-18 will be 409.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0501)

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 over the past 2 years. It is estimated that the number of participating students in 2017 will be 11 000 higher than that in 2016. In this regard, please advise on:

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; 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. 28)

Reply:

a. The expenditures of School Dental Care Service (SDCS) of the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are as follows:-

Financial Year	Annual Expenditure ($ million)
2014-15(Actual)	229.4
2015-16(Actual)	240.1
2016-17(Revised estimate)	256.0

b. In the service years of 2014-15, 2015-16 and 2016-17, the breakdown of the number of personnel involved in providing the service by grade in establishment is as follows:-

Number of personnel	Service Year [Note1]		
	2014-15 (As at 1 February 2015)	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)
Dental Officer	31	31	31
Dental Therapist	271	271	271
Dental Surgery Assistant	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. To cater for the anticipated increase in the number of participating students, the DH will absorb the additional workload by flexible redeployment of resources. In 2017, DH will also recruit dental therapists to fill up the vacancies arising from natural wastage.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0502)

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 has been increasing.

a. Please advise on the average waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres for the past 3 years.

b. Please advise on the expenditures required for providing the services for the past 3 years, broken down by year.

c. Please advise on the numbers of staff involved for providing the services for the past 3 years, broken down by grade.

d. It was mentioned in the Policy Agenda of 2017 Policy Address that the manpower of the Elderly Health Service of the Department of Health would be increased to enhance the capacity of and the services provided by its Elderly Health Centres and Visiting Health Teams. Please advise on the details, including the estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for first-time health assessment.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 29)

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 three years were as follows:

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
EHC	**2014**	**2015**	**2016***	**2014**	**2015**	**2016***
Sai Ying Pun	30.5	30.0	6.0	1 089	765	837

Shau Kei Wan	24.9	23.5	2.4	1 288	988	674
Wan Chai	34.4	34.3	1.4	2 002	1 200	1 279
Aberdeen	16.2	14.5	4.3	595	456	411
Nam Shan	18.2	15.8	2.2	969	785	153
Lam Tin	15.0	12.0	4.0	489	363	370
Yau Ma Tei	32.9	34.2	7.6	934	751	789
San Po Kong	24.0	18.6	1.5	423	186	299
Kowloon City	31.4	34.4	8.5	840	430	374
Lek Yuen	21.9	4.5	8.7	1 766	386	1 096
Shek Wu Hui	14.3	16.4	7.9	396	370	375
Tseung Kwan O	27.0	29.0	2.8	1 480	1 379	602
Tai Po	22.4	16.3	3.8	783	644	507
Tung Chung	12.9	15.0	6.3	917	801	355
Tsuen Wan	15.8	17.8	12.0	1 065	994	704
Tuen Mun Wu Hong	17.3	15.8	11.3	1 124	1 182	1 386
Kwai Shing	13.7	7.0	1.5	330	63	206
Yuen Long	10.7	13.4	6.0	684	696	809
Overall	20.1	16.3	5.2	17 174	12 439	11 226

*Provisional figures

b. The expenditures for the EHCs in 2014-15, 2015-16, and 2016-17 are $130.6 million (actual), $140.0 million (actual), and $143.7 million (revised estimate) respectively.

c. The total numbers of posts deployed for the 18 EHCs in the past three years were as follows:

Grade	**As at 31 March 2015**	**As at 31 March 2016**	**As at 31 March 2017***
Medical and Health Officer	26	26	27
Registered Nurse	57	60	60
Dispenser	5	5	5
Clinical Psychologist	4	4	4
Dietitian	4	4	4
Occupational Therapist	4	4	4
Physiotherapist	4	4	4
Clerical Officer	19	20	20
Clerical Assistant	19	20	20
Workman II	19	19	19
Total	161	166	167

* Projected establishment

d. The Department of Health (DH) will establish a new clinical team in 2017-18 and another new clinical team in 2018-19 to enhance the service capacity of EHCs. Each clinical team will comprise a doctor and three nurses; and is supported by a clerical staff and a workman grade staff. The two 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 DH will flexibly deploy the

additional clinical teams and continue to closely monitor the waiting time for health assessments. An additional allied health team (comprising a Clinical Psychologist, a Physiotherapist I, an Occupational Therapist I and a Dietitian) will also be established in 2017-18 to provide professional support to the EHCs and the Visiting Health Teams (VHTs) of the Elderly Health Service (EHS). The VHTs shall strengthen its role as a health advisor and trainer on the promotion of active and healthy ageing in support of the "ageing in place" policy. The financial provision for the EHS in 2017-18 will be $230.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0503)

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 enhancement of the protection of elders against invasive pneumococcal disease 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. 30)

Reply:

As announced in the 2017 Policy Address, the Government will provide free/subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible high risk elders under the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) respectively. The aim is to provide them with better protection against invasive pneumococcal diseases (IPD) in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases (SCVPD). Upon implementation of the above new initiative, eligible high risk elders will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes.

The vaccination will be administered through either the GVP or the VSS in the following ways -

(a) for previously vaccinated elders with high risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have received PCV13 vaccination before; and

(b) for those high risk elders who have reached 65 but have never received vaccination before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangement for elders without high risk conditions remain unchanged, that is, they are eligible for receiving 1 dose of free/subsidized 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above new initiative will be absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2017-18, a provision of $77.2 million is earmarked for implementing the above new initiative. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0505)

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:

Under *Matters Requiring Special Attention*, a pilot scheme of Accredited Registers Scheme for Healthcare Professions who are currently not subject to statutory regulation will be launched. 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. 31)

Reply:

In end 2016, the Government launched the Pilot Accredited Registers Scheme (AR Scheme) which aims to enhance the current society-based registration arrangement for healthcare professions which are currently not subject to statutory regulation, with a view to providing more information to the public so as to facilitate them to make informed decision and ensuring the professional competency of relevant healthcare professionals.

The AR Scheme will operate under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent appointed by the Department of Health (DH) will assess and accredit one professional body that has met the prescribed requirements. The accredited professional body shall be responsible for administering the register of its profession. Upon accreditation, members of the public may look up the registers of healthcare professionals through the accredited healthcare professional bodies. The accreditation is valid for 3 years and renewable provided that the professional bodies can demonstrate that they continue to meet the requirements.

The Pilot Scheme covers the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council. These professions may, having regard to their own aspirations and circumstances, opt to join the

Pilot Scheme. If healthcare professions other than the above-mentioned are interested in joining the Pilot Scheme, their applications would be considered on a case-by-case basis.

The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong (CUHK) has been appointed as the Accreditation Agent for the Pilot Scheme. The application for the Pilot Scheme was closed on February 17, 2017. CUHK is conducting an initial screening of the applications. The result of the Pilot Scheme is expected to be announced by the end of 2017.

The Government will provide financial resources for the implementation of the AR Scheme, including operational and assessment costs of the Accreditation Agent and other related expenses. Healthcare professional organisations may apply for accreditation on voluntary basis and no application fee is required. Professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs.

In 2017-18, a provision of $8.6 million is earmarked for rolling out the Pilot Scheme including staff and operational costs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0508)

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 2 400 in 2016 as compared with 2015, while the number for 2017 is estimated to be similar to the previous year. 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. 32)

Reply:

a. The expenditures of providing dental service to hospital patients by the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are:-

Financial Year	Amount $ million
2014-15(Actual)	56.3
2015-16(Actual)	52.2
2016-17(Revised estimate)	60.3

b. The breakdown of the number of personnel involved in providing the service by grade in establishment in financial years 2014-15, 2015-16 and 2016-17 are as follows:

Number of personnel	As at 1.2.2015	As at 1.2.2016	As at 1.2.2017
Dental Officer	28	28	28
Dental Surgery Assistant	28	28	28
Dental Technician	7	7	7
Laboratory Attendant	7	7	7

c. To cater for the anticipated increase in the number of patients in this year, the DH will absorb the additional workload by flexible redeployment of resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0510)

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 within 6 months fell short of the target of 90% for the past 2 years and further dropped to 61% in 2016, which is 10% lower than the 2015 figure; 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 their developmental problems, 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 Child Assessment Centres for the past 3 years; and

d. it was mentioned in the 2016 Policy Address that an additional Child Assessment Centre would be set up by the Department of Health; please advise on the progress of work in 2016 as well as the specific work plan, timetable, estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for new cases in 2017.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 33)

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 2014, 2015 and 2016 are 9 494, 9 872 and 10 188 (provisional figure) respectively.

The number of newly diagnosed cases of developmental conditions in the CAS from 2014 to 2016 are as follows:-

Developmental conditions	**Number of newly diagnosed cases**		
	2014	**2015**	**2016 (Provisional figure)**
Attention Problems/Disorders	2 541	2 890	2 809
Autism Spectrum Disorder	1 720	2 021	1 905
Borderline Developmental Delay	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	535	643	506
Hearing Loss (Moderate to profound grade)	109	76	67
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	41	61	60
Significant Developmental Delay/Intellectual Disability	1 252	1 443	1 323
Visual Impairment (Blind to Low Vision)	36	43	29

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 2014, 2015 and 2016 are 83%, 71% and 61% respectively. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average waiting time for assessment of new cases.

The approved establishment of CAS in 2016-17 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) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	23
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	
Electrical Technician	2

Grades	Number of posts
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	19
Office Assistant	2
Personal Secretary I	1
Workman II	12
Total:	**161**

The number of children served by the CAS in 2014, 2015 and 2016 are 21 252, 23 020 and 23 484 (provisional figure) respectively

d. Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of a temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for the CAS in 2017-18 is $131.8 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0696)

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 number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation, the main services provided and the average cost per attendance of each dental clinic in the past 3 years?

(2) Will the actual public demand for dental services be reviewed, and will extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics be considered in the light of the review results? If so, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (Member Question No. 43)

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 2014, 2015 and 2016, the service session, maximum numbers of disc allocated and numbers of attendances for each dental clinic with GP sessions are as follows -

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session[@]	No. of attendances		
			2014	2015	2016
Kowloon City Dental Clinic	Monday (AM)	84	5 126	5 177	5100
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 146	4 009	4168
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 535	6 159	6552
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 176	2 340	2238
Mona Fong Dental Clinic	Thursday (PM)	42	1 816	1 937	1900
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 915	1 966	1983
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	7 812	7 642	7173
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 088	2 065	2120
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 776	3 876	3857
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	118	98	85
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	198	144

* 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 2014, 2015 and 2016.

The "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and "PM" service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, average cost of service per attendance under the GP sessions is also not available.

(2) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of seven public hospitals.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

Since 2013-14 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in 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. 1193)

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 was mentioned in paragraph 33 of this year's Budget that the Government will lower the eligibility age for Elderly Health Care Vouchers (EHVs) from 70 to 65, so that about 400 000 more elderly persons will receive $2,000 a year to purchase primary care services from the private sector. In this regard, will the Government inform this Committee of the following:

1. It was mentioned in the Budget that various elderly care measures, including EHVs, would involve an annual recurrent expenditure of about $9 billion on average. What will be the additional recurrent government expenditure involved for lowering the eligibility age for EHVs from 70 to 65 alone?

2. Has the Government considered further lowering the eligibility age for EHVs to cover elderly persons aged between 60 and 64 in the coming few years? If so, what are the details and additional expenditure involved? If not, why?

3. Will the Government consider streamlining the procedures for making voucher claims to encourage more healthcare service providers to enroll in the Elderly Health Care Voucher Scheme, so that the elderly persons need not seek cross-district consultations or forfeit their EHVs as a result of insufficient healthcare service providers enrolled in their own district? If so, what are the details? If not, why?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 40)

Reply:

1. The Government proposes to lower the eligibility age for the Elderly Health Care Voucher (EHV) Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is $2,135.0 million, representing an increase of $712.9 million over the provision originally earmarked for the EHV Scheme for 2017-18 with eligibility age at 70.

2. 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. Given the need to assess the long-term financial implications for the Government in consideration of this proposal, we do not have any plan to further lower the eligibility age for the EHV Scheme to 60 at present.

3. The Department of Health (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. Views of elders and service providers on the operational arrangement of the EHV Scheme will be collected during the review. We will consider enhancing the EHV Scheme as appropriate taking into account the review findings and the Government's overall fiscal condition. Besides, to encourage more service providers to join the EHV Scheme, the DH will continue to promote the EHV Scheme through seminars and conferences for healthcare professionals, and solicit support from professional bodies to publicise the EHV Scheme to their members through their newsletters/publications. As at end December 2016, there were a total of 6 144 service providers in Hong Kong enrolled in the EHV Scheme, accepting the use of vouchers through 11 851 places of practice distributed across all 18 districts of the territory.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3188)

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:

At present, the Outreach Primary Dental Care Services for the Elderly (outreach dental care services for the elderly) of the Government provides dental care to the elders residing in residential care homes for the elderly and similar facilities. In this connection, will the Government advise this Committee on the following:

1. how many elders were benefited from the outreach dental care services for the elderly in the past 3 years? How much resources were allocated? Please give a detailed breakdown of the expenditure for the project; and

2. will the Government consider allocating additional resources to provide mobile dental services to those needy elders living in remote areas? If so, what are the details? If not, why?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 35)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was $25.1 million, $44.5 million and $44.8 million in 2014-15, 2015-16, and 2016-17 respectively. Since the implementation of the ODCP in October 2014 up to end-January 2017, about 66 500 elders (involving about 109 900 attendances) had benefitted from the ODCP.

   A breakdown of the financial provision for the programme in the past 3 years is as follows:

Breakdown	Financial Provision ($ million)		
	2014-15	2015-16	2016-17
(a) Subvention to non-governmental organisations for operating outreach dental teams (including annual block grants, subsidy for further curative treatments and one-off capital grant)	19.9	39.9	39.9
(b) Administrative costs	5.2	4.6	4.9
Total:	**25.1**	**44.5**	**44.8**

2. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles (trailers). In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. We consider the outreach dental services provided under the ODCP more effective to address the dental care needs of those elders in residential care homes and day care centres whose physically weak and frail conditions have made it difficult for them to receive dental care services at dental clinics.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3156)

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 regards "taking forward the legislative proposal to prohibit commercial sale and supply of alcohol to minors",

- what are the details of the legislative proposal, timetable for implementation and estimated expenditure involved?
- please set out the respective numbers of prosecutions initiated and successful prosecutions for violation of the Dutiable Commodities (Liquor) Regulations under which licensed premises are not permitted to provide intoxicating liquor for persons under the age of 18 "on the premises" in the past 5 years (2012-2016); and
- please set out the numbers of persons under the age of 18 who had access to alcoholic drinks by age group in the past 5 years (2012-2016).

Asked by: Hon LUK Chung-hung (Member Question No. 35)

Reply:

1. Since 2000, Hong Kong has put in place a liquor licensing system, as laid down in the Dutiable Commodities (Liquor) Regulations (Cap. 109B), under which no licensee shall permit any person under the age of 18 to drink any intoxicating liquor on any licensed premises. However, there is currently no restriction on off-premises purchase of alcoholic beverages by people aged under 18.

   To protect young people who are vulnerable to the harm caused by alcohol, the Government proposes introducing a statutory regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons under the age of 18. The proposed regulation will cover all forms of commercial sale and supply of alcohol, including internet sale. The Government plans to introduce an amendment bill into the Legislative Council in the latter half of 2016-17 legislative session. Meanwhile, the Department of Health will enhance publicity and education activities to combat underage drinking.

In 2017-18, financial provision of $3.5 million has been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol to persons under the age of 18, and another $2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

2. In the past 5 years, the number of prosecutions initiated by the Hong Kong Police Force and the convictions in relation to the contravention of the Dutiable Commodities (Liquor) Regulations (i.e. for failing to comply with the requirement for not permitting a person under the age of 18 to drink intoxicating liquor on any licensed premises) are listed as follows:

Year	**Figures of Prosecutions and Convictions**
2012	5
2013	0
2014	4
2015	4
2016	6

3. The Student Drug Use Surveys conducted by the Narcotics Division of the Security Bureau provided pertinent statistics about youth drinking. In the 2011/12 Survey, 56.0% of students in primary 4 to 6, secondary and post-secondary education had ever drunk alcohol, 41.0% reported alcohol consumption in the past year and 18.4% reported drinking alcohol in the past 30 days. In the 2014/15 Survey, corresponding figures were 56.2%, 41.3% and 20.2%. Drinking prevalence among youth was noted to rise as students' age increased.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1491)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Please advise on the expenditure, manpower, implementation and progress in respect of the population-based health survey conducted in accordance with the "Action Plan to Reduce Alcohol-related Harm in Hong Kong" which was launched since 2010.

2. What specific measures and estimates for conducting the study on the feasibility of imposing age-restriction on off-premise sales of alcohol are given in this Budget? Please advise on the manpower, implementation and progress in respect of the conduct of the study.

Asked by: Hon MA Fung-kwok (Member Question No. 18)

Reply:

1. The "Action Plan to Reduce Alcohol-related Harm in Hong Kong" (Action Plan) outlines 17 intersectoral actions to reduce harmful effects of alcohol consumption. To obtain useful and updated information on alcohol consumption among the local population, the Population Health Survey (PHS) 2014-15 was conducted. The PHS is now at the report compilation stage and the report is expected to be released in mid-2017. Resources and manpower for collecting data specific to alcohol consumption were absorbed under the overall expenditure of the PHS and no separate figures are available.

2. The Action Plan recommended, among others, the relevant authorities to review and consider the feasibility of imposing age restrictions on off-premise sales of alcohol. We have collected relevant local and overseas data, as well as conducted engagement and consultation with stakeholders of relevant sectors on regulatory action of alcohol consumption. The Government aims to introduce within the current legislative session a regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons aged below 18. In 2017-18, the provision of $3.5 million has

been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons aged below 18, and another $2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0354)

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 a breakdown by dental clinic of the total number of attendances and the number of patients who consulted more than once in GP sessions in the past year.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 14)

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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, the total numbers of attendances for GP sessions are as follows –

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 January 2017)**
No. of attendance	35 179	34 352	35 221	34 580	30 413

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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 are as follows –

	Distribution of attendances by age group				
Age group	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 January 2017**
0-18	774 (2.2%)	721 (2.1%)	726 (2.1%)	723 (2.1%)	532 (1.8%)
19-42	4 820 (13.7%)	4 672 (13.6%)	4 676 (13.3%)	4 910 (14.2%)	4 316 (14.2%)
43-60	10 272 (29.2%)	9 962 (29.0%)	9 938 (28.2%)	9 496 (27.5%)	8 370 (27.5%)
61 or above	19 313 (54.9%)	18 997 (55.3%)	19 881 (56.5%)	19 451 (56.3%)	17 195 (56.5%)

2. In the financial years 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, the total number of discs available and service sessions in GP sessions are as follows –

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 January 2017)**
No. of disc available	39 978	40 152	40 430	40 060	33 560
No. of sessions	659	661	661	662	554

3. The total numbers of attendance in GP sessions of each dental clinic in 2016-17 are as follows –

Dental Clinic with GP Session	**No. of Attendance in 2016-17 (up to 31 January 2017)**
Kowloon City Dental Clinic	4 363
Kwun Tong Dental Clinic*	3 567
Kennedy Town Community Complex Dental Clinic	5 773
Fanling Health Centre Dental Clinic	1 973
Mona Fong Dental Clinic	1 589
Tai Po Wong Siu Ching Dental Clinic	1 658
Tsuen Wan Dental Clinic#	6 186
Yan Oi Dental Clinic	1 782
Yuen Long Jockey Club Dental Clinic	3 321
Tai O Dental Clinic	75
Cheung Chau Dental Clinic	126

* 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 DH does not have the number of patients who consulted more than once in GP sessions in the past year.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0357)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the regulation and development of private hospitals,

(1) please list the number and average occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years;

(2) please list the numbers of inspections conducted, non-compliance cases found and prosecutions instituted by the Department of Health (DH) in respect of the private hospitals in Hong Kong in the past five years, broken down by private hospital; and

(3) please provide the number of staff in the DH responsible for inspecting private hospitals, broken down by grade, and the total emolument expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 17)

Reply:

(1) The number and average bed occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years are as follows:

	2012	**2013**	**2014**	**2015**	**2016**
Number of beds:	4 033	3 882	3 906	4 014	4 226
Bed occupancy rate:	67.2%	61.3%	62.9%	61.7%	not yet available

(2) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service. DH conducts inspections to private hospitals for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events.

DH inspects all private hospitals at least twice per year. In 2012, 2013, 2014, 2015 and 2016, DH conducted respectively 106, 126, 112, 107 and 123 inspections to private hospitals (including maternity homes). A breakdown by private hospital is at **Annex 1**. The total number of inspections conducted is affected by factors such as applications for new services and number of complaints received.

In 2012, 2013, 2014, 2015 and 2016, there were respectively 8, 3, 4, 2 and 6 cases of non-compliance by private hospitals. These cases were related to non-compliance with requirements concerning staffing, accommodation, equipment, related policies and procedures or timely reporting of sentinel events. DH has issued regulatory letters to the private hospitals concerned and monitored their remedial actions. A breakdown by private hospital is at **Annex 2**.

(3) The Office for Regulation of Private Healthcare Facilities of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections and investigating sentinel events and complaints to ensure compliance with the Ordinance and the COP. In 2017-18, the number of approved posts and the financial provision earmarked for personal emolument involved in the enforcement of the Ordinance are 28 and $27.2 million, respectively. A breakdown by grade is as follows -

Grades	**Number of Posts Approved in 2017-18**
Medical & Health Officer	14
Pharmacist	1
Scientific Officer (Medical)	1
Registered Nurse	10
Hospital Administrator	2
Total:	28

- End -

Annex 1

Number of inspections conducted to private hospitals (including maternity homes) from 2012 to 2016

Private Hospitals (Including Maternity Homes)	2012	2013	2014	2015	2016
Canossa Hospital (Caritas)	4	8	6	11	10
Evangel Hospital	10	17	10	9	8
Gleneagles Hong Kong Hospital#	N/A	N/A	N/A	N/A	1
Hong Kong Adventist Hospital – Stubbs Road	7	9	16	7	9
Hong Kong Adventist Hospital – Tsuen Wan	11	16	10	10	19
Hong Kong Baptist Hospital	7	17	20	18	15
Hong Kong Central Hospital*	8	N/A	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited	6	11	10	6	11
Matilda & War Memorial Hospital	7	7	8	10	12
Precious Blood Hospital (Caritas)	6	7	6	6	6
St. Paul's Hospital	16	8	4	4	6
St. Teresa's Hospital	9	8	10	6	6
Union Hospital	15	18	12	20	20
Total	**106**	**126**	**112**	**107**	**123**

N/A = Not applicable

New application under consideration

* Hong Kong Central Hospital ceased operation in September 2012.

Annex 2

Breakdown of cases of non-compliance by private hospitals (including maternity homes) from 2012 to 2016

Private Hospitals (Including Maternity Homes)	2012	2013	2014	2015	2016
Canossa Hospital (Caritas)	-	1	1	-	-
Evangel Hospital	-	-	-	-	-
Hong Kong Adventist Hospital – Stubbs Road	1	-	1	1	-
Hong Kong Adventist Hospital – Tsuen Wan	3	2	1	-	-
Hong Kong Baptist Hospital	-	-	-	-	1
Hong Kong Central Hospital*	-	N/A	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited	-	-	1	-	3
Matilda & War Memorial Hospital	-	-	-	-	-
Precious Blood Hospital (Caritas)	2	-	-	1	-
St. Paul's Hospital	2	-	-	-	-
St. Teresa's Hospital	-	-	-	-	1
Union Hospital	-	-	-	-	1
Total	**8**	**3**	**4**	**2**	**6**

N/A = Not applicable

* Hong Kong Central Hospital ceased operation in September 2012.

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:

Regarding the specialised outpatient clinics under the Department of Health,

(1) please set out by specialty the healthcare staff establishments, the numbers of new cases on the waiting list and the numbers of attendances of the specialist outpatient clinics in all districts in the past 3 years; and

(2) 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) recorded in the past year is only 31%, far below the original target of 90%; why is that so? Is it related to a shortage of manpower or medicinal resources? What measures will the Government take to prevent the percentage from falling further?

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

Reply:

(1) The establishment of Medical and Health Officer and Nursing grades in specialist out-patient clinics of the Department of Health (DH) is at Annex.

Information on new cases and numbers of attendances at the specialist outpatient clinics in the past 3 years are tabulated below-

HIV/AIDS Clinic

Number of new cases at HIV/AIDS Clinic

	2014	2015	2016
Kowloon Bay Integrated Treatment Centre (ITC)	333	359	331

Patient consultation at ITC is by appointment. For new cases, appointment is made over the phone. The appointment date is based on the next available time slot that is acceptable to the patient concerned. For 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 at HIV/AIDS Clinic

	2014	2015	2016
ITC	13 750	14 600	14 900

Dermatology Clinics

Number of new cases on the waiting list at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	6 505	7 396	8 368
Sai Ying Pun	1 880	2 318	2 780
Yau Ma Tei	8 208	10 938	10 605
Yung Fung Shee	6 493	7 144	7 579
Fanling	7 873	8 793	8 657
Chai Wan	2 390	2 675	3 346
Wan Chai	1 396	2 770	3 570
Tuen Mun	5 083	5 620	5 597

Number of new attendances at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	4 041	3 541	3 270
Sai Ying Pun	2 440	2 150	2 106
Yau Ma Tei	4 752	4 747	4 712
Yung Fung Shee	5 009	4 982	4 960
Fanling	2 604	2 933	3 233
Chai Wan	3 005	2 930	2 324
Wan Chai	2 011	1 882	1 748
Tuen Mun	4 632	4 201	3 674

Number of total attendances at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	39 785	39 683	39 646
Sai Ying Pun	23 457	23 606	22 849
Yau Ma Tei	46 415	46 964	46 036
Yung Fung Shee	39 637	41 529	42 397
Fanling	24 346	25 257	26 774
Chai Wan	26 234	25 048	22 881
Wan Chai	15 315	15 755	15 201
Tuen Mun	30 571	30 295	28 413

Tuberculosis and Chest Service

Number of new attendances at Chest Clinics (both TB# and non-TB)

	2014	2015	2016
East Kowloon	1 239	1 296	1 190
Kowloon	1 648	1 392	1 468
Pneumoconiosis	72	81	55
Sai Ying Pun	1 375	1 381	1 357
Shaukeiwan	1 245	1 201	1 087
Shek Kip Mei	1 211	1 177	1 256
South Kwai Chung	2 299	2 022	2 023
Tai Po	930	956	913
Wanchai	1 432	1 193	1 265
Yan Oi	1 956	1 986	2 120
Yaumatei	1 655	1 719	1 829
Yuen Chau Kok	1 523	1 453	1 747
Yung Fung Shee	1 345	1 564	1 528
New Territories*	1 232	1 270	1 323
Tung Chung	305	384	424

* New Territories chest clinics refer to Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (the latter closed since 1 April 2015).

"TB" stands for tuberculosis.

Number of total attendances (new attendances and return visits) at Chest Clinics (both TB and non-TB)

	2014	2015	2016
East Kowloon	12 631	12 740	12 532
Kowloon	17 519	14 755	14 797
Pneumoconiosis	5 433	4 911	4 806
Sai Ying Pun	10 396	9 789	10 155
Shaukeiwan	11 577	11 303	10 833
Shek Kip Mei	12 105	12 584	12 467
South Kwai Chung	23 043	20 596	21 370
Tai Po	8 482	7 734	8 116

Wanchai	15 833	14 583	14 585
Yan Oi	19 759	17 985	19 545
Yaumatei	14 211	14 876	14 414
Yuen Chau Kok	16 127	14 829	16 578
Yung Fung Shee	15 997	15 099	15 312
New Territories*	12 023	11 320	11 230
Tung Chung	1 838	2 033	2 199

* New Territories chest clinics refer to Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (the latter closed since 1 April 2015).

In general, persons attending chest clinics with a diagnosis of active TB or suspected active TB (either by referral or by symptom on triage) will be seen by doctors within 1 to 2 days. Tuberculosis and Chest Service has not compiled the waiting time for non-TB cases as these cases are not related to its primary role of TB control. 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) The DH was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

– End –

Annex

The Establishment of Medical and Health Officer and Nursing Grades in Specialist Out-patient Clinics of the Department of Health

Clinics	No. of Posts in 2014-15/ 2015-16 / 2016-17*						
	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 Male & Female 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 Male / Female 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***

Clinics	**No. of Posts in 2014-15/ 2015-16 / 2016-17***						
	SMO	**MO**	**SNO**	**NO**	**RN**	**EN**	***Total***
Shek Kip Mei Chest Clinic	-	2	-	1	5	6	***14***
South Kwai Chung Chest Clinic	-	2	-	1	5	8	***16***
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. 1172)

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 (2012-2016)? 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 (2012-2016)? Please provide the figures in the table below.

Year	**Number of deaths from breast cancer**	**Number of deaths from cervical cancer**
2012		
2013		
2014		
2015		
2016		

- will a free or subsidised cervical cancer vaccination scheme or a mammography screening programme for women be launched in order to promote early prevention and treatment of cancer? If so, what are the details? What is the expected expenditure incurred? If not, why?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 22)

Reply:

The number of new cases with breakdown by age groups of (female) breast cancer and cervical cancer from 2012 to 2014 are shown below -

The number of new cases of (female) breast cancer

Age group	2012	2013	2014
29 or below	18	19	17
30 - 39	259	248	250
40 - 49	961	917	995
50 - 59	1 036	1 099	1 173
60 - 69	658	652	813
70 or above	576	589	619
Unknown age	0	0	1
Total	**3 508**	**3 524**	**3 868**

Figures for 2015 and 2016 are not yet available.

The number of new cases of cervical cancer

Age group	2012	2013	2014
29 or below	8	10	4
30 - 39	74	58	64
40 - 49	124	136	136
50 - 59	103	116	106
60 - 69	59	82	79
70 or above	89	101	83
Total	**457**	**503**	**472**

Figures for 2015 and 2016 are not yet available.

The number of deaths from (female) breast cancer and cervical cancer from 2012 to 2015 are shown below -

Number of deaths from (female) breast cancer and cervical cancer

	Cancer deaths	
Year	**(Female) Breast cancer**	**Cervical cancer**
2012	601	133
2013	596	142
2014	604	131
2015	637	169

Figures for 2016 are not yet available.

The recommendations 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. Hence, 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, will provide a basis for the two Scientific Committees to make recommendations to the Government on strategies towards HPV vaccination in Hong Kong.

For 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 making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population.

Having studied prevailing and increasing international evidence that questions overall benefits of population-based screening over harm, the CEWG considers that there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, the Government has commissioned a study to develop a locally validated risk prediction tool in order to identify individuals who are more likely to benefit from screening.

Meanwhile, the Department of Health (DH) promotes healthy lifestyles as the primary prevention strategy. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be observed. Besides, mammography is offered to high risk women receiving the DH's woman health services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1184)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs),

1. please list the numbers of enrolment, the median waiting time for enrolment and the numbers of new enrolment in the 18 EHCs in the past 5 years;

2. please list the numbers of attendances and mean age of attendees for first-time health assessment, the numbers of attendances for other health assessments and the total numbers of attendances for health assessments in the 18 EHCs for each of the past 5 years; and

3. 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 MAK Mei-kuen, Alice (Member Question No. 48)

Reply:

1. The numbers of enrolments, the median waiting time for new enrolment and the numbers of new enrolments in the 18 EHCs for each of the past 5 years are listed below.

EHC		**2012**	**2013**	**2014**	**2015**	**2016***
Sai Ying Pun	No. of enrolments	2 130	2 120	2 177	2 288	2 310
	Median waiting time for new enrolment (Months)	13.4	22.8	30.5	30.0	6.0
	No. of new enrolments	185	120	162	698	642

Shau Kei Wan	No. of enrolments	2 211	2 196	2 213	2 224	2 205
	Median waiting time for new enrolments (Months)	14.4	21.5	24.9	23.5	2.4
	No. of new enrolments	145	204	326	665	800
Wan Chai	No. of enrolments	2 141	2 156	2 143	3 614	4 545
	Median waiting time for new enrolments (Months)	25.8	27.8	34.4	34.3	1.4
	No. of new enrolments	227	183	249	1 878	2 251
Aberdeen	No. of enrolments	2 126	2 124	2 164	2 182	2 148
	Median waiting time for new enrolments (Months)	6.7	11.5	16.2	14.5	4.3
	No. of new enrolments	228	163	183	467	452
Nam Shan	No. of enrolments	2 206	2 193	2 212	2 225	2 218
	Median waiting time for new enrolments (Months)	16.2	17.3	18.2	15.8	2.2
	No. of new enrolments	370	166	244	490	795
Lam Tin	No. of enrolments	2 230	2 218	2 220	2 220	2 223
	Median waiting time for new enrolments (Months)	4.6	11.1	15.0	12.0	4.0
	No. of new enrolments	244	268	410	560	634
Yau Ma Tei	No. of enrolments	2 121	2 079	2 162	2 216	2 254
	Median waiting time for new enrolments (Months)	23.7	25.4	32.9	34.2	7.6
	No. of new enrolments	334	104	128	487	930
San Po Kong	No. of enrolments	2 121	2 122	2 123	2 134	2 142
	Median waiting time for new enrolments (Months)	10	15.9	24.0	18.6	1.5
	No. of new enrolments	334	104	168	550	640

Kowloon City	No. of enrolments	2 210	2 193	2 211	2 211	2 210
	Median waiting time for new enrolments (Months)	16.4	23.4	31.4	34.4	8.5
	No. of new enrolments	198	98	104	554	537
Lek Yuen	No. of enrolments	2 125	2 121	2 129	3 541	2 550
	Median waiting time for new enrolments (Months)	36.2	22.8	21.9	4.5	8.7
	No. of new enrolments	445	440	238	1 629	681
Shek Wu Hui	No. of enrolments	2 122	2 119	2 155	2 162	2 144
	Median waiting time for new enrolments (Months)	9.9	10.8	14.3	16.4	7.9
	No. of new enrolments	290	264	210	450	716
Tseung Kwan O	No. of enrolments	2 136	2 136	2 136	2 136	3 471
	Median waiting time for new enrolments (Months)	14.5	20.5	27.0	29.0	2.8
	No. of new enrolments	263	163	191	537	1 406
Tai Po	No. of enrolments	2 124	2 125	2 122	2 124	2 124
	Median waiting time for new enrolments (Months)	21.9	28.6	22.4	16.3	3.8
	No. of new enrolments	96	192	278	581	729
Tung Chung	No. of enrolments	2 245	2 224	2 226	2 330	2 319
	Median waiting time for new enrolments (Months)	9.5	10.4	12.9	15.0	6.3
	No. of new enrolments	432	407	244	461	731
Tsuen Wan	No. of enrolments	2 117	2 092	2 114	2 116	2 516
	Median waiting time for new enrolments (Months)	11.3	12.7	15.8	17.8	12.0
	No. of new enrolments	392	386	396	520	1 032

Tuen Mun Wu Hong	No. of enrolments	2 133	2 109	2 127	2 149	2 208
	Median waiting time for new enrolments (Months)	9.9	15	17.3	15.8	11.3
	No. of new enrolments	352	275	360	514	652
Kwai Shing	No. of enrolments	2 212	2 212	2 221	2 310	2 277
	Median waiting time for new enrolments (Months)	6.5	10.4	13.7	7.0	1.5
	No. of new enrolments	297	184	371	620	551
Yuen Long	No. of enrolments	2 217	2 198	2 215	2 219	2 270
	Median waiting time for new enrolments (Months)	7.5	8.7	10.7	13.4	6.0
	No. of new enrolments	344	332	275	420	739

* Provisional figures

2. 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		**2012**	**2013**	**2014**	**2015**	**2016***
Sai Ying Pun	First-time health assessment	185	120	162	698	642
	Subsequent health assessment	1 945	2 000	2 015	1 590	1 668
	Follow-up for the results of the assessment	1 990	2 060	2 072	2 057	2 016
	Sub-total	4 120	4 180	4 249	4 345	4 326
Shau Kei Wan	First-time health assessment	145	204	326	665	800
	Subsequent health assessment	2 066	1 992	1 887	1 559	1 405
	Follow-up for the results of the assessment	2 328	2 207	2 326	2 396	2 430
	Sub-total	4 539	4 403	4 539	4 620	4 635
Wan Chai	First-time health assessment	227	183	249	1 878	2 251
	Subsequent health assessment	1 914	1 973	1 894	1 736	2 294
	Follow-up for the results of the assessment	2 233	2 076	2 105	2 991	4 606
	Sub-total	4 374	4 232	4 248	6 605	9 151

Aberdeen	First-time health assessment	228	163	183	467	452
	Subsequent health assessment	1 898	1 961	1 981	1 715	1 696
	Follow-up for the results of the assessment	2 000	2 101	2 102	2 137	2 074
	Sub-total	4 126	4 225	4 266	4 319	4 222
Nam Shan	First-time health assessment	370	166	244	490	795
	Subsequent health assessment	1 836	2 027	1 968	1 735	1 423
	Follow-up for the results of the assessment	2 636	2 544	2 549	2 521	2 704
	Sub-total	4 842	4 737	4 761	4 746	4 922
Lam Tin	First-time health assessment	244	268	410	560	634
	Subsequent health assessment	1 986	1 950	1 810	1 660	1 589
	Follow-up for the results of the assessment	2 102	2 010	1 998	2 034	1 957
	Sub-total	4 332	4 228	4 218	4 254	4 180
Yau Ma Tei	First-time health assessment	334	104	128	488	930
	Subsequent health assessment	1 787	1 975	2 034	1 728	1 324
	Follow-up for the results of the assessment	2 333	2 343	2 271	2 119	2 200
	Sub-total	4 454	4 422	4 433	4 335	4 454
San Po Kong	First-time health assessment	225	175	168	550	640
	Subsequent health assessment	1 896	1 947	1 955	1 584	1 502
	Follow-up for the results of the assessment	2 006	1 968	1 998	2 051	2 004
	Sub-total	4 127	4 090	4 121	4 185	4 146
Kowloon City	First-time health assessment	198	98	104	554	537
	Subsequent health assessment	2 012	2 095	2 107	1 657	1 673
	Follow-up for the results of the assessment	1 931	1 838	1 839	1 874	1 823
	Sub-total	4 141	4 031	4 050	4 085	4 033
Lek Yuen	First-time health assessment	445	440	238	1 629	681
	Subsequent health assessment	1 680	1 681	1 891	1 912	1 869
	Follow-up for the results of the assessment	1 814	1 499	1 516	3 025	2 094
	Sub-total	3 939	3 620	3 645	6 566	4 644

Shek Wu Hui	First-time health assessment	290	264	210	450	716
	Subsequent health assessment	1 832	1 855	1 945	1 712	1 428
	Follow-up for the results of the assessment	2 673	2 572	2 177	1 977	1 964
	Sub-total	4 795	4 691	4 332	4 139	4 108
Tseung Kwan O	First-time health assessment	263	163	191	537	1 406
	Subsequent health assessment	1 873	1 973	1 945	1 599	2 065
	Follow-up for the results of the assessment	2 076	2 011	1 966	2 016	3 414
	Sub-total	4 212	4 147	4 102	4 152	6 885
Tai Po	First-time health assessment	96	192	278	581	729
	Subsequent health assessment	2 028	1 933	1 844	1 543	1 395
	Follow-up for the results of the assessment	2 069	2 069	2 110	2 027	2 047
	Sub-total	4 193	4 194	4 232	4 151	4 171
Tung Chung	First-time health assessment	432	407	244	461	731
	Subsequent health assessment	1813	1 817	1 982	1 869	1 588
	Follow-up for the results of the assessment	2 150	2 074	2 198	2 232	2 365
	Sub-total	4 395	4 298	4 424	4 562	4 684
Tsuen Wan	First-time health assessment	392	386	396	520	1 032
	Subsequent health assessment	1 725	1 706	1 718	1 596	1 484
	Follow-up for the results of the assessment	1 733	1 773	1 920	1 910	2 014
	Sub-total	3 850	3 865	4 034	4 026	4 530
Tuen Mun Wu Hong	First-time health assessment	352	275	360	514	652
	Subsequent health assessment	1 781	1 834	1 767	1 635	1 556
	Follow-up for the results of the assessment	2 414	2 220	2 756	2 321	2 408
	Sub-total	4 547	4 329	4 883	4 470	4 616
Kwai Shing	First-time health assessment	297	184	371	620	551
	Subsequent health assessment	1 915	2 028	1 850	1 690	1 726
	Follow-up for the results of the assessment	2 115	2 201	2 112	2 263	2 254
	Sub-total	4 327	4 413	4 333	4 573	4 531

Yuen Long	First-time health assessment	344	332	275	420	739
	Subsequent health assessment	1 873	1 866	1 940	1 799	1 531
	Follow-up for the results of the assessment	2 205	2 083	2 128	2 102	2 068
	Sub-total	4 422	4 281	4 343	4 321	4 338
Total number of attendances for health assessments		**77 735**	**76 386**	**77 213**	**82 454**	**86 576**

* 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 ages of attendees for first-time health assessment of the 18 EHCs for each of the past 5 years are as follows –

EHC	**2012**	**2013**	**2014**	**2015**	**2016***
Sai Ying Pun	71.0	72.2	71.3	70.9	69.9
Shau Kei Wan	71.0	71.7	71.2	70.6	69.8
Wan Chai	72.0	71.5	72.9	70.2	69.7
Aberdeen	70.0	69.5	70.3	69.6	69.9
Nam Shan	71.7	71.1	70.6	70.1	70.1
Lam Tin	70.7	70.6	70.6	70.3	69.9
Yau Ma Tei	71.8	72.7	72.0	71.5	70.5
San Po Kong	71.9	72.0	72.4	70.7	70.4
Kowloon City	71.3	71.3	72.3	71.9	70.8
Lek Yuen	71.8	71.0	70.7	69.8	69.6
Shek Wu Hui	71.8	71.1	71.2	70.0	70.1
Tseung Kwan O	70.2	71.6	71.3	71.0	70.0
Tai Po	70.5	71.0	70.5	69.9	69.4
Tung Chung	69.9	69.4	69.8	69.6	69.4
Tsuen Wan	70.2	70.5	70.3	70.4	70.1
Tuen Mun Wu Hong	69.5	70.1	69.7	68.9	68.9
Kwai Shing	70.1	70.1	70.0	69.6	70.2
Yuen Long	70.1	69.8	68.9	69.3	69.2
Total	**70.8**	**70.7**	**70.7**	**70.2**	**69.9**

* Provisional figures

3. Healthcare staff are flexibly deployed to the 18 EHCs according to operational needs. The numbers of healthcare staff (excluding clerical and workman staff) deployed for the 18 EHCs in the past 5 years are as follows:

Grade	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017*
Medical and Health Officer	25	25	26	26	27
Registered Nurse	54	54	57	60	60
Dispenser	3	5	5	5	5
Clinical Psychologist	4	4	4	4	4
Dietitian	4	4	4	4	4
Occupational Therapist	4	4	4	4	4
Physiotherapist	4	4	4	4	4
Total	**98**	**100**	**104**	**107**	**108**

* Projected establishment

The attendances for medical consultation at each of the 18 EHCs for each of the past 5 years are as follows:

EHC	**2012**	**2013**	**2014**	**2015**	**2016***
Sai Ying Pun	4 777	4 453	4 046	3 648	3 149
Shau Kei Wan	4 476	4 444	4 289	4 517	4 613
Wan Chai	4 670	4 576	4 852	5 220	8 089
Aberdeen	6 555	6 472	6 059	5 915	6 075
Nam Shan	5 111	4 890	4 466	4 295	4 997
Lam Tin	4 164	3 960	4 026	3 753	3 851
Yau Ma Tei	4 698	4 515	4 320	3 861	3 929
San Po Kong	5 684	5 273	5 085	5 238	5 210
Kowloon City	4 669	4 503	4 371	4 440	4 636
Lek Yuen	6 175	5 669	5 489	5 488	5 286
Shek Wu Hui	8 244	8 370	7 997	8 012	7 577
Tseung Kwan O	6 165	5 768	5 837	5 623	6 655
Tai Po	5 347	5 423	5 691	5 439	5 914
Tung Chung	4 269	3 873	3 786	3 343	3 166
Tsuen Wan	6 146	6 014	5 830	6 008	5 903
Tuen Mun Wu Hong	5 470	5 310	4 998	4 880	4 783
Kwai Shing	3 933	3 785	3 773	3 565	3 204
Yuen Long	4 080	4 304	4 163	3 950	3 248
Total	**94 633**	**91 602**	**89 078**	**87 195**	**90 285**

*Provisional figures

The costs per attendance for medical consultation from 2012-13 to 2016-17 are listed below:

Year	Cost per Attendance for Medical Consultation ($)
2012-13	455
2013-14	470
2014-15	495
2015-16	515
2016-17	535

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0642)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The actual number of civil servants working in the Hospital Authority (HA) managed was 1 533 in 2016 while the estimated number for 2017 drops to 1 365. What are the reasons?

Asked by: Hon POON Siu-ping (Member Question No. 27)

Reply:

The number of civil servants working in the Hospital Authority (HA) will decrease from 1 533 in 2016 to the estimated figure of 1 365 in 2017. The estimated reduction of 168 posts during the period is due to natural wastage of civil servants working in HA including retirement.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2244)

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 *Matters Requiring Special Attention in 2017–18*, the Government will continue to implement the pilot colorectal cancer screening programme for persons at specific ages. Please inform this Committee of:

1. the number of beneficiaries in the first phase of the pilot colorectal cancer screening programme.

2. the timetable for the expansion of the pilot colorectal cancer screening programme by the Government.

3. what publicity campaigns will be held by the Government to raise public awareness of the pilot colorectal cancer screening programme. What is the estimated number of beneficiaries in 2017-18?

Asked by: Hon QUAT Elizabeth (Member Question No. 10)

Reply:

1. The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.

2. On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The Department of Health (DH) will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

3. To promote participation in the Pilot Programme, the DH will continue to step up educational and publicity efforts through the mass media and by working with community partners and health service providers. Pamphlets, booklets, posters, educational videos, Announcements in the Public Interest, online resources, etc. have been produced to facilitate communication. An enquiry hotline has been set up to answer public enquiries.

The DH will continue to explore new and effective means of communication to maximize the impact of the publicity drive. Over the three-year pilot period, the DH expects some 300 000 numbers of participations, assuming a coverage rate of 30% among the eligible persons and that they have enrolled in the electronic Health Record Sharing System.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2964)

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 in the past 3 years (2014-15, 2015-16 and 2016-17) (months with data):

(1) the maximum number of patients (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 patients (non-civil servants) receiving treatment per session on average;

(2) the age distribution of the attendees; and

(3) the number of patients who are recipients of Comprehensive Social Security Assistance.

Asked by: Hon SHIU Ka-chun (Member Question No. 14)

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 2014-15, 2015-16 and 2016-17 (up to 31 January 2017), 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		
			2014-15	2015-16	2016-17 (up to 31 January 2017)
Kowloon City Dental Clinic	Monday (AM)	84	5 089	5 177	4 363
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 214	4 028	3 567
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 796	5 905	5 773
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 272	2 218	1 973
Mona Fong Dental Clinic	Thursday (PM)	42	1 796	1 952	1 589
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 889	1 978	1 658
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	8 005	7 193	6 186
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 109	2 071	1 782
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 769	3 321
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	102	97	75
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	188	192	126

* 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 2014, 2015 and 2016.

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 2014-15, 2015-16 and 2016-17 (up to 31 January 2017) are as follows:

	% Distribution of attendances of GP sessions by age group		
Age group	**2014-2015**	**2015-16**	**2016-17 (up to 31 January 2017)**
0-18	2.06%	2.09%	1.75%
19-42	13.28%	14.20%	14.19%
43-60	28.22%	27.46%	27.52%
61 or above	56.45%	56.25%	56.54%

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. 3214)

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 of suspected drug-abusing parents 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. 197)

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 immunization 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 the 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 2014, 2015 and 2016 are 340, 360, and 375 respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2581)

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:

During 2017-18, the Department of Health will take forward the legislative proposal to prohibit commercial sale and supply of alcohol to minors. Will the Government advise on the details of the initiative, timetable for implementation and estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 41)

Reply:

Since 2000, Hong Kong has put in place a liquor licensing system, as laid down in the Dutiable Commodities (Liquor) Regulations (Cap. 109B), under which no licensee shall permit any person under the age of 18 to drink any intoxicating liquor on any licensed premises. However, there is currently no restriction on off-premises purchase of alcoholic beverages by people aged under 18.

To protect young people who are vulnerable to the harm caused by alcohol, the Government proposes to introduce a statutory regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons under the age of 18. The proposed regulation will cover all forms of commercial sale and supply of alcohol, including internet sale. The Government plans to introduce an amendment bill into the Legislative Council in the latter half of 2016-17 legislative session. Meanwhile, the Department of Health will enhance publicity and education activities to combat underage drinking.

In 2017-18, financial provision of $3.5 million has been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol to persons under the age of 18, and another $2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2583)

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:

During 2017-18, the Department of Health will strengthen the support to the Medical Council of Hong Kong in handling complaints and conducting inquiries. Will the Government advise on the details of the relevant plan, timetable for implementation and estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 42)

Reply:

The Boards and Councils Office of the Department of Health (DH) provides secretariat support to the Medical Council of Hong Kong (MCHK). The secretariat staff are civil servants under the establishment of DH. They are deployed to provide administrative support to MCHK and its Committees and Sub-committees e.g. in arranging meetings, handling registration, providing support for licensing examinations and conducting inquiries and disciplinary proceedings concerning the professional conduct of registered medical practitioners.

During 2017-18, the Government has earmarked additional funding of $8.4 million for increasing manpower resources of MCHK Secretariat and provision of honorarium to experts at the preliminary investigation stage of MCHK to facilitate MCHK to expedite its complaint handling process.

Subsequent to the Legislative Council's deliberation of the Medical Registration (Amendment) Bill 2016, the Government has set up a tripartite platform comprising doctors, representatives of patient groups and Consumer Council, and Legislative Councillors to promote understanding and communication, as well as provide views and deliberate on amendment proposals to Medical Registration Ordinance. The Government plans to re-introduce a Medical Registration (Amendment) Bill into the Legislative Council as soon

as possible in the first half of 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK.

The Government will provide sufficient manpower resources to the MCHK Secretariat so as to facilitate MCHK in conducting complaint investigation and disciplinary inquiry efficiently.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2584)

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:

During 2017-18, the Department of Health will set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Will the Department advise on:

(a) whether reference has been made to the reference standards and testing methods adopted by other territories; if so, the details;

(b) whether adequate consultations and discussions with the relevant industry will be held; if so, the details; and

(c) the timetable and estimated expenditure involved for the initiative.

Asked by: Hon SHIU Ka-fai (Member Question No. 43)

Reply:

(a) By employing new analytical technology and conducting scientific research, the Government Chinese Medicines Testing Institute (GCMTI) will develop a set of internationally-recognised reference standards for Chinese medicines (CM) and related products. In this connection, the GCMTI will work closely with local, Mainland and overseas research institutions with a view to developing standards and testing methods on the CM. With the support of the China Food and Drug Administration, the National Institutes for Food and Drug Control will become one of the major working partners and provide technical support for the GCMTI.

(b) The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The Chief Executive established the Chinese Medicine Development Committee (CMDC) in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicines in Hong Kong. The Committee is chaired by the Secretary for Food and Health and comprising representatives from the

Chinese medicine practitioners, the Chinese medicine trade, academia and the research and health-care sector, as well as lay persons. As announced in the 2015 Policy Address, the Government has accepted the recommendation of the CMDC to set up a testing centre for Chinese medicines to be managed by the Department of Health. The testing centre will specialise in the testing of, and scientific research on, Chinese medicines, with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines.

Apart from CMDC, the Government has also consulted the CM and testing sectors via the Panel on Promoting Testing and Certification Services in Chinese Medicines Trade under the Hong Kong Council for Testing and Certification and Committee on Research and Development of Chinese Medicines of the Innovation and Technology Commission on the GCMTI. The Government will continue to maintain close liaison with the trade and conduct consultation when needed.

(c) Before the establishment of the permanent GCMTI, a temporary centre is being set up at the Hong Kong Science Park and will come into operation in phases starting from late March 2017. The temporary GCMTI will kick start some of the work, including the ongoing effort of developing reference standards for Chinese materia medica and decoction pieces, commencing research on high-end biological and chemical technologies applicable to CM and related products, and preparing for the establishment of a digitalised herbarium on CM of international standard. The provision for the temporary GCMTI in 2017-18 is about $24.9 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2586)

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 2017-18, 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 this regard, will the Government please advise on:

a. the details, timetable and breakdown of the estimated expenditure in connection with the relevant work;

b. whether a higher target breastfeeding rate has been set. If so, what are the details and justifications; if not, why; and

c. whether adequate consultations and discussions with the relevant industries have been taken place. If so, what are the details; if not, why?

Asked by: Hon SHIU Ka-fai (Member Question No. 44)

Reply:

a. and b.

In 2017-18, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children (HK Code); and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2017-18 for enhancing the effort for promotion of breastfeeding. Breakdown of the estimated expenditure is not available.

The practices of feeding infants and young children are affected by a multitude of socio-economic, cultural and environmental factors. With the concerted effort of the Government and various sectors of the community over the years, the local ever-breastfeeding rate on hospital discharge has increased from 66% in 2004 to 88.5% in 2015. According to the DH's Breastfeeding Surveys, local exclusive breastfeeding rate for infants at 4 months of age has also increased from 11% for babies born in 2004 to 27% for those born in 2014. But the local exclusive breastfeeding rate still remains on the relatively low side. The DH would conduct regular surveys to monitor the local trend of breastfeeding rate.

c.

To protect breastfeeding and ensure safety and quality of food products for infants and young children, the DH set up the Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes in June 2010 to develop and promulgate the HK Code. In the course of drafting the code, meetings were held with, among others, representatives of multinational formula milk companies to listen to their views. The Government conducted a 4-month public consultation exercise from 26 October 2012 to 28 February 2013 on the HK Code. In finalising the HK Code, the Government has conducted thorough deliberation of the detailed provisions of the code taking into account the views collected in the public consultation, comments expressed thereafter, and the latest guidance and principles laid down by the World Health Organization and the local context. A series of briefing sessions have been recently conducted for relevant stakeholders including healthcare professionals and institutions, chambers of commerce, formula milk traders, breastfeeding advocacy organisations, retailers and distributors in Hong Kong to listen to their views on the latest draft HK Code.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2587)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, the provision for 2017-18 is $1,180.4 million (33.9%) higher than the revised estimate for 2016-17. Please explain in detail the reasons for the increase and provide a breakdown of the estimated expenditure on different areas of work.

Asked by: Hon SHIU Ka-fai (Member Question No. 45)

Reply:

Provision for 2017-18 under Programme 2 is $1,180.4 million (33.9%) higher than the revised estimate for 2016-17. The increase in provision is mainly due to the following:

(a) continuing to promote and implement the Elderly Health Care Voucher Scheme, which will be enhanced in 2017 by lowering the eligibility age to 65, with increased provision of $1,013.7 million;
(b) enhancing protection of elders against invasive pneumococcal disease with a provision of $77.2 million;
(c) continuing to implement the pilot colorectal cancer screening programme with increased provision of $47.0 million;
(d) enhancing the elderly health services with increased provision of $7.3 million;
(e) promoting breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" with a provision of $6.0 million; and
(f) implementing a pilot public-private partnership programme on smoking cessation with a provision of $4.2 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1349)

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 enhancement to the Elderly Health Care Voucher Scheme by lowering the eligibility age from 70 to 65, please advise on the following:

(a) What are the details of the enhancement? When will the enhancement be implemented? What will be the estimated expenditure involved?

(b) What were the numbers of participating elders, the numbers of voucher claims and the amounts of voucher claims in the past 5 years (2012-2016)? Please provide a breakdown by year and type of service.

(c) What were the numbers of eligible elders and the percentages of all eligible elders those participating elders accounted for in the past 5 years (2012-2016)? Please provide a breakdown by year.

(d) How many elders are expected to be benefited from the lowering of the eligibility age? How much expenditure will be incurred?

Eligibility age	70 or above	65 or above	60 or above
Number of eligible elders			
Annual expenditure incurred in providing each eligible elder with $2,000 worth of health care voucher per year			

Asked by: Hon WONG Kwok-kin (Member Question No. 27)

Reply:

(a) The Government proposes to lower the eligibility age for the Elderly Health Care Voucher (EHV) Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is $2,135.0 million.

(b) & (c)
Regarding the EHV Scheme, the relevant statistics in the past 5 years are as follows:

	2012	**2013**	**2014**	**2015**	**2016**
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	59%	67%	75%	79%	84%

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

Number of Voucher Claim Transactions

	2012	**2013**	**2014**	**2015**	**2016**
Medical Practitioners	812 872	1 229 078	1 734 967	2 006 263	1 955 048
Chinese Medicine Practitioners	98 189	190 017	383 613	533 700	607 531
Dentists	19 239	36 783	73 586	109 840	119 305
Occupational Therapists	101	79	584	478	620
Physiotherapists	3 058	6 922	13 201	19 947	21 835
Medical Laboratory Technologists	935	1 941	3 697	5 646	9 748
Radiographers	867	1 507	3 047	4 971	5 886
Nurses	334	317	921	1 457	3 079
Chiropractors	377	823	1 975	3 125	5 003
Optometrists	1 228	2 972	5 956	21 326	72 572
Sub-total (Hong Kong):	937 200	1 470 439	2 221 547	2 706 753	2 800 627
University of Hong Kong - Shenzhen Hospital [Note 1]	-	-	-	2 287	5 667
Total:	937 200	1 470 439	2 221 547	2 709 040	2 806 294

Amount of Vouchers Claimed (in $'000)

	2012	2013	2014	2015	2016
Medical Practitioners	139,683	256,296	444,401	611,860	638,006
Chinese Medicine Practitioners	13,808	31,968	82,369	142,265	171,599
Dentists	7,751	20,805	55,131	98,563	105,455
Occupational Therapists	27	28	390	230	271
Physiotherapists	614	1,758	3,981	6,381	7,007
Medical Laboratory Technologists	362	1,046	2,273	3,820	9,905
Radiographers	242	512	1,358	2,365	3,197
Nurses	125	265	773	1,389	3,335
Chiropractors	171	485	1,276	1,825	1,913
Optometrists	436	1,541	5,587	37,092	128,399
Sub-total (Hong Kong):	163,219	314,704	597,539	905,790	1,069,087
University of Hong Kong - Shenzhen Hospital Note 1	-	-	-	537	1,471
Total:	163,219	314,704	597,539	906,327	1,070,558

Note 1: The Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

(d) The estimated number of elders to benefit from the proposed enhancement of lowering the eligibility age for the EHV Scheme from 70 to 65 and the estimated financial implications for 2017-18 are as follows:

	Eligibility Age	
	Aged 70 or Above Note 2	**Aged 65 or above** Note 3
Population Projections in 2017*	806 200	1 223 400
Estimated cash flow requirement in 2017-18 based on an annual voucher amount of $2,000 per eligible elder ($ million)	1,422.1	2,135.0

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

Note 2: Assuming that the eligibility age is maintained at the age of 70 or above.

Note 3: Assuming that the eligibility age is lowered from 70 to 65 within 2017.

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.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1350)

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 (EHV Scheme),

(a) how many healthcare service providers enrolled in and withdrew from the EHV Scheme and how many places of practices were there in the past 5 years (2012-2016)? Please provide a breakdown by year and enrolled healthcare profession.

(b) what percentages of healthcare professions were enrolled as healthcare service providers under the EHV Scheme in the past 5 years (2012-2016)? Please provide a breakdown by year and enrolled healthcare profession.

Asked by: Hon WONG Kwok-kin (Member Question No. 28)

Reply:

The number of healthcare service providers enrolled and withdrawn under the Elderly Health Care Voucher Scheme from 2012 to 2016 are at the **Annex**.

- End -

Annex

(A) Number of enrolled healthcare service providers and their places of practices from 2012 to 2016

	2012		2013		2014		2015		2016	
	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers (Percentage [Note 1])	Number of Places of Practices
Medical Practitioners	1 599	1 986	1 645	2 086	1 782	2 422	1 936	2 995	2 126 (42%)	3 332
Chinese Medicine Practitioners	1 120	1 539	1 282	1 726	1 559	2 336	1 826	2 993	2 047 (32%)	4 773
Dentists	336	430	408	561	548	845	646	1 046	770 (44%)	1 307
Occupational Therapists	34	62	39	75	45	94	45	97	51 (6%)	101
Physiotherapists	243	325	267	379	306	473	312	524	344 (22%)	595
Medical Laboratory Technologists	24	47	25	49	26	49	30	54	35 (3%)	74
Radiographers	20	37	19	30	21	32	21	28	24 (3%)	35
Nurses	66	107	79	138	108	175	124	187	148 (1%)	235
Chiropractors	33	44	45	83	51	87	54	101	66 (36%)	113
Optometrists	152	368	167	416	185	450	265	607	533 (67%)	1 286
Sub-total (Hong Kong)	3 627	4 945	3 976	5 543	4 631	6 963	5 259	8 632	6 144	11 851
University of Hong Kong - Shenzhen Hospital [Note 2]	-	-	-	-	-	-	1	1	1	1
Total	**3 627**	**4 945**	**3 976**	**5 543**	**4 631**	**6 963**	**5 260**	**8 633**	**6 145**	**11 852**

Note: 1. Amongst all the registered healthcare professionals in Hong Kong, there are some who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the Scheme, we have excluded them.
2. The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

(B) Number of healthcare service providers withdrawn from the Scheme from 2012 to 2016 [Note 3]

	2012	2013	2014	2015	2016
Medical Practitioners	47	52	16	12	23
Chinese Medicine Practitioners	14	27	9	11	30
Dentists	9	11	2	5	5
Occupational Therapists	-	2	2	-	-
Physiotherapists	10	8	3	11	2
Medical Laboratory Technologists	-	-	1	-	-
Radiographers	-	1	-	-	-
Nurses	1	4	-	4	1
Chiropractors	1	1	-	1	2
Optometrists	2	2	-	1	2
Total	**84**	**108**	**33**	**45**	**65**

Note: 3. Including the deceased cases known to the Department of Health.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1351)

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,

(a) 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 the next 5 years?

(b) how many voucher claims were made in each of the 18 districts in the past 5 years (2012-2016)?

(c) how many places of practices of enrolled healthcare service providers are there in each of the 18 districts at present? Please provide a breakdown by the 18 districts and enrolled healthcare professions.

Asked by: Hon WONG Kwok-kin (Member Question No. 29)

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 2017 to 2021 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 five years from 2012 to 2016 are at Annex B.

(c) As at end December 2016, there were a total of 6 144 healthcare service providers in Hong Kong enrolled in the Scheme, involving 11 851 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.

- End -

Annex A

Population Projections for the Age Groups of 60-64, 65-69 and 70 or Above by District Council Districts

	2017			2018			2019			2020			2021		
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	16 500	14 500	30 800	16 900	14 700	32 500	16 900	15 100	33 900	17 300	15 100	35 600	17 200	15 400	37 400
Eastern	42 400	37 400	73 400	43 900	37 800	77 200	44 600	38 600	80 600	45 500	38 700	85 300	45 600	39 800	89 900
Southern	20 600	16 200	33 300	21 600	16 700	34 600	22 300	17 500	35 900	22 800	18 100	37 500	23 200	18 800	39 200
Wan Chai	13 000	11 400	24 600	13 300	11 700	25 800	13 300	11 800	27 000	13 300	11 800	28 300	13 100	12 200	29 600
Kowloon City	27 400	24 600	55 000	28 800	25 000	57 300	29 600	25 300	60 300	30 200	25 500	63 600	30 400	26 200	66 900
Kwun Tong	46 500	38 700	83 700	49 500	40 100	86 200	51 200	41 400	88 900	53 000	41 900	92 000	54 000	43 700	94 600
Sham Shui Po	28 500	23 100	54 100	29 600	24 000	55 600	30 300	25 600	58 400	30 900	27 000	61 600	31 000	28 600	64 100
Wong Tai Sin	31 000	24 000	58 400	32 900	24 800	59 300	34 700	26 000	60 300	36 500	26 800	61 900	37 900	28 000	63 000
Yau Tsim Mong	19 500	18 800	39 200	20 000	18 700	41 000	20 100	18 500	43 100	20 100	18 300	45 400	19 700	18 100	47 800
Sha Tin	54 000	41 600	63 700	56 500	43 400	67 500	58 000	46 200	71 800	58 900	48 600	76 800	59 700	51 100	82 000
Tai Po	26 100	17 400	28 000	27 500	19 100	29 500	28 600	20 700	31 300	29 800	22 500	33 500	30 500	24 300	36 100
Sai Kung	29 800	21 000	34 200	32 100	22 200	36 300	34 100	23 500	38 400	36 400	24 900	41 200	37 900	26 800	43 700
North	22 800	15 600	28 100	24 800	16 700	29 300	26 300	17 800	30 900	27 600	19 000	32 900	28 600	20 400	34 600
Kwai Tsing	37 600	30 400	62 300	39 100	31 400	64 100	40 700	32 100	66 200	41 700	32 700	68 800	42 600	34 300	71 200
Tsuen Wan	20 600	16 300	34 500	21 900	16 700	35 800	23 100	17 100	37 400	24 100	17 500	39 500	24 700	18 300	41 100
Tuen Mun	40 500	31 600	41 400	42 800	33 200	46 200	44 000	34 500	49 700	45 200	36 100	53 600	45 700	37 900	57 900
Yuen Long	40 300	27 300	48 300	43 500	29 500	50 300	46 500	31 800	53 600	48 900	33 700	56 800	51 000	36 200	59 700
Islands	9 100	7 200	13 100	9 700	7 700	13 800	10 500	8 400	15 100	11 100	8 700	16 200	11 400	9 000	17 000
Total	**526 200**	**417 100**	**806 100**	**554 400**	**433 400**	**842 300**	**574 800**	**451 900**	**882 800**	**593 300**	**466 900**	**930 500**	**604 200**	**489 100**	**975 800**

Source: Projections of Population Distribution 2015-2024, Planning Department

Annex B

Annual Number of Voucher Claim Transactions by 18 Districts in Hong Kong
(According to the places of practice of enrolled healthcare professionals)

Year / District	2012	2013	2014	2015	2016
Central & Western	34 482	55 975	82 453	105 878	112 430
Eastern	82 734	129 652	198 192	230 706	234 527
Southern	30 393	51 118	80 428	91 567	93 947
Wan Chai	19 909	33 233	54 390	71 825	80 211
Kowloon City	55 653	84 327	127 350	150 832	160 573
Kwun Tong	104 455	162 422	247 468	294 851	299 266
Sham Shui Po	67 372	102 348	153 490	182 585	182 441
Wong Tai Sin	90 398	138 534	198 599	233 724	234 689
Yau Tsim Mong	50 493	80 461	133 212	185 701	205 666
Sha Tin	67 742	105 603	160 498	197 437	205 167
Tai Po	31 625	52 485	80 590	98 160	99 949
Sai Kung	36 794	59 864	87 044	109 796	110 037
North	30 217	48 438	73 165	84 377	86 608
Kwai Tsing	77 110	113 605	162 681	197 998	206 699
Tsuen Wan	52 366	82 358	124 157	144 751	147 768
Tuen Mun	57 621	94 599	141 131	176 096	179 774
Yuen Long	40 283	63 952	97 600	124 290	134 027
Islands	7 553	11 465	19 099	26 179	26 848
Total	**937 200**	**1 470 439**	**2 221 547**	**2 706 753**	**2 800 627**

Annex C

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**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1365)

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,

(1) please set out the numbers of staff and the amounts of expenditure involved in promoting tobacco control work in the past 3 financial years, broken down by tobacco control measure.

(2) please set out the numbers of complaints received, inspections, summonses issued and fixed penalty notices issued by the Tobacco Control Office in the past 3 years respectively. Among those cases, how many involved electronic cigarettes?

(3) had enforcement actions been taken by the Government against the sale of electronic cigarettes over a previous period of time? If so, what were the details; if not, what were the reasons or difficulties?

Asked by: Hon WONG Kwok-kin (Member Question No. 47)

Reply:

(1) The expenditures and staff establishment of the Tobacco Control Office (TCO) of Department of Health (DH) in the past three years are at **Annexes 1 and 2** respectively.

(2) TCO conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2014 to 2016 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 –

		2014	2015	2016
Complaints received		17 354	17 875	22 939
Inspections conducted		29 032	29 324	30 395
FPNs issued (for smoking offences)		7 834	7 693	8 650
Summonses issued	for smoking offences	193	163	207
	for other offences (such as willful obstruction and failure to produce identity document)	92	80	79

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 (including electronic cigarettes) in a no smoking area commits an offence and is subject to a fixed penalty of $1,500. The TCO issued 1 summons, 1 FPN and 4 FPNs to offenders who smoked electronic cigarettes in no smoking areas in 2014, 2015 and 2016 respectively.

(3) According to the Pharmacy and Poisons Ordinance (Cap. 138), electronic cigarettes containing nicotine are considered as pharmaceutical products. They have to comply with the requirements on safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. Currently, there is no nicotine containing electronic cigarette registered as pharmaceutical product in Hong Kong. Besides, under the same Ordinance, nicotine is a listed Part 1 poison, which can only be legally sold by authorised sellers of poisons in the presence and under the supervision of registered pharmacist or by licensed wholesale dealers. Illegal possession or sale of Part 1 poisons or unregistered pharmaceutical products is an offence. Any person convicted of the offence is liable to a maximum fine of $100,000 and imprisonment for two years.

According to the records of the Drug Office of DH, there was a convicted case from 2014 to 2016 involving illegal online sale of unregistered pharmaceutical product related to nicotine-containing electronic cigarettes.

- End –

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2014-15 ($ million)	2015-16 ($ million)	2016-17 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	49.9	51.5	53.9
Health Education and Smoking Cessation			
Programme 3: Health Promotion	124.5	127.2	139.8
(a) General health education and promotion of smoking cessation			
TCO	*45.1*	*46.7*	*56.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*24.3*	*22.4*	*22.8*
Sub-total	***69.4***	***69.1***	***79.5***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*37.0*	*39.1*	*41.5*
Subvention to Pok Oi Hospital	*7.8*	*7.3*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.2*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*	*2.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*	*1.9*
Sub-total	***55.1***	***58.1***	***60.3***
Total	**174.4**	**178.7**	**193.7**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15	2015-16	2016-17
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2513)

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. Were there any epidemiological studies conducted in response to the public concern over the potential health risk posed by the third-generation artificial turf pitches in 2015 and 2016? Will such studies be conducted in 2017? If so, what were and what will be the manpower and expenditure involved? What were the findings of the studies?

2. Toxic materials were found in the third-generation artificial turf pitches according to tests done by some international schools. Did the Student Health Service under the Department of Health provide support to the schools in the past 2 years? If so, what were the staffing and expenditure involved?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 44)

1. Regarding health concerns of using third generation (3G) artificial turfs, the Department of Health (DH) has conducted ongoing health risk assessments based on literature review and correspondence with overseas authorities such as Toronto Public Health of Canada, Dutch National Institute for Public Health and the Environment, Public Health England, National Institute for Health and Welfare of Finland and the U.S. Environmental Protection Agency. So far, these overseas authorities are of the view that existing limited scientific studies do not suggest artificial turf presents a significant public health risk. As for the risk of cancer due to potential exposure of hazardous substances such as polycyclic aromatic hydrocarbons (PAHs) in the rubber granules of artificial turfs, the European Chemicals Agency on 28 February 2017 released its latest evaluation results that the concern for lifetime cancer risk is very low given the concentrations of PAHs typically measured in European sports grounds. The DH has communicated with the Leisure and Cultural Services Department (LCSD) and the Education Bureau to offer health advice regarding personal hygiene, namely no eating in the field, hand washing, body cleansing and removing dust from shoes and

clothing after physical activities to reduce possible exposure to chemicals, and for them to disseminate to users of artificial turf pitches accordingly. The DH will keep abreast with the latest scientific evidence and participate in the inter-departmental committee led by LCSD to advise on quality aspects of artificial turf pitches in LCSD venues. Resources involved for the above activities are absorbed by the DH's overall provision for disease prevention and cannot be separately identified.

2. There were some parents' concerns about symptoms of their children due to playing on artificial turf. It is noted that alleged enlarged lymph nodes, skin allergies and throat problems are common conditions in children which could be related to various diseases including viral/bacterial infections. DH, has directly or through Education Bureau, provided schools with health advice such as alerting students to maintain good personal hygiene when using the artificial turfs, adopting proper installation and maintenance of the 3G artificial turfs, and advising parents to bring their children to the doctor for accurate diagnosis and appropriate management of alleged symptoms. The Student Health Service of the DH does not have a specific service role in this matter.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2577)

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. The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 were only 43% and 31% respectively. Why were they far below the target?

2. The planned percentage for 2017 is still set at 31%. Why the target is set at over 90% when the planned figure is expected to be far below it?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 8)

Reply:

1. The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

2. The DH will keep reviewing the performance target of appointment for new skin cases and revise the target accordingly if necessary.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY

(Question Serial No. Q2654)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational Expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. There will be an increase of 130 new posts for the Department of Health in 2017-18. Please set out the number of new posts required under each programme and their respective starting pay points as well as duties and responsibilities.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 9)

Reply:

Details of the net increase of 130 posts in 2017-18 are at the **Annex**.

- End -

Annex

Creation and Deletion of Posts in Department of Health in 2017-18

Initiative / Rank	No. of posts to be created/deleted	Starting Point (Monthly Salary* w.e.f. 1.4.2016 ($))
Programme 1 – Statutory Functions		
(a) Lapse of time-limited post for developing Chinese medicine by various initiatives		
Scientific Officer (Medical)	-1	MPS 27 (49,445)
Sub-total :	***-1***	
(b) Enhancing the dispensing services in the Department of Health		
Pharmacist	5	MPS 27 (49,445)
Sub-total :	***5***	
(c) Strengthening the manpower support in the control of medical devices		
Medical and Health Officer	1	MPS 32 (62,225)
Scientific Officer (Medical)	1	MPS 27 (49,445)
Electronics Engineer/Assistant Electronics Engineer	1	MPS 18 (32,470)
Sub-total :	***3***	
(d) Undertaking the preparatory work on regulation of health products for advanced therapies (Time-limited for 3 years from 2017-18 to 2019-20)		
Medical and Health Officer	1	MPS 32 (62,225)
Scientific Officer (Medical)	1	MPS 27 (49,445)
Sub-total :	***2***	
(e) Providing essential port health services – new Boundary Control Points at the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link and the Hong Kong-Zhuhai-Macao Bridge		
Medical and Health Officer	2	MPS 32 (62,225)
Registered Nurse	2	MPS 15 (28,040)
Health Inspector I/II	2	MPS 14 (26,700)
Senior Foreman	1	MPS 12 (23,970)
Foreman	2	MPS 7 (17,685)
Sub-total :	***9***	
(f) Rationalising the executive and clerical support in the Chinese Medicine Division		
Executive Officer I	1	MPS 28 (51,780)
Clerical Officer	1	MPS 16 (29,455)
Sub-total :	***2***	
(g) Strengthening the executive support in the Boards and Councils Office		

Initiative / Rank	No. of posts to be created/deleted	Starting Point (Monthly Salary* w.e.f. 1.4.2016 ($))
Executive Officer II	2	MPS 15 (28,040)
Sub-total :	***2***	

(h) Conversion of T-contract positions to civil service posts for strengthening the information technology support in the Drug Office

Systems Manager	1	MPS 34 (65,740)
Analyst/Programmer I	1	MPS 28 (51,780)
Analyst/Programmer II	1	MPS 16 (29,455)
Computer Operator I	2	MPS 16 (29,455)
Sub-total :	***5***	
Total (Programme 1) :	***27***	

Programme 2 – Disease Prevention

(a) Enhancing the Elderly Health Service

Medical and Health Officer	1	MPS 32 (62,225)
Nursing Officer	1	MPS 26 (47,240)
Registered Nurse	2	MPS 15 (28,040)
Clinical Psychologist	1	MPS 27 (49,445)
Dietitian	1	MPS 16 (29,455)
Occupational Therapist I	1	MPS 25 (45,120)
Physiotherapist I	1	MPS 25 (45,120)
Assistant Clerical Officer	1	MPS 3 (13,735)
Workman II	1	MOD 0 (12,115)
Sub-total :	***10***	

(b) Enhancing the Elderly Health Care Voucher Scheme

Senior Executive Officer	2	MPS 34 (65,740)
Executive Officer I	2	MPS 28 (51,780)
Executive Officer II	6	MPS 15 (28,040)
Assistant Clerical Officer	10	MPS 3 (13,735)
Clerical Assistant	1	MPS 1 (12,120)
Statistical Officer I	1	MPS 22 (39,350)
Senior Accounting Officer	1	MPS 34 (65,740)
Accounting Officer I	1	MPS 28 (51,780)
Sub-total :	***24***	

(c) Conversion of a T-contract position to a civil service post for strengthening the IT support in the Non-Communicable Disease Division

Systems Manager	1	MPS 34 (65,740)
Sub-total :	***1***	
Total (Programme 2) :	***35***	

Initiative / Rank	No. of posts to be created/deleted	Starting Point (Monthly Salary* w.e.f. 1.4.2016 ($))
Programme 7 – Medical and Dental Treatment for Civil Servants		
(a) Enhancing general dental services for civil service eligible persons		
Senior Dental Officer	1	MPS 45 (105,880)
Dental Officer	15	MPS 30 (56,755)
Senior Dental Surgery Assistant	1	MPS 18 (32,470)
Dental Surgery Assistant	16	MPS 5 (15,605)
Dental Hygienist	1	MPS 5 (15,605)
Assistant Clerical Officer	2	MPS 3 (13,735)
Clerical Assistant	5	MPS 1 (12,120)
Laboratory Attendant	1	MPS 5 (15,605)
Workman II	5	MOD 0 (12,115)
Sub-total :	***47***	
(b) Setting up a new Families Clinic in Sai Kung		
Medical and Health Officer	1	MPS 32 (62,225)
Nursing Officer	1	MPS 26 (47,240)
Assistant Clerical Officer	1	MPS 3 (13,735)
Clerical Assistant	1	MPS 1 (12,120)
Workman II	1	MOD 0 (12,115)
Sub-total :	***5***	
(c) Setting up additional prosthodontic surgeries		
Senior Dental Officer	1	MPS 45 (105,880)
Dental Officer	1	MPS 30 (56,755)
Senior Dental Surgery Assistant	1	MPS 18 (32,470)
Dental Surgery Assistant	2	MPS 5 (15,605)
Clerical Officer	1	MPS 16 (29,455)
Clerical Assistant	1	MPS 1 (12,120)
Laboratory Attendant	1	MPS 5 (15,605)
Workman II	1	MOD 0 (12,115)
Sub-total :	***9***	
(d) Improving the services of Families Clinics for civil service eligible persons		
Clinical Psychologist	2	MPS 27 (49,445)
Dispenser/Student Dispenser	3	TPS 5 (14,030)
Sub-total :	***5***	
(e) Setting up 3 periodontal surgeries in phases		
Dental Officer	1	MPS 30 (56,755)
Dental Surgery Assistant	1	MPS 5 (15,605)
Sub-total :	***2***	
Total (Programme 7) :	***68***	

Initiative / Rank	No. of posts to be created/deleted	Starting Point (Monthly Salary* w.e.f. 1.4.2016 ($))
Total(Overall):	***130***	

***Legend**

- MPS: Master Pay Scale
- MOD: Model Scale 1 Pay Scale
- TPS: Training Pay Scale

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2815)

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. As regards the testing of Chinese herbal medicines (Chm), what were/are the actual and estimated numbers of samples of Chm tested/to be tested in 2015-16, 2016-17 and 2017-18? Please also provide the number of samples exceeding the permitted limits set by the Chinese Medicine Council of Hong Kong (CMCHK) each year.
2. Please set out the numbers of recalls initiated in respect of Chm exceeding the permitted limits and their names in the past 3 years.
3. The Chinese Medicines Board under the CMCHK reviews the permitted limits of pesticide residues and heavy metals contained in Chm from time to time. Which permitted limits were reviewed in the past 3 years and what were the recommended limits? Which pesticide residues and heavy metals will be selected for a review of their permitted limits in 2017?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 48)

Reply:

(1) & (2)

To monitor the quality and safety of the Chinese herbal medicines (Chm) regulated under the Chinese Medicine Ordinance (Cap. 549), the Department of Health (DH) has put in place a market surveillance system under which samples of Chm are collected from the market for testing on a regular basis.

Number of samples taken in 2015, 2016 and 2017 are tabulated as follows –

Year	Targeted number of samples taken per month	Actual number of samples taken in that year
2015	30	377
2016	30	380
2017	45[#]	78 (*as at 28 February 2017*)

[#] The targeted number of samples taken per month has increased from 30 to 45 since February 2017.

The limits currently used for testing of pesticide residues and heavy metals in Chm sold in Hong Kong were formulated by the Chinese Medicine Council of Hong Kong (CMCHK) with reference to international standards. At present, 37 pesticide residues (including 20 organochlorine pesticides and 17 organophosphorus pesticides) and 4 heavy metals (including lead, arsenic, cadmium and mercury) are tested in market surveillance of Chm.

The testing of pesticide residues and heavy metals in Chm is carried out by the Government Laboratory (GL) and consists of 2 stages. The first stage involves tests on the Chm samples in their raw state before decoction to check whether they contain the 37 pesticides and 4 heavy metals and the respective residue levels/contents. The second stage test is conducted to assess the quantity of pesticide residues or heavy metals in the decoction of the Chm concerned. Testing for pesticide residues and heavy metals in the decoction of Chm is considered to be a closer simulation of condition during human consumption which is more appropriate for human risk assessment. The procedures and scope of tests are recognised by both the Chinese Medicines Board (CMB) of the CMCHK and the international expert group of the Scientific Committee set up under the Hong Kong Chinese Materia Medica Standards (HKCMMS) project.

From 2014 to 2016, a total of 1 131 Chm samples collected from market surveillance were tested by the GL. None of them exceeded the limits set by the CMCHK on pesticides and heavy metals after decoction and hence no subsequent recall of Chm was conducted.

(3) The HKCMMS office was established in 2001 and has developed reference standards for around 270 commonly used Chm. Limits of heavy metals and pesticide residues of Chm under the HKCMMS project were critically reviewed and endorsed by the International Advisory Board established under the HKCMMS project. Heavy metal limits of specific Chm would also be revised as appropriate subject to the research findings of heavy metals in crude herbs and their related decoctions. Results of these research works have provided important and local evidence-based information to guide the setting of reference standards on the safety and quality of Chm. The newly established Government Chinese Medicines Testing Institute will further support the HKCMMS project and embark on further scientific research of developing reference standards of more commonly used Chm.

As regulatory authorities around the world are increasingly concerned about the possible health effects of pesticide residues and heavy metals on human, the CMB of the CMCHK has been reviewing the limits and scope of pesticide residues and heavy metals in Chm, as well as the sampling strategy of the market surveillance system from time to time to safeguard public health. In this connection, the DH has increased the targeted number of market surveillance samples taken from 30 to 45 per month and extended the coverage to include wholesalers of Chm since February 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1009)

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", please inform this Committee of the following:

1) What is the percentage of residential care homes for the elderly (RCHEs) and day care centres (DEs) currently participating in the Programme by administrative district of the Social Welfare Department (SWD)?
2) Since the implementation of the Programme, has the Government evaluated its effectiveness including the number of attendances receiving the services of outreach dental teams and the average service cost per person?
3) Does the Government have any plans to raise the percentage of participating RCHEs and DEs? If so, what are the details?

Asked by: Hon WU Chi-wai (Member Question No.77)

Reply:

1) Each service year of the Outreach Dental Care Programme for the Elderly (ODCP) covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating residential care homes for the elderly and day care centres by administrative districts of the SWD by service year is at **Annex**.

2) Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) were served under the ODCP. We do not have information on the average service cost per elder served.

3) All RCHEs and DEs are invited to join the ODCP but the participation is voluntary. We will step up efforts in promoting the ODCP in conjunction with the participating non-governmental organisations and SWD.

- End -

Annex

Distribution of the participating RCHEs and DEs by Administrative District of the Social Welfare Department by Service Year

	First Service Year of ODCP [Note]			Second Service Year of ODCP [Note]			Third Service Year of ODCP [Note] (October 2016 - January 2017)		
	I (a)	**II (b)**	**% (a)/(b)**	**I (c)**	**II (d)**	**% (c)/(d)**	**I (e)**	**II (f)**	**% (e)/(f)**
Central, Western, Southern and Islands	69	110	63%	88	109	81%	20	107	19%
Eastern and Wan Chai	76	102	75%	81	103	79%	23	103	22%
Kwun Tong	44	66	67%	52	69	75%	31	70	44%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	35	72	49%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	83	133	62%
Sham Shui Po	58	88	66%	56	91	62%	35	91	38%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	52	110	47%
Tuen Mun	47	54	87%	49	54	91%	41	54	76%
Yuen Long	54	59	92%	56	60	93%	32	60	53%
Sha Tin	48	64	75%	49	64	77%	37	64	58%
Tai Po and North	74	92	80%	84	93	90%	74	93	80%
Total:	**705**	**944**	**75%**	**773**	**959**	**81%**	**463**	**957**	**48%**

Note: Service year covers the period from 1 October of the year to 30 September of the following year.

I : No. of participating RCHEs and DEs

II : Total no. of RCHEs and DEs

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2939)

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 public dental services, please advise on:

the expenditure, service districts, number of attendances and manpower required in respect of the Outreach Dental Care Programme for the Elderly in 2016-17.

Asked by: Hon YUNG Hoi-yan (Member Question No. 19)

Reply:

A total of 22 outreach dental teams from 11 non-governmental organisations have been set up to serve elders in residential care homes / day care centres and similar facilities in 18 districts. Each service year of the Outreach Dental Care Programme for the Elderly (ODCP) runs from 1 October of the year to 30 September of the following year. Between 1 October 2015 to 30 September 2016, about 46 300 elders were served under the ODCP.

For the 2016-17 financial year, $44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2946)

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), please advise on the following:

1. What were the districts served by the EHCs, the numbers of enrolment in respect of the EHCs, the average numbers of elders on the waiting list for health assessments and medical consultations in the EHCs, and the average and longest waiting times in the EHCs in 2015-16 and 2016-17? Please provide a breakdown by age group.

2. The number of enrolment in the EHCs was 44 200 in 2016 and the figure increases by over 10% [sic] to 44 700 in 2017. Will additional resources be allocated to cope with the increase? If so, what are the details as well as the manpower and expenditure involved?

Asked by: Hon YUNG Hoi-yan (Member Question No. 23)

Reply:

1. The districts served by the 18 Elderly Health Centres (EHCs) are listed below:

EHC	District
Sai Ying Pun	Central & Western
Shau Kei Wan	Eastern
Wan Chai	Wan Chai
Aberdeen	Southern
Nam Shan	Sham Shui Po
Lam Tin	Kwun Tong
Yau Ma Tei	Yau Tsim Mong
San Po Kong	Wong Tai Sin
Kowloon City	Kowloon City
Lek Yuen	Sha Tin

Shek Wu Hui	North
Tseung Kwan O	Sai Kung
Tai Po	Tai Po
Tung Chung	Islands
Tsuen Wan	Tsuen Wan
Tuen Mun Wu Hong	Tuen Mun
Kwai Shing	Kwai Tsing
Yuen Long	Yuen Long

The number of enrolments in respect of the 18 EHCs by age groups in 2015 and 2016 are 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	1130	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	1141	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 (as at 30 September 2016)***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	355	397	383	350	249	1 734
Shau Kei Wan	472	298	285	376	225	1 656
Wan Chai	1227	740	649	606	339	3 561
Aberdeen	306	330	331	386	260	1 613
Nam Shan	473	376	340	311	223	1 723
Lam Tin	438	343	302	349	236	1 668
Yau Ma Tei	442	340	315	350	261	1 708

San Po Kong	361	314	300	394	242	1 611
Kowloon City	242	256	421	506	239	1 664
Lek Yuen	295	264	353	400	278	1 590
Shek Wu Hui	383	348	280	333	260	1 604
Tseung Kwan O	866	672	663	529	271	3 001
Tai Po	480	296	324	330	191	1 621
Tung Chung	499	482	365	282	116	1 744
Tsuen Wan	553	377	342	333	219	1 824
Tuen Mun Wu Hong	445	382	302	348	180	1 657
Kwai Shing	417	383	354	375	193	1 722
Yuen Long	500	379	329	296	190	1 694
Total	8 754	6 977	6 638	6 854	4 172	33 395

*Provisional figures

The median waiting time in 2015 and 2016 are 16.3 months and 5.2* months respectively. The longest median waiting time in 2015 and 2016 are 34.4 months and 12.0* months respectively. The number of elders on the waiting list for enrolment at each of the 18 EHCs for 2015 and 2016 are listed in the following table. Breakdown by age groups are not available. Medical consultation service is available to all enrolled members at any time.

	Number of elders on the waiting list for enrolment (as at end of year)	
EHC	**2015**	**2016***
Sai Ying Pun	765	837
Shau Kei Wan	988	674
Wan Chai	1 200	1 279
Aberdeen	456	411
Nam Shan	785	153
Lam Tin	363	370
Yau Ma Tei	751	789
San Po Kong	186	299
Kowloon City	430	374
Lek Yuen	386	1 096
Shek Wu Hui	370	375
Tseung Kwan O	1 379	602
Tai Po	644	507
Tung Chung	801	355
Tsuen Wan	994	704
Tuen Mun Wu Hong	1 182	1 386
Kwai Shing	63	206
Yuen Long	696	809
Total	12 439	11 226

*Provisional figures

2. The Department of Health will establish a new clinical team in 2017-18 and another new clinical team in 2018-19 to enhance the service capacity of EHCs. An additional allied health team will also be established in 2017-18 to provide professional support to

the EHCs and the Visiting Health Teams of the Elderly Health Service (EHS). The additional financial provision for EHS as a whole in 2017-18 and 2018-19 are $7.3 million and $10.4 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2950)

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 Student Health Service (SHS), please advise on:

1. the numbers of primary and secondary school students who were eligible to participate in the SHS, the actual number of participating students, the participation rate of the SHS, the unit cost for attendance of each participating student and the total manpower and expenditure involved in 2016-17. Will there be any changes expected in these figures in 2017-18; and

2. whether the effectiveness of the SHS has been reviewed; if so, what is the outcome? Will there be any adjustments made to the SHS in 2017-18; if so, what are the details as well as the manpower and expenditure involved?

Asked by: Hon YUNG Hoi-yan (Member Question No. 22)

Reply:

1. The number of primary and secondary school students eligible to join the Student Health Service (SHS) in 2016-17 school year are around 348 000 and 333 000 respectively. The number of primary and secondary school students participating in SHS are 331 000 (estimate) and 293 000 (estimate) respectively with an enrolment rate of around 95% and 88%.

   The expenditure for SHS for 2016-17 (revised estimate) is $ 216.8 million with a staff establishment of 409 (as at 1 March 2017). The unit cost per attendance under SHS is $580 for 2016-17.

   The financial provision for SHS in 2017-18 is $215.4 million with a staff establishment of 409.

2. The SHS was introduced in 1995-96 school year to provide centre-based disease prevention and health promotion services for primary and secondary school students.

To further address the health needs of adolescent, the Adolescent Health Programme was launched in 2001-02 school year to provide outreach school-based health promotion programmes to secondary students, their parents and teachers. Through service review, evaluation studies and continuous monitoring, a number of improvement measures have been introduced to enhance the quality and effectiveness of the services. In addition to streamlining the services and updating the programme content, new programmes like health education workshop for Primary 3 students, promotion on the healthy use of internet and electronic screen products as well as promotion of mental health, etc. have been introduced. We will continuously monitor the provision and effectiveness of SHS. There will be no substantial change in the services provided by SHS in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2953)

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 in *Matters Requiring Special Attention in 2017-18* under programme (1), the Department of Health will set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Please advise on:

1. whether work on identifying locations for setting up the said testing centre of Chinese medicines has been started, and the locations under consideration as well as the expected service years of the temporary centre;

2. the specific works schedule and the works expenditure involved; and

3. the number and estimated expenditure on remunerations of staff to be working in the testing centre, broken down by grade and rank, as well as their functions and qualifications.

Asked by: Hon YUNG Hoi-yan (Member Question No. 45)

Reply:

1. Before the establishment of the permanent Government Chinese Medicines Testing Institute (GCMTI), the temporary GCMTI is being set up in the Hong Kong Science Park (HKSP) for operation in the interim. The Food and Health Bureau and the Department of Health are currently working with the Planning Department on a site search for the development of the permanent GCMTI. The temporary GCMTI will be in operation until the permanent GCMTI has been established and come into operation. At this stage, we are unable to estimate when the permanent GCMTI will come into operation.

2. The fitting out works of the temporary GCMTI in the HKSP was completed and most of the major equipment have been installed. The temporary GCMTI will come into operation in phases starting from late March 2017. The estimated fitting out costs for setting up the temporary GCMTI is $28.3 million.

3. Details of the civil service posts by function and their salaries in the temporary GCMTI are set out below. The qualification requirement is set with reference to the job nature and level of responsibilities of the respective grades of the civil service posts.

Function / Grade	No. of posts	Annual recurrent cost of civil service posts ($)
Professional support		
Scientific Officer (Medical)	9	7,984,440
Senior Chemist	1	1,363,920
Chemist	1	887,160
Technical support		
Science Laboratory Technologist	1	713,100
Science Laboratory Technician I	1	541,440
Science Laboratory Technician II	2	672,960
Laboratory Attendant	1	212,220
Administrative and general support		
Executive Officer II	1	472,200
Assistant Clerical Officer	1	255,060
Total :	**18**	**13,102,500**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2750)

Head: (48) Government Laboratory

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

Programme: (1) Statutory Testing

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding testing of cigarette samples, please list the actual and estimated numbers of tests performed on electronic cigarette samples in 2015, 2016 and 2017 respectively.

2. Please set out the actual, estimated and revised expenditures on testing of electronic cigarette samples in 2015-16, 2016-17 and 2018-19 respectively.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 13)

Reply:

1. The routine cigarette testing by the Government Laboratory does not include electronic cigarettes. However, the Government Laboratory tested samples for the Department of Health to analyse possible chemicals (including nicotine) in electronic cigarettes. The actual number of samples tested in 2015 and 2016, and the estimated number for 2017 are as follows:

2015 (actual)	2016 (actual)	2017 (estimated)
107	82	40

2. At present, the testing of electronic cigarette samples is not a routine service and the related expenditure cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4145)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 one year, as well as the estimated expenditure for the coming year?

Asked by: Hon CHAN Chi-chuen (Member Question No. 79)

Reply:

The table below sets out the projected total operating expenditure for 2016-17 (based on expenditure as at 31 December 2016) 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 2016) of each hospital / institution managed by the Hospital Authority (HA) in 2016-17.

Cluster	Hospital / Institution	2016-17		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
HKEC	Cheshire Home, Chung Hom Kok	103	271	0
	Pamela Youde Nethersole Eastern Hospital	4,170	64 391	47 131
	Ruttonjee and Tang Shiu Kin Hospitals	1,244	19 706	2 215
	St. John Hospital	82	610	2 511
	Tung Wah Eastern Hospital	403	3 922	2 030
	Wong Chuk Hang Hospital	104	120	3

Cluster	Hospital / Institution	2016-17		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
HKWC	The Duchess of Kent Children's Hospital at Sandy Bay	213	1 976	1 110
	Tung Wah Group of Hospitals Fung Yiu King Hospital	174	2 189	2
	Grantham Hospital	514	6 277	6 017
	MacLehose Medical Rehabilitation Centre	103	737	5
	Queen Mary Hospital and Tsan Yuk Hospital (Note 1)	5,319	70 563	49 579
	Tung Wah Hospital	568	6 828	13 547
KCC (Note 3)	Hong Kong Buddhist Hospital	262	4 342	1 887
	Hong Kong Eye Hospital	262	568	5 352
	Hong Kong Red Cross Blood Transfusion Service	350		- (Note 2)
	Kowloon Hospital	1,261	12 501	616
	Queen Elizabeth Hospital	5,610	86 522	54 956
KEC	Haven of Hope Hospital	448	5 328	86
	Tseung Kwan O Hospital	1,659	33 401	16 093
	United Christian Hospital	3,913	62 866	29 270
KWC (Note 3)	Caritas Medical Centre	2,037	35 939	11 273
	Kwai Chung Hospital	1,139	3 356	28
	Kwong Wah Hospital	2,541	50 860	22 919
	North Lantau Hospital	394	1 886	1 287
	Our Lady of Maryknoll Hospital	570	5 816	3 720
	Princess Margaret Hospital	4,044	71 421	43 298
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	425	5 929	734
	Yan Chai Hospital	1,619	36 362	6 642
NTEC	Alice Ho Miu Ling Nethersole Hospital	1,554	24 717	21 859
	Bradbury Hospice	47	413	2
	Cheshire Home, Shatin	121	175	1
	North District Hospital	1,584	28 146	7 041
	Prince of Wales Hospital	4,932	69 885	59 525
	Shatin Hospital	569	6 389	30
	Tai Po Hospital	610	7 731	26
NTWC	Castle Peak Hospital	1,014	2 095	12
	Pok Oi Hospital	1,208	23 031	15 130
	Siu Lam Hospital	228	395	11
	Tin Shui Wai Hospital	154		- (Note 4)

Cluster	Hospital / Institution	2016-17		
		Projected total operating expenditure ($ million)	Number of IP D&D	Number of DP D&D
	Tuen Mun Hospital	5,106	84 798	46 684

The budget allocation to individual hospitals for 2017-18 is being worked out and hence is not yet available.

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

It should be noted that HA hospitals and clinics are organised into 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, 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 Department or those who have stayed for more than one day. The calculation 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 Red Cross Blood Transfusion Service is mainly responsible for ensuring that sufficient supplies of safe and high-quality blood and blood components are available for local transfusion therapy patients and therefore has no inpatient beds.

3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

4. Tin Shui Wai Hospital has commenced patient services in phases and therefore no discharges and deaths during 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. 4176)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding psychiatric services, please advise on:

1. the number of psychiatric patients by the seriousness of their conditions in the past 3 years;
2. the number of psychiatric doctors, nurses, community nurses and allied health professionals by hospital cluster in the past 3 years; and
3. the average waiting time for first appointment at psychiatric specialist out-patient clinics by year and hospital cluster in the past 3 years.

Asked by: Hon CHAN Chi-chuen (Member Question No. 139)

Reply:

(1)
The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in the Hospital Authority (HA) in 2014-15, 2015-16 and 2016:

Year	Total number of psychiatric patients treated	Number of patients diagnosed with SMI
2014-15	217 400	47 500
2015-16	228 700	48 200
2016 (January - December) [Provisional figures]	237 200	48 800

Note: Figures are rounded to the nearest hundred.

(2) & (3)

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 2014-15 to 2016-17):

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]
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 March 2016)						
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] (as at 31 December 2016)						
HKEC	34	242	8	8	N/A	19
HKWC	28	113	8	6	N/A	21
KCC	35	236	11	10	N/A	26
KEC	38	141	16	11	N/A	20
KWC	72	654	23	26	N/A	70
NTEC	65	372	20	15	N/A	40
NTWC	84	716	49	13	N/A	60
Overall	**356**	**2 473**	**135**	**89**	**243**	**256**

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.

6. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.
7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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 cluster from 2014-15 to 2016-17 (up to 31 December 2016):

2014-15

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

2015-16

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	320	<1	850	3	2 300	10
HKWC	690	<1	850	3	3 500	76
KCC	100	<1	890	3	1 640	16
KEC	450	<1	1 920	4	4 740	54
KWC	310	<1	630	3	13 200	12
NTEC	1 360	1	2 460	4	5 600	53
NTWC	460	<1	1 780	6	4 230	46
Overall	3 680	<1	9 390	4	35 200	22

2016-17 (up to 31 December 2016) [provisional figures]

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	220	1	600	3	1 970	15
HKWC	380	1	630	3	2 480	39
KCC[3]	100	<1	600	3	1 120	23
KEC	300	1	1 270	5	4 000	12
KWC[3]	240	<1	540	3	10 330	11
NTEC	900	1	2 020	4	4 060	78
NTWC	430	1	1 320	7	3 250	37
Overall	2 570	1	6 980	4	27 200	19

Note:

1. Figures are rounded to the nearest ten.
2. Individual figures may not add up to the total due to rounding.
3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4180)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

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

In this regard, please advise on the services of the Food and Health Bureau affected by the measures to contain expenditure in 2017-18 and the details of the expenditure involved.

Asked by: Hon CHAN Chi-chuen (Member Question No. 145)

Reply:

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

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

On the other hand, the Health Branch will continue to enhance a number of medical and healthcare initiatives in 2017-18, such as additional funding for research projects and facilities in areas of advanced medical research and implementing various measures to cope

with the growth in demand for hospital services. To this end, provision for 2017-18 is $1,933 million (3.6%) higher than the revised estimate for 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4194)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 163)

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, hence statistics on the number of babies born with ambiguous genitalia in the Hospital Authority (HA) is 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 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) were nine, seven and three 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. 5491)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please give the reasons why restraints are applied to persons under 18 in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 6057)

Reply:

The Hospital Authority (HA) has a central guideline specifying the safety principles in the use of restraint devices for restricting a person's movement. Based on risk assessment, the attending paediatrician of the clinical team would document the reasons and decision for restraint on the medical record.

The best interest of the child is the primary objective and the guiding principles are summarized as follows:

a. Protect the child from foreseeable and avoidable harm to self or others.
b. Use physical restraint only as the last resort when other care alternatives have failed or are not available.
c. Monitor the child's condition closely and document the observations.
d. Provide care to meet the activities of daily living of child.
e. Maintain the shortest duration and change to less restrictive device or care alternatives if appropriate.

HA does not centrally collate the reason for using restraint devices on patients below age 18 and such information are not readily available.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5492)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide 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. 6058)

Reply:

Whilst Hospital Authority (HA) does not have the requested statistics, in a survey conducted in all HA Paediatric units in June 2016, there were 61 children who were medically fit for discharge but overstaying in hospitals. The average length of overstaying was 42 days at the time of the survey. A follow-up survey indicated that 59 out of the 61 children had been discharged from the hospitals and the average length of overstaying of the discharged cohort was 74 days.

HA conducted the survey on overstaying children again from 18 December 2016 to 31 December 2016. The result indicated that 43 children were overstaying and the average length of overstay was 58 days.

Most of the overstaying children were below 6 years of age.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5493)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What was the total number of persons aged under 18 who were hospitalized unnecessarily due to problems in residential placement for the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 6059)

Reply:

The Hospital Authority (HA) does not maintain statistics on the number of children below 18 years old overstaying in hospital due to placement problem in the past 5 years. 2 surveys have been conducted by HA in June 2016 and December 2016, indicating a total number of 38 and 36 children overstaying in HA Paediatric Units due to placement problem respectively.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5500)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding rare diseases, would the Government please advise on:

1. the amount of dedicated funding allocated to the Hospital Authority for rare diseases in the past 5 years;
2. whether there are plans to expand the current 6 enzyme disorder drugs and 2 rare cancer drugs to cover more other rare diseases. If yes, what are the details? If not, what are the reasons?
3. whether a registry of patients with rare diseases will be created;
4. the expenditure involved in the pilot screening programme for newborn babies for inborn errors of metabolism, the number of beneficiaries and whether the screening programme will be expanded; and
5. whether the "Rare-disease Patient Whole-person Case Manager" service will be provided to take care of patients' whole-person support needs in terms of healthcare, follow-up consultation, rehabilitation, schooling, employment, marriage, community life and mental health.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 6091)

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. Currently, 22 patients with 6 types of lysosomal storage disorders are receiving enzyme replacement therapy in Hospital Authority (HA) under the designated funding. The allocations in the past 5 years are set out below:

2012-13	2013-14	2014-15	2015-16	2016-17
$45 million	$45 million	$55 million	$75 million	$75 million

(2) and (3)

Currently, there is no common definition of rare diseases available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. At present, HA does not adopt any definition of rare diseases.

HA has an established mechanism to regularly evaluate new drugs and review existing drugs in the HA Drug Formulary. The process follows the core values of evidence-based practice, rational use of public resources, targeted subsidy and opportunity cost consideration. The safety, efficacy and cost-effectiveness of drugs would be carefully considered, having regard to other relevant factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups.

HA places high importance in providing optimal care for all patients while ensuring optimal and rational use of public public resources. 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 and VI. An independent expert panel would assess the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Review is conducted annually. Patients who meet specific clinical criteria would be provided with the treatment at standard fees and charges by HA at a highly subsidised rate.

In 2017-18, the Government will invite the Community Care Fund to consider implementing a pilot scheme of providing drug subsidies to eligible patients for use of ultra-expensive drugs, including those for treating uncommon disorders.

HA will pay close attention to the latest published evidence on treatment of uncommon disorders in the international medical sector, as well as development of health policy in the management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(4)

HA and the Department of Health (DH) jointly launched in 2 public birthing hospitals (Queen Elizabeth Hospital and Queen Mary Hospital) a 18-month Pilot Study of Newborn Screening for Inborn Errors of Metabolism (IEM) on 1 October 2015. As at 31 January 2017, more than 13 600 newborn babies were screened. As the Pilot Study has proven effective, the Government will regularize the IEM screening service for newborns in the above 2 public birthing hospitals after completion of the Pilot Study and extend the screening service to cover other public hospitals with maternity service in phases from the second half of 2017-18.

HA was allocated a funding of $26.8 million 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, surgical treatment and bone marrow transplant, 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 -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5637)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the average, longest and shortest waiting time for 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 on the number of attendances and the number of patients on the waiting list for child and adolescent psychiatric services in each hospital cluster in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 3036)

Reply:

The tables below set out the median waiting time for child and adolescent (C&A) psychiatric specialist outpatient (SOP) new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in each cluster under the Hospital Authority (HA) from 2012-13 to 2016-17 (up to 31 December 2016):

2012-13

Cluster	**Median waiting time (weeks)**		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	3	18
HKWC[1]			
KCC[2]	1	2	51
KWC[2]			
KEC	<1	3	52
NTEC	<1	4	29
NTWC	<1	3	12

2013-14

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	2	31
HKWC[1]			
KCC[2]	<1	2	59
KWC[2]			
KEC	<1	2	62
NTEC	<1	3	57
NTWC	1	4	28

2014-15

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	<1	2	70
HKWC[1]			
KCC[2]	1	3	40
KWC[2]			
KEC	1	3	73
NTEC	1	5	49
NTWC	<1	4	62

2015-16

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	2	3	95
HKWC[1]			
KCC[2]	1	4	41
KWC[2]			
KEC	1	5	83
NTEC	1	5	84
NTWC	Not Applicable[3]	1	86

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. There were no "Priority 1" new cases in NTWC in 2015-16.

2016-17 (up to 31 December 2016) [provisional figures]

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	3	90
HKWC[1]			
KCC[2]	1	4	49
KWC[2]			
KEC	1	4	95
NTEC	1	3	136
NTWC	Not Applicable[3]	5	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. There were no "Priority 1" new cases in NTWC in 2016-17 (up to 31 December 2016).

The table below sets out the 90th percentile waiting time of C&A psychiatric new cases in each cluster under the HA from 2012-13 to 2016-17 (up to 31 December 2016). HA has not compiled statistics on the shortest SOP waiting time of new cases.

Cluster	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
HKEC[1] / **HKWC**[1]	75	100	129	171	136
KCC[2] / **KWC**[2]	89	96	72	72	70
KEC	82	93	99	99	101
NTEC	101	113	123	128	166
NTWC	23	50	80	104	100

Note: HA uses 90th percentile to denote the longest waiting time for SOP service.

The table below sets out the number of C&A psychiatric patients treated in each hospital cluster of HA in 2012-13, 2013-14, 2014-15, 2015-16 and 2016. The number of patients on waiting lists of C&A psychiatric SOP clinics is not available.

Cluster	Number of C&A psychiatric patients [3,4]				
	2012-13	2013-14	2014-2015	2015-2016	2016 (January – December) [Provisional figures]
HKEC[1] / HKWC[1]	3 900	4 250	4 450	4 880	5 250
KCC[2] / KWC[2]	6 170	6 990	8 180	8 990	9 290
KEC	3 160	3 540	3 920	4 340	4 690
NTEC	4 820	5 340	5 840	6 370	6 680
NTWC	3 960	4 170	4 210	4 360	4 510
Overall[5]	**21 870**	**24 150**	**26 470**	**28 810**	**30 310**

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 patients aged below 18 (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. Sum of clusters may not add up to total as a patient may be treated in more than one cluster.

Abbreviations

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5657)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

According to paragraph 169 of the Budget Speech, the Government will "recruit more healthcare staff, enhance service and improve waiting time through such initiatives as increasing the number of hospital beds, and the quota for general out-patient consultation, augmenting the service capacity of specialist out-patient clinics and Accident and Emergency Departments, strengthening psychiatric healthcare manpower, and expanding clinical pharmacy, drug reconciliation and consultation services". Would the Government please advise on the following:

1. In view of the above increase in resources, will the Government introduce evening psychiatric outpatient services to meet the service demand? If yes, what are the plans and timetable? If not, what are the reasons?

2. Please provide a breakdown of the number of psychiatrists for the mentally handicapped by HA hospitals. Does the HA plan to increase the number of psychiatrists for the mentally handicapped? If yes, what are the plans and timetable? If not, what are the reasons?

3. Regarding the psychiatric services for the mentally handicapped, what is the existing ratio of psychiatrists to patients at the HA hospitals?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 3061)

Reply:

(1)

The Hospital Authority (HA) provides multi-disciplinary services to psychiatric patients according to their clinical needs in its psychiatric Specialist Out Patient (SOP) clinics (SOPCs). As the routine day time SOPCs can provide comprehensive multi-disciplinary support (including support from allied health professionals and social workers) and the

establishment of evening clinic will inevitably deploy resources from daytime SOPCs thus affecting services to psychiatric patients as a whole, HA at present has no plan to provide psychiatric SOP services at evening or on public holidays. HA has nevertheless set up designated depot clinics in all the seven clusters to provide depot injection treatment during non-office hours to facilitate patients in need.

(2) & (3)

HA delivers mental health services, including mental health services for mentally handicapped, 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 for mentally handicapped in HA also support other related 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 working in psychiatric stream in HA in the past three years (from 2014-15 to 2016-17):

Cluster[3]	**Psychiatric doctors[1 & 2]**		
	2014-15 (as at 31 March 2015)	**2015-16 (as at 31 March 2016)**	**2016-17* (as at 31 December 2016)**
HKEC	36	36	34
HKWC	24	26	28
KCC	36	35	35
KEC	35	37	38
KWC	71	77	72
NTEC	58	63	65
NTWC	74	71	84
Overall	**333**	**344**	**356**

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. Starting from 2016-17, psychiatric doctors also include doctors working in Siu Lam Hospital.
3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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 -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6037)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information:

1. details of all infirmaries in Hong Kong, including their locations, the types of services provided, the age groups of the patients served, and the number of service quotas available;
2. the number of persons with severe intellectual disability aged 6 or below who were admitted to hospitals or infirmaries for a prolonged period (a consecutive stay of 3 months or more) in the past 5 years;
3. the number of persons with severe intellectual disability aged between 6 and 19 who were admitted to hospitals or infirmaries for a prolonged period (a consecutive stay of 3 months or more) in the past 5 years;
4. the number of follow-up attendances of persons with severe intellectual disability at various departments of public hospitals in the past 5 years; and
5. staffing establishment of Siu Lam Hospital, the number of patients on its waiting list, the number of inpatient deaths, the number of admissions, and the waiting time in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2243)

Reply:

(1)

The Hospital Authority (HA) infirmary service aims to cater for elders or disabled persons fully dependent on others in carrying out activities of daily living and having health conditions that require prolonged medical care. As at end December 2016, there are a total of 2 041 infirmary beds in HA.

The table below sets out the number of infirmary beds in HA by clusters as at 31 December 2016:

Cluster	No. of infirmary beds[1] (as at 31 December 2016)
HKEC	627
HKWC	200
KCC[2]	118
KEC	116
KWC[2]	328
NTEC	517
NTWC	135
Overall	2 041

Note:

1. Territory-wide infirmary and rehabilitation inpatient services provided in HA for patients with severe and profound intellectual disability are excluded.
2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

HA does not have information on all infirmary facilities in Hong Kong.

(2) & (3)

At present, HA also has a total of 680 beds providing territory-wide infirmary and rehabilitation inpatient service for patients with severe and profound intellectual disability, including 160 beds in the KWC for children, and 520 beds in the NTWC for adults.

The table below sets out the number of patients with severe and profound intellectual disability who stayed for longer than three months in HA's infirmary and rehabilitation services in the past five years:

Year	**No. of patients with severe and profound intellectual disability**	
	0-5 years old	**6-19 years old**
2012-13	15	94
2013-14	25	78
2014-15	23	70
2015-16	22	69
2016 (January – December) [Provisional figures]	17	74

(4)

Patients with severe and profound intellectual disability may consult a variety of specialist services for follow-up depending on their clinical needs. HA does not have readily available breakdown on the follow-up attendances of these patients.

(5)

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list, the number of inpatient deaths, the number of admissions and the median waiting time for the territory-wide infirmary and rehabilitation inpatient service in Siu Lam Hospital (SLH) in the past five years:

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
No. of patients on active central waiting list	37 (as at 31 March 2013)	34 (as at 31 March 2014)	27 (as at 31 March 2015)	19 (as at 31 March 2016)	1^ (as at 31 December 2016)
No. of inpatient deaths	0	0	0	0	0
No. of inpatient admissions	439	439	496	474	387
Median waiting time (months)	24.3	26.8	23.9	23.5	17.5

^An additional 20 beds have been put into operation in December 2016.

SLH, under the management of NTWC of HA, provides infirmary and rehabilitation services for adult patients with severe and profound learning disability using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists, etc. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals usually provide support for a variety of psychiatric services, HA does not have the requested breakdown on the manpower for supporting SLH only.

The table below sets out the number of psychiatric doctors, psychiatric nurses, clinical psychologists and occupational therapists working in psychiatric stream in NTWC in the past five years :

Year	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including CPNs)	Clinical Psychologists[1]	Occupational Therapists[1]
2012-13	73	691	11	55
2013-14	77	703	12	55
2014-15	74	700	12	57
2015-16	71	705	12	57
2016-17 (as at 31 December 2016)	84	716	13	60

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in all HA clusters, but 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. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.
3. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital and SLH), nurses working in psychiatric departments of other non-psychiatric hospitals, as well as all other nurses in psychiatric stream.

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. 6122)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 1188)

Reply:

The table below sets out the average cost per patient day by types of beds in the Hospital Authority for the past 10 years.

Year	Average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
2007-08	3,440	1,030	1,720	1,030
2008-09	3,650	1,090	1,890	1,050
2009-10	3,590	1,130	1,780	1,070
2010-11	3,600	1,130	1,750	1,070
2011-12	3,950	1,270	1,930	1,190
2012-13	4,180	1,360	2,150	1,220
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

Year	Projected average cost per patient day* ($)			
	General (acute & convalescent)	Infirmary	Mentally Ill	Mentally Handicapped
2016-17 (Revised Estimate)	5,170	1,610	2,660	1,680

* Average cost per patient day includes both inpatient and day inpatient services.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6124)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 1189)

Reply:

(a) & (b)

The public healthcare services delivered by the Hospital Authority (HA) are disease-based under various clinical specialties, which cater for the divergent healthcare needs of the population. HA does not organise services on the basis of gender. HA will constantly review both the service demand and supply of public healthcare services having regard to population growth, demographic changes and updates in disease patterns to ensure that any service gaps are addressed as appropriate.

(c)

The Government has established 18 Chinese Medicine Centres for Training and Research (CMCTRs) (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.

Currently, there is no plan to further increase the number of CMCTRs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6137)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 1190)

Reply:

General outpatient services provided by the Hospital Authority are primarily targeted at serving the elderly, the low-income group and the chronically ill. The table below sets out the costs for operating the general outpatient clinics (GOPCs) from 2012-13 to 2017-18.

Year	**GOPC Service Costs ($ million)**
2012-13	2,021
2013-14	2,236
2014-15	2,431
2015-16	2,651
2016-17 (Revised Estimate)	2,827
2017-18 (Estimate)	2,895

The GOPC service costs include direct staff costs (such as doctors and nurses) for providing services to patients; the expenditure incurred for various clinical support services (such as

pharmacy, diagnostic radiology and pathology tests); and other operating costs (such as utility expenses and repair and maintenance of medical equipment).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6197)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

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?

Please provide the information in table form.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1303)

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 2016, 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. 6377)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the number of applications approved under the Samaritan Fund managed by the Hospital Authority and the expenditures incurred in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1902)

Reply:

The tables below set out the number of applications approved and the corresponding amount of subsidy granted under the Samaritan Fund in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016):

Items	**2012-13**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 745	241.6
Non-drugs: Cardiac Pacemakers	547	28.3
Percutaneous Transluminal Coronary Angioplasty (PTCA) and other consumables for interventinal cardiology	1 486	53.9
Intraocular Lens	1 220	1.4
Home use equipment and appliances	39	0.4
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	10	1.5
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	86	1.3
Total	5 134	328.5

Items	2013-14	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 027	280.2
Non-drugs: Cardiac Pacemakers	484	24.3
(PTCA and other consumables for interventinal cardiology	1 571	67.1
Intraocular Lens	1 292	1.8
Home use equipment and appliances	30	0.4
Gamma knife surgeries in private hospital	4	0.4
Harvesting bone marrow in foreign countries	10	2.1
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	72	1.6
Total	5 490	377.9

Items	2014-15	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 230	310.8
Non-drugs: Cardiac Pacemakers	556	32.2
PTCA and other consumables for interventinal cardiology	1 869	103.4
Intraocular Lens	1 133	1.6
Home use equipment and appliances	47	0.6
Gamma knife surgeries in private hospital	1	0.1
Harvesting bone marrow in foreign countries	14	1.4
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	78	1.1
Total	5 928	451.2

Items	**2015-16**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	2 237	317.5
Non-drugs: Cardiac Pacemakers	480	27.2
PTCA and other consumables for interventinal cardiology	1 975	108.7
Intraocular Lens	1 296	1.9
Home use equipment and appliances	27	0.7
Gamma knife surgeries in private hospital	0*	0*
Harvesting bone marrow in foreign countries	30	6.3
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	54	0.7
Total	6 099	463.0

* No application for this item has been received.

Items	**2016-17 (up to 31 December 2016)**	
	Number of applications approved	**Amount of subsidies granted ($ million)**
Drugs	1 876	272.9
Non-drugs: Cardiac Pacemakers	451	26.1
PTCA and other consumables for interventinal cardiology	1 692	96.6
Intraocular Lens	1 049	1.6
Home use equipment and appliances	34	1.0
Gamma knife surgeries in private hospital	2	0.2
Harvesting bone marrow in foreign countries	19	4.8
Myoelectric prosthesis/ custom-made prosthesis/ appliances for prosthetic and orthotic services, physiotherapy and occupational therapy services	51	0.6
Total	5 174	403.8

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6378)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 1903)

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 2016-17 (up to 31 December 2016).

The corresponding catchment districts of HA's clusters are listed below:

- HKEC – Eastern, Wan Chai, Islands (excluding Lantau Island)
- HKWC – Central & Western, Southern
- KCC – Kowloon City, Yau Tsim
- KEC – Kwun Tong, Sai Kung
- KWC – 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

2016-17 (up to 31 December 2016) [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	736	<1	2 519	3	3 910	31
	MED	1 721	1	2 890	6	5 891	25
	GYN	521	<1	693	3	3 219	38
	OPH	4 189	<1	1 630	7	5 233	36
	ORT	1 060	1	1 222	6	5 573	60
	PAE	102	1	734	5	208	12
	PSY	223	1	601	3	1 967	15
	SUR	1 250	1	3 490	7	6 637	37
HKWC	ENT	417	<1	1 371	4	4 132	14
	MED	1 405	<1	1 619	4	7 080	30
	GYN	1 342	<1	860	5	3 703	29
	OPH	2 535	<1	1 309	4	3 056	37
	ORT	602	<1	1 201	3	6 206	22
	PAE	487	<1	726	4	1 016	13
	PSY	375	1	625	3	2 478	39
	SUR	1 862	<1	2 307	5	7 945	17
KCC	ENT	1 025	<1	878	4	9 568	28
	MED	1 065	1	1 564	4	7 268	69
	GYN	304	<1	1 425	6	2 603	36
	OPH	6 240	<1	4 058	2	9 686	78
	ORT	250	1	738	3	5 663	60
	PAE	646	1	601	6	828	13
	PSY	102	<1	601	3	1 120	23
	SUR	1 493	1	2 207	5	10 817	44
KEC	ENT	1 331	<1	1 931	4	4 632	86
	MED	1 271	1	4 001	6	10 435	73
	GYN	1 115	1	793	6	5 026	32
	OPH	4 550	<1	199	6	9 469	12
	ORT	2 852	<1	3 031	7	7 876	49
	PAE	966	<1	586	4	2 037	13
	PSY	302	1	1 274	5	4 004	12
	SUR	1 582	1	5 331	7	13 369	25

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	2 892	<1	3 022	5	8 968	46
	MED	1 906	<1	4 920	4	16 416	60
	GYN	932	<1	2 248	6	9 286	24
	OPH	5 417	<1	4 787	2	6 092	50
	ORT	2 799	1	3 699	4	11 805	71
	PAE	2 122	<1	829	6	3 428	12
	PSY	241	<1	542	3	10 332	11
	SUR	2 906	1	6 588	6	22 428	33
NTEC	ENT	3 250	<1	2 919	3	6 809	36
	MED	2 418	<1	2 604	6	13 042	70
	GYN	1 535	<1	693	6	6 759	56
	OPH	6 077	<1	3 672	4	7 884	53
	ORT	4 455	<1	1 644	5	12 100	127
	PAE	172	<1	444	4	2 901	11
	PSY	896	1	2 017	4	4 055	78
	SUR	1 608	<1	2 887	5	16 558	38
NTWC	ENT	2 057	<1	1 320	4	7 319	70
	MED	1 299	1	2 923	5	5 756	50
	GYN	893	1	206	5	4 357	30
	OPH	7 238	<1	2 542	4	5 772	36
	ORT	1 413	1	1 246	4	7 722	71
	PAE	92	1	461	7	1 483	20
	PSY	432	1	1 315	7	3 245	37
	SUR	1 372	1	2 837	5	13 844	56

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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

Cluster:
HKEC – Hong Kong East Cluster

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6587)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide information on the utilisation of the Easy-Access Transport Service (ETS), including the number of registered members, number of users, utilisation rate, number of unsuccessful requests and the waiting time, in the past 5 years.

2. To ensure the best use of resources, does the Government have any plan to relax the restriction on the use of the ETS so that 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. 1983)

Reply:

(1) & (2)

The Easy-Access Transport Service (ETS) under the Hospital Authority (HA) is operated by the Hong Kong Society for Rehabilitation to provide transport service 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
2012-13	160 879	151 603	14 212
2013-14	170 004	143 360	12 868
2014-15	178 764	148 319	9 037
2015-16	187 286	156 374	6 976
2016-17	194 620 (as at December 2016)	157 800 (projected as at December 2016)	9 900 (projected as at December 2016)

Information on the waiting time is not available.

HA has enhanced ETS by adding 1 ETS bus and replacing 2 ETS buses in November 2016 to meet growing service demand which can in turn reduce the number of 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 the ETS under HA provides transport services for elderly HA patients aged 60 or above with minor mobility-disability mainly to attend geriatric day hospitals and out-patient clinics in HA. HA will continue to monitor the provision of ETS and explore new measures to provide transport support for frail patients or patients with disability to attend day rehabilitation programmes, thereby facilitating their early discharge from hospital and recovery in the community.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6593)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower planning of allied health (AH) professionals, would the Government please advise on the following:

1. The employment status of AH professionals in the past 5 years, including the statistics of AH professionals employed by the Government, subvented organisations and private sector, the attrition rates of those working for the Government and subvented organisations, and their average length of service.
2. With an ageing population, the demand for healthcare and social services will only get stronger over time. What is the Government's projection of the demand for AH professionals for various services in the next decade? Can the demand be met under the existing Government policies?
3. How many AH professional positions and vacancies are there in the whole sector?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1986)

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 personnel practising in Hong Kong. According to the 2014 HMS on the 16 types of healthcare personnel included in the health services functional constituency and the 2014 HMS on medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers, the estimated distribution of allied health personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following tables –

Healthcare Personnel	Number of Healthcare Personnel❖*	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Audiologist	93	25.8%	7.5%	5.4%	-	61.3%
Audiology Technician	31	19.4%	-	6.5%	-	74.2%
Chiropodist / Podiatrist	63	57.1%	-	3.2%	-	39.7%
Clinical Psychologist	515	27.6%	24.1%	8.9%	3.7%	35.7%
Dental Hygienist	332	-	2.7%	-	5.4%	91.9%
Dental Surgery Assistant	3 727	0.3%	8.3%	1.2%	3.8%	86.4%
Dental Technician / Technologist	354	0.8%	13.3%	-	8.5%	77.4%
Dental Therapist	284	-	100.0%	-	-	-
Dietitian	387	34.9%	4.4%	5.9%	0.8%	54.0%
Dispenser	2 201	51.3%	2.7%	3.8%	0.3%	41.8%
Educational Psychologist	246	-	19.1%	25.6%	28.5%	26.8%
Mould Laboratory Technician	46	56.5%	-	-	-	43.5%
Orthoptist	59	25.4%	3.4%	-	-	71.2%
Prosthetist / Orthotist	165	76.4%	-	0.6%	1.2%	21.8%
Scientific Officer (Medical)	224	25.9%	49.1%	-	12.5%	12.5%
Speech Therapist	641	12.8%	3.4%	40.4%	8.0%	35.4%

Healthcare Personnel	Number of registered healthcare personnel❖+	Service Sector				
		Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2014 HMS						
Medical Laboratory Technologist	3 084	46.2%	9.0%	8.4%		36.3%
Occupational Therapist	1 608	49.8%	2.8%	32.0%	4.9%	10.5%
Optometrist	2 097	3.3%	5.4%			91.4%
Physiotherapist	2 538	38.5%	1.3%	15.9%	3.4%	40.8%
Radiographer (Diagnostic)	1 649	50.6%	6.1%			43.3%
Radiographer (Therapeutic)	318	59.6%	-		40.4%	

Notes：

❖ To tally with the HMS, the number of healthcare personnel is provided as at the respective reference date of the survey.

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

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

We do not have information on the attrition rates of allied health professionals in the subvented and private sectors. For those employed by the DH and the Hospital Authority, the attrition rates range between 1% to 13% in 2016.

(2) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations upon consultation with stakeholders.

(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 2017-18 Reply Serial No.

FHB(H)277

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6607)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. Please tabulate the wastage rates (including attrition and retirement) of government doctors in each specialty and cluster in the past 5 financial years.

2. Please advise on the ratios of doctors (in both public and private sectors) to population by cluster, as well as the ratio of the total number of doctors to population.

3. Is there any long term plan to increase the ratio of health professionals (including doctors, nurses and therapists) to population? If yes, what are the timetable and targets? What benchmarks or which countries' experience will the Government make reference to?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2219)

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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17.

Cluster	Major Specialty	Full-time Attrition Rate				
		2012-13	2013-14	2014-15	2015-16	2016-17 (Rolling 12 months from 1 January to 31 December 2016)
HKEC	Accident & Emergency	1.9%	3.7%	1.8%	1.8%	3.5%
	Anaesthesia	3.1%	12.8%	13.0%	3.0%	5.9%
	Family Medicine	-	3.7%	3.8%	3.7%	5.5%
	Intensive Care Unit	-	-	-	-	-
	Medicine	2.7%	2.7%	4.0%	1.3%	6.4%
	Neurosurgery	9.8%	-	-	9.2%	-
	Obstetrics & Gynaecology	-	4.5%	4.9%	12.1%	25.1%

Cluster	Major Specialty	Full-time Attrition Rate				
		2012-13	2013-14	2014-15	2015-16	2016-17 (Rolling 12 months from 1 January to 31 December 2016)
	Ophthalmology	10.5%	-	10.5%	5.4%	5.2%
	Orthopaedics & Traumatology	3.2%	-	3.0%	16.5%	-
	Paediatrics	13.8%	9.6%	-	3.6%	3.5%
	Pathology	5.2%	5.1%	10.5%	-	10.3%
	Psychiatry	3.1%	2.9%	6.0%	-	8.9%
	Radiology	2.7%	11.1%	2.6%	7.9%	5.1%
	Surgery	8.3%	10.7%	4.2%	2.0%	6.1%
	Others	8.1%	3.8%	-	7.3%	3.6%
	Total	**3.9%**	**4.8%**	**4.2%**	**3.8%**	**5.7%**
HKWC	Accident & Emergency	-	-	3.8%	16.1%	3.6%
	Anaesthesia	3.6%	10.6%	8.3%	7.7%	2.9%
	Cardio-thoracic Surgery	-	-	9.4%	-	-
	Family Medicine	2.5%	-	4.8%	4.7%	4.8%
	Intensive Care Unit	-	-	7.1%	14.5%	6.7%
	Medicine	6.1%	3.8%	6.0%	6.6%	6.5%
	Neurosurgery	-	8.2%	-	7.8%	-
	Obstetrics & Gynaecology	11.3%	3.8%	7.7%	3.9%	4.0%
	Ophthalmology	-	8.3%	16.4%	7.1%	-
	Orthopaedics & Traumatology	3.3%	-	13.2%	6.6%	3.1%
	Paediatrics	5.1%	2.3%	2.2%	6.4%	10.2%
	Pathology	7.7%	16.8%	-	-	-
	Psychiatry	12.1%	12.7%	-	12.5%	3.9%
	Radiology	2.7%	2.7%	11.3%	10.7%	11.0%
	Surgery	6.4%	6.6%	6.5%	5.1%	5.1%
	Others	3.7%	7.5%	-	10.6%	3.5%
	Total	**4.9%**	**5.1%**	**6.0%**	**7.2%**	**5.1%**
KCC	Accident & Emergency	10.9%	2.5%	10.1%	4.6%	6.5%
	Anaesthesia	-	1.9%	1.8%	1.7%	5.2%
	Cardio-thoracic Surgery	-	-	-	6.4%	-
	Family Medicine	3.9%	1.9%	3.8%	1.8%	5.3%
	Intensive Care Unit	-	-	-	9.6%	-
	Medicine	2.8%	3.5%	3.5%	0.7%	1.3%
	Neurosurgery	5.1%	9.8%	5.1%	4.8%	-
	Obstetrics & Gynaecology	3.7%	-	11.2%	25.5%	4.2%
	Ophthalmology	5.4%	14.3%	5.7%	5.5%	8.3%
	Orthopaedics & Traumatology	5.7%	8.8%	8.6%	5.2%	7.8%
	Paediatrics	2.8%	-	4.8%	4.6%	-
	Pathology	7.3%	-	3.3%	10.7%	3.4%
	Psychiatry	-	6.2%	3.0%	3.0%	9.2%
	Radiology	-	6.7%	8.9%	-	4.4%
	Surgery	1.9%	3.7%	5.5%	-	3.2%
	Others	7.0%	2.4%	7.2%	4.5%	2.2%
	Total	**3.5%**	**3.9%**	**5.1%**	**3.7%**	**3.8%**
KEC	Accident & Emergency	3.5%	3.5%	3.4%	6.7%	6.3%
	Anaesthesia	7.7%	2.5%	-	10.1%	7.0%
	Family Medicine	3.5%	7.0%	4.8%	3.4%	6.8%
	Intensive Care Unit	-	-	-	-	-
	Medicine	6.1%	1.5%	2.1%	4.0%	3.9%
	Neurosurgery	-	-	-	-	-
	Obstetrics & Gynaecology	7.3%	-	11.3%	7.5%	3.8%
	Ophthalmology	16.2%	16.7%	5.4%	-	4.8%
	Orthopaedics & Traumatology	2.6%	5.0%	4.9%	2.3%	9.1%
	Paediatrics	5.3%	7.8%	2.5%	2.5%	-
	Pathology	-	5.5%	-	15.1%	25.8%
	Psychiatry	-	2.9%	-	2.9%	5.5%
	Radiology	8.3%	4.0%	-	6.8%	-
	Surgery	5.3%	5.4%	5.4%	3.3%	4.7%
	Others	-	-	-	3.5%	3.4%
	Total	**4.8%**	**4.1%**	**3.0%**	**4.6%**	**5.4%**
KWC	Accident & Emergency	8.7%	2.7%	3.2%	2.4%	3.8%
	Anaesthesia	7.5%	2.4%	7.2%	4.7%	5.8%
	Family Medicine	8.3%	2.7%	3.3%	4.4%	6.8%

Cluster	Major Specialty	Full-time Attrition Rate				
		2012-13	2013-14	2014-15	2015-16	2016-17 (Rolling 12 months from 1 January to 31 December 2016)
	Intensive Care Unit	-	-	12.1%	2.7%	2.6%
	Medicine	3.2%	3.5%	1.7%	5.7%	4.6%
	Neurosurgery	4.6%	-	12.8%	-	-
	Obstetrics & Gynaecology	-	2.0%	14.5%	6.3%	4.1%
	Ophthalmology	4.4%	-	4.3%	8.5%	4.3%
	Orthopaedics & Traumatology	2.7%	4.0%	1.3%	5.3%	6.5%
	Paediatrics	5.6%	1.3%	2.5%	3.6%	3.6%
	Pathology	4.3%	4.3%	4.1%	7.9%	3.9%
	Psychiatry	5.9%	2.9%	7.3%	1.4%	5.4%
	Radiology	5.5%	9.2%	3.4%	11.4%	11.8%
	Surgery	7.0%	1.7%	5.0%	3.3%	3.2%
	Others	2.1%	2.0%	2.3%	7.3%	7.2%
	Total	**5.1%**	**2.9%**	**4.2%**	**4.8%**	**5.0%**
NTEC	Accident & Emergency	3.1%	3.3%	-	-	1.5%
	Anaesthesia	1.8%	6.9%	3.3%	1.5%	4.3%
	Cardio-thoracic Surgery	-	17.9%	19.0%	18.2%	20.3%
	Family Medicine	2.3%	7.0%	5.9%	2.3%	5.8%
	Intensive Care Unit	3.8%	-	7.5%	7.3%	3.7%
	Medicine	2.8%	2.7%	5.9%	2.6%	4.1%
	Neurosurgery	13.8%	-	-	-	-
	Obstetrics & Gynaecology	-	17.4%	3.7%	3.6%	3.4%
	Ophthalmology	-	-	-	3.9%	3.8%
	Orthopaedics & Traumatology	3.3%	-	10.7%	1.7%	3.3%
	Paediatrics	5.4%	7.1%	-	1.6%	5.0%
	Pathology	3.1%	-	9.4%	3.0%	5.7%
	Psychiatry	3.3%	3.3%	5.0%	-	-
	Radiology	2.6%	-	-	2.5%	2.6%
	Surgery	-	3.6%	1.2%	2.2%	3.2%
	Others	2.0%	3.8%	3.9%	1.9%	5.6%
	Total	**2.6%**	**3.9%**	**4.2%**	**2.2%**	**3.8%**
NTWC	Accident & Emergency	5.2%	-	-	4.7%	1.5%
	Anaesthesia	4.6%	7.2%	4.9%	2.1%	-
	Cardio-thoracic Surgery	-	-	-	-	-
	Family Medicine	4.2%	5.4%	4.0%	8.0%	5.2%
	Intensive Care Unit	6.0%	10.8%	5.5%	5.7%	-
	Medicine	5.8%	4.0%	3.8%	1.4%	2.0%
	Neurosurgery	-	7.1%	8.0%	-	-
	Obstetrics & Gynaecology	3.3%	10.0%	17.7%	12.3%	-
	Ophthalmology	10.1%	-	4.7%	-	4.4%
	Orthopaedics & Traumatology	9.8%	2.2%	2.1%	-	-
	Paediatrics	8.7%	-	-	5.5%	8.2%
	Pathology	4.9%	15.1%	4.6%	-	4.2%
	Psychiatry	6.6%	2.6%	3.8%	9.0%	3.8%
	Radiology	9.5%	3.0%	3.0%	11.5%	11.8%
	Surgery	5.4%	5.4%	1.7%	7.7%	1.5%
	Others	3.3%	3.2%	3.1%	3.1%	9.1%
	Total	**5.9%**	**4.2%**	**3.7%**	**4.8%**	**3.2%**

(2)

The table below sets out the number and ratio of doctors serving in HA per 1 000 population by cluster in 2016-17 (as at 31 December 2016). The number and ratio of doctors working in the private sector are not available.

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
HKEC	605	0.8	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	659	1.3	Central & Western, Southern

Cluster	Number of doctors and ratio per 1 000 geographical population of catchment districts		Catchment districts
	Doctors	Ratio to overall population	
KCC	747	1.4	Kowloon City, Yau Tsim
KEC	684	0.6	Kwun Tong, Sai Kung
KWC	1 374	0.7	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	Sha Tin, Tai Po, North
NTWC	799	0.7	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	

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 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 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 manpower to population ratios involve the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

6. It should be noted that the ratio of doctors per 1 000 population vary among clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

   (a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors;

   (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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore

been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(3)

To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations upon consultation with stakeholders.

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. 6608)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. What was the average waiting time for different levels of emergency cases at the accident and emergency (A&E) departments in the past 5 financial years?
2. What was the manpower wastage of the A&E departments in the past 5 financial years?
3. Does the Government have any options to address the problems of long waiting time and manpower wastage?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No.2217)

Reply:

1.

The table below sets out the average waiting time for Accident & Emergency (A&E) services in various triage categories at the Hospital Authority (HA) from 2012-13 to 2016-17.

	Average waiting time (minute) for A&E services				
	Triage 1 (Critical)	**Triage 2 (Emergency)**	**Triage 3 (Urgent)**	**Triage 4 (Semi-urgent)**	**Triage 5 (Non-urgent)**
2012-13	0	7	21	90	114
2013-14	0	7	27	106	124
2014-15	0	7	26	110	127
2015-16	0	7	24	108	129
2016-17 (up to 31 December 2016) [Provisional figures]	0	8	24	106	131

2.

The tables below set out the attrition (wastage) number and rate of full-time doctors and nurses in the A&E specialty from 2012-13 to 2016-17.

Full-time	**Attrition (Wastage) Number**				
	2012-13	**2013-14**	**2014-15**	**2016-17**	**2016-17 (Rolling 12 months January - December 2016)**
Doctors	21	10	12	17	17
Nurses	42	37	53	44	54

Full-time	**Attrition (Wastage) Rate**				
	2012-13	**2013-14**	**2014-15**	**2016-17**	**2016-17 (Rolling 12 months January - December 2016)**
Doctors	5.3%	2.4%	2.8%	3.9%	3.7%
Nurses	5.2%	4.3%	5.6%	4.4%	5.1%

The tables below set out the attrition (wastage) number and rate of part-time doctors and nurses in the A&E specialty from 2012-13 to 2016-17.

Part-time	**Attrition (Wastage) Number**				
	2012-13	**2013-14**	**2014-15**	**2016-17**	**2016-17 (Rolling 12 months January - December 2016)**
Doctors	6	7	6	9	9
Nurses	0	0	0	0	0

Part-time	**Attrition (Wastage) Rate**				
	2012-13	**2013-14**	**2014-15**	**2016-17**	**2016-17 (Rolling 12 months January - December 2016)**
Doctors	37.9%	33.2%	23.5%	34.6%	35.4%
Nurses	0%	0%	0%	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) Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

3.

To improve the A&E services, HA has introduced the following measure:

a) Implementing A&E supporting session program to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

b) Augmenting doctor manpower through the following:

   i) extra financial incentives, such as introducing special honorarium scheme, enhancing fixed-rate honorarium and providing leave encashment;

   ii) additional promotion mechanism for promoting frontline doctors with more than 5 years of post-fellowship experience in the specialty and consistently good performance to Associate Consultant;

   iii) appointment of part-time doctors through proactively approaching leaving and retiring doctors for working part-time in A&E departments; 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) Setting up additional observation areas to alleviate the congestion of A&E departments;

e) Rehiring retired doctors, nurses, allied health professionals and supporting 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;

f) Re-engineering the work process for Triage 3 (Urgent) patients aiming for early assessment and intervention; and

g) Stepping up publicity to call on the public to avoid using A&E services in non-emergency situations.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6615)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 provide their respective median waiting time. Please also advise whether the Government has plans to shorten the relevant waiting time.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2223)

Reply:

The tables below set out the median waiting time of Child and Adolescent (C&A) psychiatric specialist outpatient new cases in each cluster under Hospital Authority (HA) triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases from 2012-13 to 2016-17 (up to 31 December 2016):

2012-13

Cluster	**Median waiting time (weeks)**		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	3	18
HKWC[1]			
KCC[2]	1	2	51
KWC[2]			
KEC	<1	3	52
NTEC	<1	4	29
NTWC	<1	3	12

2013-14

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	2	31
HKWC[1]			
KCC[2]	<1	2	59
KWC[2]			
KEC	<1	2	62
NTEC	<1	3	57
NTWC	1	4	28

2014-15

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	<1	2	70
HKWC[1]			
KCC[2]	1	3	40
KWC[2]			
KEC	1	3	73
NTEC	1	5	49
NTWC	<1	4	62

2015-16

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	2	3	95
HKWC[1]			
KCC[2]	1	4	41
KWC[2]			
KEC	1	5	83
NTEC	1	5	84
NTWC	Not Applicable[3]	1	86

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. There were no "Priority 1" new cases in NTWC in 2015-16.

2016-17 (up to 31 December 2016) [provisional figures]

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC[1]	1	3	90
HKWC[1]			
KCC[2]	1	4	49
KWC[2]			
KEC	1	4	95
NTEC	1	3	136
NTWC	Not Applicable[3]	5	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. There were no "Priority 1" new cases in NTWC in 2016-17 (up to 31 December 2016).

The tables below set out the median waiting time of adult psychiatric specialist outpatient new cases in each cluster under HA triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases from 2012-13 to 2016-17 (up to 31 December 2016):

2012-13

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	1	3	8
HKWC	1	3	4
KCC	<1	3	8
KWC	1	5	17
KEC	<1	5	16
NTEC	<1	4	16
NTWC	1	4	13

2013-14

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	1	3	7
HKWC	1	3	5
KCC	<1	4	16
KWC	1	4	17
KEC	1	5	17
NTEC	1	4	26
NTWC	1	5	22

2014-15

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	1	3	9
HKWC	1	3	10
KCC	<1	3	16
KWC	1	5	15
KEC	2	5	18
NTEC	1	4	21
NTWC	1	7	51

2015-16

Cluster	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	<1	3	10
HKWC	<1	3	13
KCC	<1	3	16
KWC	<1	4	15
KEC	<1	3	4
NTEC	1	4	34
NTWC	<1	7	19

2016-17 (up to 31 December 2016) [provisional figures]

Cluster[#]	Median waiting time (weeks)		
	Priority 1	**Priority 2**	**Routine**
HKEC	1	3	14
HKWC	1	3	14
KCC	<1	3	16
KWC	<1	5	5
KEC	<1	3	4
NTEC	<1	4	62
NTWC	1	7	15

Note:

[#] Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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 and KEC in 2015-16 and 2016-17 respectively to provide better support for patients with common mental disorders (CMD). In 2017-18, HA will further enhance its psychiatric SOP services in NTEC by deploying additional manpower.

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. 6631)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 227 of the (2016) Policy Address that the Review Committee on Mental Health has submitted its preliminary recommendations. Please provide the details, resources allocated and expected outcomes of each recommendation concerned.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2267)

Reply:

The Review Committee on Mental Health is finalising its review report which is expected to be published in the 2nd quarter of 2017. After the report is published, relevant Government bureaux/departments will follow up the recommendations of the Review Committee as appropriate. As announced by the Chief Executive in the 2017 Policy Address, a standing advisory committee on mental health will be set up to follow up on the development of mental health services. Support services for the standing advisory committee will be provided through the redeployment of existing manpower resources.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6635)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What was the number of persons newly assessed as with intellectual disability in each of the 18 District Council districts in the past 10 years, and what were their age and sex? (Please list out the information in 4 age groups, every 5 years each starting from the age of 0, by 4 levels of intellectual disability and by orphans, doubly non-permanent residents, non-Chinese speakers and legitimate children of Hong Kong people.)

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2301)

Reply:

The Hospital Authority does not have statistics on the number of persons newly assessed as having intellectual disability in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6644)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the number of cases in which doctors' signatures instead of guardianship orders were administered to conduct medical procedures on disabled persons in the past 10 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2307)

Reply:

In situation where no guardian is appointed for a mentally incapacitated person (MIP), the Mental Health Ordinance provides that a treatment may be carried out by a registered medical practitioner if that treatment is considered necessary and in the best interests of the MIP. The Hospital Authority (HA) does not have statistics on the number of treatments carried out by HA doctors under such circumstances.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6645)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the following:

1. For Siu Lam Hospital, the increase in the number of and total number of patients on the waiting list, their gender and applicants' districts of residence for the past 5 years.
2. The number of in-patients, their average waiting time and gender.
3. The number of deaths, their age and gender.
4. The per capita unit cost.
5. The number of people declining offers and their gender for the past 5 years.
6. The number of people applying for the freeze of placement and their gender.
7. Please list by quarter the age (in 4 age groups with an interval of 5 years starting from the age of 16) of applicants, rejected cases and users of respite service, their respective numbers and districts of residence in the past 10 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2305)

Reply:

(1), (2), (3), (5) and (6)

Siu Lam Hospital (SLH) of the Hospital Authority (HA) provides territory-wide infirmary and rehabilitation inpatient services for adults with severe and profound intellectual disability.

The table below sets out the number of patients with severe and profound intellectual disability on the active central waiting list, number of new applications and number of withdrawals/not-eligible applications; the number of patients with severe and profound intellectual disability on the inactive central waiting list; the number of inpatient deaths, the number of inpatient admissions; and the median waiting time for the territory-wide infirmary and rehabilitation inpatient service in SLH in the past five years. HA does not maintain statistics on the applicants' district of residence.

	2012-13[1]		2013-14		2014-15		2015-16		2016-17 (up to 31 December 2016) [Provisional figures]	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
No. of patients on active central waiting list (as at 31 March)		38	17	17	18	9	16	3	0	1^
No. of new applications	12	13	18	17	10	14	13	7	3	9
No. of withdrawals/ not-eligible applications	0	3	5	4	5	4	7	3	2	0
No. of patients on inactive central waiting list (as at 31 March)		32	23	11	22	13	19	14	24	16
No. of inpatient deaths	0	0	0	0	0	0	0	0	0	0
No. of inpatient admissions	204	235	217	222	252	244	281	193	221	166
Median waiting time (months)		24.3		26.8		23.9		23.5		17.5

Note 1: Breakdown of number of patients on active and inactive central waiting list by gender in 2012-13 is not available.

^ An additional 20 beds have been put into operation in December 2016.

(4)

The table below sets out the average cost per patient day and the average cost per inpatient discharged for providing mentally handicapped service in SLH from 2012-13 to 2015-16. Since the financial year of 2016-17 is not yet completed, corresponding cost information is not yet available.

	2012-13[2]	2013-14	2014-15	2015-16
Average cost per patient day ($)	1,097	1,166	1,259	1,393
Average cost per inpatient discharged ($)	654,301	460,072	443,760	513,913

Note 2: A relocation exercise was conducted in 2012-13 in which 350 cases from the old SLH and 150 cases from Tuen Mun Hospital were moved to the current SLH.

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

Most mentally handicapped patients 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 ten years. Breakdown by gender, age and districts of residence is not available.

	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional figures]
Number of patients received respite care	6	2	1	3	4	2	3	1	1	0

No patients were rejected for application of respite care in SLH in the past ten years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6646)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

1. What were the numbers of qualified practising physiotherapists, occupational therapists, speech therapists, prosthetists-orthotists, nurses and doctors in Hong Kong in the past 10 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. 2310)

Reply:

(1) At present, healthcare professionals from 13 healthcare disciplines are subject to statutory regulation, viz. doctors, dentists, dental hygienists, nurses, midwives, Chinese medicine practitioners, pharmacists, chiropractors, medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers. The table below sets out the number of registered physiotherapists, occupational therapists, nurses and doctors in the past 10 years:

Profession	**Registration Type**	**Position as at 31 December**									
		2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**
Physiotherapist		2 086	2 137	2 202	2 262	2 340	2 428	2 523	2 624	2 762	2 956
Occupational therapist		1 268	1 319	1 354	1 400	1 455	1 517	1 580	1 677	1 783	1 911
Nurse	Registered Nurse	27 769	27 998	29 091	30 288	31 123	32 831	34 597	35 821	37 670	39 178
	Enrolled Nurse	9 196	9 449	9 550	9 723	10 187	10 867	11 249	12 226	12 791	13 211
Doctor	Full Registration	11 961	12 215	12 424	12 620	12 818	13 006	13 203	13 417	13 726	14 013
	Limited Registration	196	197	170	171	162	175	166	146	150	136
	Provisional Registration	334	296	281	283	261	275	299	398	382	379

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

(2) The Department of Health conducts Health Manpower Surveys (HMS) on a regular basis to obtain information on the characteristics and employment status of healthcare personnel practising in Hong Kong. According to the 2013 - 2015 HMS, the estimated distribution of health personnel who were practising in the respective local healthcare professions among different service sectors is set out in the following table -

Survey Year	Healthcare Personnel	Number of Healthcare Personnel❖	Service Sector				
			Hospital Authority	Government	Subvented Sector	Academic Sector	Private Sector
2013	Registered Nurse	34 510†	68.5%	7.3%	4.4%	2.9%	16.9%
2014	Occupational Therapist	1 608‡	49.8%	2.8%	32.0%	4.9%	10.5%
2014	Physiotherapist	2 538‡	38.5%	1.3%	15.9%	3.4%	40.8%
2014	Prosthetist / Orthotist	165*	76.4%	-	0.6%	1.2%	21.8%
2014	Speech Therapist	641*	12.8%	3.4%	40.4%	8.0%	35.4%
2015	Doctor	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%

Notes：

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

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

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

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

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

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)285

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6648)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What was the number of deaths of persons with intellectual disability in each of the 18 District Council districts in the past 10 years, and what were their age and sex? (Please list out 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 orphans, doubly non-permanent residents, non-Chinese speakers and legitimate children of Hong Kong people.)

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2303)

Reply:

The Hospital Authority does not maintain statistics on the number of deaths of persons with intellectual disability in Hong Kong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6649)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 2304)

Reply:

(1) and (2)

Patients with intellectual disability may consult a variety of specialist services for follow-up and receive outreach services provided by various specialties in the Hospital Authority (HA) depending on their clinical needs. The 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 -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6650)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide by public hospital the numbers of patients who used non-emergency ambulance transfer service for follow-up appointments and discharge from hospitals in the past 10 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2308)

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of the Hospital Authority (HA) provides point-to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Eligible patients can book NEATS on a first-come-first-served basis. Patients' eligibility for the service is assessed by clinical staff and HA will endeavour to schedule the vehicles to meet patients' need as far as possible.

The usage rate of NEATS varies among hospitals and clusters. The total number of patient-trips served for outpatient appointments (including specialist outpatient clinics and day rehabilitation services) and discharge in the past 10 years are shown below.

Year	Number of patient-trips served for Outpatient	Number of patient-trips served for Discharge
2007-08	130 269	112 858
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	252 691 (projected as at December 2016)	179 498 (projected as at December 2016)

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6883)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Health and Medical Research Fund, please tabulate the research projects and infrastructure which have received 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. 6092)

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 provides funding support for health and medical research activities, research infrastructure and research capacity building in Hong Kong in various forms, including investigator-initiated research projects, research fellowship and government-commissioned research programmes.

Since the establishment of the HMRF in 2011, commitment under the HMRF is as follows:

	Number of research projects	**Amount (in $million)**
Investigator-initiated research projects	821	727.4
Research fellowship	5	4.9
Government-commissioned research programmes	22	224.9

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 approved funding covered infrastructure and facilities for the purpose of conducting research projects, including 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 (such as liquid chromatography–nuclear mass spectroscopy/mass spectrometry equipment) for experiments.

Thematic priorities of the HMRF also include clinical genetics and clinical trials which cover studies for uncommon disorders as follows:

Clinical Genetics

- Genetic and genomic study of major chronic and hereditary diseases in Hong Kong;
- Genetic counselling; and
- Research on ethical, legal and social issues associated with advances in medical genetics and genomics.

Clinical Trials

- Assessing the safety and effectiveness of a new medication/ new device/ new indication of existing medication or device on a specific group of patients; and
- Comparing the effectiveness in patients with a specific disease of two or more already approved or common interventions for that disease.

The HMRF has supported research projects on uncommon disorders, including Hirschsprung's disease, tuberous sclerosis, retinitis pigmentosa, biliary atresia, and Guillain–Barré syndrome.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4585)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

With respect to the estimated expenditure in the past 5 years, will the Government advise us of the annual total expenditure on local healthcare services, the comparison of such expenditure with that of the private sector, the year-on-year and cumulative rates of change in such expenditure, as well as its percentage in the Gross Domestic Product? What is the computation of the said figures and what items are included in the computation?

Asked by: Hon KWOK Ka-ki (Member Question No. 83)

Reply:

Statistics on the overall health expenditure in Hong Kong are derived from the Domestic Health Accounts of Hong Kong (HKDHA), which are compiled in accordance with the framework of the International Classification for Health Accounts promulgated by the Organisation for Economic Co-operation and Development. The HKDHA aim to capture all public and private expenditures or outlays for medical care, disease prevention, health promotion, rehabilitation, long-term care, community health activities, health administration and regulation, and capital formation with the predominant objective of improving health. Due to the complexity of gathering, compiling, verifying and analyzing health expenditure data from various sources, HKDHA take time to compile and are available up to 2013-14 only.

On the other hand, the health policy area group (PAG) in the Government Estimates of Expenditure covers the estimated expenditures by government departments and agencies for the relevant functions and activities. Hence, HKDHA capture a broader scope of public health expenditures than those under the Government Estimates. Annex 1 sets out the major differences and the respective statistics for the period from 2009-10 to 2013-14. The estimated expenditure under the health PAG in the Government Estimates for 2017-18 is $69,960 million, or about 2.7% of the projected GDP, representing an increase of 3.5% or $2,358 million over four years ago. The government recurrent expenditure on health is

estimated at about $61,935 million in 2017-18, taking up 16.7% of the total government recurrent expenditure and representing a 24.1% increase over the expenditure in 2013-14.

Annex 2 shows the total health expenditure, public health expenditure and private health expenditure under HKDHA for the period from 2009-10 to 2013-14. Expenditure under the health PAG in the Government Estimates for the period from 2013-14 to 2017-18 is at Annex 3.

Annex 1

Public Health Expenditure in the Domestic Health Accounts of Hong Kong and Public Expenditure on Health Policy Area Group in the Government Estimates of Expenditure

The public health expenditure under the Domestic Health Accounts of Hong Kong (HKDHA) has a wider coverage than the public expenditure under the health policy area group (PAG) in the Government Estimates of Expenditure.

Under the health PAG of the Government Estimates, only expenditure directly related to health incurred by the Food and Health Bureau (including the Bureau's allocation to the Hospital Authority), the Department of Health and the Government Laboratory are counted as government expenditure under the health policy area.

Apart from the above, public health expenditures under the HKDHA cover related functions performed by other government departments such as nursing homes, rehabilitation and medical social services under the Social Welfare Department, and ambulance service under the Fire Services Department and Auxiliary Medical Services.

As a result of the above, the HKDHA statistics on public health expenditure are generally higher than those on health PAG under the Government Estimates.

Expenditure (in HK$ million)	2009-10	2010-11	2011-12	2012-13	2013-14
(A) Public health expenditure under HKDHA	43,866	45,490	51,257	56,423	60,598
(B) Expenditure on health PAG under Government Estimates	38,387	39,890	45,297	49,572[*]	54,252[@]
Difference [percentage of (A – B) / (A)]	*5,479 (12.5%)*	*5,600 (12.3%)*	*5,960 (11.6%)*	*6,851 (12.1%)*	*6,346 (10.5%)*

Notes: * Excluding a one-off injection of $10 billion from the Government into the Samaritan Fund.

@ Excluding a one-off injection of $350 million from the Government into the AIDS Trust Fund and a one-off grant of $13 billion to the Hospital Authority for minor works projects.

Source of expenditure under the Government Estimates: Financial Services and Treasury Bureau, Government Secretariat

Annex 2

Major Statistics under the Domestic Health Accounts of Hong Kong (HKDHA), 2009-10 to 2013-14

	2009-10	2010-11	2011-12	2012-13	2013-14
Total Health Expenditure					
At current prices (HK$ million)	88,069	93,417	104,403	114,841	123,828
At constant 2014 prices (HK$ million)	99,320	104,744	112,265	119,739	126,706
Annual change (at constant 2014 prices)	5.6%	5.5%	7.2%	6.7%	5.8%
Cumulative change since 2009-10 (at constant 2014 prices)	-	5.5%	13.0%	20.6%	27.6%
As % of GDP	5.2%	5.1%	5.3%	5.6%	5.7%
Per capita (HK$) (at constant 2014 prices)	14,244	14,912	15,875	16,736	17,629
Public Health Expenditure					
At current prices (HK$ million)	43,866	45,490	51,257	56,423	60,598
At constant 2014 prices (HK$ million)	49,470	51,006	55,117	58,829	62,007
Annual change (at constant 2014 prices)	6.7%	3.1%	8.1%	6.7%	5.4%
Cumulative change since 2009-10 (at constant 2014 prices)	-	3.1%	11.4%	18.9%	25.3%
As % of GDP	2.6%	2.5%	2.6%	2.7%	2.8%
As % of Total Health Expenditure	49.8%	48.7%	49.1%	49.1%	48.9%
Per capita (HK$) (at constant 2014 prices)	7,095	7,261	7,794	8,223	8,627
Private Health Expenditure					
At current prices (HK$ million)	44,203	47,927	53,146	58,418	63,230
At constant 2014 prices (HK$ million)	49,850	53,738	57,148	60,910	64,699
Annual change (at constant 2014 prices)	4.5%	7.8%	6.3%	6.6%	6.2%
Cumulative change since 2009-10 (at constant 2014 prices)	-	7.8%	14.6%	22.2%	29.8%
As % of GDP	2.6%	2.6%	2.7%	2.8%	2.9%
As % of Total Health Expenditure	50.2%	51.3%	50.9%	50.9%	51.1%
Per capita (HK$) (at constant 2014 prices)	7,149	7,650	8,081	8,513	9,002

Note: Health expenditure estimates with adjustment for inflation are computed at constant 2014 prices which are as released in the latest set of HKDHA, 2009-10 to 2013-14.

Annex 3

Total Public Expenditure under the Health Policy Area Group in the Government Estimates for the Period from 2013-14 to 2017-18

	2013-14	2014-15	2015-16	2016-17*	2017-18**
At current prices (HK$ million)	67,602@	57,508	70,424^	66,207	69,960
At constant 2014 prices (HK$ million)	69,173	56,925	67,590	62,459	64,705
Annual change (at constant 2014 prices)	11.4%	-17.7%	18.7%	-7.6%	3.6%
Cumulative change since 2013-14 (at constant 2014 prices)	-	-17.7%	-2.3%	-9.7%	-6.5%
As % of GDP	3.1%	2.5%	2.9%	2.7%	2.7%
Per capita (HK$) (at constant 2014 prices)	9,636	7,874	9,270	8,513	8,731

Notes: For comparison with health expenditure estimates from HKDHA, expenditure figures at constant 2014 prices are computed using the same inflation adjustment factors as in the HKDHA.

@ Including a one-off injection of $350 million from the Government into the AIDS Trust Fund and a one-off grant of $13 billion to the Hospital Authority for minor works projects.

^ Including a provision of $10 billion for supporting and enhancing public-private partnership initiatives.

* Revised Estimates

** Estimates

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4586)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate in 2016-17 is 4.6% lower than the original estimate. Will the Government advise on the reasons for this? What items have caused the reduction in the estimate? Are cuts in manpower or services involved? If yes, what are the cuts in manpower or services?

Asked by: Hon KWOK Ka-ki (Member Question No. 84)

Reply:

This is mainly due to the lower than expected cash flow requirement for the general non-recurrent item on Health and Medical Research Fund and the decreased personal emoluments arising from several vacant posts left unfilled during the year. There are no cuts in manpower nor services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4587)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2017-18 is 15.4% higher than the total amount under the revised estimate for 2016-17. What are the reasons for it? What are the items underlying the increase in the estimate?

Asked by: Hon KWOK Ka-ki (Member Question No. 85)

Reply:

This is mainly due to the increased cash flow requirement for the general non-recurrent item on Health and Medical Research Fund, increased operating expenses for additional measures to tackle antimicrobial resistance as well as increased provision for personal emoluments and personnel related expenses arising from a net increase of four posts in 2017-18.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)292

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4589)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2017-18 that the Health Branch is going to complete the review on mental health. Please advise on the number of meetings held by the Review Committee on Mental Health since its establishment and the date on which the Committee plans to submit its report.

Asked by: Hon KWOK Ka-ki (Member Question No. 87)

Reply:

The Review Committee has held nine meetings since its establishment in May 2013. We plan to publish the mental health review report in the 2nd quarter of 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4590)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2017-18 that the Health Branch will continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy. Would the Government please advise on:

(a) the progress of various initiatives implemented in the past 3 years, their effectiveness, the number of service recipients, as well as the facilities and staffing establishment involved; and
(b) the details and targeted service recipients of various initiatives to be implemented in the year ahead, and the expenditure and staffing establishment involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 88)

Reply:

(a) & (b)

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives are as follows -

(1) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these

reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) 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.

(2) 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.

(3) Community Health Centres (CHCs)

Three CHCs operated by HA have commenced operation. The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, commenced service 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. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(4) Publicity Activities

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

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

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at	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

Programme	Implementation schedule
selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-December 2016, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme.

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants,

general service assistants, etc. The staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4591)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in Matters Requiring Special Attention in 2017-18 that the Health Branch will continue to oversee the implementation of the Elderly Health Care Voucher Scheme. In this regard, please inform us of the following in respect of each of the past 3 years:

a. the number of eligible persons;

b. the actual number and percentage of eligible persons who had made use of vouchers, the number of vouchers used and the total amount claimed, broken down by gender and age group (70-74, 75-79, 80-84, 85 or above);

c. the number of healthcare service providers enrolled in the scheme, broken down by type of healthcare professionals (medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists).

Asked by: Hon KWOK Ka-ki (Member Question No. 89)

Reply:

(a) & (b) The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers and the total voucher amount involved up to end 2014, 2015 and 2016, broken down by gender and age group:

	As at 31.12.2014			As at 31.12.2015			As at 31.12.2016		
	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)	Number of elders	% of eligible elders	Amount of vouchers claimed^ (in $'000)
(3) Number of eligible elders (i.e. elders aged 70 or above)*	737 000	-	-	760 000	-	-	775 000	-	-
(4) Number of elders who had made use of vouchers	551 000	75%	1,194,029	600 000	79%	2,034,342	649 000	84%	3,002,792
(iii) By gender									
- Male	242 000	73%	504,467	266 000	77%	871,622	290 000	83%	1,300,122
- Female	309 000	76%	689,562	334 000	80%	1,162,720	359 000	85%	1,702,670
(iv) By age group									
-70 – 74	142 000	67%	249,793	158 000	74%	429,291	183 000	82%	636,517
-75 – 79	164 000	78%	389,961	172 000	82%	644,873	174 000	84%	910,025
-80 – 84	133 000	81%	314,084	142 000	85%	529,917	150 000	89%	786,312
-85 or above	112 000	74%	240,191	128 000	77%	430,261	142 000	80%	669,938

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

^ Face value of each voucher was changed from $50 to $1 on 1 July 2014.

(c) The table below shows the number of healthcare service providers enrolled in the Elderly Health Care Voucher Scheme as at end 2014, 2015 and 2016, broken down by types of healthcare professionals:

	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016
Medical Practitioners	1 782	1 936	2 126
Chinese Medicine Practitioners	1 559	1 826	2 047
Dentists	548	646	770
Occupational Therapists	45	45	51
Physiotherapists	306	312	344
Medical Laboratory Technologists	26	30	35
Radiographers	21	21	24
Nurses	108	124	148
Chiropractors	51	54	66
Optometrists	185	265	533
Sub-total (Hong Kong)	4 631	5 259	6 144
University of Hong Kong - Shenzhen Hospital [Note]	-	1	1
Total:	4 631	5 260	6 145

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4593)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

On organ donation, please advise this Committee 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	2014	2015	2016
Total number of persons registered	19 868	29 357	52 550
Organ they wish to donate (number of persons):			
All organs	17 874	26 658	47 798
Kidney	1 732	2 400	4 168
Heart	1 674	2 344	4 135
Liver	1 690	2 365	4 137
Lung	1 559	2 208	3 930
Cornea	1 483	2 054	3 538
Bone	696	1 012	1 724
Skin	432	593	991

Note: A person can indicate his wish to donate more than one or all organs in the register.

(b) The table below sets out the relevant statistics in the past three years (2014-2016):

Year (as at Dec 31)	Organ / Tissue	No. of patients waiting for organ / tissue transplant	Average waiting time (months) [2]	No. of donations [3]
2014	Kidney	1 965	50	79
	Heart	28	5.4	9
	Lung	22	27.6	4
	Liver	98	39.9	63
	Cornea (piece)	465	24	337
	Bone	NA [1]	NA	1
	Skin			9

Year (as at Dec 31)	Organ / Tissue	No. of patients waiting for organ / tissue transplant	Average waiting time (months) [2]	No. of donations [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	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

Note:

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) In April 2016, the Government set up the Committee on Promotion of Organ Donation to further promote organ donation. The Committee introduced the Organ Donation Promotion Charter in June 2016 and invited various organisations, enterprises and schools to become signatories. 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. They will further help promote the culture to family members of their staff or members and in the community. As of end January 2017, there were over 500 Charter signatories which have conducted nearly 500 promotional actions and activities.

The Department of Health (DH), in collaboration with the Hospital Authority (HA) and relevant non-governmental organisations (NGOs), have 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, talks and seminars; (3) publicity campaigns using various channels, e.g. television, radio, newspapers, Internet etc.; and (4) E-engagement by making use of social media with a dedicated Facebook fan page entitled "Organ Donation@HK".

The Government also launched a territory-wide organ donation promotion campaign to encourage the public to sign up as donors, speak out their wish to donate organs to family members and to spread out the message from October to December 2016. It has also designated the second Saturday of November every year as Organ Donation Day and the anniversary of the launching of the CODR in 2016.

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.

On the other hand, HA also supports 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. During July to December 2016, various HA hospitals and outpatient clinics set up over 200 promotion booths. HA has also produced a series of publicity and education videos, organised media events such as interviews and feature stories on Organ Donation Coordinators and donor families as well as organ recipients, contribute promotional articles to printed media and web media, etc.

With the concerted efforts of the Government and the community, the total number of registrations in 2016 was 52 550 which exceeded the annual number of registrations in 2014 (19 868) and 2015 (29 357). In the long term, our goal is to create a culture in our society which recognises voluntary organ donation as a commendable altruistic act.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4594)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under the Matters Requiring Special Attention in 2017-18, the Health Branch will continue to oversee the progress of various capital works projects of the Hospital Authority. In this connection, please advise on the following:

a. The commencement date, approved estimate, current progress and anticipated date of completion of the works (such as the construction of the Hong Kong Children's Hospital in Kai Tak, the expansion of United Christian Hospital, Hong Kong Red Cross Blood Transfusion Service Headquarters and Haven of Hope Hospital, the refurbishment of Hong Kong Buddhist Hospital, the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital, the extension of Operating Theatre Block for Tuen Mun Hospital, the redevelopment of Queen Mary Hospital – Phase 1 (Main Works) and Prince of Wales Hospital – Phase 2 (Stage 1), and the construction of a new acute hospital at Kai Tak Development Area), as well as the additional beds and increased service capacity upon their completion, and the staff establishment and resources involved.

b. Whether there is any redevelopment/expansion of other hospitals in addition to the works projects above. If yes, please state the commencement date, approved estimate, current progress and anticipated date of completion of such projects as well as the additional beds and increased service capacity upon their completion, and the staff establishment and resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 92)

Reply:

(a) & (b)
Construction works for the Hong Kong Children's Hospital (HKCH) commenced in August 2013 for completion in 2017. The approved project estimate (APE) in

money-of-the-day (MOD) prices is $12,985.5 million with an estimated expenditure of $2,900 million in 2017-18. The new HKCH with a total planned capacity of 468 inpatient and day beds will mainly provide tertiary specialist services for children under the age of 18 with serious and complex illnesses throughout the territory.

The expansion of United Christian Hospital (UCH) project will be carried out in 2 stages, namely preparatory works and main works. The preparatory works commenced in August 2012 and the APE in MOD prices is $352.3 million with an estimated expenditure of $20 million in 2017-18. The demolition and substructure works commenced in August 2015 and the APE in MOD prices is $1,791.6 million with an estimated expenditure of $400 million in 2017-18. Subject to funding approval by the Finance Committee (FC), the whole expansion project is planned for completion in 2023. Existing services will be enhanced under the UCH expansion project to cater for the increasing medical needs of the community due to growing and ageing population. Around 560 additional beds will be provided under UCH expansion project.

The expansion of Hong Kong Red Cross Blood Transfusion Service (BTS) Headquarters project started in June 2015 for completion in 2020. The APE of the project in MOD prices is $893.1 million with an estimated expenditure of $217.6 million in 2017-18. As the BTS is the only organisation responsible for the collection and supply of fully-tested blood and haematopoietic stem cells, and is also a major provider of plasma products in Hong Kong, the expanded BTS will cater for new and expanded services in order to cope with the projected increase in service levels and to ensure a safe working environment.

The expansion of Haven of Hope Hospital project commenced in July 2016 for completion in 2021. The APE in MOD prices is $2,073 million with an estimated expenditure of $129.0 million in 2017-18. With the objective of strengthening longer-term care and rehabilitation services for elderly people suffering from chronic diseases in order to better meet the needs of the community, this project involves the construction of a new hospital block with new facilities meeting prevailing standards to reprovision the existing infirmary wards and provides 160 additional extended care beds.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019. The APE in MOD prices is $563.3 million with an estimated expenditure of $200 million in 2017-18. This project covers the provision of 130 additional convalescent and rehabilitation beds in order to strengthen longer-term care and rehabilitation services for elderly people suffering from chronic diseases as well as the refurbishment of existing inpatient wards, supporting departments, offices and ancillary facilities.

The redevelopment of Kwong Wah Hospital (KWH) project will be carried out in 2 phases. The preparatory works commenced in March 2013 and the APE in MOD prices is $552.7 million with an estimated expenditure of $45 million in 2017-18. The demolition and substructure works for Phase 1 commenced in June 2016 and the APE in MOD prices is $654.8 million with an estimated expenditure of $277 million in 2017-18. Subject to funding approval by the FC for the remaining parts of the redevelopment project, the whole redevelopment project is planned for completion in 2025. The redevelopment of KWH will provide new and modernised facilities for service development, including adoption of new models of care such as ambulatory and integrated care, implementation of

non-radiation oncology services, introduction of emergency medicine ward and provision of integrated Chinese and Western medicine services. Around 350 additional beds will be provided under the redevelopment project.

The redevelopment of Kwai Chung Hospital (KCH) project will be carried out in 3 phases. The project involves phased demolition of all existing hospital buildings except Block J and the construction of a new hospital campus for mental health services. Phase 1 of the project commenced in May 2016 and is planned for completion in 2018. The APE for this part of the project is $750.8 million in MOD prices with an estimated expenditure of $257.9 million in 2017-18. Around 80 additional beds will be provided under the redevelopment project.

The extension of the Operating Theatre (OT) Block for Tuen Mun Hospital will be carried out in 2 stages, namely substructure and utilities diversion works and main works. Substructure and utilities diversion works of the project commenced in May 2016. The APE for this part of the project is $167.2 million in MOD prices with an estimated expenditure of $62.8 million in 2017-18. Subject to funding approval by the FC for the remaining parts of the extension project, main works of the project is planned for completion in 2021. This project involves the construction of a new block adjacent to the existing OT Block in order to accommodate additional OTs as well as expanded A&E and Radiology departments.

The redevelopment of Queen Mary Hospital (Phase 1) project will be carried out in 2 stages, namely preparatory works and main works. Preparatory works of the project, at an APE of $1,592.8 million in MOD prices, commenced in July 2014. Estimated expenditure in 2017-18 is $287 million. The redevelopment project aims to renew the hospital into a modern medical centre with additional space to meet operational needs, improved accessibility and physical design for cost-effective and efficient clinical operations, and promote integrated research and education.

Subject to funding approval by the FC, preparatory works for the redevelopment of Prince of Wales Hospital (PWH) (Phase 2) (stage 1) project is planned to start in 2017. This project aims to provide additional space at PWH and modernise its service to meet operational needs and service developments, and promote integrated research, teaching and education. Around 450 additional beds will be provided upon completion of the redevelopment of PWH (Phase 2) (stage 1) project.

Subject to funding approval by the FC, preparatory works for the construction of a new acute hospital at Kai Tak Development Area (KTDA) is planned to start in 2017 and the whole project is planned for completion in 2024. The new acute hospital at KTDA will provide inpatient and ambulatory services of major specialties with a planned bed capacity of about 2 400. It will also house an A&E department, an oncology centre and a neuroscience centre.

Apart from the above projects, other redevelopment/expansion projects that are under planning include the redevelopment of Grantham Hospital, phase 1, redevelopment of Our Lady of Maryknoll Hospital, the expansion of Lai King Building in Princess Margaret Hospital, and the expansion of North District Hospital. Details of these 4 projects,

including services and facilities to be provided, project programme, etc. are subject to detailed planning and design.

HA will work out the detailed operational arrangements, including the financial and manpower requirements, for all the above projects at a later stage when the detailed design and commissioning plans are finalised. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing service needs of the community. HA will continue to closely monitor the manpower situation, assess its manpower requirements, make appropriate arrangements in manpower planning, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the above projects are met.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4595)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether the Government has any means to enhance surgery capacity before the completion of the extension of the Operating Theatre Block of Tuen Mun Hospital. If yes, please advise on the details and the expenditure and manpower involved; and whether such means involve the measures of (i) expanding surgery capacity on public holidays; and (ii) recruiting additional part-time doctors, nurses and other allied health staff? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 93)

Reply:

The New Territories West Cluster (NTWC) has been enhancing its surgical service capacity and will continue to do so to meet the increasing service demand.

In 2015-16 and 2016-17, additional recurrent funding of $490.63 million and $389.54 million respectively has been allocated to NTWC for implementing initiatives to better manage the overall growing service demand and improve service quality. Initiatives relating to the enhancement of surgical services are as follows :

(a) opening 4 surgical High Dependency Unit (HDU) beds in Tuen Mun Hospital (TMH);

(b) opening new operating theatre sessions and upgrading 2 HDU beds to Intensive Care Unit beds in Pok Oi Hospital (POH) to support extended hour operations; and

(c) enhancing the sterilisation supply service in Tuen Mun Eye Centre so as to cover all emergency operations in TMH.

(d) opening new operating theatre sessions in POH to support emergency operations during weekends and on public holidays; and

(e) opening an endoscopy room in POH to support surgical emergency / elective endoscopy service.

In 2017-18, $322.26 million additional recurrent funding will be allocated to NTWC for implementing various service enhancement initiatives. Initiatives relating to surgical stream services are as follows :

(a) opening 30 surgical stream convalescent beds in TMH;

(b) enhancing specialist outpatient clinic services in POH and Tin Shui Wai Hospital; and

(c) extending rehabilitation services to cover weekends and public holidays for patients with lower limb fracture arthroplasty.

NTWC will deploy existing staff and recruit additional staff to implement the above initiatives.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Rehabilitation Block of Tuen Mun Hospital, please advise on the following :

a. What were the services and number of beds the original plan in 2003 intended to provide?

b. What are the services and number of beds currently provided? What are the details of disparity between current services and those originally planned and the reasons for the disparity?

c. Are there any plans for full commissioning of services in 2017-18? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 94)

Reply:

a. to c.

The Tuen Mun Hospital (TMH) Rehabilitation Block was planned to accommodate 512 convalescent / rehabilitation beds and related rehabilitation and social support facilities to cope with the demand for rehabilitation services in the New Territories West Cluster (NTWC). TMH Rehabilitation Block was commissioned in 2007. Various healthcare services and beds in the Block have been opened in phases since 2007 according to the service demand and manpower availability. As at 31 December 2016, the Block provided 471 beds. In 2017-18, HA plans to further open 30 convalescent beds in the Block. NTWC will continue to review the service demand in the cluster and plan for the provision of facilities and services in future having regard to demographic changes, overall growth in service demand, service utilisation and manpower supply situation.

- 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: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Pok Oi Hospital,

a. it was intended to be a general hospital providing 742 beds upon completion of redevelopment phases 1 and 2 in 2006 and 2007 respectively. Would the Government please set out the services commissioned so far, details of the disparity between the current services of the Hospital and the services the original redevelopment plan intended to provide (including the streams of services commissioned, number of beds and strength of healthcare staff), and reasons for the disparity?

b. Are there any plans for full commissioning of services in 2017-18? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 95)

Reply:

(a) & (b)

The scope of the main works of the redevelopment and expansion of Pok Oi Hospital (POH) project in the New Territories West Cluster (NTWC) of the Hospital Authority (HA) comprised the construction of a new hospital building to accommodate 622 inpatient beds and other supporting facilities. Since the commissioning of the new hospital building and supporting facilities in 2006, the provision of various healthcare services have commenced and beds have been opened in phases having regard to service demand and manpower availability. Inpatient and specialist outpatient services, ambulatory care and allied health services covering a spectrum of clinical specialties, namely Accident and Emergency, Anaesthesia and Intensive Care, Gynaecology, Medicine and Geriatrics, Orthopaedics and Traumatology, Ophthalmology, Otorhinolaryngology, Paediatrics and Surgery, are provided in the new hospital building.

With the opening of additional beds in 2016-17, the number of beds in the new hospital building as at 31 December 2016 was 622, which had reached the planned capacity of the hospital building.

NTWC will continue to review the service demand in the cluster and plan for future provision of facilities and services having regard to demographic changes, overall growth in service demand, service utilisation and manpower supply situation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4598)

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) (Patrick T K NIP)

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 2017-18? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 96)

Reply:

(a)

It is planned that upon the full operation of its Phase 1 development, North Lantau Hospital (NLTH) development (Phase 1) will have 160 beds (including 80 acute and 80 extended care beds), an Accident & Emergency (A&E) department providing 24-hour services, as well as diagnostic and treatment facilities. Ambulatory care services including specialist outpatient (SOP) clinics, primary care/general outpatient (GOP) clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre with 20 day beds, and community care services will also be provided.

(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 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. In 2016-17, NLTH has expanded its service capacity in SOP and day rehabilitation services.

(c)

Statistics on utilisation of various services commissioned in NLTH are as follows :

Services commissioned in NLTH	**2016-17 (up to 31 December 2016) [Provisional figures]**
No. of A&E attendances	71 968
No. of beds	40
Inpatient bed occupancy rate	86%
No. of operations [1]	966
No. of SOP (clinical) attendances	8 961
No. of GOP attendances [2]	73 108
No. of allied health (outpatient) attendances	25 604
No. of home visits by community nurses	4 380
No. of psychiatric outreach attendances	1 917
No. of geriatric outreach attendances	2 847

Note:

1. 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).
2. Besides GOP clinic attendances provided by NLTH, attendances for Mui Wo General Out-patient Clinic and Tai O Jockey Club GOP Clinic, which are managed by NLTH, are also included.

(d)

NLTH will, having regard to the service needs and availability of manpower and other resources, continue to roll out its services gradually. The Hospital Authority will monitor the situation and keep in close contact with the Islands District Council on service provision of NLTH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4599)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the seasonal influenza vaccination, would the Government advise on the following:

(a) In the past 3 years, what were the coverage rates of receiving seasonal influenza vaccination among local residents? Please provide information in the table below:

Target Group	Coverage Rate of Vaccination
Aged 6 months to below 6	
Aged 6 to 49	
Aged 50 to 64	
Aged 65 or above	
Overall population	

(b) In the past 3 years, what were the coverage rates of receiving seasonal influenza vaccination among local residents who belong to "high risk groups"? Please provide information in the table below:

Target Group	Coverage Rate of 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, how many people received vaccination through the Government Vaccination Programme and the Vaccination Subsidy Schemes? Please provide information by target groups of the Programme/Schemes.

(d) What are the respective unit costs of seasonal influenza vaccination through the Government Vaccination Programme and the Vaccination Subsidy Schemes?

(e) How many private clinics have joined the Vaccination Subsidy Schemes?

(f) Does the Government have any measures to promote the rate of seasonal influenza vaccination among local residents? If yes, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 97)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza (SI) vaccination to eligible persons –

- Government Vaccination Programme (GVP), which provides free SI vaccination to eligible target groups. In 2016-17, the GVP expanded the scope of eligible targeted groups to cover also children aged 6 to under 12 from families receiving Comprehensive Social Security Assistance (CSSA) or holding valid Certificates for Waiver of Medical Charges and all persons receiving Disability Allowance (PDAs) regardless of disability on a pilot basis. As announced in the 2017 Policy Address, the above enhancements will be regularised as from the 2017-18 season.

- Vaccination Subsidy Scheme (VSS), which provides subsidised SI vaccination to targeted groups. In 2015-16, the eligible targeted groups included elders aged 65 or above, children between 6 months to under 6 years old and persons with intellectual disabilities. In 2016-17, VSS has been further expanded on a trial basis to cover also children aged 6 to under 12, PDAs and pregnant women. As announced in the 2017 Policy Address, the above enhancements will be regularised starting 2017-18 season.

The statistics on SI vaccination and the coverage rates under these programmes/schemes are detailed at **Annex**. As many targeted group members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the statistics.

(d) The purchase cost of vaccines under the GVP is $23.3 million for 430 000 doses of SI Vaccines in 2016-17 (revised estimate). For SI vaccination under the VSS, the Government will reimburse $190 per dose to private doctors enrolled under the Schemes.

(e) As at 28 February 2017, a total of 1 705 private doctors (involving 2 333 clinics) have joined the VSS.

(f) In the coming vaccination season (2017-18), the Government will continue and enhance the liaison with stakeholders and the publicity through various channels, including:

Early announcement and liaison with stakeholders

The Government will make early announcement of the programme through media conference and issue of press release in June 2017, and will enhance the liaison with the health sector and relevant stakeholders for the preparation, in particular for primary schools as the expansion of the children eligible group in recent years.

Guidelines/briefings on outreaching vaccination

Eligible persons can receive subsidised SI vaccination at enrolled the clinics of enrolled doctors or through outreach vaccination activities (e.g. in schools, community centers, District Councillors' offices). To facilitate the outreach arrangement, guidelines and briefings will be provided to doctors, schools and relevant organisers.

Through multiple publicity channels

To promote the rate of SI vaccination message, publicity will be launched through multiple channels, e.g. press conferences, Announcements in the Public Interest, advertisements on public transport and newspapers/magazines and other social media. A series of press briefings will be held to encourage Hong Kong residents to receive SI vaccination. Senior Government Officials and Legislative Council members will be invited to receive SI vaccination in order to promote vaccination to public. Press releases will be issued to update the general public about seasonal influenza situation and remind them of early vaccination.

Community support

The Government will enlist support from community groups for encouraging vaccination among their clients. Also, media interviews by medical experts, (including paediatrician, geriatrician and obstetrician) on the impact will be arranged to explain the benefits and the necessity of receiving SI vaccination.

The expenditure on the publicity and promotion on the prevention of influenza cannot be separately identified as it forms part of the overall expenditure for health promotion under the DH.

- End

Annex

Target groups	Vaccination programme/ scheme	2014-15		2015-16		2016-17	
		Number of recipients	Percentage of population in the age group (Coverage rate)	Number of recipients	Percentage of population in the age group (Coverage rate)	Number of recipients	Percentage of population in the age group (Coverage rate)
Children Note 1	GVP	2 400	18% Note 2	2 400	15.1% Note 2	1 400	16.7% Note 2
	CIVSS/VSS Note 3	55 200		45 200		106 600	
Elderly aged 65 or above	GVP	193 200	35%	320 900 Note 4	40.8%	316 900	39.1%
	EVSS/VSS Note 3	179 500		136 900		142 300	
Others Note 5	GVP/VSS	62,500		71,000		78 300	
TOTAL		**492 800**		**576 400**		**645 500**	

Note 1: In 2014-15 and 15-16, the targeted group of children included those between 6 months to under 6 years old. Starting from 2016-17, the targeted group of children has included those between 6 months to under 12 years old.

Note 2: Calculated based on the population projections provided by the Census and Statistics Department.

Note 3: 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 one single Vaccination Subsidy Scheme (VSS) with different target groups.

Note 4: In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under the GVP from May to August 2015.

Note 5: 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.

Remarks

(1) The total number of recipients of SI vaccination as at 28 February 2017 for the 2016-17 vaccination season, as shown in the above table, has exceeded that of the whole vaccination season in 2015-16 by 69 100 (around 12% higher). As the 2016-17 vaccination season has yet to end, it is expected that the number of recipients for the vaccination would increase further in the remaining months of the season.

(2) The coverage rate for the targeted group of healthcare workers in the public sector and residential care homes under GVP is 34.6% in total. That for pregnant women under the GVP and the VSS is 1.8% in total.

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)302

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4623)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on changes in resource distribution, including changes in the breakdown of expenditure on hospital beds, clinics, manpower, equipment and other resources, for Obstetrics & Gynaecology in hospitals of the Hospital Authority during the peak and off-peak season for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 126)

Reply:

The Hospital Authority (HA) compiles service costs for major care types e.g. inpatient services, outpatient services, accident and emergency services and community care services on an annual basis. Breakdown of costing information by season is not available.

The table below sets out the staff cost and other charges of obstetrics and gynaecology services (comprising both inpatient and outpatient services) by cluster under HA in 2014-2015 and 2015-2016. Since the financial year of 2016-17 has not been completed, corresponding cost information is not yet available.

Cluster	Staff Cost[1] ($ million)	Other Charges[2] ($ million)	**Total Costs of Obstetrics and Gynaecology Services ($ million)**
2014-15			
HKEC	121	112	**233**
HKWC	131	161	**292**
KCC	180	141	**321**
KEC	159	142	**301**
KWC	317	243	**560**
NTEC	200	152	**352**
NTWC	145	156	**301**
Total	**1,253**	**1,107**	**2,360**
2015-16*			
HKEC	122	109	**231**
HKWC	164	169	**333**
KCC	192	144	**336**
KEC	169	153	**322**
KWC	339	256	**595**
NTEC	187	162	**349**
NTWC	174	149	**323**
Total	**1,347**	**1,142**	**2,489**

*Starting from 2015-16, the service costs include costs of nurse clinics running in specialist outpatient clinics.

Note:

1. The staff costs include direct staff costs (such as doctors and nurses) for providing services to patients.

2. Other charges mainly include cost for drugs, medical equipments and consumables, as well as other operating costs.

3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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

It should be noted that the costs of obstetrics and gynaecology 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 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.

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 2017-18 | Reply Serial No. **FHB(H)303**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4624)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please give an account of the estimated changes in allocation of resources, including the breakdown of expenditures on beds, clinics, manpower, equipment and other resources, for the obstetrics and gynaecology services in hospitals under the Hospital Authority during the low and peak seasons in 2017-18.

Asked by: Hon KWOK Ka-ki (Member Question No. 127)

Reply:

Service costs of the Hospital Authority include direct staff costs for providing services to patients, expenditure incurred for various clinical support services, and other operating costs are calculated on annual basis, therefore breakdown of costing information by season is not available. Breakdown of costing information by specialties, including that of obstetrics and gynaecology, for 2017-18 is not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4625)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the numbers of people from major HIV at-risk populations requesting Post-Exposure Prophylaxis (PEP), the numbers of PEP recipients and the expenditures involved in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 128)

Reply:

The number of cases who were prescribed with Human Immunodeficiency Virus (HIV) post-exposure prophylaxis (PEP) by the Hospital Authority's (HA) HIV clinics and the corresponding expenditure on the drug are set out in the following table.

Financial Year	**No. of cases given HIV PEP by HA's HIV clinics**	**Expenditure on the drug**
2014-15	15	$130,000
2015-16	28	$250,120
2016-17 (up to 31 December 2016)	29	$255,770

The number of cases who were prescribed with HIV PEP for post-sexual exposure by the Department of Health (DH) were 21, 53 and 62 in the financial years 2014-15, 2015-16 and 2016-17 respectively. Information regarding the cost of such treatment is not available as it is part of HIV care services provided by the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4626)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 129)

Reply:

The Council for the AIDS Trust Fund approved a sum of $383,000 in 2014-15 to support a research titled "Perceptions on Pre-exposure Prophylaxis (PrEP) and Post-exposure Prophylaxis (PEP) among Men who have sex with Men in Hong Kong". Breakdown of the research expenditure is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4627)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In the event that the Government proposes to incorporate pre-exposure prophylaxis (PrEP) into the Drug Formulary in 2017-18 to subsidise disease prevention for high-risk populations of HIV infection, what is the estimated expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 130)

Reply:

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health, 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 human immunodeficiency virus (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 of 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. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4628)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please set out the estimated numbers of persons requesting post-exposure prophylaxis (PEP) and those given the treatment as well as the estimated expenditure and financial provision involved in 2017-18.

Asked by: Hon KWOK Ka-ki (Member Question No. 131)

Reply:

For financial year 2017-18, it is estimated that 27 cases will be given Human Immunodeficiency Virus (HIV) post-exposure prophylaxis (PEP) by the Hospital Authority. The estimated expenditure on the drug is around $231,400.

Records of the Department of Health (DH) showed that the number of clients prescribed HIV PEP for post-sexual exposure from the DH were 21, 53 and 62 in financial years 2014-15, 2015-16 and 2016-17 respectively. For financial year 2017-18, it is estimated that 70 cases will be given HIV PEP for post-sexual exposure by the DH. The estimated expenditure is not available as it has been subsumed as part of the HIV care services of the DH.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4629)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What is the estimated expenditure on post-exposure prophylaxis (PEP) in case of relaxing the stringent requirements for receiving such treatment in 2017-18?

Asked by: Hon KWOK Ka-ki (Member Question No. 132)

Reply:

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health, 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 January 2014, the Scientific Committee updated the recommendations on the management and post-exposure prophylaxis (PEP) of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and human immunodeficiency virus. 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 the near future.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4630)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please give a breakdown of the medical expenses per HIV patient in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 133)

Reply:

Treatment and care for HIV/AIDS is complex and vary 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 which will be adjusted with time and patient profile. Hence, a unit cost of HIV/AIDS treatment cannot be readily computed.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4631)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of expenditure for HIV prevention among high-risk populations (per person) in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 134)

Reply:

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) would accord higher funding priorities to programmes targeted at 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 2014-15 to 2016-17, the Fund approved a total of $70.2 million for 52 projects with the following breakdown –

Targeted high risk group of the project	Amount of funding approved
MSM	$30.6 million
MCFSW	$5.4 million
IDU	$3.8 million
SW	$3.0 million
PLHIV	$21.0 million
More than 1 high risk group	$6.4 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4632)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of expenditure on HIV prevention study for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 135)

Reply:

From 2014-15 to 2016-17, the AIDS Trust Fund approved a total of $12.2 million for conducting 20 researches with the following breakdown –

Targeted high risk group of the research	Amount of funding approved
men who have sex with men	$2.8 million
male clients of female sex workers	$0.6 million
injecting drug users	$0.5 million
people living with HIV	$8.3 million

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4633)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What is the economic cost as measured by the difference between the disease prevention cost of an HIV vulnerable person and the lifelong medical expenses of an HIV patient?

Asked by: Hon KWOK Ka-ki (Member Question No. 136)

Reply:

As 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 have been averted with the current preventive measures, and also the number of people that would have to be treated under these two scenarios.

Moreover, 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4634)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Why does the Government not consider allocating more resources on HIV prevention (including the provision of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), legislation against discrimination on the grounds of sexual orientation and provision of updated sex education) to minimise the number of infected people, thereby reducing the life-long expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (Member Question No. 137)

Reply:

The Government has been allocating substantial resources for the prevention and control of Human Immunodeficiency Virus (HIV) / Acquired Immunodeficiency Syndrome (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 Government has also 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. For the 3 years from 2014-15 to 2016-17, the Fund approved a total of $70.2 million for 52 projects targeted at 5 high risk groups, namely men who have sex with men (MSM); male clients of female sex workers; injecting drug users; sex workers; and people living with HIV.

The Department of Health (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.

On pre-exposure prophylaxis (PrEP), DH adopts the recommendations by the Scientific Committee on AIDS and STI (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. Academic or health institutions are encouraged to apply funding from the Fund to support research on the use of PrEP for local high risk population.

For post-exposure prophylaxis (PEP), the Scientific Committee updated the recommendations in January 2014 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 the near future.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4643)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the quantities of unused medicines handed over from patients to the Hospital Authority (HA), the cost of these medicines involved, and the actual expenditure incurred in the collection of these medicines in the past 5 years. Please also list the expenditure item and the estimate in relation to the collection of unused medicines by HA for 2017-18.

Asked by: Hon KWOK Ka-ki (Member Question No. 147)

Reply:

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 receipt of patients' enquiries on disposal of their unused medicines.

As such, HA does not have any statistics on the quantity and cost of unused medicines returned from patients and the related expenditure incurred in the collection of unused medicines.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4663)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in 2017-18, it is stated that the Health Branch will continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation. In this connection, will the Government please provide the following information:

a. the plans of the implementation of the established tobacco control policy through promotion, education, legislation, enforcement, taxation and smoking cessation for the past 3 years and the coming year as well as the expenditures involved;

b. the respective years, rates and smoking prevalences among the population of the last 5 adjustments to tobacco duty in table form;

c. the numbers of people suffering from diseases and deaths caused by smoking and the medical cost concerned; and

d. the numbers of people suffering from diseases and deaths caused by passive smoking and the medical cost concerned; 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 2017-18 (sic) and what are the details?

Asked by: Hon KWOK Ka-ki (Member Question No. 185)

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 / provision of tobacco control activities managed by TCO from 2014-15 to 2017-18, 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%

[#] *Source: Thematic Household Survey conducted by the Census and Statistics Department*

c&d. Active and passive smoking

The School of Public Health of the University of Hong Kong (HKU) conducted a study on the estimated mortality figures and annual cost of tobacco-related diseases. The study reported that a total of 6 751 deaths (aged 35 and over) in Hong Kong in 2011 were related to tobacco use, 597 of which were attributed to second-hand smoke exposure. The results showed that the total annual cost 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).

Electronic cigarettes

According to the Pharmacy and Poisons Ordinance (Cap. 138), electronic cigarettes containing nicotine are regarded as pharmaceutical products. They have to comply with the requirements on safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. Currently, there is no nicotine containing electronic cigarette registered as pharmaceutical product in Hong Kong. Besides, under the same Ordinance,

nicotine is a listed Part 1 poison, which can only be legally sold by authorised sellers of poisons in the presence and under the supervision of registered pharmacist or by licensed wholesale dealers. Illegal possession or sale of Part 1 poisons or unregistered pharmaceutical products is an offence. Any person convicted of the offence is liable to a maximum fine of $100,000 and imprisonment for 2 years.

In addition, 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 (including electronic cigarettes) in a statutory no smoking area commits an offence and is subject to a fixed penalty of $1,500.

Questions on the use of electronic cigarettes were first included in the Thematic Household Survey in 2015. The survey results showed that less than 1 000 of the population aged 15 and over were daily electronic cigarette users. Besides, the Government commissioned HKU to conduct a school-based survey in 2014/15. The results of the survey showed that 1.3% and 9.0% of secondary students were current electronic cigarette users and ever electronic cigarette users respectively, and 2.6% of primary 4-6 students were ever electronic cigarette users. 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.

In view of the potential health effects and hazards arising from the use of electronic cigarettes, the wider long-term impact on students and youngsters and the recommendations of the World Health Organization, the Government will step up regulation of electronic cigarettes in light of the actual situation in Hong Kong and will continue to educate the public on the potential harm of electronic cigarettes.

- End -

Annex

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

	2014-15 ($ million)	2015-16 ($ million)	2016-17 Revised Estimate ($ million)	2017-18 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	49.9	51.5	53.9	54.3
Health Education and Smoking Cessation				
Programme 3: Health Promotion	124.5	127.2	139.8	135.1
(a) General health education and promotion of smoking cessation				
TCO	*45.1*	*46.7*	*56.7*	*62.1*
Subvention to Council on Smoking and Health (COSH)	*24.3*	*22.4*	*22.8*	*23.1*
Sub-total	***69.4***	***69.1***	***79.5***	***85.2***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*37.0*	*39.1*	*41.5*	*34.0*
Subvention to Pok Oi Hospital	*7.8*	*7.3*	*7.6*	*7.3*
Subvention to Po Leung Kuk	*2.0*	*2.2*	*2.0*	*0.7*
Subvention to Lok Sin Tong	*1.9*	*2.3*	*2.4*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*	*1.9*	-
Sub-total	***55.1***	***58.1***	***60.3***	***49.9***
Total	**174.4**	**178.7**	**193.7**	**189.4**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4664)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2017-18 that the Health Branch will continue to oversee efforts to promote, facilitate and support breastfeeding in collaboration with relevant organisations. In this connection, will the Government inform this Committee of the following:

a. the breastfeeding rates of infants in the first 6 months, 1 year and 2 years after discharge from hospitals in the past 5 years;

b. 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
2016 Number												
Percentage												
2015 Number												
Percentage												
2014 Number												
Percentage												

2013 Number												
Percentage												
2012 Number												
Percentage												

c. whether it has any specific 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

d. 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. 168)

Reply:

a.

The Department of Health (DH) conducted regular surveys to monitor the local trend of breastfeeding. The table below shows the breastfeeding rates of children born in 2010, 2012 and 2014, collected through surveys conducted in 2011, 2013 and 2015:

		Year of birth		
		2010	2012	2014
Ever breastfeeding rate[a] at hospital discharge		80%	85%	86%
Breastfeeding rate[b]	At 1 month of age	60%	69%	73%
	At 2 months of age	45%	56%	61%
	At 4 months of age	34%	44%	50%
	At 6 months of age	25%	33%	41%
	At 12 months of age	10%	14%	25%
Exclusive breastfeeding rate[c]	At 1 month of age	19%	22%	31%
	At 2 months of age	18%	22%	30%
	At 4 months of age	15%	19%	27%

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).

b.

The DH has promoted and supported breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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.

To promote a conducive environment in respecting and supporting breastfeeding mothers' freedom to choose where to breastfeed, DH produced "Guide to Establishing Breastfeeding Friendly Premises" in 2015 and has promulgated it to various sectors through briefings and meetings.

The Government has been proactively promoting the provision of babycare facilities in public and private premises. The Food and Health Bureau (FHB), together with the Architectural Services Department, the DH, Government Property Agency, Buildings Department and Housing Department formulated the "Advisory Guidelines on Babycare Facilities" in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management. The "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued by the Government in February 2009 aims to encourage and facilitate the provision of babycare rooms in private commercial premises. In May 2014, the Government Property Agency issued a circular which sets out the Government's accommodation policy on the provision of lactation rooms for staff in government premises. As at December 2016, there are a total of 282 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	6
Housing Department	Shopping centres managed by the Housing Authority	9
Immigration Department	Birth registries	2
	Immigration branch offices	1
Leisure and Cultural Services Department	Performance venues	5
	Libraries	6
	Museums	5
	Music Centre	1
	Leisure venues (Note 1)	68
Airport Authority	Passenger Terminal Buildings	39
Others	Others (Note 2)	14
Total		**282**

(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/community.html

c.

The Government attaches great importance in providing appropriate support to lactating mothers when they return to work. The Secretary for Food and Health has issued advices to individual government bureaux and departments since 2013 to encourage them to implement the Breastfeeding Friendly Workplace Policy by putting in place measures to facilitate lactating staff to continue breastfeeding after returning to work. At present, over 75 bureaux and departments have implemented the policy.

For the private sector, the FHB issued letters to more than 450 non-governmental organisations and private enterprises in May 2015 to promote and encourage them to implement the Breastfeeding Friendly Workplace Policy. In this connection, the DH has developed relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the policy to various sectors in the community.

To further enhance support from various sectors of the community on breastfeeding, the FHB, the DH and the Hong Kong Committee for the United Nations Children's Fund (UNICEF HK) have jointly 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, big and small, under their management.

d.

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 -

- Providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
- Providing health information on breastfeeding for parents through workshops, production and distribution of educational materials, and individual counselling;
- Providing guidance and skill support for breastfeeding mothers; and
- Organising publicity activities to enhance public awareness.

The promotion campaign "Breastfeeding Friendly Mall" was launched in May 2016 to encourage shopping malls to implement breastfeeding friendly policy supporting lactating mothers to breastfeed anywhere anytime. The Government also encourages public transport facilities to adopt Breastfeeding Friendly Premises Policy.

The DH and the UNICEF HK have also collaborated with the Hong Kong Catering Industry Association to introduce and promote "Breastfeeding Friendly Premises" measures to the catering industry. As at October 2016, more than 80 restaurants had implemented "Breastfeeding Friendly Premises" measures.

An additional provision of $5.0 million had been allocated in 2015-16 and 2016-17 respectively to FHS of the DH to cover the actual expenditure on strengthening the work on promotion of breastfeeding. Actual expenditure on promotion of breastfeeding in 2012-13, 2013-14 and 2014-15 was absorbed by FHS of the DH and cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4665)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in the Matters Requiring Special Attention in 2017-18, the Health Branch will facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime. In this connection, will the Government advise on the following:

a. What are the details of the plan to encourage private hospital development? What is the expenditure involved? What are the targeted numbers of private hospital beds to be increased and private hospitals developed?

b. What are the details on the effectiveness of various measures, the number of institutions which have indicated to the Government the intention to provide private hospital services, and the reasons of acceptance or refusal by the Government?

c. Does the Government have any plans to reserve sites for private hospital development? If yes, what are the location and area of the sites? If no, what are the reasons?

d. What are the details of publicity and education efforts for the public consultation concerned? What is the expected number of people to be reached? What is the cost involved?

e. What are the progress of the work commenced, future work programmes and schedule of the Office for Regulation of Private Healthcare Facilities? What are the staffing and expenditure involved?

f. Does the Government have any plans to legislate on the beauty industry, including general beauty services and those involving medical procedures, by implementing licensing and demerit point systems?

Asked by: Hon KWOK Ka-ki (Member Question No. 169)

Reply:

Reply to questions a. to c.

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 (LegCo) 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. Details of their plans have yet to be finalized.

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 also 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 are absorbed within the existing resources of the Food and Health Bureau (FHB).

Reply to questions d. to f.

The Government had earlier conducted a public consultation on regulation of private healthcare facilities (PHFs). During the consultation period, the Government hosted public forums, participated in talks, attended district council meetings, sent consultation documents to healthcare organisations and personnels, universities and schools, etc. with a view to introducing the new proposal on the regulation of PHFs to all sectors of the general public. Related expenditure was absorbed within the existing resources of the FHB. The consultation report has been published in April 2016.

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. In 2017-18, the number of posts and financial provision earmarked for the regulation of private healthcare institutions and related matters including providing support to the FHB in reviewing the regulatory regime are 59 and $54.1

million, respectively.

The FHB has no plan to regulate the beauty industry as it is outside the Bureau's purview. However, we observe that the use of certain medical devices by persons other than registered healthcare professionals may pose a high risk of serious injury or harm to the public if the users have not undergone proper training and acquired appropriate qualifications. Following the adverse incident in October 2012 involving a beauty centre inappropriately offering high-risk medical procedures, the Working Group on Differentiation between Medical Procedures and Beauty Services (Working Group) established under the Steering Committee on Review of the Regulation of Private Healthcare Facilities had examined, among others, the safety and health risks of devices commonly used in beauty procedures e.g. high-power medical lasers, intense pulsed light equipment, radiofrequency devices, etc. Given the heterogeneity of the devices involved, the Working Group considered that the control of use of such medical devices (particularly energy-emitting devices) should be deliberated under the regulatory framework for medical devices.

Taking into consideration the views and recommendations of the Working Group, 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 non-medical purposes. The Administration reported the results of the consultancy study and the latest proposed regulatory framework for medical devices to the Panel on Health Services of the Legislative Council on 16 January 2017. Subsequently, the Administration received views from different sectors on the regulation of medical devices. In gist, there is a general consensus on the need to regulate medical devices, but the part on "use control" requires further deliberation. In this regard, while the Government aims to take forward the plan to introduce a bill focusing on the "pre-market control" and "post-market control" of the regulatory regime for medical devices into the LegCo by mid-2017, we plan to set up a multi-party platform concurrently to invite participation from different stakeholders to provide practicable and constructive views on "use control" categorisation of specific medical devices while meeting the objective of protecting public health.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4666)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Drug Formulary, will the Government provide the following information:

a. the current number of drugs registered in Hong Kong and drugs listed in the Drug Formulary, and among these, the respective number of subsidised and self-financed drugs;
b. the number of drugs newly added to or removed from the Drug Formulary and the expenditure involved in the past 3 years;
c. the expenditure involved in the Hospital Authority's provision of general drugs and standard drugs to patients in accordance with the Drug Formulary in the past 3 years;
d. the amount paid by patients purchasing various self-financed drugs at their own expenses, the number of cases subsidised by the Samaritan Fund and the Community Card Fund and the amount of subsidy granted in the past 3 years (with a breakdown by the types of drugs);
e. the average, shortest and longest time taken for a drug to be registered and listed in the Drug Formulary in the past 5 years; and
f. whether any provision has been earmarked in the 2017-18 Estimates for improving the Drug Formulary system, such as expanding the Drug Formulary and enhancing the transparency in approving drugs for inclusion? If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 171)

Reply:

(a)

As at end of February 2017, there were 18 511 pharmaceutical products registered in Hong Kong.

The table below sets out the number of Subsidised and Self-financed drugs in the Hospital Authority Drug Formulary (HADF) as at January 2017:

Drug Category	Number of Drugs
a) Subsidised drugs provided at standard fees and charges in public hospitals and clinics	
i) General drugs	869
ii) Special drugs [1]	360
b) Self-financed drugs	
i) Self-financed items	71
ii) Drugs covered by the safety net	26
iii) Drugs supported by the Community Care Fund	13
Total number of drugs in the HADF [2]	1,339

Note [1] : Special drugs are used under specific clinical conditions with specific specialist authorisation. Patients who do not meet specified clinical conditions but choose to use Special drugs have to pay for the drugs.

Note [2] : A drug may fall in more than 1 category (General, Special, Self-Financed, Self-Financed with Safety Net) in the HADF due to different therapeutic indications or dose presentations. The total number is the gross summation of drugs in all categories in the HADF.

(b) and (c)

The table below sets out the number of drugs newly incorporated into and removed from the HADF in 2014-15, 2015-16 and 2016-17.

	2014-15	2015-16	2016-17
Number of new drugs incorporated into HADF	52	21	39
Number of drugs removed from HADF	28	26	44

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 2014-15, 2015-16 and 2016-17 (projection based on the expenditure figure as at 31 December 2016) were $4.33 billion, $4.57 billion and $4.93 billion respectively.

(d)

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 Programme, as well as other Self-financed drug items purchased through HA in 2014-15, 2015-16 and 2016-17 (actual figure up to 31 December 2016):

	2014-15 ($ million)	2015-16 ($ million)	2016-17 (up to 31 December 2016) ($ million)
Patients' contribution to SFI drugs covered by SF	22.7	24.6	22.5

	2014-15 ($ million)	2015-16 ($ million)	2016-17 (up to 31 December 2016) ($ million)
Patients' contribution to SFI drugs covered by CCF Medical Assistance Programme	13.5	14.5	10.8
Patients' contribution to other SFI drugs	345.7	389.3	354.2

The table below sets out the number of approved applications and the amount of subsidies granted in respect of Self-financed drugs covered by SF and the CCF Medical Assistance Programme in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016):

Samaritan Fund

2014-15		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	27	2.15
Adalimumab	130	12.36
Bortezomib	94	17.54
Dasatinib	102	17.98
Eltrombopag	14	1.52
Erlotinib	21	2.36
Etanercept	215	20.19
Fingolimod	12	2.59
Gefitinib	19	2.67
Golimumab	97	8.19
Imatinib	357	73.11
Infliximab	99	10.25
Interferon	1	0.18
Lenalidomide	28	3.23
Nilotinib	89	21.29
Rituximab	281	23.75
Temozolomide	44	3.01
Tocilizumab	92	6.41
Trastuzumab	508	82.01
Ustekinumab	0*	0*
Total:	2 230	310.79

* No application of this drug has been received.

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	35	2.97

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
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
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 (Up to 31 December 2016)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Abatacept	32	2.70
Adalimumab	100	10.32
Azacitidine	30	9.36
Bortezomib	64	11.37
Certolizumab Pegol	12	0.96
Cetuximab	45	3.67
Dasatinib	96	18.39
Eltrombopag	19	1.69
Erlotinib	4	0.68
Etanercept	154	13.74
Fingolimod	17	4.01
Gefitinib	6	0.79
Golimumab	101	8.94
Imatinib	277	55.36
Infliximab	33	3.71
Interferon	0*	0*

2016-17 (Up to 31 December 2016)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Lenalidomide	27	3.63
Natalizumab	0*	0*
Nilotinib	87	19.83
Plerixafor	3	0.25
Rituximab	198	17.49
Temozolomide	41	2.33
Tocilizumab	84	5.61
Trastuzumab	443	77.91
Ustekinumab	3	0.18
Total:	1 876	272.92

* No application of this drug has been received.

CCF Medical Assistance Programme

2014-15		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Bevacizumab	27	2.82
Cetuximab	34	3.73
Erlotinib	242	28.11
Gefitinib	487	59.61
Lapatinib	64	3.60
Pegylated liposomal Doxorubicin	39	2.47
Pemetrexed	398	25.59
Sorafenib	288	13.39
Sunitinib	101	10.04
Total:	1 680	149.36

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
Pegylated liposomal Doxorubicin	44	2.61
Pemetrexed	350	21.61

2015-16		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Sorafenib	282	15.13
Sunitinib	69	6.35
Total:	1 678	156.79

2016-17 (Up to 31 December 2016)		
Drugs	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Afatinib	10	1.36
Bendamustine	1	0.23
Bevacizumab	7	0.55
Cetuximab	18	0.34
Erlotinib	253	33.29
Gefitinib	386	46.48
Lapatinib	63	4.20
Pazopanib	33	4.38
Pegylated liposomal Doxorubicin	28	1.95
Pemetrexed	272	17.07
Sorafenib	215	12.24
Sunitinib	38	4.51
Trastuzumab	0*	0*
Vemurafenib	1	0.25
Total:	1 325	126.85

* No application of this drug has been received.

(e)

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 HA's Drug Advisory Committee (DAC) for consideration of listing on the HADF. DAC would review all new drug applications every 3 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 Department of Health and listing them on the HADF.

(f)

In 2017-18, HA will reposition a Self-financed drug covered by the safety net as a Special drug in the HADF and extend the therapeutic applications of 2 Special drug classes in the HADF. The initiative will be implemented starting from the second quarter of 2017.

The table below sets out the drug name / class, therapeutic use, additional financial requirement and estimated number of patients who will be benefited from each drug / drug class each year.

Drug Name / Class and Therapeutic Use	**Estimated Expenditure Involved ($ Million)**	**Estimated Number of Patients to be Benefited**
Reposition of Self-financed drug as Special drug in the HADF		
ii) Imatinib for treatment of Chronic Myeloid Leukemia / Acute Lymphoblastic Leukemia	5	410
Expansion of Clinical Application of Existing drugs in the HADF		
Drugs for treating chronic hepatitis C iv) Ombitasvir, paritaprevir, ritonavir, dasabuvir v) Sofosbuvir, ledipasvir vi) Sofosbuvir	32	110
Drugs for treating attention deficit hyperactive disorder iii) Atomoxetine iv) Methyl-phenidate ER	9	2 000

HA has all long been maintaining close communication with both internal and external stakeholders on formulary management and employing different means to channel relevant information to targeted parties.

Since early 2011, HA Chief Executive has been regularly meeting with patient representatives through the Patient Advisory Committee to collect their views on various areas of patient services, including matters related to the HADF. Since 2014-15, stakeholder engagement and communication channels have been formalised to ensure proper consultations and appropriate participation of stakeholders and service partners. To enhance accountability and partnership with the community, HA convenes 2 consultation meetings with the patient groups every year to keep them abreast of the latest developments of the HADF, gather their views on the introduction of new drugs and review the existing drug list in the HADF. Patient groups are invited to attend meetings and submit their views or proposals to HA for reference and consideration by the relevant drug committees. Ad hoc meetings would also be convened with individual patient groups to discuss specific issues of concerns where necessary.

To further improve the transparency of managing the HADF and enable its service partners to understand their functions on different platforms of collaboration, HA published the HADF Management Manual in July 2015. The Manual outlines the enhanced governance structure in managing the HADF, the drug review process and considerations, the delineated roles and responsibilities of service partners, operational guidelines as well as procedures

for drug applications. HA has promulgated the manual to all internal and external stakeholders through different communication channels and established liaison mechanisms.

Furthermore, HA launched the revamped internet and intranet websites on the HADF in August 2015 to enhance easy access to information and facilitate effective conveyance of information to targeted stakeholders and service partners. The website contains HA's DAC composition and HA would regularly upload the list of new drugs to be reviewed at each DAC meeting, the outcome of each individual drug applications for inclusion in the HADF, and a list of references that have been taken into account in the process of considering each drug application to both internet and intranet websites after each DAC meeting. In addition, the agenda of DAC meetings is sent to the Alliance for Patients' Mutual Help Organisation before the meeting for further dissemination to its members.

HA will continue to maintain the aforesaid measures in order to enhance the operational transparency, improve the accessibility of information and strengthen the confidence of stakeholders and the public in HA's drug formulary management.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4667)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The revised estimate for 2016-17 is 3.6% higher than the original estimate. Will the Government advise on the reasons for that? What are the items that have caused the increase in the estimate? How much of the increase is related to pay adjustment for doctors? How much is used for improving the working hours of doctors, reducing the waiting time for outpatient services and strengthening manpower?

Asked by: Hon KWOK Ka-ki (Member Question No. 172)

Reply:

The increase of $1.84 billion in the 2016-17 revised estimate over the original estimate is mainly due to an increase of $1.87 billion in the recurrent subvention for the Hospital Authority (HA) resulted from 2016 pay adjustment. The increase is partly offset by the return of $0.04 billion for the Government's 50% share of the additional income arising from the non-obstetric services for non-eligible persons and private services at HA's hospitals for 2015-16 plus other minor adjustments of $0.01 billion.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4668)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2017-18 is 3.5% higher than the total revised estimate for 2016-17. Will the Government advise on the following:

a. What are the reasons for that? What are the items that cause the increase in the estimate?

b. How much of this will be used for improving the working hours of doctors, reducing the waiting time for outpatient services and strengthening manpower?

c. What amount of the increased resources will be allocated to each hospital cluster? In allocating the resources, has consideration been given to redress the imbalance of resources among hospital clusters? If yes, what is the basis for the allocation? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 173)

Reply:

In 2017-18, the financial provision to the Hospital Authority (HA) amounts to $55.3 billion, representing an increase of $1.86 billion (or 3.5%) over the 2016-17 revised estimate. The increase is mainly due to an additional recurrent subvention of $2 billion for HA to implement new initiatives and enhance various types of services to cope with the growth in service demand arising from ageing population in 2017-18. With the financial provision of the Government, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care. Examples of such measures include:

(a) increasing 229 public hospital beds;

(b) extending medical wavier of public healthcare services to cover Old Age Living Allowance recipients aged 75 or above with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples);

(c) augmenting mental health services;

(d) enhancing pharmacy services in HA including clinical pharmacy services in Oncology and Paediatrics, as well as addressing patient waiting time by enhancing the drug refill services and 24-hour pharmacy services;

(e) implementing Newborn Screening for Inborn Errors of Metabolism in Queen Elizabeth Hospital, Queen Mary Hospital and Prince of Wales Hospital. It is expected that around 17,000 newborn babies will receive screening services in 2017-18;

(f) continuing the Pilot Programme of Integrated Chinese-Western Medicine in 7 public hospitals for 5 more years and expanding the Programme to cover one more disease area in 2018-19;

(g) working together with the Social Welfare Department to strengthen medical-social collaboration to provide a full range of rehabilitation and care support services for those elderly persons discharged from public hospitals, enabling them to age at home after the transitional period;

(h) enhancing the management and treatment of life-threatening diseases, including HA's stroke care and cardiac services, with a view to strengthening service quality and capacity;

(i) enhancing support for elderly patients with fragility fractures by increasing the HA's operating theatre sessions for surgery and traumatology, setting up geriatric fragility fracture co-ordination services in designated acute hospitals and enhancing physiotherapy service for elderly patients;

(j) enhancing the services provided by the Community Geriatric Assessment Teams for terminally ill patients living in residential care homes for the elderly;

(k) strengthening the services for chronic diseases through, for example, increasing the service capacity of chemotherapy and radiotherapy for cancer service, enhancing the service quota of haemodialysis for renal service, and stepping up complications screening for diabetic patients;

(l) increasing the number of operating theatre sessions and the quota for endoscopy examination and diagnostic radiological service so as to enhance the service capacity for addressing the ever rising healthcare needs;

(m) increasing the quota for general out-patient and specialist out-patient services and

enhancing Accident & Emergency Services to improve the waiting time for out-patient and emergency services. The quota for general out-patient clinics in two clusters (namely New Territories East Cluster and New Territories West Cluster) will increase by 27 500 attendances in 2017-18 and 44 000 attendances in 2018-19; and

(n) widening the scope of the HA Drug Formulary to improve the drug treatment for patients in public hospitals.

HA will deploy existing staff and recruit additional staff to cope with the implementation of the new and enhanced initiatives. The number of medical, nursing and allied health staff in 2017-18 will increase by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17.

Budget allocation to clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referrals to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters.

The budget allocation to individual clusters including the additional financial provision for 2017-18 is being worked out by HA and hence not yet available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4669)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 174)

Reply:

(a)

The table below sets out the recurrent budget allocation for each cluster of the Hospital Authority (HA) in the past 5 years:

Year	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
	($ billion)						
2012-13	4.39	4.53	5.47	4.12	9.00	6.49	5.20
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 (projection as of 31 December 2016)	5.68	5.93	7.14	5.68	12.08	8.68	7.30

Note:
The recurrent budget allocation as shown in the table above represents the funding allocated to the 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.

It should be noted that geographical population is only one of the many factors involved in determining budget allocation to individual clusters. Budget allocation to clusters is driven by the planning of patient services guided by the overall direction at the corporate level. When HA plans its services and budget in its annual planning exercise, due consideration is given to a basket of relevant factors. Residential location and daytime distribution of population are both important factors affecting where people may seek healthcare services. In particular, the latter will affect service demand of Accident & Emergency attendance and consequential admission into the hospital. In addition, cross-cluster service utilisation may arise from referral to designated centres for special services, or by patients' own preference, etc. Apart from the above, there are other factors affecting the resource needs of individual clusters, for example, differences in demographic and economic status of the population, and varying complexity of patient conditions being treated by individual clusters. As such, budget allocation to clusters should not be measured solely against the residential population in the corresponding catchment districts.

(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 2012 (as at mid-2012)

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

Population Estimates in 2013 (as at mid-2013)

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

Population Estimates in 2014 (as at mid-2014)

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

Population Estimates in 2015 (as at mid-2015)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	767 700	141 200
Central & Western, Southern	HKWC	525 700	87 000
Kowloon City, Yau Tsim	KCC	540 900	94 300
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	1 956 000	328 900
Sha Tin, Tai Po, North	NTEC	1 290 200	171 300

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Tuen Mun, Yuen Long	NTWC	1 117 500	130 100
Overall Hong Kong		**7 305 700**	**1 117 300**

Projected Population in 2016 (as at mid-2016)

Districts	Corresponding Hospital Cluster	Population	Population Aged 65+
Eastern, Wan Chai, Islands (excluding Lantau Island)	HKEC	764 200	148 000
Central & Western, Southern	HKWC	521 900	91 300
Kowloon City, Yau Tsim	KCC	538 300	99 200
Kwun Tong, Sai Kung	KEC	1 122 300	170 900
Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island	KWC	1 955 200	340 800
Sha Tin, Tai Po, North	NTEC	1 315 200	183 200
Tuen Mun, Yuen Long	NTWC	1 136 400	139 600
Overall Hong Kong		**7 354 500**	**1 173 000**

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

Note for part (a) to part (c):
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4670)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the provision for the Hospital Authority (HA) in the past 5 financial years in the table below:

	Provision for the year	Increase over the previous year (amount/ percentage)	Percentage in recurrent government expenditure	Expenses on staff increments (amount/ percentage in the additional provision)	Expenses on improving pay structure (amount/ percentage in the additional provision)	Resources for service improvement by hospital (item/ amount/ percentage in the additional provision)
2016-17						
2015-16						
2014-15						
2013-14						
2012-13						

Asked by: Hon Kwok Ka-ki (Member Question No. 175)

Reply:

The relevant information is set out in the table below:

	Provision for the financial year **($) million** [N1]	**Increase of provision as compared with that in last financial year** **($) million (amount / percentage)**	**Percentage in recurrent government expenditure** **(%)**	**Expenses on increment for staff** **(amount/(%) in the total provision for the financial year)** **($) million** [N4]	**Expenses on improving salary structure** **(amount/(%) in the additional provision for the financial year)** **($) million**
2016-17 (revised estimate)	53,426.6	1,877.7 (3.64%)	15.47%	813 (1.52%)	1.3 (0.07%)
2015-16 (actual)	51,548.9 [N3]	1,745.3 (3.50%)	15.88%	697 (1.35%)	5.7 (0.33%)
2014-15 (actual)	49,803.6	3,488.0 (7.53%)	16.32%	663 (1.33%)	30.6 (0.88%)
2013-14 (actual)	46,315.6	3,428.7 (7.99%)	16.29%	672 (1.45%)	0.4 (0.01%)
2012-13 (actual)	42,886.9 [N2]	4,257.7 (11.02%)	16.35%	588 (1.37%)	-

N1: The financial provision shown in the Controlling Officer's Report includes recurrent subvention for operating expenditure and capital subvention for procurement of equipment items and computerisation projects.

N2: For meaningful comparison, the financial provision for 2012-13 set out above excludes the one-off injection of $10 billion from the Government into the Samaritan Fund.

N3: 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.

N4: The expenses on increment for staff are included in the total provision for the financial year. For meaningful comparison, the expenses are compared against the total provision for the respective year instead of the additional provision as compared with that in the preceding financial year.

Information on the resources allocated for service improvements for each of the years from 2012-13 to 2016-17 are provided in the table below:

	Service Improvement Projects	**Clusters**	**Funds involved Amount / (%) in the additional provision for the financial year ($) million**
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 12.5%)
(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 (13.5%)
(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 (10.3%)
(4)	augment health services for the elderly by strengthening Community Geriatric Assessment Team (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 (9.0%)
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%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
(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%)
(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%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
2013-14			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds, particularly in high needs communities like the NTWC and KEC	HKEC, KCC, KEC, KWC, NTEC and NTWC	over 300 (over 8.7%)
(2)	commence the service of NLTH by phases to meet the medical needs of the local community on Lantau Island	KWC	236 (6.9%)
(3)	enhance the treatment of critical illnesses through strengthening cardiac services, providing 24-hour thrombolytic service by phases to improve acute stroke management, and enhancing haemodialysis service for renal patients	All clusters	76 (2.2%)
(4)	widen the coverage of and expand the use of drugs in the 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%)

	Service Improvement Projects	Clusters	Funds involved Amount / (%) in the additional provision for the financial year ($) million
2012-13			
(1)	improve service to cope with the rising service demand due to population growth and demographic changes through a number of initiatives, including opening of additional beds in the KEC and the NTWC	KEC and NTWC	75 (1.8%)
(2)	enhance neonatal intensive care services through opening of additional neonatal intensive care unit beds in five clusters	HKEC, KCC, KWC, NTEC and NTWC	53 (1.2%)
(3)	strengthen mental health services through extension of the case management programme for persons with severe mental illness and enhancement of therapeutic environment of psychiatric inpatient service	All clusters	54 (1.3%)
(4)	enhance chronic disease services through adopting a multidisciplinary approach in accordance with the primary care development strategy	All clusters	191 (4.5%)
(5)	improve service quality and safety including strengthening of support for clinical service delivery and enhanced response to contingencies	All clusters	370 (8.7%)
(6)	introduce additional drugs of proven cost effectiveness and efficacy as standard drugs and expansion of use of drugs in the HA Drug Formulary	All clusters	230 (5.4%)
(7)	implement measures to recruit and retain staff for the provision of quality patient care	All clusters	897 (21.1%)

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. 4671)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

When comparing with 2016-17, the number of general beds will only increase by 440 and no additional infirmary beds and beds for the mentally ill and mentally handicapped will be provided in 2017-18. In this connection, would the Government please advise on the following :

(a) What are the numbers of hospital beds and inpatients and the ratios between them by department in each of the Hospital Authority clusters at present? What were the respective numbers and ratios in the past 3 years?

(b) What are the occupancy rates of general beds and beds in various specialties and the average length of stay of inpatients by hospital in each of the Hospital Authority clusters at present? What were the respective rates and duration in the past 3 years? Please provide a breakdown by age group.

(c) Has the Government assessed whether the hospital beds are sufficient to meet the service needs of Hong Kong's growing population? Will the Government allocate additional resources to making up for any possible shortfall? What are the manpower and expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. 176)

Reply:

(a)

The tables below set out (i) the number of inpatient and day inpatient discharges and deaths (IPDP D&D); (ii) the number of hospital beds; and (iii) the ratio of IPDP D&D to hospital beds in the Hospital Authority (HA) and its clusters, by general (acute and convalescent)

and mentally ill types of services in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	179 747	196 964	206 131	175 862	377 123	265 066	206 478	**1 607 371**
Number of hospital beds *	2 044	2 860	3 029	2 295	5 244	3 539	2 326	**21 337**
Ratio of IPDP D&D to hospital beds	87.9	68.9	68.1	76.6	71.9	74.9	88.8	**75.3**
Mentally ill								
Number of IPDP D&D	1 801	764	3 146	512	4 215	4 023	2 801	**17 262**
Number of hospital beds *	400	82	425	80	920	524	1 176	**3 607**
Ratio of IPDP D&D to hospital beds	4.5	9.3	7.4	6.4	4.6	7.7	2.4	**4.8**

* Number of hospital beds as at 31 March 2015

2015-16

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	182 013	201 850	209 997	180 946	382 047	275 774	212 743	**1 645 370**
Number of hospital beds #	2 065	2 860	3 029	2 331	5 244	3 610	2 448	**21 587**
Ratio of IPDP D&D to hospital beds	88.1	70.6	69.3	77.6	72.9	76.4	86.9	**76.2**
Mentally ill								
Number of IPDP D&D	1 728	652	3 203	570	4 360	4 147	2 901	**17 561**
Number of hospital beds #	400	82	425	80	920	524	1 176	**3 607**
Ratio of IPDP D&D to hospital beds	4.3	8.0	7.5	7.1	4.7	7.9	2.5	**4.9**

\# Number of hospital beds as at 31 March 2016

2016-17 (up to 31 December 2016) [Provisional figures]

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
General (acute and convalescent)								
Number of IPDP D&D	185 746	209 224	216 495	192 453	393 730	292 091	223 102	**1 712 841**
Number of hospital beds ^	2 085	2 860	3 053	2 347	5 244	3 672	2 537	**21 798**
Ratio of IPDP D&D to hospital beds	89.1	73.2	70.9	82.0	75.1	79.5	87.9	**78.6**
Mentally ill								
Number of IPDP D&D	1 742	578	3 147	611	4 400	4 222	2 885	**17 585**
Number of hospital beds ^	400	82	425	80	920	524	1 176	**3 607**
Ratio of IPDP D&D to hospital beds	4.4	7.0	7.4	7.6	4.8	8.1	2.5	**4.9**

^ Number of hospital beds as at 31 December 2016

For infirmary and mentally handicapped services, HA's overall IPDP D&D in the past 3 years are as follows :

	2014-15	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
Infirmary	3 515	3 521	3 698
Mentally Handicapped	538	496	548

As both infirmary and mentally handicapped services involve long-stay patients and small patient volume, their respective IPDP D&D is highly variable year by year and across clusters. Hence, it is not a meaningful indicator to reflect the service utilisation across clusters. The number of patient days is instead a better indicator to reflect the utilisation of the services.

The tables below set out (i) the number of patient days; (ii) number of hospital beds; and (iii) inpatient bed occupancy rate in HA and its clusters, for infirmary and mentally handicapped inpatient services in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
Infirmary								
Number of patient days [@]	168 425	52 196	34 915	38 355	94 147	93 035	29 574	**510 647**
Number of hospital beds *	627	200	118	116	328	517	135	**2 041**
Inpatient bed occupancy rate (%)	89%	86%	89%	91%	98%	78%	95%	**88%**
Mentally handicapped **								
Number of patient days [@]	–	–	–	–	25 958	–	175 171	**201 129**
Number of hospital beds *	–	–	–	–	160	–	500	**660**
Inpatient bed occupancy rate (%)	–	–	–	–	47%	–	96%	**85%**

@ Patient days include inpatient patient days and day inpatient discharges and deaths
* Number of hospital beds as at 31 March 2015
** Mentally handicapped beds are provided in KWC and NTWC only

2015-16

	Cluster							Overall
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA**
Infirmary								
Number of patient days [@]	163 743	49 637	35 307	37 319	92 845	99 777	31 112	**509 740**
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 handicapped **								
Number of patient days [@]	–	–	–	–	24 417	–	174 550	**198 967**
Number of hospital beds [#]	–	–	–	–	160	–	500	**660**
Inpatient bed occupancy rate (%)	–	–	–	–	42%	–	95%	**82%**

@ Patient days include inpatient patient days and day inpatient discharges and deaths
# Number of hospital beds as at 31 March 2016
** Mentally handicapped beds are provided in KWC and NTWC only

2016-17 (up to 31 December 2016) [Provisional figures]

	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Infirmary								
Number of patient days @	166 783	50 557	35 693	37 991	93 362	103 305	31 425	**519 116**
Number of hospital beds ^	627	200	118	116	328	517	135	**2 041**
Inpatient bed occupancy rate (%)	88%	77%	92%	90%	97%	86%	95%	**89%**
Mentally handicapped **								
Number of patient days @	–	–	–	–	23 483	–	172 209	**195 692**
Number of hospital beds ^	–	–	–	–	160	–	520	**680**
Inpatient bed occupancy rate (%)	–	–	–	–	40%	–	94%	**81%**

@ Patient days include inpatient patient days and day inpatient discharges and deaths
^ Number of hospital beds as at 31 December 2016
** Mentally handicapped beds are provided in KWC and NTWC only

(b)

The tables below set out the inpatient bed occupancy rate in HA and its clusters for all general specialties (acute and convalescent) and major specialties in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute & convalescent)	87%	75%	92%	88%	86%	89%	97%	**88%**
Gynaecology	91%	57%	96%	54%	92%	74%	110%	**77%**
Medicine	90%	87%	105%	96%	98%	101%	105%	**98%**
Obstetrics	84%	62%	75%	63%	69%	65%	94%	**71%**
Orthopaedics & Traumatology	94%	73%	106%	92%	90%	90%	88%	**90%**
Paediatrics	75%	68%	68%	71%	65%	80%	93%	**72%**
Surgery	86%	73%	96%	86%	71%	93%	87%	**82%**

2015-16

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute & convalescent)	87%	76%	90%	91%	88%	89%	101%	**89%**
Gynaecology	92%	59%	90%	55%	83%	75%	104%	**75%**
Medicine	93%	88%	103%	99%	98%	102%	109%	**99%**
Obstetrics	84%	62%	72%	62%	67%	64%	94%	**70%**
Orthopaedics & Traumatology	90%	73%	104%	100%	92%	87%	93%	**91%**
Paediatrics	85%	66%	70%	79%	72%	84%	100%	**77%**
Surgery	79%	71%	95%	87%	76%	96%	96%	**84%**

2016-17 (up to 31 December 2016) [Provisional figures]

Inpatient bed occupancy rate	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute & convalescent)	89%	77%	90%	94%	90%	92%	101%	**90%**
Gynaecology	92%	61%	103%	51%	80%	75%	110%	**76%**
Medicine	91%	87%	101%	100%	98%	105%	109%	**99%**
Obstetrics	88%	65%	76%	64%	72%	71%	97%	**75%**
Orthopaedics & Traumatology	90%	75%	103%	103%	93%	84%	88%	**90%**
Paediatrics	95%	72%	74%	91%	81%	90%	116%	**86%**
Surgery	85%	75%	98%	91%	80%	101%	94%	**87%**

The tables below set out the inpatient average length of stay (IP ALOS) (days) in HA and its clusters for all general specialties and major specialties, as well as the respective IP ALOS by age group (0 – 64, 65 or above, Overall) in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

IP ALOS (days)	Cluster							Overall
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	HA
All general specialties (acute and convalescent)								
Aged 0 – 64	3.9	5.3	5.4	3.8	3.7	4.9	4.2	**4.4**
Aged 65 or above	6.6	6.4	9.4	6.7	7.0	7.6	7.5	**7.3**
Overall	**5.3**	**5.8**	**7.3**	**5.2**	**5.2**	**6.1**	**5.5**	**5.7**
Gynaecology								
Aged 0 – 64	2.1	2.4	2.2	2.2	1.8	2.1	1.8	**2.0**
Aged 65 or above	3.8	3.6	4.7	4.3	3.3	4.1	4.3	**3.9**
Overall	**2.2**	**2.6**	**2.4**	**2.3**	**1.9**	**2.1**	**1.9**	**2.1**
Medicine								
Aged 0 – 64	4.0	5.7	6.7	4.4	4.4	5.5	5.3	**5.0**
Aged 65 or above	5.8	5.7	8.8	6.1	6.8	7.7	7.6	**6.9**
Overall	**5.2**	**5.7**	**8.2**	**5.6**	**6.0**	**7.0**	**6.7**	**6.3**
Obstetrics								
Aged 0 – 64	3.8	2.9	3.3	2.9	2.9	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
Aged 0 – 64	3.7	6.5	7.6	4.6	4.2	6.5	6.2	**5.4**
Aged 65 or above	7.1	8.9	15.3	8.2	9.1	11.6	14.6	**10.3**
Overall	**5.3**	**7.7**	**11.7**	**6.2**	**6.5**	**8.7**	**9.3**	**7.7**
Paediatrics								
Aged 0 – 64	3.3	5.2	4.7	2.3	2.8	3.7	3.6	**3.4**
Surgery								
Aged 0 – 64	3.1	4.8	4.3	3.2	3.1	5.3	3.4	**3.8**
Aged 65 or above	4.5	5.8	5.6	4.7	4.4	5.7	5.3	**5.0**
Overall	**3.9**	**5.3**	**5.0**	**4.0**	**3.7**	**5.5**	**4.2**	**4.4**

2015-16

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute and convalescent)								
Aged 0 – 64	3.8	5.1	5.4	3.9	3.7	5.1	4.2	**4.4**
Aged 65 or above	6.5	6.6	9.0	6.9	6.9	7.6	8.0	**7.3**
Overall	**5.3**	**5.8**	**7.2**	**5.4**	**5.2**	**6.3**	**5.7**	**5.8**
Gynaecology								
Aged 0 – 64	2.1	2.5	2.1	2.2	1.8	2.1	1.7	**2.0**
Aged 65 or above	3.7	3.8	4.5	5.3	3.5	4.1	3.8	**4.0**
Overall	**2.2**	**2.7**	**2.2**	**2.4**	**1.9**	**2.2**	**1.7**	**2.1**
Medicine								
Aged 0 – 64	4.1	5.3	6.9	4.4	4.6	5.3	5.5	**5.0**
Aged 65 or above	5.8	6.0	8.3	6.5	6.7	7.7	8.1	**7.0**
Overall	**5.3**	**5.7**	**7.9**	**5.9**	**6.0**	**6.9**	**7.1**	**6.4**
Obstetrics								
Aged 0 – 64	3.7	3.0	3.2	2.9	2.8	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
Aged 0 – 64	3.5	5.8	8.2	4.5	4.1	6.4	5.9	**5.3**
Aged 65 or above	6.7	10.0	13.8	7.8	8.9	10.7	15.1	**10.1**
Overall	**5.1**	**7.8**	**11.2**	**6.0**	**6.4**	**8.3**	**9.3**	**7.5**
Paediatrics								
Aged 0 – 64	3.4	5.4	4.2	2.5	2.8	3.5	3.5	**3.4**
Surgery								
Aged 0 – 64	3.1	4.8	3.9	3.2	2.9	5.2	3.6	**3.7**
Aged 65 or above	4.3	5.6	5.5	4.7	4.5	6.0	5.7	**5.1**
Overall	**3.7**	**5.2**	**4.8**	**4.0**	**3.7**	**5.6**	**4.5**	**4.4**

2016-17 (up to 31 December 2016) [Provisional figures]

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
All general specialties (acute and convalescent)								
Aged 0 – 64	4.0	5.3	5.3	4.0	3.8	4.9	4.3	**4.4**
Aged 65 or above	6.8	6.3	8.8	6.8	7.1	7.6	7.9	**7.3**
Overall	**5.4**	**5.8**	**7.0**	**5.4**	**5.3**	**6.1**	**5.7**	**5.8**
Gynaecology								
Aged 0 – 64	2.1	2.4	2.2	2.1	1.9	2.0	1.7	**2.0**
Aged 65 or above	4.0	3.4	4.9	4.5	4.0	3.7	4.0	**4.0**
Overall	**2.3**	**2.6**	**2.3**	**2.2**	**2.0**	**2.1**	**1.8**	**2.1**
Medicine								
Aged 0 – 64	4.2	5.5	6.3	4.6	4.5	5.5	5.6	**5.1**

IP ALOS (days)	Cluster							Overall HA
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC	
Aged 65 or above	5.7	5.7	8.0	6.6	6.8	7.9	8.2	**7.0**
Overall	**5.2**	**5.6**	**7.6**	**6.0**	**6.1**	**7.1**	**7.2**	**6.4**
Obstetrics								
Aged 0 – 64	3.8	2.9	3.2	2.9	2.8	2.9	2.8	**3.0**
Orthopaedics & Traumatology								
Aged 0 – 64	3.6	6.4	9.3	4.3	4.1	5.8	6.2	**5.4**
Aged 65 or above	7.0	9.7	13.6	8.5	8.8	10.8	14.6	**10.2**
Overall	**5.2**	**8.1**	**11.5**	**6.1**	**6.3**	**8.1**	**9.3**	**7.5**
Paediatrics								
Aged 0 – 64	3.3	5.1	3.8	2.9	3.0	3.8	3.8	**3.5**
Surgery								
Aged 0 – 64	3.1	5.2	3.9	3.2	2.9	5.1	3.5	**3.8**
Aged 65 or above	4.5	5.6	5.6	4.6	4.7	6.0	5.4	**5.1**
Overall	**3.9**	**5.4**	**4.8**	**4.0**	**3.8**	**5.5**	**4.4**	**4.4**

HA organises clinical services on a cluster basis. The patient journey may involve different points of care within the same cluster. Hence information by cluster provides a better picture than that by hospital on service utilisation. Activity indicators such as inpatient bed occupancy rate and ALOS should be interpreted at cluster level.
The requested data on inpatient bed occupancy rate by age group are not available as the usage of beds is not categorised by age group.

It should be noted that inpatient ALOS varies among different cases within and between different specialties owing to the varying complexity of the conditions of patients who may require different diagnostic services and treatments. It also varies among different hospital clusters due to different case-mix, i.e. mix of patients of different conditions in the cluster, which may differ according to population profile and other factors, including hospital bed complement and specialisation of the specialties in the cluster. Therefore, the figures cannot be directly compared among different clusters or specialties.

HA classifies “day inpatients” as those patients who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of the number of hospital beds, patient days, and discharges and deaths includes that of both inpatients and day inpatients. The calculation of inpatient average length of stay and bed occupancy rate, on the other hand, does not include that of day inpatients.

(c)

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 2016-17 and 2017-18, HA will add 211 beds and 229 beds respectively.

Note

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4672)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 anticipated dates of commencement and completion for each project;

b. the budget for each project; and

c. 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.

Asked by: Hon KWOK Ka-ki (Member Question No. 178)

Reply:

(a), (b) & (c)

The following table sets out the projects under the ten-year Hospital Development Plan (HDP) of the Hospital Authority (HA) as well as the estimated number of additional beds and operating theatres and the estimated annual capacity of specialist outpatient clinic and general outpatient clinic attendances to be provided of individual projects.

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, phase 1	-	3	-	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-	-
	Sub-total	***-***	***17***	***-***	***-***
Kowloon Central [2]	Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900	20 800
	New Acute Hospital at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of Kwong Wah Hospital (KWH) - main works	350	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 766***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of Haven of Hope Hospital (HHH)	160	-	-	-
	Expansion of United Christian Hospital - 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	-	254 000	-
	Redevelopment of KCH (Phases 2 & 3)				
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	***-***	***254 500***	***154 000***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-
	Development of a CHC in North District	-	-	-	176 000
	Sub-total	***1 050***	***16***	***180 000***	***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**
New Territories West	Extension of Operating Theatre (OT) Block for Tuen Mun Hospital (TMH)	-	9	-	-
	Hospital Authority Supporting Services Centre at Tin Shui Wai	-	-	-	-
	Sub-total	**-**	***9***	**-**	**-**
	HA's Total	***5 016***	***94***	***2 857 800***	***438 800***

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 Our Lady of Maryknoll Hospital and Kwong Wah Hospital, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.

Funding approval for 4 HDP projects was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17:

(a) The substructure and utilities diversion works for the extension of the OT Block for TMH project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. Subject to funding approval by the FC for the remaining parts of the extension project, the whole extension project is planned for completion in 2021.

(b) The redevelopment of KCH (Phase 1) project commenced in May 2016 for completion in 2018. The approved project estimate (APE) for this part of the project is $750.8 million in MOD prices.

(c) The demolition and substructure works for Phase 1 of the redevelopment of KWH project commenced in June 2016. The APE for this part of the project is $654.8 million in MOD prices. Subject to funding approval by the FC for the remaining parts of the redevelopment project, the whole redevelopment project is planned for completion in 2025.

(d) The expansion of HHH project commenced in July 2016 for completion in 2021. The APE in MOD prices is $2,073 million.

For the other 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4673)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding hospital beds, the aim 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 aim? 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 aim?

Asked by: Hon KWOK Ka-ki (Member Question No. 179)

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 for implementation of various hospital projects under the HDP in the next 10 years. HA will continue enhancing its service capacity, undertaking hospital development projects and implementing other suitable measures to ensure that public healthcare services can meet the public needs.

As regards private hospital development, the Gleneagles Hong Kong Hospital which provides 500 inpatient beds has just 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. 4674)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding cancer drugs, would the Government 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 the patients for each type of self-financed drugs? Please provide a breakdown by cancer type and drug.

b. Please set out in the table below details of the subsidies for cancer drugs from the HA, the Samaritan Fund and the Community Care Fund over the past 3 years:

Cancer type	No. of patients	Purchase of drugs with subsidies from the Samaritan Fund				Purchase of drugs with subsidies from the Community Care Fund				Purchase of drugs with subsidies from other funds (please specify the name of the fund)			
		No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs	No. of applicants	No. of applicants granted subsidies	Amount of subsidy	Name of drugs

Asked by: Hon KWOK Ka-ki (Member Question No. 180)

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 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) are set out in the table below.

Year	Number of Cancer Patients Receiving Treatment in HA [@]	Drug Consumption Expenditure Involved
2014-15	122 000	$564.0 Million
2015-16	125 900	$586.3 Million
2016-17	129 400 ^	$591.8 Million *

[@] Figures rounded to the nearest hundred
^ Provisional figure (1 January to 31 December 2016)
* Drug consumption expenditure (1 January – 31 December 2016)

(b)

The tables below set out the names of cancer drugs covered by the Samaritan Fund and Community Care Fund Medical Assistance Programme, the number of applications received and approved, and the amount of subsidies granted in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Samaritan Fund

2014-15				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	13	13	3.50
	Dasatinib	6	6	1.01
Brain cancer	Temozolomide	44	44	3.01
Breast cancer	Trastuzumab	508	508	82.01
Chronic Lymphocytic Leukaemia	Rituximab	19	19	1.64
Chronic Myeloid Leukaemia (CML)	Dasatinib	96	96	16.97
	Imatinib	194	194	42.26
	Nilotinib	89	89	21.29
Gastrointestinal Stromal tumour (GIST)	Imatinib	150	150	27.35
Lung cancer	Erlotinib	21	21	2.36
	Gefitinib	19	19	2.67

2014-15				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Lymphoma	Rituximab	243	243	20.62
Myeloma	Bortezomib	94	94	17.54
	Lenalidomide	28	28	3.23
	Total	**1 524**	**1 524**	**245.46**

2015-16				
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
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 (up to 31 December 2016)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Acute Lymphoblastic leukaemia (ALL)	Imatinib	7	7	1.67
	Dasatinib	6	6	1.71
Brain cancer	Temozolomide	41	41	2.33
Breast cancer	Trastuzumab	443	443	77.91
Chronic Lymphocytic Leukaemia	Rituximab	8	8	0.79
Chronic Myeloid	Dasatinib	90	90	16.68

2016-17 (up to 31 December 2016)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Leukaemia (CML)	Imatinib	140	140	30.59
	Nilotinib	87	87	19.83
Colorectal cancer	Cetuximab	45	45	3.67
Gastrointestinal Stromal tumour (GIST)	Imatinib	130	130	23.10
Lung cancer	Erlotinib	4	4	0.68
	Gefitinib	6	6	0.79
Lymphoma	Rituximab	169	169	15.05
Myelodysplastic Syndromes / chronic myelomonocytic leukaemia / acute myeloid leukaemia	Azacitidine	30	30	9.36
Myeloma	Bortezomib	64	64	11.37
	Lenalidomide	27	27	3.63
Total		**1 297**	**1 297**	**219.16**

Community Care Fund Medical Assistance Programme

2014-15				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	64	64	3.60
Colorectal cancer	Bevacizumab	27	27	2.82
	Cetuximab	34	34	3.73
Liver cancer	Sorafenib	288	288	13.39
Gastrointestinal tumour	Sunitinib	27	27	3.08
Lung cancer	Erlotinib	242	242	28.11
	Gefitinib	487	487	59.61
	Pemetrexed	398	398	25.59
Ovarian cancer	Pegylated liposomal Doxorubicin	39	39	2.47
Renal cell carcinoma	Sunitinib	74	74	6.96
Total		**1 680**	**1 680**	**149.36**

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
Renal cell carcinoma	Sunitinib	41	41	3.89
	Pazopanib	27	27	3.29
	Total	**1 678**	**1 678**	**156.79**

2016-17 (up to 31 December 2016)				
Types of cancers	**Drugs**	**No. of applications received**	**No. of applications approved**	**Amount of subsidies granted ($ million)**
Breast cancer	Lapatinib	63	63	4.20
Colorectal cancer	Bevacizumab	7	7	0.55
	Cetuximab	18	18	0.34
Liver cancer	Sorafenib	215	215	12.24
Gastric carcinoma	Trastuzumab	0*	0*	0*
Gastrointestinal tumour	Sunitinib	16	16	1.99
Leukaemia	Bendamustine	1	1	0.23
Lung cancer	Afatinib	10	10	1.36
	Erlotinib	253	253	33.29
	Gefitinib	386	386	46.48
	Pemetrexed	272	272	17.07
Ovarian cancer	Pegylated liposomal Doxorubicin	28	28	1.95
Renal cell carcinoma	Sunitinib	22	22	2.52
	Pazopanib	33	33	4.38
Skin cancer	Vemurafenib	1	1	0.25
	Total	**1 325**	**1 325**	**126.85**

* No application for this drug has been received.

Note:
HA does not capture information on other cancer subsidy programmes.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4675)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 3 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 2017-18.

Asked by: Hon KWOK Ka-ki (Member Question No. 181)

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 (HA) for 2014-15 and 2015-16. The actual expenditure for 2016-17 will only be available after the close of the financial year and therefore estimated expenditure for 2017-18 is not available.

Rank	**2014-15**	**2015-16**
Chief Executive	$5.3 million	$5.7 million
Directors	$56.0 million	$61.0 million

* Chief Executive and Directors refer to those key management personnel as 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4676)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of doctors by department in each of the hospitals in the Hospital Authority clusters in the past 3 years; their numbers by rank (*including Consultant, Associate Consultant/Senior Medical Officer, Specialist and Specialist Trainee*); the ratio between doctors and patients; and the doctors' median length of service.

Asked by: Hon KWOK Ka-ki (Member Question No. 182)

Reply:

The services of the Hospital Authority (HA) are organised and provided on a cluster basis. The manpower of HA is deployed and rotated flexibly amongst various hospitals within a hospital cluster.

The table below sets out the number of all ranks of doctors by major specialty in each hospital cluster of HA in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

Cluster	Specialty	2014-15 (as at 31 March 2015)				2015-16 (as at 31 March 2016)				2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	5	25	24	54	5	26	24	55	5	26	26	57
	Anaesthesia	4	16	11	31	4	15	14	34	5	14	15	34
	Family Medicine	1	8	46	56	1	11	45	57	1	11	46	58
	Intensive Care Unit	1	7	5	13	1	7	6	14	1	7	9	17
	Medicine	18	61	73	152	18	61	80	159	17	60	81	157
	Neurosurgery	2	2	7	11	2	1	8	11	2	1	8	11
	Obstetrics & Gynaecology	3	6	10	19	4	7	5	16	4	5	7	16
	Ophthalmology	3	7	11	20	4	6	10	20	4	5	11	20

Cluster	Specialty	2014-15 (as at 31 March 2015)				2015-16 (as at 31 March 2016)				2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Orthopaedics & Traumatology	5	12	16	33	4	12	14	30	6	11	16	33
	Paediatrics	6	7	12	25	6	7	16	29	6	6	17	29
	Pathology	6	9	3	18	6	8	6	20	5	8	5	18
	Psychiatry	5	13	18	36	5	12	19	36	5	13	16	34
	Radiology	9	12	19	40	10	12	16	38	10	13	20	42
	Surgery	8	13	28	49	8	14	27	49	9	15	27	51
	Others	4	9	14	27	4	10	14	28	5	9	14	28
	Total	**80**	**207**	**296**	**584**	**82**	**210**	**304**	**595**	**84**	**203**	**318**	**605**
HKWC	**Accident & Emergency**	3	11	12	26	3	12	11	26	3	12	14	30
	Anaesthesia	15	23	27	65	16	24	29	69	18	24	31	73
	Cardio-thoracic Surgery	5	3	3	11	5	3	2	10	5	3	4	12
	Family Medicine	2	6	35	43	2	9	32	43	3	12	28	43
	Intensive Care Unit	2	6	6	14	2	6	6	14	2	6	8	16
	Medicine	23	36	75	134	25	39	73	137	26	39	76	141
	Neurosurgery	2	4	7	13	1	4	7	12	2	4	6	12
	Obstetrics & Gynaecology	6	5	15	27	6	4	15	26	6	7	12	25
	Ophthalmology	2	4	6	12	2	4	9	15	2	4	9	15
	Orthopaedics & Traumatology	5	8	14	27	5	7	20	32	5	7	22	34
	Paediatrics	11	13	22	46	12	15	21	48	13	16	26	55
	Pathology	8	7	9	24	8	8	11	27	8	7	14	29
	Psychiatry	3	8	13	24	3	10	13	26	3	9	16	28
	Radiology	9	11	17	37	8	13	15	36	9	11	17	37
	Surgery	13	19	44	76	13	20	44	77	12	20	47	80
	Others	6	5	17	29	6	7	14	28	6	7	17	30
	Total	**116**	**171**	**321**	**608**	**118**	**185**	**321**	**624**	**124**	**189**	**346**	**659**
KCC	**Accident & Emergency**	3	18	20	41	3	18	27	48	3	18	25	46
	Anaesthesia	10	23	24	57	10	23	25	58	11	24	23	58
	Cardio-thoracic Surgery	3	7	6	16	3	6	6	15	3	7	6	16
	Family Medicine	1	8	48	57	1	8	50	59	1	8	47	56
	Intensive Care Unit	2	6	2	10	2	6	4	12	2	5	5	12
	Medicine	20	48	79	147	21	50	81	152	23	54	84	160
	Neurosurgery	4	6	10	20	4	6	11	21	4	6	11	21
	Obstetrics & Gynaecology	7	9	12	28	7	8	11	26	7	10	13	30
	Ophthalmology	6	15	15	36	6	15	16	37	6	13	18	37
	Orthopaedics & Traumatology	9	14	15	38	10	15	14	39	10	14	15	39
	Paediatrics	10	16	19	45	10	15	21	46	10	16	21	47
	Pathology	8	13	9	30	8	12	7	27	10	10	12	32

Cluster	Specialty	2014-15 (as at 31 March 2015)				2015-16 (as at 31 March 2016)				2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Psychiatry	4	9	23	36	5	10	20	35	5	10	20	35
	Radiology	12	15	18	45	12	19	16	47	12	17	19	48
	Surgery	10	16	28	54	10	19	33	62	10	18	35	63
	Others	10	15	21	45	11	16	22	48	11	15	22	47
	Total	**119**	**238**	**347**	**703**	**122**	**246**	**363**	**731**	**126**	**245**	**376**	**747**
KEC	**Accident & Emergency**	4	26	28	58	4	28	32	64	5	28	34	67
	Anaesthesia	6	16	17	38	6	18	21	44	6	17	21	43
	Family Medicine	2	13	72	87	2	19	68	89	2	19	65	86
	Intensive Care Unit	1	5	5	11	1	6	6	13	1	6	6	13
	Medicine	19	53	80	153	22	54	75	151	22	54	80	157
	Obstetrics & Gynaecology	6	7	13	26	6	7	14	27	8	7	13	28
	Ophthalmology	2	5	11	18	2	8	10	20	2	7	12	21
	Orthopaedics & Traumatology	6	12	24	42	6	14	24	44	7	12	25	44
	Paediatrics	5	12	24	41	5	11	24	40	5	15	21	41
	Pathology	6	11	4	21	6	10	4	20	7	7	7	21
	Psychiatry	3	17	15	35	3	18	16	37	3	18	17	38
	Radiology	10	7	11	28	10	9	14	33	10	10	12	32
	Surgery	10	19	29	58	12	22	31	65	12	24	28	64
	Others	5	10	14	29	5	10	14	29	4	12	13	29
	Total	**84**	**213**	**347**	**644**	**90**	**235**	**352**	**676**	**94**	**237**	**353**	**684**
KWC	**Accident & Emergency**	11	49	73	134	11	50	73	134	11	50	78	139
	Anaesthesia	10	41	35	86	10	42	35	87	10	43	36	89
	Family Medicine	3	29	128	160	3	32	133	168	3	35	129	167
	Intensive Care Unit	4	14	17	35	4	13	21	38	4	13	23	40
	Medicine	38	113	144	295	39	116	156	311	41	117	157	315
	Neurosurgery	3	7	13	23	4	7	12	23	4	7	13	24
	Obstetrics & Gynaecology	8	17	23	48	8	17	23	48	8	17	25	51
	Ophthalmology	3	10	12	25	3	9	11	23	3	9	13	25
	Orthopaedics & Traumatology	12	24	41	78	14	27	34	76	15	26	38	79
	Paediatrics	13	30	44	86	14	30	44	88	14	29	44	88
	Pathology	14	18	20	52	16	17	19	51	19	16	22	56
	Psychiatry	9	29	33	71	9	29	39	77	9	28	36	72
	Radiology	16	28	19	63	16	25	19	60	16	24	21	61
	Surgery	17	44	58	119	20	43	62	125	21	41	64	127
	Others	7	14	24	45	6	14	23	43	6	14	22	41
	Total	**168**	**468**	**683**	**1 318**	**178**	**471**	**703**	**1 352**	**184**	**468**	**722**	**1 374**
NTEC	**Accident & Emergency**	8	30	28	66	8	31	31	70	8	30	33	71

Cluster	Specialty	2014-15 (as at 31 March 2015)				2015-16 (as at 31 March 2016)				2016-17 (as at 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
	Anaesthesia	8	27	28	63	8	30	32	70	7	30	33	70
	Cardio-thoracic Surgery	1	1	3	5	2	0	3	5	2	1	2	5
	Family Medicine	3	12	72	86	3	17	69	89	3	19	69	91
	Intensive Care Unit	2	11	15	28	3	10	14	27	3	10	14	27
	Medicine	25	52	109	187	27	62	104	193	29	61	116	205
	Neurosurgery	3	1	4	8	3	1	4	8	3	0	4	7
	Obstetrics & Gynaecology	6	7	14	28	6	8	15	29	6	8	18	32
	Ophthalmology	2	6	19	27	3	5	19	27	3	5	19	27
	Orthopaedics & Traumatology	11	21	21	53	11	20	31	61	11	19	35	64
	Paediatrics	9	20	33	62	9	20	35	63	10	20	30	60
	Pathology	7	14	10	31	9	15	11	35	9	13	13	35
	Psychiatry	5	20	33	58	5	20	38	63	6	20	39	65
	Radiology	11	16	17	44	10	18	10	38	11	16	15	42
	Surgery	15	23	49	87	19	20	53	92	19	21	58	98
	Others	9	17	25	51	10	17	26	53	9	18	27	54
	Total	**124**	**277**	**480**	**881**	**135**	**294**	**493**	**921**	**137**	**291**	**523**	**952**
NTWC	Accident & Emergency	6	23	37	66	6	24	36	66	7	24	45	76
	Anaesthesia	8	14	22	43	8	18	26	51	8	18	29	55
	Cardio-thoracic Surgery	1	1	0	2	1	1	0	2	1	1	0	2
	Family Medicine	2	13	60	76	2	19	53	75	2	22	57	81
	Intensive Care Unit	2	6	9	17	2	5	11	18	2	5	12	19
	Medicine	18	40	78	136	19	45	87	151	21	48	89	157
	Neurosurgery	3	2	9	14	3	2	10	15	3	3	10	16
	Obstetrics & Gynaecology	6	9	13	27	9	8	9	26	9	8	13	30
	Ophthalmology	4	8	10	22	4	8	12	24	4	8	11	23
	Orthopaedics & Traumatology	7	14	25	46	7	15	28	50	7	15	29	51
	Paediatrics	5	12	21	38	6	13	18	37	6	14	18	38
	Pathology	5	11	7	23	5	9	10	24	7	7	10	24
	Psychiatry	10	26	43	79	9	27	41	77	10	29	45	84
	Radiology	11	8	17	35	10	9	16	34	10	8	19	36
	Surgery	12	16	38	66	16	16	34	66	16	17	38	71
	Others	7	8	18	33	7	10	16	33	7	10	19	36
	Total	**105**	**210**	**408**	**723**	**113**	**229**	**406**	**748**	**119**	**236**	**443**	**799**

Tables 1 and 2 below set out the doctor-to-patient ratio by cluster and major specialty for inpatient and day inpatient in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

Table 1: Doctor-to-patient ratio by cluster in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016)

Cluster	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2014-15			
HKEC	584	5.1	3.2
HKWC	608	5.4	3.1
KCC	703	5.5	3.4
KEC	644	5.1	3.6
KWC	1 318	4.9	3.5
NTEC	881	5.2	3.3
NTWC	723	5.3	3.4
2015-16			
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 (as at 31 December 2016)			
HKEC	605	5.1	3.2
HKWC	659	5.6	3.1
KCC	747	5.4	3.4
KEC	684	5.1	3.5
KWC	1 374	4.9	3.4
NTEC	952	5.2	3.2
NTWC	799	5.5	3.5

Table 2: Doctor-to-patient ratio by major specialty for inpatient and day inpatient in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016)

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2014-15			
Medicine	1 202	2.6	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	632	3.6	2.1
Obstetrics & Gynaecology	203	2.1	1.3
Paediatrics	342	3.8	2.8
Orthopaedics & Traumatology	317	3.5	2.8

Specialty	Number of Doctors	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
Psychiatry	338	19.1	19.0
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 (as at 31 December 2016)			
Medicine	1 292	2.7	1.8
Surgery (including Neurosurgery and Cardiothoracic Surgery)	678	3.7	2.1
Obstetrics & Gynaecology	212	2.2	1.4
Paediatrics	357	3.5	2.6
Orthopaedics & Traumatology	345	3.6	2.9
Psychiatry	356	19.8	19.6

The table below sets out the median length of service of all ranks of doctors by major specialty in HA in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

	2014-15 (as at 31 March 2015)				2015-16 (as at 31 March 2016)				2016-17 (as at 31 December 2016)			
Specialty	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**	**Consultant**	**SMO/AC**	**MO/R**	**Total**
Accident & Emergency	22.8	18.2	6.7	12.7	23.8	18.9	5.7	12.8	23.8	19.5	5.5	11.5
Anaesthesia	20.7	11.7	5.3	9.3	21.2	11.7	4.8	9.5	22.0	11.5	4.5	9.5
Cardio-thoracic Surgery	20.2	15.2	5.2	13.7	21.2	14.7	5.7	14.7	21.9	15.5	4.5	15.5
Family Medicine	17.1	13.0	9.2	10.7	18.1	13.7	8.0	11.7	18.5	14.5	8.2	11.5
Intensive Care Unit	21.7	15.7	3.7	9.7	22.6	14.7	3.7	9.7	23.3	15.5	3.5	9.5
Medicine	21.7	17.9	5.7	10.7	22.7	17.7	5.7	10.7	23.1	17.5	5.5	10.5
Neurosurgery	21.7	13.7	3.7	9.2	21.8	14.7	4.2	8.8	21.9	14.0	4.5	9.5
Obstetrics & Gynaecology	20.2	10.7	5.7	8.2	20.8	9.7	5.7	8.8	20.5	10.5	5.0	8.5
Ophthalmology	19.2	11.7	4.7	7.7	19.7	11.7	4.8	7.7	20.5	11.5	5.5	7.6
Orthopaedics & Traumatology	21.2	18.7	5.7	10.7	22.2	17.7	5.7	9.7	22.3	17.5	5.5	9.5
Paediatrics	20.7	19.7	5.7	8.7	21.5	18.7	5.7	8.8	22.3	16.5	5.1	9.5
Pathology	20.5	14.7	5.7	13.7	21.2	12.8	4.6	11.7	21.9	12.5	3.5	11.5
Psychiatry	20.7	13.7	6.7	9.7	21.7	14.7	6.7	9.7	22.5	14.5	6.5	9.5
Radiology	20.5	9.7	4.7	8.7	21.4	9.7	4.8	8.8	21.9	10.5	4.5	8.5
Surgery	20.6	12.7	5.7	8.7	21.2	11.7	5.7	8.8	21.9	12.5	5.5	8.5
Others	21.7	16.7	7.5	9.7	22.4	15.7	7.7	10.7	23.2	15.5	7.5	11.5
Total	**20.9**	**14.7**	**5.7**	**9.7**	**21.7**	**14.7**	**5.7**	**9.7**	**22.2**	**14.5**	**5.5**	**9.5**

Note:

1. The manpower figures are calculated on full-time equivalent including permanent, contract and temporary staff, but excluding Interns and Dental Officers. Individual figures may not add up to the total due to rounding.

2. The specialty of medicine department includes hospice, rehabilitation and infirmary. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

3. For the ratios of manpower per 1 000 inpatient and day inpatient discharges and deaths, the manpower position refers to that as at 31 March of the respective years (except for 2016-17, the manpower status as at 31 December 2016 was drawn); whereas the numbers of inpatient and day inpatient discharges and deaths refer to the throughput for the whole financial year (except for 2016-17, the throughput from 1 January 2016 to 31 December 2016 was taken). The number of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

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

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

6. It is important to note that doctors are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, the manpower ratios for inpatient services may not give meaningful year on year comparison. Variations are also noted among specialties and clusters as the throughputs are related to the mode of care delivery, the condition of individual patients and the complexity of individual cases.

7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 4677)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. 183)

Reply:

The tables below set out the number of nurses and nurse-to-patient ratios in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016) by cluster and by major specialty for inpatients and day inpatients in the Hospital Authority (HA).

Nurse-to-patient ratios by cluster in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016)

Cluster	**Number of Nurses**	**Ratio per 1 000 inpatient discharges and deaths**	**Ratio per 1 000 inpatient and day inpatient discharges and deaths**
2014-15 (as at 31 March 2015)			
HKEC	2 517	22.1	13.7
HKWC	2 679	23.6	13.5
KCC	3 275	25.4	15.6
KEC	2 613	20.8	14.8
KWC	5 608	20.7	14.7
NTEC	3 897	23.1	14.5
NTWC	3 163	23.3	15.1

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 December 2016)			
HKEC	2 681	22.5	14.1
HKWC	2 801	23.7	13.3
KCC	3 332	24.2	15.1
KEC	2 737	20.4	14.2
KWC	5 743	20.4	14.4
NTEC	4 030	22.2	13.6
NTWC	3 483	23.8	15.4

Nurse-to-patient ratio by major specialty in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016)

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
2014-15 (as at 31 March 2015)			
Medicine	6 480	14.3	9.6
Obstetrics & Gynaecology	1 161	12.3	7.7
Orthopaedics & Traumatology	1 061	11.8	9.5
Paediatrics	1 392	15.4	11.3
Psychiatry	2 362	133.7	132.7
Surgery	2 061	11.7	6.9
2015-16 (as at 31 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 December 2016)			
Medicine	6 861	14.2	9.4
Obstetrics & Gynaecology	1 211	12.7	8.2
Orthopaedics & Traumatology	1 101	11.4	9.3
Paediatrics	1 475	14.5	10.8

Psychiatry	2 395	133.1	132.1
Surgery	2 203	12.0	6.9

Note:

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

(2) The specialty of medicine includes hospice, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.

(3) HA measures and monitors its service throughput by performance indicators such as number 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) As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient discharges and deaths.

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

(6) For the 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 2016-17, the manpower status as at 31 December 2016 was drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2016-17, the throughput from 1 January 2016 to 31 December 2016 are taken). The number of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

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

(8) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with

effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4678)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise this Committee of the 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. 184)

Reply:

The table below sets out the number of allied health professionals and their ratios to patients in 2014-15, 2015-16 and 2016-17 by cluster and by major allied health grades in the Hospital Authority (HA):

Cluster	Grade	2014-15 (As at 31 March 2015)			2015-16 (As at 31 March 2016)			2016-17 (As at 31 December 2016)		
		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	139	1.2	0.8	148	1.3	0.8	149	1.3	0.8
	Medical Laboratory Technologist	113	1.0	0.6	114	1.0	0.6	119	1.0	0.6
	Occupational Therapist	76	0.7	0.4	81	0.7	0.4	86	0.7	0.5
	Pharmacist	69	0.6	0.4	72	0.6	0.4	72	0.6	0.4
	Physiotherapist	110	1.0	0.6	114	1.0	0.6	119	1.0	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	122	1.1	0.7	126	1.1	0.7	127	1.1	0.7
	Social Worker	50	0.4	0.3	49	0.4	0.3	45	0.4	0.2
	Others	83	0.7	0.5	87	0.8	0.5	88	0.7	0.5

Cluster	Grade	2014-15 (As at 31 March 2015)			2015-16 (As at 31 March 2016)			2016-17 (As at 31 December 2016)		
		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	124	1.1	0.6	125	1.1	0.6	129	1.1	0.6
	Medical Laboratory Technologist	233	2.1	1.2	243	2.1	1.2	252	2.1	1.2
	Occupational Therapist	76	0.7	0.4	76	0.7	0.4	83	0.7	0.4
	Pharmacist	64	0.6	0.3	68	0.6	0.3	69	0.6	0.3
	Physiotherapist	101	0.9	0.5	105	0.9	0.5	114	1.0	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	128	1.1	0.6	130	1.1	0.6	138	1.2	0.7
	Social Worker	46	0.4	0.2	49	0.4	0.2	48	0.4	0.2
	Others	112	1.0	0.6	118	1.0	0.6	124	1.0	0.6
Kowloon Central	Dispenser	144	1.1	0.7	150	1.1	0.7	151	1.1	0.7
	Medical Laboratory Technologist	228	1.8	1.1	231	1.8	1.1	232	1.7	1.1
	Occupational Therapist	107	0.8	0.5	108	0.8	0.5	113	0.8	0.5
	Pharmacist	63	0.5	0.3	65	0.5	0.3	68	0.5	0.3
	Physiotherapist	149	1.2	0.7	166	1.3	0.8	169	1.2	0.8
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	147	1.1	0.7	149	1.1	0.7	161	1.2	0.7
	Social Worker	23	0.2	0.1	24	0.2	0.1	24	0.2	0.1
	Others	128	1.0	0.6	135	1.0	0.6	141	1.0	0.6
Kowloon East	Dispenser	128	1.0	0.7	130	1.0	0.7	135	1.0	0.7
	Medical Laboratory Technologist	125	1.0	0.7	137	1.1	0.8	142	1.1	0.7
	Occupational Therapist	71	0.6	0.4	76	0.6	0.4	83	0.6	0.4
	Pharmacist	57	0.5	0.3	60	0.5	0.3	62	0.5	0.3
	Physiotherapist	109	0.9	0.6	120	0.9	0.7	124	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	92	0.7	0.5	94	0.7	0.5	97	0.7	0.5
	Social Worker	40	0.3	0.2	46	0.4	0.3	44	0.3	0.2
	Others	84	0.7	0.5	87	0.7	0.5	94	0.7	0.5
Kowloon West	Dispenser	306	1.1	0.8	318	1.2	0.8	320	1.1	0.8
	Medical Laboratory Technologist	288	1.1	0.8	295	1.1	0.8	303	1.1	0.8
	Occupational Therapist	163	0.6	0.4	180	0.7	0.5	190	0.7	0.5
	Pharmacist	148	0.5	0.4	156	0.6	0.4	161	0.6	0.4
	Physiotherapist	179	0.7	0.5	193	0.7	0.5	209	0.7	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	229	0.8	0.6	237	0.9	0.6	245	0.9	0.6
	Social Worker	95	0.4	0.2	99	0.4	0.3	99	0.4	0.2
	Others	158	0.6	0.4	168	0.6	0.4	169	0.6	0.4

Cluster	Grade	2014-15 (As at 31 March 2015)			2015-16 (As at 31 March 2016)			2016-17 (As at 31 December 2016)		
		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	189	1.1	0.7	211	1.2	0.8	222	1.2	0.7
	Medical Laboratory Technologist	215	1.3	0.8	236	1.4	0.8	244	1.3	0.8
	Occupational Therapist	124	0.7	0.5	131	0.8	0.5	136	0.7	0.5
	Pharmacist	77	0.5	0.3	85	0.5	0.3	90	0.5	0.3
	Physiotherapist	146	0.9	0.5	161	0.9	0.6	172	0.9	0.6
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	171	1.0	0.6	187	1.1	0.7	194	1.1	0.7
	Social Worker	29	0.2	0.1	32	0.2	0.1	31	0.2	0.1
	Others	130	0.8	0.5	136	0.8	0.5	140	0.8	0.5
New Territories West	Dispenser	146	1.1	0.7	157	1.1	0.7	168	1.1	0.7
	Medical Laboratory Technologist	139	1.0	0.7	144	1.0	0.7	160	1.1	0.7
	Occupational Therapist	114	0.8	0.5	119	0.8	0.6	126	0.9	0.6
	Pharmacist	60	0.4	0.3	66	0.5	0.3	72	0.5	0.3
	Physiotherapist	91	0.7	0.4	110	0.8	0.5	122	0.8	0.5
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	127	0.9	0.6	130	0.9	0.6	143	1.0	0.6
	Social Worker	30	0.2	0.1	32	0.2	0.1	33	0.2	0.1
	Others	124	0.9	0.6	131	0.9	0.6	138	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 2016-17, the manpower status as at 31 December 2016 was drawn); whereas the number of inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2016-17, the throughput from 1 January 2016 to 31 December 2016 was taken). The number of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

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

6. In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day.

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

8. Wong Tai Sin District and Mong Kok area have been re-delineated from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC) since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4679)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please advise this Committee of the numbers of health care assistants (including phlebotomists) 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. 185)

Reply:

The tables below set out the number of care-related supporting staff (including phlebotomists) of the Hospital Authority (HA), the ratio to inpatient discharges and deaths and the ratio to inpatient and day inpatient discharges and deaths in the past 3 years.

2014-15 (as at 31 March 2015)

Cluster	Number of care-related supporting staff	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
HKEC	1 485	13.1	8.1
HKWC	1 422	12.5	7.2
KCC	1 968	15.3	9.4
KEC	1 436	11.4	8.1
KWC	2 831	10.4	7.4
NTEC	2 358	14.0	8.8
NTWC	2 216	16.3	10.6
Total	**13 715**	**13.0**	**8.4**

2015-16 (as at 31 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 December 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	1 511	12.7	8.0
HKWC	1 457	12.4	6.9
KCC	2 105	15.3	9.6
KEC	1 559	11.6	8.1
KWC	2 973	10.6	7.5
NTEC	2 520	13.9	8.5
NTWC	2 465	16.9	10.9
Total	**14 589**	**13.0**	**8.4**

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 number 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 2016-17, the manpower status as at 31 December 2016 was drawn); whereas the number of inpatient and day inpatient discharges and deaths refers to the

throughput for the whole financial year (except for 2016-17, the throughput from 1 January 2016 to 31 December 2016 are taken). The number of inpatient and day inpatient discharges and deaths for 2016-17 are provisional figures.

(4) It is important to note that care-related supporting staff are responsible for rendering services for the whole continuum of services spanning from inpatient, outpatient, ambulatory and outreach services. Therefore, 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 1 day.

(6) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4680)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

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 in each cluster?

Asked by: Hon KWOK Ka-ki (Member Question No. 186)

Reply:

The tables below set out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster in 2014-15, 2015-16 and 2016-17, 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+	
2014-15 (as at 31 March 2015)										
HKEC	584	0.8	4.3	2 517	3.3	18.7	762	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	608	1.1	7.3	2 679	5.1	32.1	883	1.7	10.6	Central & Western, Southern
KCC	703	1.3	7.8	3 275	6.1	36.4	989	1.8	11.0	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	2 613	2.4	16.6	706	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	5 608	2.9	17.7	1 566	0.8	4.9	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	3 897	3.1	24.2	1 081	0.9	6.7	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	3 163	2.9	26.0	831	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**0.8**	**5.1**	**23 751**	**3.3**	**22.3**	**6 818**	**0.9**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment 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	18.5	791	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.0	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.0	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	17.4	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**	**6.4**	

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+	
2016-17 (as at 31 December 2016)										
HKEC	605	0.8	4.1	2 681	3.5	18.1	805	1.1	5.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	659	1.3	7.2	2 801	5.4	30.7	956	1.8	10.5	Central & Western, Southern
KCC	747	1.4	7.5	3 332	6.2	33.6	1 058	2.0	10.7	Kowloon City, Yau Tsim
KEC	684	0.6	4.0	2 737	2.4	16.0	780	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 374	0.7	4.0	5 743	2.9	16.9	1 695	0.9	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	5.2	4 030	3.1	22.0	1 228	0.9	6.7	Sha Tin, Tai Po, North
NTWC	799	0.7	5.7	3 483	3.1	24.9	961	0.8	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	**5.0**	**24 806**	**3.4**	**21.1**	**7 484**	**1.0**	**6.4**	

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 mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

5) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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 2017-18 Reply Serial No.

FHB(H)333

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4681)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please set out in detail the attrition numbers, attrition rates and median lengths of service of medical officers in hospitals departing the Hospital Authority by post (including Consultant, Associate Consultant/Senior Doctor, Specialist and Specialist Trainee) and by clinical department upon their departure for each of the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 187)

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 2014-15, 2015-16 and 2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016).

Cluster	Specialty	2014-15				2015-16				2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
HKEC	Accident & Emergency	0	1	0	1	0	0	1	1	1	0	1	2
	Anaesthesia	0	4	0	4	1	0	0	1	0	1	1	2
	Family Medicine	1	0	1	2	0	1	1	2	0	0	3	3
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	3	1	2	6	0	1	1	2	2	5	3	10
	Neurosurgery	0	0	0	0	0	0	1	1	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	2	0	2	0	2	2	4
	Ophthalmology	1	0	1	2	0	0	1	1	0	1	0	1
	Orthopaedics & Traumatology	0	1	0	1	1	2	2	5	0	0	0	0
	Paediatrics	0	0	0	0	0	0	1	1	0	0	1	1
	Pathology	1	1	0	2	0	0	0	0	1	0	1	2
	Psychiatry	0	0	2	2	0	0	0	0	0	0	3	3
	Radiology	0	1	0	1	1	2	0	3	1	1	0	2
	Surgery	1	1	0	2	1	0	0	1	2	1	0	3
	Others	0	0	0	0	1	0	1	2	0	0	1	1
	Total	**7**	**11**	**6**	**24**	**5**	**8**	**9**	**22**	**7**	**11**	**16**	**34**
HKWC	Accident & Emergency	0	0	1	1	1	1	2	4	0	0	1	1
	Anaesthesia	0	3	2	5	1	1	3	5	2	0	0	2
	Cardio-thoracic Surgery	0	1	0	1	0	0	0	0	0	0	0	0
	Family Medicine	0	0	2	2	0	0	2	2	0	0	2	2
	Intensive Care Unit	0	0	1	1	0	0	2	2	0	0	1	1
	Medicine	2	3	3	8	2	3	4	9	2	2	5	9
	Neurosurgery	0	0	0	0	1	0	0	1	0	0	0	0
	Obstetrics & Gynaecology	1	1	0	2	0	0	1	1	0	0	1	1
	Ophthalmology	0	1	1	2	0	1	0	1	0	0	0	0
	Orthopaedics & Traumatology	0	2	2	4	0	2	0	2	0	1	0	1
	Paediatrics	0	0	1	1	1	2	0	3	3	2	0	5
	Pathology	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatry	0	0	0	0	0	0	3	3	0	1	0	1
	Radiology	0	4	0	4	2	1	1	4	1	1	2	4
	Surgery	1	3	1	5	2	1	1	4	2	1	1	4
	Others	0	0	0	0	0	1	2	3	0	0	1	1
	Total	**4**	**18**	**14**	**36**	**10**	**13**	**21**	**44**	**10**	**8**	**14**	**32**

Cluster	Specialty	2014-15				2015-16				2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KCC	Accident & Emergency	0	2	2	4	0	1	1	2	1	0	2	3
	Anaesthesia	0	0	1	1	0	1	0	1	1	2	0	3
	Cardio-thoracic Surgery	0	0	0	0	0	1	0	1	0	0	0	0
	Family Medicine	0	0	2	2	0	0	1	1	0	1	2	3
	Intensive Care Unit	0	0	0	0	0	1	0	1	0	0	0	0
	Medicine	1	1	3	5	0	0	1	1	2	0	0	2
	Neurosurgery	0	0	1	1	0	1	0	1	0	0	0	0
	Obstetrics & Gynaecology	0	1	2	3	1	3	2	6	0	1	0	1
	Ophthalmology	0	1	1	2	0	2	0	2	0	3	0	3
	Orthopaedics & Traumatology	2	1	0	3	2	0	0	2	2	1	0	3
	Paediatrics	1	0	1	2	0	1	1	2	0	0	0	0
	Pathology	0	1	0	1	0	2	1	3	0	1	0	1
	Psychiatry	0	1	0	1	0	1	0	1	0	2	1	3
	Radiology	2	2	0	4	0	0	0	0	1	1	0	2
	Surgery	2	1	0	3	0	0	0	0	2	0	0	2
	Others	1	1	1	3	1	1	0	2	1	0	0	1
	Total	**9**	**12**	**14**	**35**	**4**	**15**	**7**	**26**	**10**	**12**	**5**	**27**
KEC	Accident & Emergency	0	0	2	2	1	0	3	4	0	1	3	4
	Anaesthesia	0	0	0	0	0	1	3	4	0	3	0	3
	Family Medicine	0	0	4	4	0	0	3	3	0	0	6	6
	Intensive Care Unit	0	0	0	0	0	0	0	0	0	0	0	0
	Medicine	1	1	1	3	2	1	3	6	3	2	1	6
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	2	3	1	0	1	2	1	0	0	1
	Ophthalmology	0	1	0	1	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	2	0	2	0	0	1	1	1	2	1	4
	Paediatrics	1	0	0	1	0	1	0	1	0	0	0	0
	Pathology	0	0	0	0	1	1	1	3	2	2	1	5
	Psychiatry	0	0	0	0	1	0	0	1	0	2	0	2
	Radiology	0	0	0	0	2	0	0	2	0	0	0	0
	Surgery	2	1	0	3	1	0	1	2	1	2	0	3
	Others	0	0	0	0	0	1	0	1	1	0	0	1
	Total	**4**	**6**	**9**	**19**	**9**	**5**	**16**	**30**	**9**	**15**	**12**	**36**

Cluster	Specialty	2014-15				2015-16				2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
KWC	Accident & Emergency	0	0	4	4	0	1	2	3	0	2	3	5
	Anaesthesia	0	3	3	6	2	0	2	4	2	1	2	5
	Family Medicine	0	0	5	5	0	1	6	7	0	0	11	11
	Intensive Care Unit	2	2	0	4	0	1	0	1	0	0	1	1
	Medicine	1	3	1	5	3	4	10	17	3	4	7	14
	Neurosurgery	1	1	1	3	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	1	4	2	7	2	1	0	3	0	1	1	2
	Ophthalmology	1	0	0	1	0	2	0	2	0	1	0	1
	Orthopaedics & Traumatology	0	0	1	1	1	2	1	4	2	2	1	5
	Paediatrics	0	0	2	2	1	0	2	3	0	0	3	3
	Pathology	1	0	1	2	3	1	0	4	2	0	0	2
	Psychiatry	1	3	1	5	0	1	0	1	1	2	1	4
	Radiology	1	1	0	2	1	5	1	7	1	5	1	7
	Surgery	3	2	1	6	2	0	2	4	0	2	2	4
	Others	0	0	1	1	0	2	1	3	2	1	0	3
	Total	**12**	**19**	**23**	**54**	**15**	**21**	**27**	**63**	**13**	**21**	**33**	**67**
NTEC	Accident & Emergency	0	0	0	0	0	0	0	0	0	0	1	1
	Anaesthesia	0	2	0	2	0	1	0	1	1	0	2	3
	Cardio-thoracic Surgery	0	1	0	1	0	0	1	1	0	0	1	1
	Family Medicine	0	3	2	5	0	0	2	2	0	0	5	5
	Intensive Care Unit	0	2	0	2	0	0	2	2	0	0	1	1
	Medicine	0	7	4	11	0	2	3	5	1	1	6	8
	Neurosurgery	0	0	0	0	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	1	0	1	0	1	0	1	0	0	1	1
	Ophthalmology	0	0	0	0	0	1	0	1	0	0	1	1
	Orthopaedics & Traumatology	1	2	3	6	0	1	0	1	2	0	0	2
	Paediatrics	0	0	0	0	0	0	1	1	1	0	2	3
	Pathology	0	2	1	3	1	0	0	1	0	1	1	2
	Psychiatry	0	3	0	3	0	0	0	0	0	0	0	0
	Radiology	0	0	0	0	0	0	1	1	0	0	1	1
	Surgery	0	0	1	1	0	2	0	2	0	1	2	3
	Others	1	0	1	2	0	1	0	1	1	1	1	3
	Total	**2**	**23**	**12**	**37**	**1**	**9**	**10**	**20**	**6**	**4**	**25**	**35**

Cluster	Specialty	2014-15				2015-16				2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016)			
		Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total	Consultant	SMO/AC	MO/R	Total
NTWC	Accident & Emergency	0	0	0	0	0	0	3	3	0	0	1	1
	Anaesthesia	1	1	0	2	0	0	1	1	0	0	0	0
	Cardio-thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0
	Family Medicine	0	0	3	3	0	2	4	6	0	0	4	4
	Intensive Care Unit	0	1	0	1	0	1	0	1	0	0	0	0
	Medicine	1	2	2	5	1	1	0	2	1	0	2	3
	Neurosurgery	1	0	0	1	0	0	0	0	0	0	0	0
	Obstetrics & Gynaecology	0	0	5	5	0	2	1	3	0	0	0	0
	Ophthalmology	0	0	1	1	0	0	0	0	0	1	0	1
	Orthopaedics & Traumatology	0	0	1	1	0	0	0	0	0	0	0	0
	Paediatrics	0	0	0	0	1	1	0	2	0	2	1	3
	Pathology	0	1	0	1	0	0	0	0	1	0	0	1
	Psychiatry	0	1	2	3	1	2	4	7	1	1	1	3
	Radiology	0	1	0	1	2	1	1	4	1	2	1	4
	Surgery	0	1	0	1	0	1	4	5	0	0	1	1
	Others	1	0	0	1	0	0	1	1	0	1	2	3
	Total	**4**	**8**	**14**	**26**	**5**	**11**	**19**	**35**	**4**	**7**	**13**	**24**

On the basis of the above turnover statistics 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 2014-15, 2015-16 and 2016-17 (rolling 12 months from 1 January 2016 - 31 December 2016).

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
2014-15								
Accident & Emergency	-	1.8%	4.0%	**2.8%**	19.82	16.84	2.00	**3.33**
Anaesthesia	1.8%	8.7%	3.6%	**5.4%**	-	12.02	1.59	**9.70**
Cardio-thoracic Surgery	-	14.5%	-	**6.0%**	-	18.31	-	**18.31**
Family Medicine	6.8%	3.7%	4.2%	**4.2%**	19.85	16.75	11.00	**11.34**
Intensive Care Unit	15.3%	9.3%	1.7%	**6.3%**	20.11	16.99	7.00	**17.46**
Medicine	6.3%	4.5%	2.5%	**3.6%**	22.46	18.00	8.14	**17.17**
Neurosurgery	12.8%	4.6%	4.1%	**5.8%**	22.48	11.23	5.07	**11.23**
Obstetrics & Gynaecology	5.3%	17.0%	9.8%	**10.8%**	12.62	12.09	7.65	**8.94**
Ophthalmology	10.3%	5.8%	4.7%	**5.8%**	21.15	13.08	8.04	**10.37**
Orthopaedics & Traumatology	5.7%	7.8%	4.3%	**5.6%**	22.75	17.91	7.55	**16.39**
Paediatrics	3.9%	-	2.3%	**1.8%**	22.54	-	4.45	**7.27**
Pathology	3.8%	6.1%	3.3%	**4.6%**	22.87	10.83	7.79	**10.83**

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
Psychiatry	2.7%	7.2%	2.7%	**4.2%**	22.33	14.33	8.50	**13.71**
Radiology	4.3%	9.9%	-	**4.3%**	22.73	10.75	-	**11.48**
Surgery	11.8%	6.3%	1.1%	**4.2%**	21.25	11.95	8.37	**15.25**
Others	6.5%	1.3%	3.6%	**3.4%**	22.33	13.06	2.41	**13.06**
Total	**5.8%**	**5.7%**	**3.2%**	**4.4%**	**22.31**	**14.66**	**7.00**	**11.69**
2015-16								
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 (Rolling 12 months from 1 January 2016 - 31 December 2016)								
Accident & Emergency	5.2%	1.6%	5.0%	**3.7%**	24.50	15.90	2.54	**3.43**
Anaesthesia	10.2%	4.2%	2.7%	**4.4%**	23.51	14.99	2.92	**17.62**
Cardio-thoracic Surgery	-	-	8.6%	**3.0%**	-	-	5.62	**5.62**
Family Medicine	-	0.9%	7.5%	**6.0%**	-	13.35	5.52	**5.80**
Intensive Care Unit	-	-	4.2%	**2.2%**	-	-	4.11	**4.11**
Medicine	8.5%	3.3%	3.6%	**4.2%**	23.96	16.75	5.81	**15.84**
Neurosurgery	-	-	-	**-**	-	-	-	**-**
Obstetrics & Gynaecology	2.4%	6.9%	5.1%	**5.1%**	24.50	11.98	8.01	**11.07**
Ophthalmology	-	13.2%	1.1%	**4.9%**	-	13.63	4.50	**13.45**
Orthopaedics & Traumatology	12.8%	5.5%	1.2%	**4.5%**	22.72	14.47	6.79	**19.66**
Paediatrics	7.1%	3.7%	3.9%	**4.4%**	21.91	18.16	8.92	**14.00**
Pathology	10.1%	5.7%	3.9%	**6.3%**	22.87	18.67	2.03	**21.08**
Psychiatry	5.4%	6.5%	3.2%	**4.6%**	21.45	14.55	5.37	**13.07**
Radiology	7.2%	10.1%	4.3%	**7.0%**	23.42	10.65	7.93	**10.65**
Surgery	7.7%	4.5%	2.0%	**3.7%**	20.41	12.34	7.54	**16.55**
Others	9.9%	3.6%	4.3%	**5.1%**	24.75	16.75	8.65	**14.67**
Total	**7.4%**	**4.3%**	**3.9%**	**4.5%**	**23.43**	**13.96**	**5.75**	**12.77**

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. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

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. 4682)

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

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

Programme: (2) Subvention : Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

For the estimates in the past 3 years and 2017-18, 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. 188)

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 2014-15, 2015-16 and 2016-17 (as at 31 December 2016). 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	**2014-15**	**2015-16**	**2016-17 (as at 31 December 2016)**
Doctors	41 935	45 181	37 147
Nurses	149 637	161 472	105 559
Allied Health staff	40 048	43 181	30 103
Supporting staff	46 082	49 377	33 089
Total	**277 702**	**299 211**	**205 899**

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 -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)335

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4683)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the 2017-18 Estimates for the Hospital Authority to improve the working hours of doctors. If so, what are the resources and manpower (with ranks) earmarked for the improvement of working hours? What are the additional resources and manpower involved? Please provide a breakdown of the details. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 189)

Reply:

Since 2009, the Hospital Authority (HA) has piloted various programmes to improve doctors' working hours. These include allocating funding to set up Emergency Medicine Wards, enhancing operating theatre (OT) services in order to decrease the proportion of emergency OT services at night time, employing non-medical staff to provide care-related supporting services, employing additional doctors to relieve workload in some specialties, employing additional nurses and allied health (AH) professionals with extended roles to improve patient care, and enhancing the communication of the clinical teams. The programmes have been rolled out by phases across all HA hospitals. The proportion of doctors working for more than 65 hours per week on average has dropped from around 18% in 2006 to around 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 gradually increased over the years and is estimated to increase in 2016-17 and 2017-18, as set out in the table below.

	2013-14 (as at 31 Mar 2014)	**2014-15 (as at 31 Mar 2015)**	**2015-16 (as at 31 Mar 2016)**	**2016-17 (revised estimate)**	**2017-18 (estimate)**
Number of doctors	5 376	5 475	5 664	5 813	5 942

HA will continue to monitor the situation and identify ways to manage workload, and at the same time ensure the delivery of quality services to the public. Meanwhile, HA is facing pressure from the increasing healthcare service demands against manpower shortage. The condition is expected to improve with the increased supply of local medical graduates from 250 to 320 in 2015 and 420 in 2018. HA will continue to monitor the manpower situation of doctors, particularly in the pressurised specialties due to manpower shortage, and will make appropriate arrangements in manpower planning and deployment to meet the service needs and improve staff working conditions, including the doctors' working hours.

From 2013-14 onwards, HA has earmarked around $321 million a year for recruitment and retention of healthcare staff to ensure effective provision of quality care. Apart from the $321 million, there is an additional three-year time-limited funding of $100 million per annum (from 2015-16 to 2017-18) designated for enhancing staff training and development.

In view of the manpower shortage, HA plans to recruit about 430 doctors in 2017-18 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 promoting doctors with 5 years' post-fellowship time-limited experience by merits and enhancing training opportunities for doctors. An additional funding of $570 million for 2015-16 to 2017-18 has also been designated for the Special Retired and Rehire Scheme to rehire suitable clinical doctors, nurses and allied health staff upon their retirement or completion of contract at normal retirement age to help alleviate the expertise gap and manpower issues.

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 2014-15 are not available for all specialties. The average weekly working hours of doctors for the year 2016-17 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. 4684)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist out-patient services, the median waiting time for first appointment at specialist out-patient clinics for first priority and second priority patients was less than 1 week and 5 weeks respectively as at 31 March 2016. However, the median waiting time will increase to 2 weeks and 8 weeks respectively in the revised estimate as at 31 March 2017. In the target and plan for 2018, the median waiting time is also 2 weeks and 8 weeks respectively. Please advise on the reasons for the increase in the median waiting time for first appointment at specialist out-patient clinics and whether there is any improvement plan. If yes, what are the manpower and resources involved; if not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 190)

Reply:

It has been the target of Hospital Authority (HA) to keep the median waiting time for first appointment at specialist outpatient clinics (SOPCs) for Priority 1 cases (i.e. urgent cases) and Priority 2 cases (i.e. semi-urgent cases) to within 2 weeks and 8 weeks respectively. The corresponding figures indicated in the Estimates for 2016-17 and 2017-18 reflect this target. The corresponding figures for 2015-16, on the other hand, reflect HA's actual performance (with median waiting time less than 1 week for Priority 1 patients and 5 weeks for Priority 2 patients), indicating that HA's actual performance was better than the target.

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 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 2 weeks and 8 weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge. HA will continue to implement the triage system which is effective in ensuring that the cases most in need will be treated timely.

(ii) Enhancing public primary care service

HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics (GOPCs), thereby alleviating the service demand pressure 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 GOPC Public-Private Partnership Programme will continue to be rolled out to all the 18 districts of the territory in phases, covering 4 additional districts (namely Central and Western, Islands, Tai Po and Tsuen Wan districts) from 2017-18; and the remaining districts (namely Yau Tsim Mong and North districts) from 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 to better cope with the demand for relevant clinical services.

(iv) Enhancing manpower

As at 31 December 2016, HA engaged some 359 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 (SHS) 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 implemented to manage SOPC waiting time

In 2017-18, HA will implement programmes to increase SOPC capacity. For instance, Queen Mary Hospital, Kwong Wah Hospital and Prince of Wales Hospital will build up service capacity of In-vitro Fertilisation by setting up nurse infertility clinics for carrying out assessment and counselling as well as coordination of assisted reproduction. Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster will enhance their FMSC services to help alleviate pressure on SOPC waiting time. In addition, Pok Oi Hospital will improve SOPC facilities and enhance manpower support to expand SOPC capacity.

(vi) Reducing the disparity in waiting time at SOPCs in different clusters

HA is aware of the disparity in waiting time at SOPCs in different clusters and has

implemented measures to improve the situation.

Firstly, in order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Effective from 30 January 2015, the SOPC waiting time information for all 8 major specialties (namely Ear, Nose and Throat (ENT), Gynaecology (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. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff.

While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

On 8 March 2016, HA launched a mobile 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, and O&T on 19 September 2016. HA will further roll out this mobile app tentatively to Cardiothoracic Surgery, MED, Obstetrics, PAE and SUR in 2017-18.

(vii) <u>Optimising appointment scheduling practices of SOPCs</u>

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. HA has extended the system to 12 other hospitals in 2015-16 and 2016-17. In 2017-18, HA will further extend the system to 6 hospitals. 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. 4685)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialist out-patient services at various hospitals under the Hospital Authority (HA) (including otorhinolaryngology; gynaecology; obstetrics; medicine; ophthalmology; orthopaedics and traumatology; paediatrics and adolescent medicine; surgery; geriatrics; and psychiatry), please advise on the number of new cases triaged as first priority, second priority and routine categories respectively in the past 3 years and their respective percentages.

Among the above cases of different priorities, what are the respective lower quartile and median of the waiting time, and the longest waiting time for consultation appointments at HA hospitals?

Asked by: Hon KWOK Ka-ki (Member Question No. 191)

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 (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of HA in the past 3 years.

2014-15

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKEC	ENT	1 217	15%	<1	<1	<1	2 790	34%	1	3	6	4 252	51%	12	35	42
	MED	2 601	21%	<1	1	2	3 705	30%	2	4	7	6 118	49%	12	23	51
	GYN	748	13%	<1	<1	1	908	15%	2	3	6	4 245	72%	7	13	36
	OPH	5 502	43%	<1	<1	1	1 928	15%	4	6	8	5 306	42%	10	12	32
	ORT	1 927	20%	<1	1	1	2 242	23%	4	6	7	5 552	57%	19	46	51
	PAE	237	17%	<1	1	2	921	66%	3	5	7	230	17%	10	14	19
	PSY	384	11%	<1	1	1	917	26%	2	3	6	2 189	63%	4	9	23
	SUR	1 925	14%	<1	1	2	4 270	31%	5	7	8	7 655	55%	15	31	55
HKWC	ENT	811	12%	<1	<1	1	2 762	41%	3	6	8	3 230	47%	8	26	81
	MED	1 804	15%	<1	<1	1	1 924	16%	3	5	9	8 580	70%	10	33	69
	GYN	1 552	20%	<1	<1	2	1 106	14%	4	5	7	4 999	63%	9	18	124
	OPH	3 478	37%	<1	<1	1	1 434	15%	3	4	8	4 546	48%	3	13	24
	ORT	909	8%	<1	<1	2	1 584	14%	3	4	7	8 578	77%	9	16	42
	PAE	532	22%	<1	<1	1	701	28%	1	4	7	1 237	50%	10	12	14
	PSY	516	12%	<1	1	2	875	21%	2	3	6	2 812	67%	8	32	124
	SUR	1 897	13%	<1	<1	2	2 675	19%	3	6	8	9 636	68%	8	15	62
KCC	ENT	1 482	10%	<1	<1	1	1 142	8%	1	2	6	12 105	82%	13	25	35
	MED	1 418	12%	<1	1	1	1 875	15%	3	5	7	8 812	72%	18	42	97
	GYN	427	8%	<1	<1	1	1 809	33%	3	4	7	3 183	59%	11	16	34
	OPH	7 166	29%	<1	<1	<1	4 333	17%	1	4	5	13 391	54%	49	54	58
	ORT	301	4%	<1	1	1	1 029	13%	<1	2	6	6 594	83%	37	66	108
	PAE	711	29%	<1	<1	1	544	22%	5	6	7	1 174	48%	7	16	18
	PSY	179	6%	<1	<1	1	980	34%	1	3	7	1 692	59%	14	16	37
	SUR	2 234	12%	<1	1	1	2 750	15%	3	5	7	13 217	73%	22	32	47
KEC	ENT	1 907	19%	<1	<1	1	2 545	25%	1	3	7	5 663	56%	36	40	57
	MED	1 741	9%	<1	1	1	4 322	23%	4	6	7	12 609	68%	12	55	83
	GYN	1 277	15%	<1	1	1	1 048	13%	4	6	7	6 017	72%	13	51	83
	OPH	5 487	30%	<1	<1	1	540	3%	3	6	7	12 213	67%	11	14	81
	ORT	3 778	23%	<1	<1	1	3 140	19%	6	7	7	9 762	59%	20	105	167
	PAE	1 027	24%	<1	<1	1	741	18%	4	7	7	2 441	58%	15	16	20
	PSY	359	5%	<1	1	2	1 892	27%	3	5	7	4 621	66%	8	34	103
	SUR	1 733	7%	<1	1	1	6 252	24%	6	7	7	17 700	69%	12	23	140

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25th	50th	90th			25th	50th	90th			25th	50th	90th
				percentile					percentile					percentile		
KWC	ENT	3 663	21%	<1	<1	1	3 801	22%	3	5	8	9 921	57%	16	28	53
	MED	2 530	8%	<1	<1	1	6 305	20%	4	6	7	21 351	69%	17	47	72
	GYN	1 032	7%	<1	<1	2	2 239	16%	4	6	7	10 672	76%	11	28	53
	OPH	6 722	34%	<1	<1	<1	6 499	33%	3	4	7	6 629	33%	5	52	58
	ORT	3 981	17%	<1	<1	1	5 343	22%	3	5	8	14 345	60%	25	60	125
	PAE	3 092	38%	<1	<1	1	1 217	15%	4	5	7	3 652	45%	8	11	18
	PSY	399	3%	<1	1	4	560	4%	2	4	8	13 306	93%	2	21	64
	SUR	3 782	10%	<1	1	2	10 504	28%	4	6	7	23 841	62%	16	36	83
NTEC	ENT	4 181	27%	<1	<1	2	3 564	23%	3	4	7	7 893	50%	12	38	96
	MED	2 883	13%	<1	<1	1	2 662	12%	3	5	8	15 413	72%	18	70	95
	GYN	2 024	16%	<1	<1	2	1 032	8%	3	6	8	7 993	63%	17	41	99
	OPH	7 644	37%	<1	<1	1	3 149	15%	3	4	8	9 745	47%	18	62	66
	ORT	5 896	27%	<1	<1	1	2 133	10%	3	4	8	14 036	64%	23	119	140
	PAE	341	8%	<1	<1	2	475	12%	3	4	7	3 297	80%	4	17	36
	PSY	1 221	13%	<1	1	2	2 454	27%	2	4	8	5 353	59%	12	45	131
	SUR	2 031	8%	<1	<1	2	3 065	12%	3	5	8	19 902	79%	17	35	78
NTWC	ENT	2 807	22%	<1	<1	1	1 658	13%	2	3	7	8 379	65%	25	56	73
	MED	1 325	13%	<1	1	2	3 066	31%	5	6	7	5 540	56%	39	61	80
	GYN	1 112	15%	<1	1	2	543	7%	4	6	8	5 621	77%	12	19	68
	OPH	8 769	43%	<1	<1	1	4 058	20%	2	4	7	7 403	37%	17	60	66
	ORT	1 731	13%	<1	1	1	1 231	9%	2	3	7	10 643	78%	28	78	83
	PAE	147	7%	1	1	2	370	16%	2	3	5	1 732	77%	9	10	10
	PSY	531	8%	<1	1	1	1 973	28%	3	7	8	4 431	63%	13	49	74
	SUR	1 461	7%	<1	1	3	3 035	14%	4	6	34	17 668	80%	24	57	67

2015-16

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 (up to 31 December 2016) [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 percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
HKEC	ENT	736	10%	<1	<1	<1	2 519	35%	1	3	7	3 910	55%	9	31	50
	MED	1 721	16%	<1	1	2	2 890	28%	3	6	8	5 891	56%	10	25	71
	GYN	521	12%	<1	<1	1	693	16%	3	3	7	3 219	73%	17	38	147
	OPH	4 189	38%	<1	<1	1	1 630	15%	4	7	8	5 233	47%	12	36	51
	ORT	1 060	13%	<1	1	1	1 222	16%	4	6	7	5 573	71%	21	60	99
	PAE	102	10%	<1	1	2	734	70%	4	5	7	208	20%	9	12	18
	PSY	223	8%	<1	1	1	601	22%	2	3	5	1 967	70%	6	15	40
	SUR	1 250	11%	1	1	2	3 490	31%	5	7	8	6 637	58%	19	37	60
HKWC	ENT	417	7%	<1	<1	1	1 371	23%	3	4	7	4 132	70%	<1	14	45
	MED	1 405	14%	<1	<1	1	1 619	16%	3	4	7	7 080	70%	13	30	75
	GYN	1 342	23%	<1	<1	1	860	15%	3	5	8	3 703	63%	12	29	190
	OPH	2 535	37%	<1	<1	1	1 309	19%	4	4	7	3 056	44%	30	37	41
	ORT	602	8%	<1	<1	1	1 201	15%	2	3	6	6 206	77%	10	22	108
	PAE	487	22%	<1	<1	1	726	33%	2	4	7	1 016	46%	9	13	17
	PSY	375	11%	<1	1	1	625	18%	2	3	7	2 478	71%	14	39	131
	SUR	1 862	15%	<1	<1	1	2 307	19%	3	5	7	7 945	66%	8	17	59
KCC	ENT	1 025	9%	<1	<1	1	878	8%	2	4	7	9 568	83%	24	28	52
	MED	1 065	11%	<1	1	1	1 564	16%	4	4	6	7 268	73%	39	69	93
	GYN	304	7%	<1	<1	1	1 425	33%	4	6	8	2 603	60%	17	36	49
	OPH	6 240	30%	<1	<1	1	4 058	20%	1	2	5	9 686	47%	68	78	88
	ORT	250	4%	<1	1	1	738	11%	2	3	7	5 663	85%	21	60	89
	PAE	646	31%	<1	1	1	601	29%	3	6	7	828	40%	4	13	30
	PSY	102	6%	<1	<1	1	601	33%	1	3	7	1 120	61%	15	23	43
	SUR	1 493	10%	<1	1	1	2 207	15%	3	5	7	10 817	75%	26	44	51
KEC	ENT	1 331	17%	<1	<1	1	1 931	24%	1	4	7	4 632	59%	52	86	95
	MED	1 271	8%	<1	1	1	4 001	25%	4	6	7	10 435	66%	16	73	101
	GYN	1 115	16%	<1	1	1	793	11%	4	6	7	5 026	72%	13	32	62
	OPH	4 550	32%	<1	<1	1	199	1%	3	6	7	9 469	67%	11	12	136
	ORT	2 852	21%	<1	<1	1	3 031	22%	4	7	8	7 876	57%	19	49	121
	PAE	966	27%	<1	<1	1	586	16%	2	4	7	2 037	57%	12	13	21
	PSY	302	5%	<1	1	1	1 274	22%	3	5	7	4 004	69%	3	12	97
	SUR	1 582	8%	<1	1	1	5 331	26%	4	7	7	13 369	66%	11	25	86

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 percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile			25th percentile	50th percentile	90th percentile
KWC	ENT	2 892	19%	<1	<1	1	3 022	20%	3	5	8	8 968	60%	17	46	60
	MED	1 906	8%	<1	<1	2	4 920	21%	3	4	7	16 416	69%	25	60	85
	GYN	932	7%	<1	<1	1	2 248	18%	4	6	7	9 286	74%	11	24	62
	OPH	5 417	33%	<1	<1	<1	4 787	29%	1	2	3	6 092	37%	4	50	53
	ORT	2 799	15%	<1	1	2	3 699	20%	3	4	8	11 805	63%	33	71	134
	PAE	2 122	32%	<1	<1	1	829	13%	4	6	7	3 428	52%	9	12	22
	PSY	241	2%	<1	<1	2	542	5%	1	3	7	10 332	93%	1	11	66
	SUR	2 906	9%	<1	1	2	6 588	21%	4	6	7	22 428	70%	20	33	71
NTEC	ENT	3 250	25%	<1	<1	1	2 919	22%	2	3	7	6 809	52%	12	36	64
	MED	2 418	13%	<1	<1	1	2 604	14%	4	6	8	13 042	71%	16	70	105
	GYN	1 535	15%	<1	<1	2	693	7%	4	6	8	6 759	65%	18	56	87
	OPH	6 077	34%	<1	<1	1	3 672	21%	3	4	8	7 884	45%	16	53	68
	ORT	4 455	24%	<1	<1	1	1 644	9%	3	5	8	12 100	66%	23	127	176
	PAE	172	5%	<1	<1	1	444	13%	3	4	6	2 901	82%	5	11	36
	PSY	896	13%	<1	1	2	2 017	29%	2	4	8	4 055	58%	21	78	161
	SUR	1 608	7%	<1	<1	2	2 887	13%	3	5	8	16 558	77%	16	38	84
NTWC	ENT	2 057	19%	<1	<1	1	1 320	12%	3	4	7	7 319	68%	14	70	77
	MED	1 299	13%	<1	1	2	2 923	29%	3	5	7	5 756	57%	16	50	72
	GYN	893	16%	<1	1	2	206	4%	3	5	8	4 357	80%	17	30	125
	OPH	7 238	47%	<1	<1	1	2 542	16%	3	4	8	5 772	37%	17	36	55
	ORT	1 413	13%	<1	1	2	1 246	12%	3	4	8	7 722	72%	24	71	79
	PAE	92	5%	1	1	2	461	23%	6	7	7	1 483	73%	17	20	26
	PSY	432	9%	<1	1	1	1 315	26%	4	7	7	3 245	64%	10	37	95
	SUR	1 372	8%	<1	1	2	2 837	16%	3	5	7	13 844	77%	24	56	68

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.

The triage system is not applicable to obstetric service at the SOP clinics. The table below sets out the number of obstetric new cases and their respective lower quartile (25th percentile), median (50th percentile), and longest (90th percentile) waiting time in each hospital cluster of HA for 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Cluster	2014-15				2015-16				2016-17 (Up to 31 December 2016) [Provisional figures]			
	Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)			Number of new cases	Waiting Time (weeks)		
		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile		25th percentile	50th percentile	90th percentile
HKEC	3 628	<1	1	3	3 617	1	1	3	2 546	1	1	4
HKWC	4 427	1	3	4	4 593	1	3	5	3 515	1	2	4
KCC	6 827	5	10	20	7 334	8	16	21	5 219	8	14	22
KEC	3 199	<1	1	3	3 404	<1	1	3	2 727	<1	1	3
KWC	14 726	3	6	13	12 761	2	5	9	9 231	2	4	8
NTEC	12 401	3	5	18	13 121	3	5	18	10 343	3	5	18
NTWC	3 116	1	1	3	2 835	1	2	4	2 152	1	2	4

Note:
1. HA uses 90th percentile to denote the longest waiting time for SOP service.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4686)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please set out by rank the number of doctors providing out-patient services in different specialties (including otorhinolaryngology, gynaecology, obstetrics, medicine, ophthalmology, orthopaedics and traumatology, paediatrics and adolescent medicine, surgery, geriatrics, and psychiatry) in each cluster under the Hospital Authority, and their ratio to the population in the respective cluster, their length of service, vacancy rate, wastage rate and average weekly working hours in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 192)

Reply:

The Hospital Authority (HA) provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, Accident & Emergency (A&E) services, specialist outpatient services, primary care services etc., and the same variety applies to the clinical duties of HA doctor which are subject to the operation needs of individual specialties.

Tables 1 to 3 below set out respectively the manpower, years of service and attrition rate of doctors by clusters and by major specialties in HA in 2014-15, 2015-16 and 2016-17.

The manpower shortfall of doctors in 2016-17 is around 300.

Table 1: Manpower of Doctors in HA in 2014-15, 2015-16 and 2016-17

Cluster	Major Specialty	2014-15 (as at 31 Mar 2015)	2015-16 (as at 31 Mar 2016)	2016-17 (as at 31 Dec 2016)
HKEC	Accident & Emergency	54	55	57
	Anaesthesia	31	34	34
	Family Medicine	56	57	58
	Intensive Care Unit	13	14	17
	Medicine	152	159	157
	Neurosurgery	11	11	11
	Obstetrics & Gynaecology	19	16	16
	Ophthalmology	20	20	20
	Orthopaedics & Traumatology	33	30	33
	Paediatrics	25	29	29
	Pathology	18	20	18
	Psychiatry	36	36	34
	Radiology	40	38	42
	Surgery	49	49	51
	Others	27	28	28
	Total	**584**	**595**	**605**
HKWC	Accident & Emergency	26	26	30
	Anaesthesia	65	69	73
	Cardio-thoracic Surgery	11	10	12
	Family Medicine	43	43	43
	Intensive Care Unit	14	14	16
	Medicine	134	137	141
	Neurosurgery	13	12	12
	Obstetrics & Gynaecology	27	26	25
	Ophthalmology	12	15	15
	Orthopaedics & Traumatology	27	32	34
	Paediatrics	46	48	55
	Pathology	24	27	29
	Psychiatry	24	26	28
	Radiology	37	36	37
	Surgery	76	77	80
	Others	29	28	30
	Total	**608**	**624**	**659**
KCC	Accident & Emergency	41	48	46
	Anaesthesia	57	58	58
	Cardio-thoracic Surgery	16	15	16
	Family Medicine	57	59	56
	Intensive Care Unit	10	12	12
	Medicine	147	152	160
	Neurosurgery	20	21	21
	Obstetrics & Gynaecology	28	26	30
	Ophthalmology	36	37	37
	Orthopaedics & Traumatology	38	39	39
	Paediatrics	45	46	47
	Pathology	30	27	32
	Psychiatry	36	35	35
	Radiology	45	47	48
	Surgery	54	62	63
	Others	45	48	47
	Total	**703**	**731**	**747**
KEC	Accident & Emergency	58	64	67
	Anaesthesia	38	44	43
	Family Medicine	87	89	86
	Intensive Care Unit	11	13	13
	Medicine	153	151	157
	Obstetrics & Gynaecology	26	27	28
	Ophthalmology	18	20	21
	Orthopaedics & Traumatology	42	44	44
	Paediatrics	41	40	41
	Pathology	21	20	21
	Psychiatry	35	37	38
	Radiology	28	33	32
	Surgery	58	65	64
	Others	29	29	29

	Total	**644**	**676**	**684**
Cluster	**Major Specialty**	**2014-15 (as at 31 Mar 2015)**	**2015-16 (as at 31 Mar 2016)**	**2016-17 (as at 31 Dec 2016)**
KWC	Accident & Emergency	134	134	139
	Anaesthesia	86	87	89
	Family Medicine	160	168	167
	Intensive Care Unit	35	38	40
	Medicine	295	311	315
	Neurosurgery	23	23	24
	Obstetrics & Gynaecology	48	48	51
	Ophthalmology	25	23	25
	Orthopaedics & Traumatology	78	76	79
	Paediatrics	86	88	88
	Pathology	52	51	56
	Psychiatry	71	77	72
	Radiology	63	60	61
	Surgery	119	125	127
	Others	45	43	41
	Total	**1 318**	**1 352**	**1 374**
NTEC	Accident & Emergency	66	70	71
	Anaesthesia	63	70	70
	Cardio-thoracic Surgery	5	5	5
	Family Medicine	86	89	91
	Intensive Care Unit	28	27	27
	Medicine	187	193	205
	Neurosurgery	8	8	7
	Obstetrics & Gynaecology	28	29	32
	Ophthalmology	27	27	27
	Orthopaedics & Traumatology	53	61	64
	Paediatrics	62	63	60
	Pathology	31	35	35
	Psychiatry	58	63	65
	Radiology	44	38	42
	Surgery	87	92	98
	Others	51	53	54
	Total	**881**	**921**	**952**
NTWC	Accident & Emergency	66	66	76
	Anaesthesia	43	51	55
	Cardio-thoracic Surgery	2	2	2
	Family Medicine	76	75	81
	Intensive Care Unit	17	18	19
	Medicine	136	151	157
	Neurosurgery	14	15	16
	Obstetrics & Gynaecology	27	26	30
	Ophthalmology	22	24	23
	Orthopaedics & Traumatology	46	50	51
	Paediatrics	38	37	38
	Pathology	23	24	24
	Psychiatry	79	77	84
	Radiology	35	34	36
	Surgery	66	66	71
	Others	33	33	36
	Total	**723**	**748**	**799**

Note:

1. The manpower figures, calculated on full-time equivalent (FTE), include permanent, contract and temporary staff excluding Interns and Dental Officers.

2. Individual figures may not add up to the total due to rounding.

Table 2: Year of Service of Doctors in HA in 2014-15, 2015-16 and 2016-17

Cluster	Major Specialty	2014-15 (as at 31 Mar 2015)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
HKEC	Accident & Emergency	0	10	10	9	16	11	0	56
	Anaesthesia	1	8	7	6	4	6	0	32
	Family Medicine	2	12	11	22	7	5	0	59
	Intensive Care Unit	0	2	4	4	1	2	0	13
	Medicine	2	43	30	15	31	33	0	154
	Neurosurgery	1	4	3	0	2	2	0	12
	Obstetrics & Gynaecology	0	5	10	2	2	1	0	20
	Ophthalmology	0	12	4	2	4	1	0	23
	Orthopaedics & Traumatology	1	5	12	0	10	5	0	33
	Paediatrics	0	11	6	2	5	2	0	26
	Pathology	1	2	6	4	2	4	0	19
	Psychiatry	3	9	8	4	6	8	0	38
	Radiology	1	16	15	1	2	5	0	40
	Surgery	0	15	22	4	6	4	0	51
	Others	0	10	6	5	3	4	0	28
	Total	**12**	**164**	**154**	**80**	**101**	**93**	**0**	**604**
HKWC	Accident & Emergency	0	4	8	3	4	8	0	27
	Anaesthesia	1	26	12	11	10	7	1	68
	Cardio-thoracic Surgery	1	0	3	5	2	0	0	11
	Family Medicine	3	9	11	17	4	0	0	44
	Intensive Care Unit	1	4	3	2	3	1	0	14
	Medicine	3	39	34	19	21	21	0	137
	Neurosurgery	0	5	4	1	2	1	0	13
	Obstetrics & Gynaecology	1	8	15	6	0	2	0	32
	Ophthalmology	2	2	4	1	3	1	0	13
	Orthopaedics & Traumatology	0	6	9	3	5	5	0	28
	Paediatrics	1	13	7	7	12	7	0	47
	Pathology	0	6	5	3	6	4	0	24
	Psychiatry	0	11	5	2	5	2	0	25
	Radiology	0	14	12	4	4	4	0	38
	Surgery	0	30	26	8	10	5	0	79
	Others	0	7	10	3	2	7	0	29
	Total	**13**	**184**	**168**	**95**	**93**	**75**	**1**	**629**
KCC	Accident & Emergency	2	13	7	9	7	5	0	43
	Anaesthesia	0	15	20	8	6	8	0	57
	Cardio-thoracic Surgery	0	6	0	2	4	4	0	16
	Family Medicine	3	22	7	20	6	1	1	60
	Intensive Care Unit	0	2	2	3	0	2	1	10
	Medicine	2	41	31	26	20	31	0	151
	Neurosurgery	0	6	3	1	7	3	0	20
	Obstetrics & Gynaecology	1	11	15	2	2	4	0	35
	Ophthalmology	2	11	12	7	5	1	0	38
	Orthopaedics & Traumatology	3	13	6	3	8	8	0	41
	Paediatrics	1	19	9	2	2	15	0	48
	Pathology	0	5	6	6	12	2	0	31
	Psychiatry	1	11	12	1	6	6	1	38
	Radiology	1	8	18	4	8	6	0	45
	Surgery	1	17	17	3	8	9	0	55
	Others	2	14	11	3	4	13	0	47
	Total	**19**	**214**	**176**	**100**	**105**	**118**	**3**	**735**

Cluster	Major Specialty	2014-15 (as at 31 Mar 2015)							
		<1 Year	1 - <6 Years	6 - <11 Years	11 - <16 Years	16 - <21 Years	21 - <26 Years	26 Years or above	Total
KEC	Accident & Emergency	0	19	6	13	10	11	0	59
	Anaesthesia	2	8	9	8	9	4	0	40
	Family Medicine	4	25	21	36	3	2	0	91
	Intensive Care Unit	0	4	1	1	3	2	0	11
	Medicine	2	55	25	31	19	28	0	160
	Obstetrics & Gynaecology	1	8	8	2	2	5	0	26
	Ophthalmology	1	10	8	1	1	0	0	21
	Orthopaedics & Traumatology	0	13	11	8	5	6	0	43
	Paediatrics	1	15	7	5	5	8	0	41
	Pathology	0	2	5	3	4	7	0	21
	Psychiatry	0	5	14	5	7	5	0	36
	Radiology	0	10	6	1	4	7	0	28
	Surgery	3	18	20	7	9	4	1	62
	Others	0	4	10	4	7	4	0	29
	Total	**14**	**196**	**151**	**125**	**88**	**93**	**1**	**668**
KWC	Accident & Emergency	7	34	29	16	30	26	0	142
	Anaesthesia	2	13	23	15	23	10	0	86
	Family Medicine	6	52	47	53	12	6	0	176
	Intensive Care Unit	1	9	8	6	5	6	0	35
	Medicine	6	85	50	44	56	69	0	310
	Neurosurgery	0	10	5	2	5	2	0	24
	Obstetrics & Gynaecology	1	14	18	5	5	7	0	50
	Ophthalmology	0	11	6	3	3	2	0	25
	Orthopaedics & Traumatology	0	23	18	9	15	14	0	79
	Paediatrics	0	38	19	13	10	20	0	100
	Pathology	1	10	15	5	10	11	0	52
	Psychiatry	3	24	14	10	12	12	0	75
	Radiology	3	23	18	5	7	13	0	69
	Surgery	1	45	30	10	18	19	0	123
	Others	0	7	17	4	10	7	0	45
	Total	**31**	**398**	**317**	**200**	**221**	**224**	**0**	**1 391**
NTEC	Accident & Emergency	1	12	11	7	21	17	0	69
	Anaesthesia	1	23	19	6	8	7	0	64
	Cardio-thoracic Surgery	0	1	2	1	1	0	0	5
	Family Medicine	3	27	6	45	5	3	0	89
	Intensive Care Unit	1	11	6	2	7	1	0	28
	Medicine	5	54	51	24	36	22	1	193
	Neurosurgery	0	2	3	1	1	1	0	8
	Obstetrics & Gynaecology	3	10	7	4	4	1	0	29
	Ophthalmology	1	11	8	5	4	1	0	30
	Orthopaedics & Traumatology	1	10	12	9	17	4	0	53
	Paediatrics	1	17	15	6	10	14	0	63
	Pathology	0	7	8	4	10	2	0	31
	Psychiatry	2	15	19	10	10	4	0	60
	Radiology	0	9	17	5	9	4	0	44
	Surgery	3	25	31	11	6	14	0	90
	Others	0	5	18	11	7	10	0	51
	Total	**22**	**239**	**233**	**151**	**156**	**105**	**1**	**907**
NTWC	Accident & Emergency	1	17	20	6	16	8	0	68
	Anaesthesia	1	18	15	5	4	3	0	46
	Cardio-thoracic Surgery	0	0	0	1	1	0	0	2
	Family Medicine	2	24	12	29	7	5	0	79
	Intensive Care Unit	1	8	2	3	2	1	0	17
	Medicine	3	53	29	15	23	19	0	142
	Neurosurgery	1	7	2	2	1	2	0	15
	Obstetrics & Gynaecology	1	8	7	4	3	5	0	28
	Ophthalmology	0	8	4	2	4	4	0	22
	Orthopaedics & Traumatology	0	17	13	0	7	11	0	48
	Paediatrics	1	8	14	3	6	8	0	40
	Pathology	0	5	7	4	3	4	0	23
	Psychiatry	0	21	19	13	16	11	0	80
	Radiology	0	14	12	1	3	6	0	36

	Surgery	0	30	17	8	9	7	0	71
	Others	1	8	11	6	4	4	0	34
	Total	**12**	**246**	**184**	**102**	**109**	**98**	**0**	**751**
Cluster	**Major Specialty**	**2015-16 (as at 31 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
	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**
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**
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 Dec 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	2	17	6	11	11	15	0	62
	Anaesthesia	0	10	10	4	5	6	0	35
	Family Medicine	1	11	11	21	10	7	0	61
	Intensive Care Unit	0	4	4	4	2	2	0	16
	Medicine	3	44	29	22	23	39	1	161
	Neurosurgery	0	2	2	1	1	3	0	9
	Obstetrics & Gynaecology	0	5	7	1	1	2	0	16
	Ophthalmology	1	10	4	3	2	3	0	23
	Orthopaedics & Traumatology	0	8	8	6	4	8	0	34
	Paediatrics	0	14	8	2	0	6	0	30
	Pathology	0	3	4	4	3	4	0	18
	Psychiatry	2	9	4	7	4	11	0	37
	Radiology	2	16	12	6	1	6	0	43
	Surgery	0	17	16	8	5	6	0	52
	Others	1	11	3	7	3	4	0	29
	Total	**12**	**181**	**128**	**107**	**75**	**122**	**1**	**626**
HKWC	Accident & Emergency	0	8	6	4	6	8	0	32
	Anaesthesia	4	22	19	13	6	11	1	76
	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	2	3	0	16
	Medicine	3	44	29	25	11	31	0	143
	Neurosurgery	0	4	2	4	1	1	0	12
	Obstetrics & Gynaecology	0	8	11	5	3	2	0	29
	Ophthalmology	0	6	3	3	1	2	0	15
	Orthopaedics & Traumatology	0	12	10	2	1	9	0	34
	Paediatrics	5	15	12	5	3	15	0	55
	Pathology	2	8	5	2	3	9	0	29
	Psychiatry	1	15	6	2	3	5	0	32
	Radiology	0	16	9	6	2	5	0	38
	Surgery	2	27	25	15	6	7	1	83
	Others	0	4	9	7	2	8	0	30
	Total	**17**	**209**	**158**	**117**	**57**	**119**	**2**	**679**
KCC	Accident & Emergency	1	16	9	4	10	7	0	47
	Anaesthesia	1	17	19	7	4	10	0	58
	Cardio-thoracic Surgery	0	4	3	2	2	5	0	16
	Family Medicine	2	17	12	19	4	4	1	59
	Intensive Care Unit	0	5	2	3	0	1	1	12
	Medicine	2	43	31	35	17	36	0	164
	Neurosurgery	0	7	3	1	5	5	0	21
	Obstetrics & Gynaecology	2	12	15	3	0	5	0	37
	Ophthalmology	0	15	13	5	3	3	0	39
	Orthopaedics & Traumatology	1	19	7	2	4	10	0	43
	Paediatrics	1	19	11	5	0	16	0	52
	Pathology	1	8	7	3	6	8	0	33
	Psychiatry	1	8	14	2	2	8	1	36
	Radiology	1	11	19	6	0	12	0	49
	Surgery	1	21	18	9	4	11	0	64
	Others	0	18	9	6	2	13	1	49
	Total	**14**	**240**	**192**	**112**	**63**	**154**	**4**	**779**
KEC	Accident & Emergency	3	20	11	9	9	16	0	68
	Anaesthesia	0	17	10	8	3	6	1	45
	Family Medicine	1	23	19	34	9	1	0	87
	Intensive Care Unit	0	6	1	0	1	5	0	13
	Medicine	3	51	30	28	17	37	0	166
	Obstetrics & Gynaecology	2	9	9	3	3	3	0	29
	Ophthalmology	0	10	7	4	1	0	0	22
	Orthopaedics & Traumatology	1	9	15	8	5	7	0	45
	Paediatrics	0	13	10	4	4	11	0	42
	Pathology	2	7	3	1	0	10	0	23
	Psychiatry	2	6	14	8	3	7	0	40
	Radiology	0	8	11	3	0	10	0	32
	Surgery	1	21	22	7	9	5	1	66

	Others	0	3	9	7	5	6	0	30
	Total	**15**	**203**	**171**	**124**	**69**	**124**	**2**	**708**
Cluster	**Major Specialty**	**2016-17 (as at 31 Dec 2016)**							
		<1 Year	**1 - <6 Years**	**6 - <11 Years**	**11 - <16 Years**	**16 - <21 Years**	**21 - <26 Years**	**26 Years or above**	**Total**
KWC	Accident & Emergency	5	46	23	15	17	40	1	147
	Anaesthesia	0	14	19	17	21	18	0	89
	Family Medicine	4	54	39	61	18	7	0	183
	Intensive Care Unit	0	17	5	6	5	7	0	40
	Medicine	9	105	42	53	30	94	1	334
	Neurosurgery	0	9	4	5	5	2	0	25
	Obstetrics & Gynaecology	2	12	21	8	3	8	0	54
	Ophthalmology	1	9	7	5	0	4	0	26
	Orthopaedics & Traumatology	2	23	18	8	8	22	0	81
	Paediatrics	2	34	22	11	5	28	0	102
	Pathology	1	18	7	11	5	15	0	57
	Psychiatry	1	17	21	13	6	15	2	75
	Radiology	0	17	22	8	3	14	0	64
	Surgery	1	40	36	13	14	27	0	131
	Others	1	8	15	7	2	9	0	42
	Total	**29**	**423**	**301**	**241**	**142**	**310**	**4**	**1 450**
NTEC	Accident & Emergency	1	12	14	7	9	31	0	74
	Anaesthesia	0	26	24	6	8	7	0	71
	Cardio-thoracic Surgery	0	1	2	0	1	1	0	5
	Family Medicine	3	23	16	42	4	5	0	93
	Intensive Care Unit	0	9	5	4	4	5	0	27
	Medicine	7	64	46	40	15	41	1	214
	Neurosurgery	0	2	3	1	0	1	0	7
	Obstetrics & Gynaecology	1	13	11	2	3	4	0	34
	Ophthalmology	0	9	11	4	3	2	0	29
	Orthopaedics & Traumatology	1	24	10	8	8	15	0	66
	Paediatrics	2	20	13	3	6	19	0	63
	Pathology	0	13	3	7	5	7	0	35
	Psychiatry	0	20	18	7	13	7	0	65
	Radiology	0	13	9	7	3	10	0	42
	Surgery	1	33	28	16	7	16	0	101
	Others	1	9	14	13	4	14	0	55
	Total	**17**	**291**	**227**	**167**	**93**	**185**	**1**	**981**
NTWC	Accident & Emergency	1	24	17	8	13	14	0	77
	Anaesthesia	2	24	15	9	3	4	1	58
	Cardio-thoracic Surgery	0	0	0	1	0	1	0	2
	Family Medicine	1	28	13	22	11	9	0	84
	Intensive Care Unit	0	7	6	3	2	1	0	19
	Medicine	3	61	32	25	11	30	0	162
	Neurosurgery	0	9	2	2	2	2	0	17
	Obstetrics & Gynaecology	2	10	8	3	1	7	0	31
	Ophthalmology	1	7	6	1	2	7	0	24
	Orthopaedics & Traumatology	0	16	15	3	4	14	0	52
	Paediatrics	1	15	9	4	1	9	0	39
	Pathology	2	7	3	7	1	5	0	25
	Psychiatry	1	24	21	12	8	18	1	85
	Radiology	2	14	13	1	3	4	1	38
	Surgery	0	29	17	8	6	13	1	74
	Others	0	9	12	4	5	7	0	37
	Total	**16**	**284**	**189**	**113**	**73**	**145**	**4**	**824**

Note:

The manpower figures are calculated on headcount basis includes permanent, contract, temporary staff excluding Interns and Dental Officers.

Table 3: Attrition Rate of Full-time Doctors in HA in 2014-15, 2015-16 and 2016-17

Cluster	Major Specialty	Full-time Attrition Rate		
		2014-15	2015-16	2016-17 (Rolling 12 months from 1 Jan 16 to 31 Dec 16)
HKEC	Accident & Emergency	1.8%	1.8%	3.5%
	Anaesthesia	13.0%	3.0%	5.9%
	Family Medicine	3.8%	3.7%	5.5%
	Intensive Care Unit	-	-	-
	Medicine	4.0%	1.3%	6.4%
	Neurosurgery	-	9.2%	-
	Obstetrics & Gynaecology	4.9%	12.1%	25.1%
	Ophthalmology	10.5%	5.4%	5.2%
	Orthopaedics & Traumatology	3.0%	16.5%	-
	Paediatrics	-	3.6%	3.5%
	Pathology	10.5%	-	10.3%
	Psychiatry	6.0%	-	8.9%
	Radiology	2.6%	7.9%	5.1%
	Surgery	4.2%	2.0%	6.1%
	Others	-	7.3%	3.6%
	Total	**4.2%**	**3.8%**	**5.7%**
HKWC	Accident & Emergency	3.8%	16.1%	3.6%
	Anaesthesia	8.3%	7.7%	2.9%
	Cardio-thoracic Surgery	9.4%	-	-
	Family Medicine	4.8%	4.7%	4.8%
	Intensive Care Unit	7.1%	14.5%	6.7%
	Medicine	6.0%	6.6%	6.5%
	Neurosurgery	-	7.8%	-
	Obstetrics & Gynaecology	7.7%	3.9%	4.0%
	Ophthalmology	16.4%	7.1%	-
	Orthopaedics & Traumatology	13.2%	6.6%	3.1%
	Paediatrics	2.2%	6.4%	10.2%
	Pathology	-	-	-
	Psychiatry	-	12.5%	3.9%
	Radiology	11.3%	10.7%	11.0%
	Surgery	6.5%	5.1%	5.1%
	Others	-	10.6%	3.5%
	Total	**6.0%**	**7.2%**	**5.1%**
KCC	Accident & Emergency	10.1%	4.6%	6.5%
	Anaesthesia	1.8%	1.7%	5.2%
	Cardio-thoracic Surgery	-	6.4%	-
	Family Medicine	3.8%	1.8%	5.3%
	Intensive Care Unit	-	9.6%	-
	Medicine	3.5%	0.7%	1.3%
	Neurosurgery	5.1%	4.8%	-
	Obstetrics & Gynaecology	11.2%	25.5%	4.2%
	Ophthalmology	5.7%	5.5%	8.3%
	Orthopaedics & Traumatology	8.6%	5.2%	7.8%
	Paediatrics	4.8%	4.6%	-
	Pathology	3.3%	10.7%	3.4%
	Psychiatry	3.0%	3.0%	9.2%
	Radiology	8.9%	-	4.4%
	Surgery	5.5%	-	3.2%
	Others	7.2%	4.5%	2.2%
	Total	**5.1%**	**3.7%**	**3.8%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2014-15	2015-16	2016-17 (Rolling 12 months from 1 Jan 16 to 31 Dec 16)
KEC	Accident & Emergency	3.4%	6.7%	6.3%
	Anaesthesia	-	10.1%	7.0%
	Family Medicine	4.8%	3.4%	6.8%
	Intensive Care Unit	-	-	-
	Medicine	2.1%	4.0%	3.9%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	11.3%	7.5%	3.8%
	Ophthalmology	5.4%	-	4.8%
	Orthopaedics & Traumatology	4.9%	2.3%	9.1%
	Paediatrics	2.5%	2.5%	-
	Pathology	-	15.1%	25.8%
	Psychiatry	-	2.9%	5.5%
	Radiology	-	6.8%	-
	Surgery	5.4%	3.3%	4.7%
	Others	-	3.5%	3.4%
	Total	**3.0%**	**4.6%**	**5.4%**
KWC	Accident & Emergency	3.2%	2.4%	3.8%
	Anaesthesia	7.2%	4.7%	5.8%
	Family Medicine	3.3%	4.4%	6.8%
	Intensive Care Unit	12.1%	2.7%	2.6%
	Medicine	1.7%	5.7%	4.6%
	Neurosurgery	12.8%	-	-
	Obstetrics & Gynaecology	14.5%	6.3%	4.1%
	Ophthalmology	4.3%	8.5%	4.3%
	Orthopaedics & Traumatology	1.3%	5.3%	6.5%
	Paediatrics	2.5%	3.6%	3.6%
	Pathology	4.1%	7.9%	3.9%
	Psychiatry	7.3%	1.4%	5.4%
	Radiology	3.4%	11.4%	11.8%
	Surgery	5.0%	3.3%	3.2%
	Others	2.3%	7.3%	7.2%
	Total	**4.2%**	**4.8%**	**5.0%**
NTEC	Accident & Emergency	-	-	1.5%
	Anaesthesia	3.3%	1.5%	4.3%
	Cardio-thoracic Surgery	19.0%	18.2%	20.3%
	Family Medicine	5.9%	2.3%	5.8%
	Intensive Care Unit	7.5%	7.3%	3.7%
	Medicine	5.9%	2.6%	4.1%
	Neurosurgery	-	-	-
	Obstetrics & Gynaecology	3.7%	3.6%	3.4%
	Ophthalmology	-	3.9%	3.8%
	Orthopaedics & Traumatology	10.7%	1.7%	3.3%
	Paediatrics	-	1.6%	5.0%
	Pathology	9.4%	3.0%	5.7%
	Psychiatry	5.0%	-	-
	Radiology	-	2.5%	2.6%
	Surgery	1.2%	2.2%	3.2%
	Others	3.9%	1.9%	5.6%
	Total	**4.2%**	**2.2%**	**3.8%**

Cluster	Major Specialty	Full-time Attrition Rate		
		2014-15	2015-16	2016-17 (Rolling 12 months from 1 Jan 16 to 31 Dec 16)
NTWC	Accident & Emergency	-	4.7%	1.5%
	Anaesthesia	4.9%	2.1%	-
	Cardio-thoracic Surgery	-	-	-
	Family Medicine	4.0%	8.0%	5.2%
	Intensive Care Unit	5.5%	5.7%	-
	Medicine	3.8%	1.4%	2.0%
	Neurosurgery	8.0%	-	-
	Obstetrics & Gynaecology	17.7%	12.3%	-
	Ophthalmology	4.7%	-	4.4%
	Orthopaedics & Traumatology	2.1%	-	-
	Paediatrics	-	5.5%	8.2%
	Pathology	4.6%	-	4.2%
	Psychiatry	3.8%	9.0%	3.8%
	Radiology	3.0%	11.5%	11.8%
	Surgery	1.7%	7.7%	1.5%
	Others	3.1%	3.1%	9.1%
	Total	**3.7%**	**4.8%**	**3.2%**

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

3. Rolling Attrition (Wastage) Rate = (Total no. of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%.

Table 4 below sets out the average weekly working hours of doctors by specialty according to the surveys conducted in 2014-15 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 2014-15 are not available for all specialties. The average weekly working hours of doctors in 2016-17 are being collected and are not available at present.

Table 4: Average Weekly Working Hours of Doctors in 2014-15 and 2015-16

Cluster	Specialty	2014-15	2015-16
HKEC	Accident & Emergency	N/A	44.0
	Anaesthesia	N/A	47.6
	Family Medicine	N/A	41.9
	Intensive Care Unit	57.5	56.1
	Medicine	56.0	55.3
	Neurosurgery	54.9	54.5
	Obstetrics & Gynaecology	60.5	58.7
	Ophthalmology	44.4	44.6
	Orthopaedics & Traumatology	52.4	51.6
	Paediatrics	59.2	58.0
	Pathology	N/A	41.9
	Psychiatry	N/A	45.1
	Radiology	N/A	45.5
	Surgery	58.8	57.7
	Total	**55.8**	**50.7**
HKWC	Accident & Emergency	N/A	40.0
	Anaesthesia	N/A	52.6
	Cardio-thoracic Surgery	58.6	59.8
	Family Medicine	N/A	41.9
	Intensive Care Unit	44.6	48.0
	Medicine	51.7	51.7
	Neurosurgery	49.9	51.4
	Obstetrics & Gynaecology	54.4	56.2
	Ophthalmology	52.2	52.7
	Orthopaedics & Traumatology	55.3	55.7
	Paediatrics	57.4	57.3
	Pathology	N/A	50.1
	Psychiatry	N/A	47.6
	Radiology	N/A	46.1
	Surgery	56.1	56.0
	Total	**53.7**	**51.5**
KCC	Accident & Emergency	N/A	40.0
	Anaesthesia	N/A	48.5
	Cardio-thoracic Surgery	50.4	51.2
	Family Medicine	N/A	41.6
	Intensive Care Unit	48.4	50.7
	Medicine	55.0	54.3
	Neurosurgery	48.8	48.5
	Obstetrics & Gynaecology	53.8	53.4
	Ophthalmology	51.1	50.2
	Orthopaedics & Traumatology	53.9	52.9
	Paediatrics	53.1	52.7
	Pathology	N/A	44.5
	Psychiatry	N/A	46.2
	Radiology	N/A	43.4

Cluster	Specialty	2014-15	2015-16
	Surgery	56.8	57.1
	Total	**53.4**	**49.7**
KEC	Accident & Emergency	N/A	40.9
	Anaesthesia	N/A	52.7
	Family Medicine	N/A	41.9
	Intensive Care Unit	47.5	49.5
	Medicine	47.3	48.0
	Obstetrics & Gynaecology	58.4	60.7
	Ophthalmology	49.2	46.8
	Orthopaedics & Traumatology	57.6	57.3
	Paediatrics	50.0	56.5
	Pathology	N/A	44.0
	Psychiatry	N/A	46.9
	Radiology	N/A	47.2
	Surgery	56.3	56.0
	Total	**51.5**	**49.0**
KWC	Accident & Emergency	N/A	40.9
	Anaesthesia	N/A	47.7
	Family Medicine	N/A	41.9
	Intensive Care Unit	49.8	47.9
	Medicine	49.8	48.9
	Neurosurgery	63.1	56.5
	Obstetrics & Gynaecology	57.2	57.2
	Ophthalmology	45.8	45.6
	Orthopaedics & Traumatology	54.7	55.1
	Paediatrics	54.4	53.5
	Pathology	N/A	42.6
	Psychiatry	N/A	45.1
	Radiology	N/A	45.0
	Surgery	54.7	54.2
	Total	**52.6**	**48.3**
NTEC	Accident & Emergency	N/A	43.2
	Anaesthesia	N/A	52.3
	Cardio-thoracic Surgery	70.1	66.1
	Family Medicine	N/A	41.9
	Intensive Care Unit	52.5	46.1
	Medicine	53.1	52.8
	Neurosurgery	73.9	73.1
	Obstetrics & Gynaecology	66.2	60.2
	Ophthalmology	54.3	54.3
	Orthopaedics & Traumatology	61.8	61.3
	Paediatrics	53.5	54.4
	Pathology	N/A	43.9
	Psychiatry	N/A	46.1
	Radiology	N/A	46.4
	Surgery	63.6	61.8
	Total	**56.9**	**52.4**
NTWC	Accident & Emergency	N/A	40.8
	Anaesthesia	N/A	52.0
	Family Medicine	N/A	41.9
	Intensive Care Unit	55.6	55.5
	Medicine	47.0	47.0
	Neurosurgery	56.2	56.4
	Obstetrics & Gynaecology	53.9	48.7
	Ophthalmology	49.5	51.3
	Orthopaedics & Traumatology	57.1	57.4
	Paediatrics	54.7	54.6
	Pathology	N/A	42.2
	Psychiatry	N/A	44.3
	Radiology	N/A	47.8

Cluster	Specialty	2014-15	2015-16
	Surgery	52.6	52.6
	Total	**51.9**	**48.4**

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.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4687)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding obstetrics and gynaecology (O&G) services, please advise on:

a. the utilisation rate, the number of attendances, the respective number and rate of spontaneous and caesarean deliveries, and the cost and subsidy per delivery for O&G services in each cluster in the past 3 years; and

b. the number of O&G doctors by rank and by cluster, and their ratio to the number of deliveries in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 193)

Reply:

(a)
The table below sets out the inpatient bed occupancy rate, the number of specialist outpatient (SOP) attendances, the number of deliveries and caesarean-section rate in obstetric units in the Hospital Authority (HA) by cluster in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Cluster		**2014-15**	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
HKEC	Inpatient bed occupancy rate - Obstetrics	84%	84%	88%
	Number of SOP attendances - Obstetrics	23 072	21 913	16 667
	Number of deliveries	2 810	2 747	2 082
	Caesarean-section rate	30%	29%	31%

Cluster		2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional figures]
HKWC	Inpatient bed occupancy rate - Obstetrics	62%	62%	65%
	Number of SOP attendances - Obstetrics	38 549	41 219	32 026
	Number of deliveries	3 787	3 748	2 903
	Caesarean-section rate	25%	26%	26%
KCC	Inpatient bed occupancy rate - Obstetrics	75%	72%	76%
	Number of SOP attendances - Obstetrics	72 132	63 949	48 572
	Number of deliveries	6 324	6 114	4 805
	Caesarean-section rate	25%	26%	28%
KEC	Inpatient bed occupancy rate - Obstetrics	63%	62%	64%
	Number of SOP attendances - Obstetrics	34 633	33 934	26 902
	Number of deliveries	4 338	4 210	3 257
	Caesarean-section rate	23%	23%	23%
KWC	Inpatient bed occupancy rate - Obstetrics	69%	67%	72%
	Number of SOP attendances - Obstetrics	82 819	81 880	61 400
	Number of deliveries	10 170	9 913	7 447
	Caesarean-section rate	22%	22%	23%
NTEC	Inpatient bed occupancy rate - Obstetrics	65%	64%	71%
	Number of SOP attendances - Obstetrics	48 821	50 320	41 110
	Number of deliveries	6 963	6 836	5 573
	Caesarean-section rate	24%	25%	22%
NTWC	Inpatient bed occupancy rate - Obstetrics	94%	94%	97%
	Number of SOP attendances - Obstetrics	51 075	43 644	34 775
	Number of deliveries	5 592	5 591	4 358
	Caesarean-section rate	26%	28%	29%

Note:

1. HA classifies "day inpatients" as those patients who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who are admitted into hospitals via Accident & Emergency Department or those who have stayed for more than 1 day. The calculation of inpatient bed occupancy rate does not include that of day inpatients.

2. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

The table below sets out the total costs of obstetrics services (comprising both inpatient and outpatient services) by cluster in 2014-15 and 2015-16. The estimated obstetric service costs in 2016-17 are not yet available.

Year	**Total Costs of Obstetric Services ($ million)**							
	HKEC	**HKWC**	**KCC**	**KEC**	**KWC**	**NTEC**	**NTWC**	**HA Overall**
2014-15	117	150	211	157	330	212	177	1,354
2015-16	121	178	213	166	342	207	187	1,414

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

It should be noted that obstetric services provided by HA include a range of services, e.g. delivery of births, antenatal and postnatal care, handling of stillbirth and other pregnancy related complications and diseases. The cost for each delivery varies among different cases owing to the varying complexity of conditions of patients and different diagnostic services, treatments and prescriptions required as well as length of hospital stay. Hence clusters with greater number of patients or heavier load of patients with more complex conditions or requiring more costly treatment would incur higher service costs. Therefore, the service costs cannot be directly compared among clusters.

All Hong Kong residents are eligible to receive HA's wide range of public healthcare services at a heavily subsidised rate. Public patients are charged at a per diem/attendance flat fee for the respective services, including inpatient and outpatient services. The actual (or estimated) average subsidy levels for overall inpatient and specialist outpatient services are about 98% and 95% from 2014-15 to 2016-17.

(b)

The table below sets out the number of obstetrics and gynaecology (O&G) doctors by cluster by rank from 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

Number of O&G doctors by cluster by rank				
Cluster	**Rank Group**	**2014-15 (as at 31 March 2015)**	**2015-16 (as at 31 March 2016)**	**2016-17 (as at 31 December 2016)**
HKEC	Cons	3	4	4
	SMO/AC	6	7	5
	MO/RS	10	5	7
HKEC Total		**19**	**16**	**16**
HKWC	Cons	6	6	6
	SMO/AC	5	4	7
	MO/RS	15	15	12
HKWC Total		**27**	**26**	**25**
KCC	Cons	7	7	7
	SMO/AC	9	8	10
	MO/RS	12	11	13
KCC Total		**28**	**26**	**30**
KEC	Cons	6	6	8
	SMO/AC	7	7	7
	MO/RS	13	14	13
KEC Total		**26**	**27**	**28**
KWC	Cons	8	8	8
	SMO/AC	17	17	17
	MO/RS	23	23	25
KWC Total		**48**	**48**	**51**
NTEC	Cons	6	6	6
	SMO/AC	7	8	8
	MO/RS	14	15	18
NTEC Total		**28**	**29**	**32**
NTWC	Cons	6	9	9
	SMO/AC	9	8	8
	MO/RS	13	9	13
NTWC Total		**27**	**26**	**30**

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.

3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC

since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Based on the O&G doctor numbers and the number of deliveries given above, the table below sets out the ratio of O&G doctors to the number of deliveries in the past 3 years.

Ratio of O&G doctors to the number of deliveries							
Year	Clusters						
	HKEC	HKWC	KCC	KEC	KWC	NTEC	NTWC
2014-15	1:148	1:140	1:226	1:167	1:212	1:249	1:207
2015-16	1:172	1:144	1:235	1:156	1:207	1:236	1:215
2016-17	1:172	1:154	1:212	1:152	1:192	1:228	1:192

It should be noted that the ratio of O&G doctors to the number of deliveries varies among clusters because service demands vary among clusters, and the variances cannot be directly compared among the clusters.

Note:
The manpower figures above are drawn as at 31 March of respective years (except for 2016-17 the manpower figures are drawn as at 31 December 2016), whereas number of deliveries refers to the throughput for the whole financial year (except for 2016-17 the number refers to the actual number from 1 January 2016 to 31 December 2016).

Abbreviations
HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster
Cons – Consultant
SMO – Senior Medical Officer
AC – Associate Consultant
MO – Medical Officer
RS – Resident

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4688)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on general outpatient (GOP) services of the past 3 years:
1. the utilisation rate, number of attendances, daily consultation quotas and daily consultation quotas per doctor in GOP clinics of each hospital cluster;

2. the number of doctors by rank, their lengths of service, vacancy rates, wastage rates and average weekly working hours in GOP clinics of each hospital cluster; and

3. whether funding has been set aside in the 2017-18 Estimates for improving the telephone appointment system; if yes, please provide the details; if no, please give the reasons.

Asked by: Hon KWOK Ka-ki (Member Question No. 194)

Reply:

(1)

The general outpatient clinics (GOPCs) under the Hospital Authority (HA) are primarily targeted at serving the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs throughout the territory. The GOPC service is of high volume and the utilisation is over 95%.

The table below sets out the number of GOP attendances in the past three years:

2014-15	**2015-16**	**2016-17 (Revised Estimate)**
5 905 262	5 984 576	5 984 000

The table below sets out the number of doctors working in these GOPCs in the past three years:

2014	2015	2016
432	439	429

(2)
HA provides inpatient services, ambulatory and outreach services to the public, including day inpatient services, specialist outpatient services, primary care services, etc. The clinical duties of HA doctors are subject to operational needs of individual specialty. Doctors are generally scheduled to work with an average weekly working hours of 44 hours. In 2016-17, the overall manpower shortfall of doctors in HA is around 300.

Within HA, services delivered in a range of outpatient clinics including GOPCs, HA Staff Clinics and Family Medicine Specialist Clinics are organised under the Family Medicine specialty. The table below sets out the number and the years of service of doctors working in the Family Medicine specialty in the past three years:

Year of Service	2014-15 (as at 31 Mar 2015)	2015-16 (as at 31 Mar 2016)	2016-17 (as at 31 Dec 2016)
<1 Year	23	12	12
1 - <6 Years	171	186	167
6 - <11 Years	115	104	118
11 - <16 Years	222	230	216
16 - <21 Years	44	50	62
21 - <26 Years	22	28	34
26 Years or above	1	1	1
Overall	**598**	**611**	**610**

Note
1. Manpower on a headcount basis includes permanent, contract, temporary staff excluding Interns.
2. The figures on years of service are captured on a specialty basis. Breakdown of figures for doctors working in GOPC is not available.

The table below sets out the attrition rate of full-time doctors working in the Family Medicine specialty in the past three years:

2014-15	2015-16	2016-17 (Rolling 12 months from 1 January to 31 December 2016)
4.2%	4.1%	6.0%

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

2. Since April 2013, attrition (wastage) for the HA full-time and part-time workforce has been separately monitored and presented i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. Rolling Attrition (Wastage) Rate = (Total number of staff left HA in the past 12 months /Average strength in the past 12 months) x 100%

(3)

Patients under the care of GOPCs 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 two clusters (New Territories East Cluster and New Territories West Cluster) by 27 500 attendances in 2017-18.

Taking into consideration the feedback from the public, HA has introduced a number of measures to improve the operation of the TAS over the past few years. These include replacing computerised voice with authentic human voice to make it easier for elders to hear, simplifying data entry procedures to make the system more user-friendly for elders, extending the response time in each step to allow sufficient time for elders to input data, etc.

HA has further simplified the procedures of telephone booking since 2013. Currently, when users are connected to the telephone appointment system, the system will automatically search for available quota in the next 24 hours in the called clinic and its nearby clinics. If that particular clinic and clinics nearby have run out of consultation quotas, the system will 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 650 lines. In 2017, 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. 4689)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, please advise on:

a. the utilisation rate, number of attendances, number of patients of different triage categories and their average and longest waiting time in each A&E department in the past 3 years;

b. whether the Government has compiled statistics on the number of A&E attendances at different timeslots; if so, please set out the service capacity at various timeslots in each A&E department;

c. the number of A&E doctors in each 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 in the past 3 years; and

d. the details and objectives of the "A&E Support Session Program"; the number, rank and length of service of participating doctors, their average and longest hours of part-time service, and the expenditure involved last year.

Asked by: Hon KWOK Ka-ki (Member Question No. 195)

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) in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 624	2 446	37 657	89 994	8 588
	RH	697	1 580	13 907	55 519	6 083
	SJH	32	43	1 595	7 701	1 291
HKWC	QMH	880	2 502	35 180	82 441	4 832
KCC	QEH	3 690	4 470	93 533	71 948	4 909
KEC	TKOH	503	989	33 101	89 362	8 289
	UCH	2 336	4 618	63 511	92 680	14 461
KWC	CMC	1 366	1 415	33 016	77 561	14 342
	KWH	1 599	2 207	55 479	64 523	4 244
	NLTH	185	471	13 046	59 565	5 793
	PMH	1 145	2 482	61 809	60 079	6 849
	YCH	1 079	2 567	40 737	83 203	3 323
NTEC	AHNH	371	1 081	21 748	101 633	10 042
	NDH	834	1 567	37 938	59 945	5 666
	PWH	1 505	5 437	35 774	92 726	1 409
NTWC	POH	547	2 332	31 957	74 572	12 289
	TMH	960	5 137	67 469	123 399	13 675
Overall HA		**19 353**	**41 344**	**677 457**	**1 286 851**	**126 085**

2015-16

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 (up to 31 December 2016) [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	1 110	1 892	29 920	63 804	4 638
	RH	594	1 231	11 245	39 763	4 606
	SJH	29	73	1 791	4 960	186
HKWC	QMH	662	2 264	30 058	59 024	3 401
KCC	QEH	2 605	3 587	73 415	55 405	3 711
KEC	TKOH	502	1 317	32 125	60 720	3 761
	UCH	1 752	4 027	50 730	68 205	9 740
KWC	CMC	1 098	1 262	25 452	61 149	10 941
	KWH	1 103	1 993	41 395	46 453	3 411
	NLTH	136	449	11 829	55 367	2 465
	PMH	849	2 130	45 438	45 426	4 769
	YCH	685	1 838	28 357	63 250	3 499
NTEC	AHNH	258	763	16 700	78 948	5 221
	NDH	536	1 192	30 557	45 172	3 322
	PWH	1 217	4 480	31 295	70 868	661
NTWC	POH	426	1 862	25 177	54 889	7 910
	TMH	860	4 427	54 252	91 712	10 525
Overall HA		**14 422**	**34 787**	**539 736**	**965 115**	**82 767**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E department in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

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	5	16	103	143
	RH	0	6	17	69	127
	SJH	0	8	15	24	37
HKWC	QMH	0	8	24	110	177
KCC	QEH	0	8	37	156	183
KEC	TKOH	0	6	14	72	85
	UCH	0	9	24	137	206
KWC	CMC	0	7	20	66	63
	KWH	0	7	42	229	244
	NLTH	0	7	14	28	33
	PMH	0	7	19	103	150
	YCH	0	5	21	132	161

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)
NTEC	AHNH	0	4	12	27	30
	NDH	0	7	23	102	154
	PWH	0	12	47	188	172
NTWC	POH	0	5	21	111	120
	TMH	0	5	30	142	156
Overall HA		**0**	**7**	**26**	**110**	**127**

2015-16

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 (up to 31 December 2016) [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	16	112	145
	RH	0	6	17	81	137
	SJH	0	7	14	25	32
HKWC	QMH	0	8	24	102	177
KCC	QEH	0	7	29	146	190
KEC	TKOH	0	7	17	103	112
	UCH	0	8	23	136	205

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)
KWC	CMC	0	8	21	60	57
	KWH	0	6	29	121	134
	NLTH	0	8	15	32	51
	PMH	0	9	19	93	133
	YCH	0	4	17	119	149
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	107	148
	PWH	0	13	47	183	198
NTWC	POH	0	5	23	116	129
	TMH	0	6	31	143	164
Overall HA		**0**	**8**	**24**	**106**	**131**

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 in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	18 868	60 161	41 582	4 701	11 975	10 122
	RH	8 116	32 013	23 004	2 286	7 662	5 595
	SJH	1 140	3 058	3 647	333	1 336	1 148
HKWC	QMH	16 159	51 261	37 502	4 438	10 631	8 864
KCC	QEH	22 421	80 305	54 569	5 891	14 829	12 376
KEC	TKOH	17 275	55 148	39 759	4 294	11 420	9 655
	UCH	25 849	71 727	51 622	6 530	14 438	12 354
KWC	CMC	15 507	51 360	39 353	3 908	11 085	9 657
	KWH	16 350	57 925	38 243	4 350	10 929	8 659
	NLTH	3 745	33 813	28 442	982	7 770	6 562
	PMH	18 247	56 520	38 197	4 550	10 587	8 902
	YCH	18 041	55 655	36 712	4 630	11 785	9 081
NTEC	AHNH	16 149	53 504	39 957	4 080	11 551	10 034
	NDH	15 075	41 061	30 356	3 859	8 702	7 577
	PWH	17 682	57 168	38 510	4 471	11 429	8 877
NTWC	POH	15 786	52 746	34 757	4 133	10 518	8 352
	TMH	30 467	90 015	59 612	7 542	17 497	13 823
Overall HA		**276 877**	**903 440**	**635 824**	**70 978**	**184 144**	**151 638**

2015-16

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 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	13 581	44 479	30 085	3 231	8 096	6 839
	RH	6 023	24 999	17 081	1 535	5 408	3 782
	SJH	752	1 959	2 530	217	825	756
HKWC	QMH	12 043	40 266	28 470	3 047	7 652	6 225
KCC	QEH	17 265	62 760	42 621	4 336	11 081	8 825
KEC	TKOH	12 876	42 511	29 979	3 051	8 120	6 482
	UCH	19 723	54 500	40 204	4 596	10 091	8 676
KWC	CMC	12 343	40 431	31 529	2 934	7 964	7 385
	KWH	12 094	42 776	29 040	2 965	7 550	6 144
	NLTH	6 285	27 372	25 029	1 529	6 164	5 589
	PMH	13 045	42 359	29 458	3 071	7 683	6 203
	YCH	13 283	42 186	27 978	3 150	8 445	6 189
NTEC	AHNH	12 327	41 302	30 517	2 852	8 346	6 866
	NDH	11 306	32 090	23 528	2 632	6 352	5 318
	PWH	14 320	46 090	30 558	3 278	8 505	6 481
NTWC	POH	12 174	39 565	26 049	3 000	7 354	5 730
	TMH	23 109	69 210	46 736	5 353	12 400	9 967
Overall HA		**212 549**	**694 855**	**491 392**	**50 777**	**132 036**	**107 457**

(c)

The table below sets out the manpower of A&E doctors by cluster in the past 3 years.

A&E Specialty		Number of Doctors		
Cluster	**Hospital**	**2014-15** (as at 31 March 2015)	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 December 2016)
HKEC	PYNEH	33	32	34
	RH	17	18	18
	SJH	5	5	5
HKWC	QMH	26	26	30
KCC	QEH	41	48	46
KEC	TKOH	21	26	26
	UCH	37	38	41
KWC	CMC	27	25	27
	KWH	26	28	28
	NLTH	22	23	24
	PMH	31	30	31
	YCH	28	29	30
NTEC	AHNH	24	24	23
	NDH	20	20	20
	PWH	22	26	27
NTWC	POH	25	24	23
	TMH	41	41	52

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

The year of service of the A&E doctors is not readily available.

The total manpower shortfall of doctors in 2016-17 in HA is around 300.

The table below sets out the attrition (wastage) rate of full-time doctors by cluster in the past 3 years.

Full-time Attrition (Wastage) Rate				
Cluster	**Hospital**	**2014-15**	**2015-16**	**2016-17 (Rolling 12 months Jan 16 - Dec 16)**
HKEC	PYNEH	2.8%	2.9%	2.7%
	RH	-	-	-
	SJH	-	-	21.1%

Full-time Attrition (Wastage) Rate				
Cluster	**Hospital**	**2014-15**	**2015-16**	**2016-17 (Rolling 12 months Jan 16 - Dec 16)**
HKWC	QMH	3.8%	16.1%	3.6%
KCC	QEH	10.1%	4.6%	6.5%
KEC	TKOH	4.6%	4.6%	4.1%
	UCH	2.6%	7.9%	7.6%
KWC	CMC	-	4.1%	7.9%
	KWH	4.3%	-	-
	NLTH	4.9%	-	-
	PMH	3.6%	3.4%	6.9%
	YCH	3.6%	3.6%	3.5%
NTEC	AHNH	-	-	4.3%
	NDH	-	-	-
	PWH	-	-	-
NTWC	POH	-	-	-
	TMH	-	7.4%	2.2%

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

(3) Rolling Attrition (Wastage) Rate = Total no. of staff left HA in the past 12 months /Average strength in the past 12 months x 100%

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

(d)

The A&E Support Session Programme aims to recruit additional medical and nursing staff, including those from and outside A&E Departments, to work extra hours on a voluntary basis with payment of special honorarium. The extra manpower are deployed to 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 on more urgent cases. As at end December 2016, about 550 doctors (including Consultants, Associate Consultants / Senior Medical Officers, Residents / Medical Officers), on a headcount basis, participated in the Programme. Detailed breakdown of the participating doctors by rank, length of services and average and longest hours of work is not readily available. In 2016-17, HA has earmarked around $22 million for the Programme.

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

Note:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4690)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, the actual percentage of A&E patients in the Triage III category being treated within the target waiting time is 78% in 2016, while the revised percentage for 2017 and the target & plan percentage for 2018 is 90%. Please advise on whether there is any plan to shorten the waiting time of A&E patients under this triage category; if yes, please provide the details of the plan, and the resources and manpower involved; if no, please set out the reasons.

Asked by: Hon KWOK Ka-ki (Member Question No. 196)

Reply:

The Hospital Authority (HA) provides Accident and Emergency (A&E) services to those who are in need of or perceive the need for acute care. Under the patient triage measures implemented in the A&E departments, patients are classified into 5 categories based on their clinical conditions: critical, emergency, urgent, semi-urgent and non-urgent. Under HA's performance pledges, all patients who are triaged as critical patients (Triage 1) will be treated immediately, 95% of patients triaged as emergency patients (Triage 2) will be treated within 15 minutes and 90% of patients triaged as urgent patients (Triage 3) will be treated within 30 minutes.

For Triage 3 (urgent) patients, it has been the target of HA that 90% of the patients will be treated within the target waiting time, i.e. 30 minutes. The corresponding figures for 2015-16 reflect HA's actual performance at 78% indicating that HA's actual performance was unable to reach the target.

HA has implemented a series of measures as set out below to strengthen healthcare support at A&E departments and to address public's concern on waiting time for A&E services:

a) Implementing A&E supporting session program to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

b) Strengthening manpower of doctor, nurse and supporting staff through the following:

- provision of extra financial incentives for doctors, such as introducing special honorarium scheme, enhancing fixed-rate honorarium and providing leave encashment;

- provision of short term employment for retired nursing staff, undergraduate nurses and other healthcare workers;

- strengthening of phlebotomist services and clerical support; and

- deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting;

c) Setting up additional observation areas to alleviate the congestion of A&E departments;

d) Re-engineering the work process for Triage 3 (Urgent) patients aiming for early assessment and intervention.

e) Releasing A&E waiting time information to public via the HA website, smartphone Application (HA Touch) and at registration counter of A&E Departments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4691)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the service of Walk-in Clinic, will the Government inform this Committee:

a. of the number of people in various categories who were triaged to Walk-in Clinic for treatment, their waiting time and longest waiting time in the past 3 years; and

b. whether there are any plans to set up more Walk-in Clinics? If yes, what are the details? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 197)

Reply:

(a) & (b)

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 in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2014-15

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	89 994	8 588
	RH	55 519	6 083
	SJH	7 701	1 291
HKWC	QMH	82 441	4 832
KCC	QEH	71 948	4 909
KEC	TKOH	89 362	8 289
	UCH	92 680	14 461
KWC	CMC	77 561	14 342
	KWH	64 523	4 244
	NLTH	59 565	5 793
	PMH	60 079	6 849
	YCH	83 203	3 323
NTEC	AHNH	101 633	10 042
	NDH	59 945	5 666
	PWH	92 726	1 409
NTWC	POH	74 572	12 289
	TMH	123 399	13 675
Overall HA		**1 286 851**	**126 085**

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 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Number of A&E attendances	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	63 804	4 638
	RH	39 763	4 606
	SJH	4 960	186
HKWC	QMH	59 024	3 401
KCC	QEH	55 405	3 711
KEC	TKOH	60 720	3 761
	UCH	68 205	9 740
KWC	CMC	61 149	10 941
	KWH	46 453	3 411
	NLTH	55 367	2 465
	PMH	45 426	4 769
	YCH	63 250	3 499
NTEC	AHNH	78 948	5 221
	NDH	45 172	3 322
	PWH	70 868	661
NTWC	POH	54 889	7 910
	TMH	91 712	10 525
Overall HA		**965 115**	**82 767**

The tables below set out the average waiting time for A&E services for Triage 4 and 5 in each A&E department in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

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 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Average waiting time (minutes) for A&E services	
		Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	112	145
	RH	81	137
	SJH	25	32
HKWC	QMH	102	177
KCC	QEH	146	190
KEC	TKOH	103	112
	UCH	136	205
KWC	CMC	60	57
	KWH	121	134
	NLTH	32	51
	PMH	93	133
	YCH	119	149
NTEC	AHNH	36	39
	NDH	107	148
	PWH	183	198
NTWC	POH	116	129
	TMH	143	164
Overall HA		**106**	**131**

The figure of longest waiting time at each A&E department is not readily available.
To improve the A&E services, HA has introduced the following measures:

a) Implementing A&E supporting session programme to recruit additional medical and nursing staff to handle semi-urgent and non-urgent cases;

b) Strengthening manpower of doctor, nurse and supporting staff through the following:

- provision of extra financial incentives for doctors, such as introducing special honorarium scheme, enhancing fixed-rate honorarium and providing leave encashment;
- provision of short term employment for retired nursing staff, undergraduate nurses and other healthcare workers;
- strengthening of phlebotomist services and clerical support; and
- deployment of additional staff to streamline patient flow and perform crowd control during prolonged waiting;

c) Setting up additional observation areas to alleviate the congestion of A&E departments; and

d) Stepping up publicity to call on 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

Note:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4692)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on mental health services of the past 3 years:

a. the estimated number of mentally-ill persons in the territory;

b. the number of mentally-ill persons seeking consultation from the Hospital Authority (HA) and the number of those diagnosed with severe mental illness in each hospital cluster;

c. the manpower for psychiatric services (including psychiatrists, nurses and community nurses) and their respective ratios to persons seeking consultation from HA in each hospital cluster;

d. the consultation time per day, actual number of attendances, daily consultation quotas (number of discs available) and daily consultation quotas per doctor of psychiatric outpatient services in each hospital cluster;

e. the respective ratios of psychiatrists and nurses to the overall population, mental patients and population aged 65 or above in the relevant districts in each hospital cluster; and

f. the numbers of psychiatric inpatient discharges and deaths, and the unplanned readmission rates within 28 days and 3 months respectively in each hospital cluster.

Asked by: Hon KWOK Ka-ki (Member Question No. 198)

Reply:

(a)

The Hospital Authority (HA) does not have statistics on the estimated number of mentally-ill persons in the territory.

(b)

The table below sets out the total number of psychiatric patients treated and the number of patients diagnosed with severe mental illness (SMI) in HA in the past three years by cluster:

Cluster	**Total number of psychiatric patients treated** [1] **(including inpatients, patients at specialist outpatient clinics and day hospitals)**	**Number of patients diagnosed with SMI** [1]
2014-15		
HKEC	20 100	3 500
HKWC	18 500	3 200
KCC	17 400	5 000
KEC	29 900	7 000
KWC	62 600	15 300
NTEC	38 900	7 100
NTWC	34 800	8 300
Overall [2]	**217 400**	**47 500**
2015-16		
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 [2]	**228 700**	**48 200**
2016 (January –December) [Provisional figures]		
HKEC	21 300	3 500
HKWC	20 100	3 200
KCC	17 900	4 900
KEC	33 500	7 300
KWC	69 100	15 800
NTEC	42 600	7 400
NTWC	37 400	8 500
Overall [2]	**237 200**	**48 800**

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.

(c)

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 psychiatric services in HA also support other related 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, 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)**
2014-15			
HKEC	36	231	9
HKWC	24	112	8
KCC	36	245	12
KEC	35	135	16
KWC	71	651	21
NTEC	58	367	21
NTWC	74	700	43
Overall	**333**	**2 442**	**129**
2015-16			
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**
2016-17[5]			
HKEC	34	242	8
HKWC	28	113	8
KCC[#]	35	236	11
KEC	38	141	16
KWC[#]	72	654	23
NTEC	65	372	20
NTWC	84	716	49
Overall	**356**	**2 473**	**135**

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 CPNs is mainly to provide short-term community support for discharged psychiatric patients to facilitate their community re-integration.
5. Starting from 2016-17, the figure on psychiatric doctors also include doctors working in SLH.

(d)

The table below sets out the number of psychiatric specialist outpatient (clinical) attendances in HA in the past three years by cluster:

Cluster	2014-15[1]	2015-16[1,3]	2016-17[1,3] (up to 31 December 2016) [provisional figures]
HKEC	82 000	82 100	62 000
HKWC	60 400	62 500	48 700
KCC[#]	66 300	66 600	49 100
KEC	94 400	99 200	79 400
KWC[#]	222 900	235 000	181 700
NTEC	127 500	134 200	103 200
NTWC	142 600	146 000	114 400
Overall[2]	**796 100**	**825 600**	**638 300**

Note:
1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.
3. Starting from 2015-16, SOP (clinical) attendances also include attendances from nurse clinics in SOP 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 the statistics on consultation time per day, daily consultation quotas and daily consultation quotas per doctor in psychiatric specialist outpatient clinics.

(e)

Mental health services are provided by multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists, etc. In planning services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration. Furthermore, patients may receive treatment in hospitals other than those in their own residential districts. Some specialised services are available only in certain hospitals, and hence certain clusters. The beds in those clusters are providing services for patients throughout the territory. HA does not have ready breakdown on the requested staffing ratios which may not reflect the actual level of service provision due to the above reasons.

(f)

The table below sets out the number of discharges and deaths for inpatient psychiatric service in the past three years by cluster:

Cluster	Number of discharges and deaths for inpatient psychiatric service [1, 3]		
	2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional figures]
HKEC	1 800	1 700	1 300
HKWC	800	700	400
KCC[#]	3 100	3 200	2 300
KEC	500	600	500
KWC[#]	4 200	4 300	3 400
NTEC	4 000	4 100	3 200
NTWC	2 800	2 900	2 200
Overall	**17 100**	**17 400**	**13 300**

Note:
1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to total due to rounding.
3. 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 122, 121 and 91 in 2014-15, 2015-16 and 2016-17 (up to December 2016) [provisional figure] respectively.

The unplanned readmission rates within 28 days for psychiatry specialty were 7.1%, 7.8% and 7.6% in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) [provisional figures] respectively. To register the unplanned readmission rate within 28 days for respective specialty is an established practice in HA. HA does not have the statistics of unplanned readmission rate within three months after discharge.

Abbreviations

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

[#]Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4693)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise whether funding is available in the 2017-18 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. 199)

Reply:

The Hospital Authority (HA) has earmarked a total of around $73 million to further enhance its psychiatric services in 2017-18. Details are as below:

i. Strengthening the psychiatric specialist outpatient services in NTEC. It is estimated that additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. Enhancing the psychiatric in-patient services in KCC, KEC and NTEC. It is estimated that 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. Enhancing the clinical psychology services in all seven clusters. It is estimated that one clinical psychologist and eight supporting staff will be required;

iv. Enhancing the peer support element in the Case Management Programme. It is estimated that five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited; and

v. Launching a two-year pilot scheme named "Student Mental Health Support Scheme" since 1 September 2016 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. It is estimated that four APNs and four supporting staff will be recruited.

In addition, a two-year pilot scheme named "Dementia Community Support Scheme" has been launched in February 2017 to provide community support services to elderly persons with mild to moderate dementia via a medical-social collaboration model in HKEC, KEC, NTEC and NTWC. It is estimated that eight APNs and four supporting staff will be recruited. The estimated cost of the two-year pilot scheme, which amounts to about $98.88 million, is funded by the Community Care Fund.

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. 4752)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2017-18 that the Health Branch will continue to oversee the implementation of health promotion and preventive programmes for children and parents, adolescents, men, women and elders. Will the Government advice on the following:

a. the specific health promotion and preventive programmes formulated for these cohorts (children and parents, adolescents, men, women and elders) over the past 3 years, the resources involved and the number of service users in these programmes and their effectiveness;

b. the specific health promotion and preventive programmes formulated for these cohorts (children and parents, adolescents, men, women and elders) in 2017-18, the resources involved and the estimated number of service users in these programmes and their estimated effectiveness.

Asked by: Hon KWOK Ka-ki (Member Question No. 277)

Reply:

The Department of Health (DH) has been promoting healthy lifestyle through a life-course and setting-based approach. These include StartSmart@school.hk Campaign targeting pre-primary institutions, EatSmart@school.hk Campaign targeting schools, EatSmart@restaurant.hk (ESR) Campaign enlisting support of restaurants to provide healthier dishes, Joyful@Healthy Workplace Programme targeting workplace settings and "I'm So Smart" Community Health Promotion Programme promoting healthy living in the community. The DH also launched a three-year territory-wide mental health promotion campaign named "Joyful@HK" in January 2016. The DH has also been carrying out activities in promoting organ donation and the prevention and control of communicable diseases. The DH will continue to assess and review the effectiveness of its health promotion and disease prevention measures and strategies.

Over the years, the DH has launched a range of health promotion and disease prevention programmes aiming at different target populations. Notably, the Cervical Screening Programme is a territory-wide programme implemented since 2004 in which over 512 000 women aged 25 to 64 already participated to prevent cervical cancer; the Colorectal Cancer Screening Pilot Programme is a three-year programme launched in September 2016 that aims to provide subsidised screening in phases to asymptomatic individuals born from 1946 to 1955 for the prevention of colorectal cancer; the Men's Health Programme provides customer-centric information, useful links and advice through a website established in 2002 to raise public awareness and increase understanding of men's health issues; and the "Young and Alcohol Free" publicity campaign was launched in 2016 to enhance public awareness on alcohol-related harm on young people. Manpower and expenditure for these programmes are met from DH's overall provision for the prevention and control of non-communicable diseases and cannot be separately identified.

For children from birth to 5 years of age, the Maternal and Child Health Centres (MCHCs) of the DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which include immunization services, growth and developmental surveillance, and health education for parents. The DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of Breastfeeding Friendly Workplaces Policy; promoting breastfeeding friendly premises; implementing the Hong Kong Code of Marketing Formula Milk and Related Products, and Food Products for Infants & Young Children and strengthening the surveillance on local breastfeeding situation.

Women aged 64 or below can enroll for woman health service provided by Woman Health Centres (WHCs) or MCHCs operated by the DH. The service covers health assessment, health education and counseling for enrolled women. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. MCHCs also provide maternal, family planning and cervical screening service to women.

The attendances for the various services under MCHCs and WHCs of the Family Health Service (FHS) of the DH in the past 3 calendar years and the estimated attendance in 2017 are as follows:

Service	**Attendance**			
	2014 (Actual)	**2015 (Actual)**	**2016 (Actual)**	**2017 (Estimate)**
Child Health	616 000	615 000	610 000	610 000
Maternal Health	181 000	181 000	178 000	178 000
Family Planning	116 000	110 000	104 000	104 000
Cervical Screening	99 000	97 000	102 000	102 000
Woman Health: enrolment	18 000	16 800	15 500	15 500
Woman Health: attendance	28 800	26 100	24 800	24 800

The expenditure for the FHS in the past 3 financial years is as follows:

Financial Year	**Expenditure ($ million)**
2014-15 (Actual)	714.8
2015-16 (Actual)	764.1
2016-17 (Revised Estimate)	775.9

The expenditure on each service cannot be separately identified as it has been absorbed under the overall expenditure for FHS. The financial provision for the FHS in financial year 2017-18 is $780.1 million.

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 enroll 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 the Special Assessment Centres or specialist clinics for further management.

The expenditure for the SHS and the number of students enrolled in SHSCs in the past 3 financial years / school years are as follows:

Financial Year	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Revised Estimate)**
Expenditure ($ million)	201.8	210.1	216.8

School Year	**2014-15 (Actual)**	**2015-16 (Actual)**	**2016-17 (Estimate)**
Number of students enrolled in SHSCs	636 000	629 000	624 000

The SHS was introduced in school year 1995-96. Further to a service review after some 10 years of launching of the service, a number of improvement measures have been introduced. We will continue to provide health promotion and disease prevention services to primary and secondary school students in SHSCs in the coming year and monitor the provision and effectiveness of the service.

The financial provision for the SHS in the financial year 2017-18 is $215.4 million.

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 Secondary3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication, 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 expenditure for the AHP and the number of participating students in the past 3 financial years / school years are as follows:

Financial Year	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**
Expenditure ($ million)	62.5	68.0	74.0

School Year	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**
Number of participating students in AHP	79 000	75 000	69 000

Figures for financial year / school year 2016-17 are not yet available.

From the results of evaluation studies and feedback from schools, it is noted that the AHP is well received by students and teachers. We will continue to provide the health promotion services to secondary school students in the coming year and monitor the provision and effectiveness of the AHP.

The financial provisions for the AHP in financial years 2016-17 (revised estimate) and 2017-18 are both $77.1 million.

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 above 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 aims are 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.

The expenditure for the EHS in past 3 financial years is as below:

	2014-15 (Actual) $ million	**2015-16 (Actual) $ million**	**2016-17 (Revised Estimate) $ million**
EHCs	130.6	140.0	143.7
Public health administration & VHTs	76.7	77.8	80.6
Total	207.3	217.8	224.3

Utilisation statistics for the EHS in the past 3 calendar years are as follows:

	2014	**2015**	**2016***
Enrollment in EHCs	39 100	42 400	44 200
Attendance for health assessment and medical consultation	166 000	170 000	178 000
Attendance at health education activities organized by EHC and VHT	499 000	491 000	491 000

* Provisional figures

In financial year 2017-18, an additional clinical team will be created to enhance the service capacity of EHCs. The new clinical team is expected to contribute an additional 2 125 enrolments and around 9 650 attendances at health assessment and medical consultations each year. An additional allied health team will also be created in financial year 2017-18 to provide professional support to both the EHCs and VHTs. The VHTs shall strengthen its role as health advisor and trainer on the promotion of active and healthy ageing in support of the Ageing in Place policy. The financial provision for the Elderly Health Service in financial year 2017-18 is $230.6 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4759)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the average drug-purchasing cost and the average expenditure on prescribed drugs per patient-day for psychiatric inpatients and outpatients in each of the past 3 years? How many psychiatric patients were prescribed with new psychiatric drugs each year? What were their numbers as a percentage of the total numbers of psychiatric patients each year? How were their readmission rates and intervals between follow-up consultations different from those for other psychiatric patients not prescribed with new drugs? What was the average expenditure on purchasing and prescribing new anti-psychotic drugs per patient?

Asked by: Hon KWOK Ka-ki (Member Question No. 286)

Reply:

Relevant information on the utilisation of psychiatric drugs in the Hospital Authority (HA) in the past three years is set out in the table below. HA does not maintain statistics on readmission rates and interval between follow-up consultations for patients prescribed with conventional anti-psychotic drugs versus new anti-psychotic drugs.

	2014-15	**2015-16**	**2016-17 (January - December) [Provisional figures]**
Average expenditure on drugs for psychiatric inpatients	$84 per patient day	$99 per patient day	$107 per patient day
Average expenditure on drugs for psychiatric out-patients	$415 per attendance	$459 per attendance	$478 per attendance

	2014-15	2015-16	2016-17 (January - December) [Provisional figures]
Number of patients prescribed with new anti-psychotic drugs	66 971	74 571	80 400
Estimated percentage of new cases of psychotic patients prescribed with new anti-psychotic drugs#	87%	90%	90%
Estimated average expenditure on new anti-psychotic drugs per patient per year	$2,318	$2,379	$2,431

Decision on the type of anti-psychotics drugs to be prescribed is mainly a clinical judgment based on the conditions of individual patients. As different anti-psychotic drugs have different potency and side effect profile, the attending doctor will discuss with the patient concerned for the most appropriate treatment.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4760)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide details on the manpower for child psychiatry services (including psychiatrists, nurses, community nurses) of hospitals in each cluster of the Hospital Authority in the past 3 years, their respective staff-to-patient ratios, the number of child psychiatric patients, and the number of child psychiatric patients with various learning disabilities.

Asked by: Hon KWOK Ka-ki (Member Question No. 287)

Reply:

The Hospital Authority (HA) delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals providing child and adolescent psychiatric services in HA also support other psychiatric services, HA does not have the breakdown on the manpower for supporting child and adolescent psychiatric services only.

The total number of psychiatric doctors, psychiatric nurses and community psychiatric nurses (CPNs) by cluster in the past three years are set out in the table below:

Cluster[#]	**Psychiatric doctors[1 & 2]**	**Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)**	**Community Psychiatric Nurses[1 & 4] (CPNs)**
2014-15 (as at 31 March 2015)			
HKEC	36	231	9
HKWC	24	112	8
KCC	36	245	12
KEC	35	135	16
KWC	71	651	21
NTEC	58	367	21
NTWC	74	700	43
Overall	**333**	**2 442**	**129**
2015-16 (as at 31 March 2016)			
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**
2016-17[5] (as at 31 December 2016)			
HKEC	34	242	8
HKWC	28	113	8
KCC	35	236	11
KEC	38	141	16
KWC	72	654	23
NTEC	65	372	20
NTWC	84	716	49
Overall	**356**	**2 473**	**135**

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. Starting from 2016-17, psychiatric doctors also include doctors working in SLH.

The table below sets out the number of child and adolescent (C&A) psychiatric patients treated in each hospital cluster of HA in 2014-15, 2015-16 and 2016. HA does not have a ready breakdown on the number of patients with various learning disabilities.

Cluster [#]	**Number of C&A psychiatric patients** [3&4]		
	2014-2015	**2015-2016**	**2016 (January – December) [Provisional figures]**
HKEC[1] / **HKWC**	4 450	4 880	5 250
KCC[2] / **KWC**	8 180	8 990	9 290
KEC	3 920	4 340	4 690
NTEC	5 840	6 370	6 680
NTWC	4 210	4 360	4 510
Overall[5]	**26 470**	**28 810**	**30 310**

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. Refer to those patients aged below 18 (as at 30 June of the reporting year).
4. Figures are rounded to the nearest ten.
5. Sums of clusters may not add up to total as a patient may be treated in more than one cluster.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4761)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 2017-18 Estimates of Expenditure?

Asked by: Hon KWOK Ka-ki (Member Question No. 288)

Reply:

The Hospital Authority (HA) provides a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services. The table below sets out the costs for providing mental health services from 2014-15 to 2017-18 and the respective percentages of increase.

	2014-15	**2015-16**	**2016-17 (Revised Estimate)**	**2017-18 (Estimate)**
HA's costs of mental health services ($ million)	4,079	4,368	4,665	4,778
Year-on-year % growth of HA's service costs	N/A	7.1%	6.8%	2.4%
Cumulative % growth of HA's service costs since 2014-15	N/A	7.1%	14.4%	17.1%

The mental health service costs include staff costs (such as doctors, nurses and allied health staff) for providing direct 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. 4762)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention that the Hospital Authority (HA) will augment mental health services by further strengthening service provision in hospital, ambulatory and community settings and enhancing the quality of drugs provided to patients with psychosis and dementia. In this connection, will the Government advise on:

a. the details of such services, including the manpower and expenditure involved in each service and the intended effectiveness;

b. the number of dementia patients treated by the HA, the number of new cases, the number of patients on the waiting list and the average waiting time in the past 3 years;

c. the numbers of patients receiving treatment in ambulatory and community settings in the past 3 years; and

d. whether the Government has assessed the current number of dementia patients in Hong Kong?

Asked by: Hon KWOK Ka-ki (Member Question No. 289)

Reply:

(a)

The Hospital Authority (HA) has earmarked a total of around $73 million to further enhance its psychiatric services in 2017-18. Details are as below:

i. Strengthening the psychiatric specialist outpatient services in NTEC. It is estimated that additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. Enhancing the psychiatric in-patient services in KCC, KEC and NTEC. It is estimated that 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. Enhancing the clinical psychology services in all seven clusters. It is estimated that one clinical psychologist and eight supporting staff will be recruited;

iv. Enhancing the peer support element in the Case Management Programme. It is estimated that five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited; and

v. Implementing a two-year pilot scheme named "Student Mental Health Support Scheme" which has been launched in the 2016/17 school year 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. Four APNs and four supporting staff will be recruited.

In addition, a two-year pilot scheme named "Dementia Community Support Scheme" has been launched in February 2017 to provide community support services to elderly persons with mild to moderate dementia via a medical-social collaboration model in HKEC, KEC, NTEC and NTWC. It is estimated that eight APNs and four supporting staff will be recruited. The estimated cost of the two-year pilot scheme, which amounts to about $98.88 million, is funded by the Community Care Fund.

HA will continue to review and monitor its services to ensure that they are in keeping with the needs of the patients.

(b)

The table below sets out the number of dementia patients who have received psychiatric specialist services in HA in 2014-15, 2015-16 and 2016:

	2014-15	**2015-16**	**2016 (January – December) [provisional figures]**
Number of dementia patients	11 860	12 100	12 360

Note:
1. Referred to patients who have ever been diagnosed with dementia under the psychiatric specialty in HA.
2. Figures are rounded to the nearest ten.

The table below sets out the number of psychiatric SOP (clinical) first attendances for psychogeriatric patients in HA from 2014-15 to 2016-17 (up to 31 December 2016):

	2014-15	**2015-16[2]**	**2016-17[2] (up to 31 December 2016) [provisional figures]**
Number of psychiatric SOP (clinical) first attendances for psychogeriatric patients[1]	4 670	5 050	4 030

Note:

1. Figures are rounded to the nearest ten.
2. Starting from 2015-16, SOP (clinical) attendances also include attendances from nurse clinics in SOP setting.

The table below sets out the number of psychogeriatric 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 2014-15, 2015-16 and 2016-17 (up to 31 December 2016):

	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)**
2014-15	580	1	1 700	4	4 330	29
2015-16	590	<1	1 630	3	4 540	27
2016-17 (up to 31 December 2016) [provisional figures]	420	<1	1 390	4	3 540	28

Note:

Figures are rounded to the nearest ten.

HA does not have statistics on the number of new cases of dementia and the number of patients on the waiting list.

(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 in 2014-15, 2015-16 and 2016:

	2014-15	2015-16	2016 (January – December) [Provisional figures]
Number of psychiatric patients received psychiatric day hospital services	7 930	8 140	7 930
Number of psychiatric patients received adult community psychiatric services	31 990	32 760	32 930

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 -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4803)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the voluntary registers scheme for healthcare professionals, will the Government inform this Committee:

1. of the items and amounts of expenditure involved in the past 3 years and the estimated expenditure in 2017-18;

2. of the current work progress of the registers scheme and whether the Government plans to launch the second stage of voluntary registration;

3. whether the Government will consider expanding the scope of the registers scheme to cover other healthcare professions such as psychological counselling; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (Member Question No. 340)

Reply:

In end 2016, the Government launched the Pilot Accredited Registers Scheme (AR Scheme) which aims to enhance the current society-based registration arrangement for healthcare professions which are currently not subject to statutory regulation, with a view to providing more information to the public so as to facilitate them to make informed decision and ensuring the professional competency of relevant healthcare professionals.

The AR Scheme will operate under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent appointed by the Department of Health (DH) will assess and accredit one professional body that has met the prescribed requirements. The accredited professional body shall be responsible for administering the register of its profession. Upon accreditation, members of the public may look up the registers of healthcare professionals through the accredited healthcare professional bodies.

The accreditation is valid for 3 years and renewable provided that the professional bodies can demonstrate that they continue to meet the requirements.

The Pilot Scheme covers the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council, including audiologists, audiology technicians, chiropodists/podiatrists, clinical psychologists, dental surgery assistants, dental technicians/technologists, dental therapists, dietitians, dispensers, educational psychologists, mould laboratory technicians, orthoptists, prosthetists/orthotists, scientific officers (medical) and speech therapists. These professions may, having regard to their own aspirations and circumstances, opt to join the Pilot Scheme. If healthcare professions other than the above-mentioned are interested in joining the Pilot Scheme, their applications would be considered on a case-by-case basis.

The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong (CUHK) has been appointed as the Accreditation Agent for the Pilot Scheme. The application for the Pilot Scheme was closed on February 17, 2017. CUHK is conducting an initial screening of the applications. The result of the Pilot Scheme is expected to be announced by the end of 2017.

Upon the evaluation of the Pilot Scheme, the Government will decide on the way forward for the Accredited Registers Scheme.

In 2016-17, DH incurred $0.7 million for the preparatory work of the Pilot Scheme. In 2017-18, a provision of $8.6 million is earmarked for rolling out the Pilot Scheme including staff and operational costs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4807)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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. Will the Government advise whether the Hospital Authority plans to absorb the new graduates? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 344)

Reply:

The Hospital Authority (HA) delivers healthcare services through a multi-disciplinary team approach engaging doctors, nurses, allied health professionals and supporting healthcare workers. HA constantly assesses its manpower requirements and flexibly deploys its staff having regard to the service and operational needs. On the supply side, HA takes into account market availability of doctors, particularly local medical graduates. To ensure necessary manpower for maintaining and enhancing existing services, HA plans to recruit about 430 doctors in 2017-18, which represent the majority of local medical graduates and some existing qualified doctors in the market.

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4808)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the training places for dentists,

a. how many dentists are there in Hong Kong? How many of them are working in the public and private sectors respectively? What is the ratio of dentist to population?
b. Has the Government considered increasing the number of training places for dentists so as to increase the ratio of dentist to population? If yes, what are the targets for increase for the next 5 and 10 years and the target ratios of dentist to population to be achieved respectively?

Asked by: Hon KWOK Ka-ki (Member Question No. 345)

Reply:

(a) As at December 2016, there were 2 225 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: 3 315. The Dental Council of Hong Kong does not have a breakdown of the number of dentists working in private and public sectors. However, according to 2015 Health Manpower Survey conducted by the Department of Health, the distribution of dentists working in different sectors was as follows -

Sector of Work*	Government	Private	Other#	Unknown
Percentage of Dentists	19.5%	74%	5.8%	0.7%

** Refers to the sector of main job.*
 # Figures include Hospital Authority, subvented sector, academic sector and Prince Philip Dental Hospital.

(b) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional

development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulation, including dentists. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to dentists) upon consultation with stakeholders.

To meet the anticipated demand for dental manpower, the Government, based on the preliminary findings of the Strategic Review, has increased the number of University Grants Committee-funded degree places in dentistry from 53 to 73 by 20 in the 2016/17-2018/19 triennium.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4809)

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

Subhead (No. & title): ()

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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; and
c. the costs of, fees borne by, and subvention for each patient (teaching patient / private fee paying patient)?

Asked by: Hon KWOK Ka-ki (Member Question No. 346)

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 2014-15 to 2016-17 is as follows:

Financial Year	Attendance	
	Teaching Patients	Private Fee Paying Patients
2014-15	123 320	1 345
2015-16	119 520	1 512
2016-17 (as at 28 February 2017)	92 259	1 386

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. 4810)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under Matters Requiring Special Attention that the Hospital Authority will open additional beds to meet the growing demand arising from population growth and ageing. Please provide the relevant details, as well as the expenditure, manpower and ranks of the staff involved.

Apart from the above, does the Government have other plans to enhance the service capacity in high needs communities like the New Territories West in order to strengthen the medical services of the New Territories West Cluster? If yes, what are the relevant details, as well as the expenditure, manpower and ranks of the staff involved? If no, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 350)

Reply:
The Hospital Authority (HA) has earmarked $267 million for the opening of 229 beds in 2017-18. The table below sets out the breakdown of the 229 hospital beds to be opened in 2017-18 by cluster.

Cluster	**Number of beds to be opened in 2017-18**		
	Acute General	Convalescent	**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**

The number of medical, nursing and allied health staff in 2017-18 will be increased by, on a full-time equivalent basis, 216, 823 and 272 respectively when compared to 2016-17. HA will flexibly deploy manpower and other resources to meet the service needs.

HA has earmarked an additional provision of around $322.26 million in 2017-18 for implementing initiatives to better manage growing service demand and improve quality of medical services in NTWC. These measures include:

(a) opening a total of 59 additional beds in Tuen Mun Hospital (TMH), which comprise:

  (i) 30 convalescent beds;

  (ii) 4 acute beds;

  (iii) 8 day beds; and

  (iv) 17 Special Care Baby Unit beds;

(b) commencing accident and emergency service in Tin Shui Wai Hospital (TSWH);

(c) enhancing specialist outpatient services by providing additional new case quotas in Pok Oi Hospital (POH) and TSWH;

(d) setting up magnetic resonance imaging service in POH;

(e) implementing Inpatient Medication Order Entry system in TMH;

(f) increasing quotas for general outpatient services by 11 000 attendances; and

(g) enhancing diabetes mellitus (DM) service for young patients with poor DM control.

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.

Note**:**
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations
HKEC – Hong Kong East 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. 4811)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under Matters Requiring Special Attention that the Hospital Authority will make preparation for the commencement of services in the Hong Kong Children's Hospital in phases. In this connection, will the Government advise on the following:

a. What is the current progress of the works for the Hong Kong Children's Hospital? What is the anticipated completion date? How do they deviate from the anticipated situation in the original plan?
b. Has the Government earmarked funds and manpower resources to monitor the progress of the works to ensure that there will not be any overspending or delay of the works?
c. What is the number of staff (doctors, nurses and allied health professionals) the hospital currently recruits? What is the number of additional beds to be provided and the departments to be run upon completion of the recruitment? How do they deviate from the service capacity in the original plan?

Asked by: Hon KWOK Ka-ki (Member Question No. 352)

Reply:

(a) & (b)

Construction works for the Hong Kong Children's Hospital (HKCH) commenced in August 2013 and are progressing as scheduled for completion in 2017. The current financial position of the project is healthy. Overspending of the approved project estimate is not expected. We will closely monitor the works progress and the financial position in order to ensure that the project is delivered within the approved allocation and on schedule.

(c)

The new HKCH aims to commence service by phases starting from 2018. At the initial phase, services planned to be provided in HKCH include paediatric oncology, cardiology, nephrology and paediatric surgery. The detailed operational arrangements of HKCH, including the manpower requirement, will be worked out when the detailed commissioning plan is finalised. The estimated manpower upon full opening of the hospital, which will have 468 beds in total, is around 1 800 staff. Approximately 300 staff have already been recruited.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)357

CONTROLLING OFFICER'S REPLY

(Question Serial No.4812)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the 10 most common surgeries undertaken in all specialties of hospitals in each cluster of the Hospital Authority in the past 3 years, and the number of such surgeries, the number of patients on the waiting list, the waiting time and the average cost of each surgery?

Asked by: Hon KWOK Ka-ki (Member Question No. 353)

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 the 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 2014-15	No. of Cases Performed in 2015-16	No. of Cases Performed in 2016-17 (up to 31 December 2016)	Surgical Operation Category
Herniorrhaphy	7 to 26	4 233	4 199	3 225	Intermediate I to Major II
Cholecystectomy	3 to 26	3 380	3 298	2 476	Major: I & II
Total Joint Replacement	11 to 87	3 192	3 461	2 989	Ultra-major: I & II
Transurethral Resection of Prostate	2 to 16	2 466	2 465	1 872	Major I
Myomectomy	6 to 24	1 998	2 074	1 720	Minor II to Major I
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	6 to 24	1 578	1 550	1 134	Major II
Thyroidectomy	2 to 24	904	916	716	Major: I, II & III
Haemorrhoidectomy	2 to 24	896	1 006	840	Intermediate I
Anterior Cruciate Ligament Reconstruction	2 to 8	766*	788	563	Major II
Tonsillectomy	3 to 24	736	736	566	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.

3. * The figure on Anterior Cruciate Ligament Reconstruction in 2014-15 is revised as the anterior cruciate ligament reconstruction is the main bulk of cruciate ligament repair.

The costs of operating procedures (including surgeons, anaesthetics and operating theatre expenditures) are computed with reference to factors such as relative complexity of surgical procedures and operating time. The current HA fees and charges for private services (which are set on the higher of cost or market price) are set out below as a reference for the corresponding cost. Charges for operating procedures are categorised into 10 groups ranging from Minor I to Ultra-major III:

- Minor I $5,530 - $11,600
- Minor II $11,600 - $17,650
- Intermediate I $17,650 - $27,750
- Intermediate II $27,750 - $34,450
- Major I $34,450 - $44,550
- Major II $44,550 - $54,650
- Major III $54,650 - $65,700
- Ultra-major I $65,700 - $80,500
- Ultra-major II $80,500 - $100,800
- Ultra-major III $100,800 - $430,000

It should be noted that variations within the respective range of charges would be subject to complexity of the disease treated and the exact nature and scope of treatment to be offered.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4813)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under the Matters Requiring Special Attention, it is mentioned that the Hospital Authority will enhance the services provided by the Hospital Authority's Community Geriatric Assessment Team for terminally ill patients living in residential care homes for the elderly (RCHEs). In this connection, please advise on the following:

a. the establishment of Community Geriatric Assessment Teams of each hospital cluster, with a breakdown of the professional staff and healthcare staff;

b. the number of visits by Community Geriatric Assessment Teams to RCHEs (including private and subsidised RCHEs), the number of attendances by elderly receiving outreach services as well as the total annual expenditures and unit costs of these services for each of the past 5 years;

c. details of support services provided to terminally ill patients in RCHEs and the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 354)

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 5 years.

2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Revised Estimate)
620 068	633 416	642 176	637 777	657 400

The table below sets out the total service cost and average cost per attendance of CGAT services provided by HA from 2012-13 to 2016-17.

Year	Total service cost ($ million)	Average cost per attendance ($)
2012-13	254	410
2013-14	267	420
2014-15	286	445
2015-16	315	495
2016-17 (Revised Estimate)	346	525

The CGAT service costs include the direct staff costs (such as doctors and nurses) for providing services to patients; the 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 (EOL) care for elderly patients living in RCHEs. HA has deployed additional resources of around $12 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 RCHEs 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 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. 4814)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please list the numbers of common surgical cases in different specialties (such as General Surgery, Orthopaedics & Traumatology, Gynaecology, Urology, Cardiothoracic Surgery, Otorhinolaryngology and Ophthalmology) and among which the numbers of cases with surgery material costs borne by the patients (including coronary bypass operations, hip and knee replacements) in hospitals under each Hospital Authority cluster in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No.355)

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 2014-15**	**No. of Cases Performed in 2015-16**	**No. of Cases Performed in 2016-17 (up to 31 December 2016)**
Herniorrhaphy	4 233	4 199	3 225
Cholecystectomy	3 380	3 298	2 476
Total Joint Replacement	3 192	3 461	2 989
Transurethral Resection of Prostate	2 466	2 465	1 872

Procedure	**No. of Cases Performed in 2014-15**	**No. of Cases Performed in 2015-16**	**No. of Cases Performed in 2016-17 (up to 31 December 2016)**
Myomectomy	1 998	2 074	1 720
Total Abdominal Hysterectomy +/- Bilateral Salpingectomy	1 578	1 550	1 134
Thyroidectomy	904	916	716
Haemorrhoidectomy	896	1 006	840
Anterior Cruciate Ligament Reconstruction	766	788	563
Tonsillectomy	736	736	566

Note:
The figure on Anterior Cruciate Ligament Reconstruction in 2014-15 is revised as the majority of cruciate ligament repairs are anterior cruciate ligament reconstructions.

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. 4815)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the commission of services in Tin Shui Wai Hospital in phases by the Hospital Authority under Matters Requiring Special Attention, will the Government advise on the following :

a. What were the services and the number of beds in various wards intended to be provided in the original design plan of the hospital?

b. What services have been commissioned so far? Please set out the details of the disparity between its 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).

c. Are there any plans for full commissioning of services in 2017-18? If yes, what are the plans and timetable? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 356)

Reply:

(a) to (c)

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 specialist outpatient clinics for medicine and geriatrics, orthopaedic and traumatology, and family medicine, renal dialysis, allied health, diagnostic radiology, pharmacy and community nursing services. The Accident and Emergency Department (AED) of TSWH has also commenced operation on 15 March 2017 to provide eight-hour service from 8 am to 4 pm daily at the initial stage. Subject to manpower availability, it is planned that the service hours of the TSWH AED will be extended to 12 hours in late 2017.

The estimated manpower requirement for TSWH is approximately 1 000 staff when TSWH is in full operation. As at 28 February 2017, TSWH has recruited more than 300 staff, including 13 doctors, 63 nurses and 47 allied health staff.

After the initial stage of service commencement, the New Territories West Cluster will assess various factors, including operation, service demand, patient safety and human resources of the new hospital, in order to decide the commencement schedule of other services.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4816)

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

Subhead (No. & title): ( )

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the smoking cessation services provided by the Hospital Authority, will the Government inform this Committee of:

(a) the number of hotline enquiries, follow-up counselling cases and attendances at smoking cessation clinics by age group (including those below 18) in the past 3 years; and
(b) the cessation rate of first-year cases.

Asked by: Hon KWOK Ka-ki (Member Question No. 357)

Reply:

(a) & (b)

The Hospital Authority (HA) operates 15 full-time and 52 part-time smoking cessation clinics (as at December 2016), providing smoking cessation services through counselling and provision of medication. Service throughputs in the past 3 years are as follows:

	2014	**2015**	**2016 [Provisional figures]**
Number of enquiries on smoking cessation services	10 372	9 470	9 873

	2014	2015	2016 [Provisional figures]
Number of telephone counselling sessions (including initial and follow-up telephone counselling)	57 474	54 548	59 995
New patients attending smoking cessation clinics	19 018	19 468	20 197
Percentage with age < 65	71.3%	69.1%	69.1%
Percentage with age ≥ 65	28.7%	30.9%	30.9%
One-year success quit rate	52.4%	54.2%	54.0%

Note*:*

1. A breakdown by age group is not available for the number of enquiries received and the number of telephone counselling sessions conducted.

2. One-year success quit rate refers to the percentage of clients who have self-reported not to have smoked for seven consecutive days prior to the 52nd week after their first actual quit attempt.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4817)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is stated under "Matters Requiring Special Attention" that the Hospital Authority (HA) will augment health services for the elderly. In this regard, will the Government provide the following information of all the clusters under the HA:

a. the number of community geriatric nurses, the elderly population in the cluster, and the ratio between the community geriatric nurses and the elderly population in the district at present and in the past 3 years; and
b. the number of elderly persons served by each community geriatric nurse, the number of cases requiring long-term follow-up, the number of visits for each case every year, and the length of every visit for each case?

Asked by: Hon KWOK Ka-ki (Member Question No. 358)

Reply:

Community nurses (CNs) of the Hospital Authority (HA) serve clients of all ages including geriatrics in the community. Up to 31 December 2016 in 2016-17, around 654 000 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 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

Cluster	No. of CN[(1)]	Elderly population[(2)]	No. of CN to 1 000 elderly population[(3)] ratio	Catchment Districts
2014-15 (as at 31 March 2015)				
HKEC	55	134 900	0.41	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	28	83 400	0.34	Central & Western, Southern
KCC	36	89 900	0.40	Kowloon City, Yau Tsim
KEC	96	157 700	0.61	Kwun Tong, Sai Kung
KWC	143	317 200	0.45	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	56	160 900	0.35	Sha Tin, Tai Po, North
NTWC	54	121 700	0.44	Tuen Mun, Yuen Long
TOTAL	**468**	**1 065 900**	**0.44**	
2015-16 (as at 31 March 2016)				
HKEC	53	141 200	0.38	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	28	87 000	0.32	Central & Western, Southern
KCC	38	94 300	0.40	Kowloon City, Yau Tsim
KEC	95	164 500	0.58	Kwun Tong, Sai Kung
KWC[(4)]	145	328 900	0.44	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	61	171 300	0.36	Sha Tin, Tai Po, North
NTWC	56	130 100	0.43	Tuen Mun, Yuen Long
TOTAL	**477**	**1 117 300**	**0.43**	
2016-17 (as at 31 December 2016) [Provisional figures]				
HKEC	58	148 000	0.39	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	30	91 300	0.33	Central & Western, Southern
KCC	39	99 200	0.39	Kowloon City, Yau Tsim
KEC	98	170 900	0.57	Kwun Tong, Sai Kung
KWC[(4)]	145	340 800	0.43	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	62	183 200	0.34	Sha Tin, Tai Po, North
NTWC	56	139 600	0.40	Tuen Mun, Yuen Long
TOTAL	**488**	**1 173 000**	**0.42**	

At present, each CN attends to about 180 cases on average per year. The table below sets out the number of successful home visits, the number of patients served, the number of

successful home visits per patient and the average time for each successful home visit excluding travelling time in 2014-15, 2015-16 and 2016-17 (as at 31 December 2016).

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)
2014-15				
HKEC	105 640	7 028	15.0	18.4
HKWC	57 359	3 683	15.6	18.6
KCC	65 983	2 883	22.9	24.5
KEC	163 464	11 065	14.8	21.7
KWC	252 928	16 512	15.3	22.9
NTEC	120 509	7 063	17.1	18.4
NTWC	82 270	4 463	18.4	22.1
TOTAL	**848 153**	**52 697**	**16.1**	**21.2**
2015-16				
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 (up to 31 December 2016) [Provisional figures]				
HKEC	75 847	6 291	12.1	22.3
HKWC	41 752	3 061	13.6	18.4
KCC	57 733	3 013	19.2	26.8
KEC	122 677	9 621	12.8	22.3
KWC[(4)]	188 661	14 314	13.2	23.7
NTEC	95 030	5 763	16.5	19.2
NTWC	61 564	4 206	14.6	22.8
TOTAL	**64 3264**	**46 269**	**13.9**	**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 2016-17 in which case the position is as at 31 December 2016). Individual figures may not add up to the total due to rounding.

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

Elderly population refers to population aged 65 or above as at the mid-year for respective years.

(3) The CN to population ratios involves the use of the mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

It should be noted that the ratio of CN per 1 000 population varies among the clusters and the variances cannot be used to compare the level of service provision directly among the clusters because:

(a) in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors; 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) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4826)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding dental services for persons with intellectual disability, please advise this Committee on the following:

1. please tabulate the number of persons with mild, moderate and severe intellectual disabilities and persons with autism in Hong Kong;

2. the expenditure of "barrier-free dental services" over the past 4 years and the estimated expenditure in 2017-18;

3. please tabulate the clinics or hospitals providing "barrier-free dental services" in Hong Kong, and their respective number of doctors, nurses and anaesthetists, the number of patients who received services and patients who were on the waiting list, their waiting time and the charges over the past 5 years;

4. whether there is any plan to launch "barrier-free dental services" as regular services; if yes, the estimated expenditure and details of the plan; if no, the reasons.

Asked by: Hon KWOK Ka-ki (Member Question No. 369)

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.

For dental care, prevention has more long-lasting benefits and is more cost-effective than cure. It is therefore the Government's policy to seek to raise public awareness of oral health and encourage proper oral health habits through promotion and education. To this end, the Government provides promotive and preventive services for dental care. Not only

can effective prevention improve the overall level of oral health, it can also mitigate the community's financial burden in providing expensive dental treatments. Nevertheless, the Government recognises the need to provide some essential dental services for patients with special needs. Among others, details of the dental services provided to patients with ID are outlined below.

Dandelion Oral Care Action

Noting that special skills and concerted effort from relevant parties are necessary to help children with ID to take care of their oral hygiene themselves, 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 the school nurse and at least 1 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.

Currently, about 90% (28 out of 31) special schools in Hong Kong with children of mild to moderate ID participate in the Dandelion Programme. As of December 2016, there were 254 OHTs and 1 794 parents being trained up in the Dandelion Programme. A total of 6 356 children with ID have undergone training on their oral care 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, students with ID studying in special schools, including Schools for Children with ID and Schools for Children with Physical Disability, can continue to enjoy the SDCS until they reach the age of 18. The number of participants from special schools (including children with physical disability) in the SDCS in the last 5 school years is as follows –

School year	2012/13	2013/14	2014/15	2015/16	2016/17
No. of participants from special schools	3 417	4 973	5 449	5 643	5 751

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)

The 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 –

	2012	2013	2014	2015	2016
Attendances	663	761	825	746	816

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.

The Hospital Authority (HA) also provides dental services by internal referral in 4 public hospitals, in which referred in-patients, patients with special oral healthcare needs and patients with dental emergency needs can receive oral maxillofacial surgery and specialist dental treatments by the dentists employed by the HA. However, expenditure and manpower of the above service are not available.

Pilot Project on Dental Service for Patients with ID

As patients with ID may not be able to take care of themselves, coupled with the fact that they may become very anxious when sitting on a dental chair and fail to cooperate with the dentists, these group of patients find it harder to receive appropriate dental treatment. The Food and Health Bureau has provided $20 million to the Hong Kong Dental Association, the Hong Kong Special Care Dentistry Association and the Evangel Hospital to launch a four-year "Pilot Project on Dental Service for Patients with Intellectual Disability" ("the Pilot Project") (also known as "Loving Smiles Service") starting from August 2013. Patients with ID aged 18 or above will be subsidized to receive check-up, dental treatment and oral health education in the dental clinics participating in the Pilot Project. The Pilot Project provides dental services supplemented with special support measures such as special anesthetic procedures and behavior management to ease the anxiety of patients with ID and improve their willingness to cooperate with the dentists. If necessary, they would be arranged to receive other dental services under intravenous sedation or general anesthesia in hospital setting with adequate medical support.

The Pilot Project aims to explore a cost-effective model in providing appropriate dental services for adult patients with ID and with economic difficulties. Thus far, over 1,800 eligible adult patients with ID have received dental service under the Pilot Project since it has been launched some 3 years ago.

The expenditure of the Pilot Project in the past 4 financial years is as follows:

Financial year	**2013-14***	**2014-15**	**2015-16**	**2016-17 (up to 31 August 2016)**
Expenditure	$873,511	$2,526,490	$3,937,176	$2,751,941

* As the Pilot Project started in August 2013, the figures only capture the expenditure incurred from August 2013 to March 2014.

4.

The Government is currently evaluating the operation of the Pilot Project with the participating organizations, and will continue to subsidize the participating organizations to provide dental service under the Pilot Project in the coming year in order to meet the service needs of patients with ID who are already on the waiting list. The Government fully recognizes that the dental service should be extended, and is now working out the best way forward in meeting the dental care needs of patients with ID after completion of the Pilot Project.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6917)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding bed occupancy rates, will the Government provide the following information:

a. What were the bed occupancy rates of each of the public hospitals in the hospital clusters in the past 3 years, with a breakdown by age group? Of which, what were the percentages taken up by the elderly and the chronically ill?

b. What were the bed occupancy rates of various private hospitals in the past 3 years, with a breakdown by age group? Of which, what were the percentages taken up by the elderly and the chronically ill?

Asked by: Hon KWOK Ka-ki (Member Question No. 170)

Reply:

a. The table below sets out the inpatient bed occupancy rate in each hospital under the Hospital Authority (HA) in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

Cluster	**Hospital / Institution**	**Inpatient bed occupancy rate**		
		2014-15	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional Figures]**
Hong Kong East	Cheshire Home, Chung Hom Kok	82%	77%	79%
	Pamela Youde Nethersole Eastern Hospital	84%	83%	85%
	Ruttonjee and Tang Shiu Kin Hospitals	88%	90%	89%
	St. John Hospital	71%	62%	66%
	Tung Wah Eastern Hospital	84%	85%	86%
	Wong Chuk Hang Hospital	92%	92%	93%

Cluster	Hospital / Institution	Inpatient bed occupancy rate		
		2014-15	2015-16	2016-17 (up to 31 December 2016) [Provisional Figures]
Hong Kong West	The Duchess of Kent Children's Hospital at Sandy Bay	55%	59%	66%
	Tung Wah Group of Hospitals Fung Yiu King Hospital	79%	74%	67%
	Grantham Hospital	71%	73%	69%
	MacLehose Medical Rehabilitation Centre	54%	54%	58%
	Queen Mary Hospital	78%	78%	81%
	Tung Wah Hospital	83%	82%	83%
Kowloon Central	Hong Kong Buddhist Hospital	86%	89%	91%
	Hong Kong Eye Hospital	39%	40%	34%
	Kowloon Hospital	84%	84%	81%
	Queen Elizabeth Hospital	96%	93%	94%
Kowloon East	Haven of Hope Hospital	91%	91%	92%
	Tseung Kwan O Hospital	92%	94%	96%
	United Christian Hospital	85%	89%	92%
Kowloon West	Caritas Medical Centre	84%	84%	85%
	Kwai Chung Hospital	74%	73%	76%
	Kwong Wah Hospital	80%	81%	80%
	North Lantau Hospital	80%	92%	86%
	Our Lady of Maryknoll Hospital	68%	64%	74%
	Princess Margaret Hospital	96%	98%	99%
	Tung Wah Group of Hospitals Wong Tai Sin Hospital	88%	89%	88%
	Yan Chai Hospital	82%	85%	88%
NT East	Alice Ho Miu Ling Nethersole Hospital	84%	85%	86%
	Bradbury Hospice	90%	88%	91%
	Cheshire Home, Shatin	68%	74%	75%
	North District Hospital	94%	94%	94%
	Prince of Wales Hospital	87%	88%	92%
	Shatin Hospital	92%	93%	92%
	Tai Po Hospital	84%	84%	89%
NT West	Castle Peak Hospital	65%	66%	65%
	Pok Oi Hospital	90%	93%	95%
	Siu Lam Hospital	96%	95%	94%
	Tuen Mun Hospital	98%	103%	103%

Notes

1. 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 & Emergency Department or those who have stayed for more than one day. The calculation of inpatient bed occupancy rate does not include that of day inpatients.

2. 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.

3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

b. The average bed occupancy rate of private hospitals in Hong Kong in the past 3 years is as follows:

	2014	**2015**	**2016**
Bed occupancy rate:	62.9%	61.7%	not yet available

A breakdown by private hospital is at **Annex**. The Government does not have data on bed occupancy rates breakdown by age group or medical condition of patients.

- End -

Annex

Average bed occupancy rate of beds provided by the private hospitals (including maternity homes) from 2014 to 2015

Private Hospitals (Including Maternity Homes)	2014	2015
Canossa Hospital (Caritas)	39.3%	37.8%
Evangel Hospital	50.5%	47.2%
Hong Kong Adventist Hospital – Stubbs Road	44.4%	45.6%
Hong Kong Adventist Hospital – Tsuen Wan	62.1%	60.5%
Hong Kong Baptist Hospital	63.2%	62.8%
Hong Kong Sanatorium & Hospital Limited	74.5%	71.7%
Matilda & War Memorial Hospital	43.7%	37.5%
Precious Blood Hospital (Caritas)	22.2%	19.8%
St. Paul's Hospital	68.2%	65.9%
St. Teresa's Hospital	62.4%	61.8%
Union Hospital	83.4%	82.1%
Average of all private hospitals in the year	**62.9%**	**61.7%**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4094)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the estimated expenditure on Programme (1) Health, it is mentioned in the Matters Requiring Special Attention in 2017-18 that the Government will continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy. Would the Government please inform this Council of the following:

1. the expenditures on public primary care services in the past 5 financial years and the respective expenditures as percentages of the estimated overall recurrent expenditures on health services in the corresponding years;

2. whether the Government has any plans to increase funding for primary care services in the next 3 years given that supporting primary care development will not only help improve the health of our society but also relieve the burden on accident and emergency services and specialty services in public hospitals? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LAU Siu-lai (Member Question No. 3117)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives are as follows –

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) 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)

Three CHCs operated by HA have commenced operation. The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, commenced service 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 services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

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

The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September

2016 to target those born in the years 1946 to 1948. On 27 February 2017, the second phase commenced and the Pilot Programme was extended to those born in the years 1949 to 1951. DH will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable. Findings from the evaluation of the Pilot Programme will form the basis for further consideration regarding whether and how colorectal cancer screening service could be provided to the wider population. The revised estimate for the Pilot Programme in 2016-17 is $51.7 million. The provision for 2017-18 and 2018-19 will be $98.7 million and $134.7 million respectively.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.

Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-December 2016, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.
General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme.

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants, general service assistants, etc. The staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

At the same time, 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).

GOPCs 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%. To improve patients' access to GOPC service, HA plans to increase GOPC quotas in two clusters (New Territories East Cluster and New Territories West Cluster) by 27 500 attendances in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4095)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, would the Government please provide the following information:

1. The numbers of elderly people participating in the scheme in each of the past 3 financial years and the expenditures involved;

2. The numbers and percentages of private medical service providers participating in the scheme by medical profession and District Council district in each of the past 3 financial years;

3. The numbers and percentages of the participating elders who have used the vouchers for preventive care services and acute illness treatments in each of the past 3 financial years.

Asked by: Hon LAU Siu-lai (Member Question No. 3118)

Reply:

1. Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued with the annual voucher amount on a calendar year basis. The table below shows the number of elders who had made use of vouchers under the EHV Scheme and the amount of vouchers claimed in the past 3 years:

	2014	**2015**	**2016**
Number of elders who had made use of vouchers	551 000	600 000	649 000
Amount of vouchers claimed (in $'000)	597,539	906,327	1,070,558

2. The table below shows the number of service providers enrolled in the EHV Scheme up to end 2014, 2015 and 2016, broken down by types of healthcare professionals:

	2014	**2015**	**2016**
	Number of Service Providers	Number of Service Providers	Number of Service Providers (Percentage Note (1))
Medical Practitioners	1 782	1 936	2 126 (42%)
Chinese Medicine Practitioners	1 559	1 826	2 047 (32%)
Dentists	548	646	770 (44%)
Occupational Therapists	45	45	51 (6%)
Physiotherapists	306	312	344 (22%)
Medical Laboratory Technologists	26	30	35 (3%)
Radiographers	21	21	24 (3%)
Nurses	108	124	148 (1%)
Chiropractors	51	54	66 (36%)
Optometrists	185	265	533 (67%)
Sub-total (Hong Kong)	4 631	5 259	6 144
University of Hong Kong - Shenzhen Hospital Note (2)	-	1	1
Total	**4 631**	**5 260**	**6 145**

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.

(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 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 in the past 3 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 3 years, and its percentage as compared to the total number of voucher claim transactions in the respective years:

Type of Service	**2014**	**2015**	**2016**
	No. of voucher claim transactions (Percentage)	No. of voucher claim transactions (Percentage)	No. of voucher claim transactions (Percentage)
Preventive care	177 300 (8%)	246 090 (9%)	305 610 (11%)
Management of acute episodic condition	1 404 249 (63%)	1 647 390 (61%)	1 632 758 (58%)

- End -

Annex

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**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4096)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 45 of the Budget Speech that the Government set aside $200 billion for the implementation of a ten-year hospital development plan last year. Would the Government please advise this Council on the progress of the plan and the utilisation of the relevant funding at present?

Asked by: Hon LAU Siu-lai (Member Question No. 3119)

Reply:

Funding approval for 4 projects under the ten-year Hospital Development Plan (HDP) of the Hospital Authority (HA) was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17:

(a) 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. Subject to funding approval by the FC for the remaining parts of the extension project, the whole extension project is planned for completion in 2021.

(b) The redevelopment of Kwai Chung Hospital (Phase 1) project commenced in May 2016 for completion in 2018. The approved project estimate (APE) for this part of the project is $750.8 million in MOD prices.

(c) The demolition and substructure works for Phase 1 of the redevelopment of Kwong Wah Hospital project commenced in June 2016. The APE for this part of the project is $654.8 million in MOD prices. Subject to funding approval by the FC for the remaining parts of the redevelopment project, the whole redevelopment project is planned for completion in 2025.

(d) The expansion of Haven of Hope Hospital project commenced in July 2016 for completion in 2021. The APE in MOD prices is $2,073 million.

For the other 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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4097)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2017-18 under Programme (1) Health of the Estimates of Expenditure that the Government will complete the review on mental health and establish a standing advisory committee to follow up the recommendations of the review. Will the Government inform this Committee of the following:

1. What are the current progress of the review on mental health and the scope of review? Which members are responsible for drawing up the review report and what is the timeframe for its publication?

2. Will patients' organisations be reasonably represented in the standing advisory committee proposed to be established?

Asked by: Hon LAU Siu-lai (Member Question No. 3120)

Reply:

(1)
The review covers mental health promotion, child and adolescent mental health services, adult mental health services, dementia support services for the elderly persons, as well as the applicability and practicability of the introduction of community treatment order in Hong Kong. The mental health review report is being finalised by the Review Committee on Mental Health. We plan to publish the report in the 2nd quarter of 2017.

(2)
The standing advisory committee will comprise members with wide representation, including representatives from healthcare, social welfare and educational sectors, concerned groups (including patient groups), stakeholders in the community and representatives from relevant government bureaux/departments.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4099)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the psychiatric services provided by the Hospital Authority (HA), please provide the following information:

1. the numbers of attendances, numbers of new cases and average waiting times at psychiatric specialist out-patient clinics by district in the past 5 financial years;

2. the numbers of psychiatric doctors, nurses, community nurses and allied health professionals in HA by hospital cluster in the past 5 financial years; and

3. details of "augmenting mental health services by strengthening healthcare professional and support manpower" as stated in Matters Requiring Special Attention in 2017-18 and the expenditure involved.

Asked by: Hon LAU Siu-lai (Member Question No. 3122)

Reply:

(1) & (2)

The tables below set out the number of specialist out-patient (SOP) psychiatric new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time in each cluster from 2012-13 to 2016-17 (up to 31 December 2016):

2012-13

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

2013-14

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

2014-15

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

2015-16

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	320	<1	850	3	2 300	10

HKWC	690	<1	850	3	3 500	76
KCC	100	<1	890	3	1 640	16
KEC	450	<1	1 920	4	4 740	54
KWC	310	<1	630	3	13 200	12
NTEC	1 360	1	2 460	4	5 600	53
NTWC	460	<1	1 780	6	4 230	46
Overall	3 680	<1	9 390	4	35 200	22

2016-17 (up to 31 December 2016) [provisional figures]

Cluster	Priority 1[1]		Priority 2[1]		Routine[1]	
	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)	Number of new cases[1]	Median waiting time (weeks)
HKEC	220	1	600	3	1 970	15
HKWC	380	1	630	3	2 480	39
KCC[3]	100	<1	600	3	1 120	23
KEC	300	1	1 270	5	4 000	12
KWC[3]	240	<1	540	3	10 330	11
NTEC	900	1	2 020	4	4 060	78
NTWC	430	1	1 320	7	3 250	37
Overall	2 570	1	6 980	4	27 200	19

Note:

1. Figures are rounded to the nearest ten.
2. Individual figures may not add up to the total due to rounding.
3. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

The table below sets out the number of psychiatric SOP (clinical) attendances in each cluster from 2012-13 to 2016-17 (up to 31 December 2016):

Cluster	**2012-13[1]**	**2013-14[1]**	**2014-15[1]**	**2015-16[1,3]**	**2016-17[1,3] (up to 31 December 2016) [provisional figures]**
HKEC	77 400	80 800	82 000	82 100	62 000
HKWC	58 000	60 100	60 400	62 500	48 700
KCC	66 600	65 600	66 300	66 600	49 100
KEC	92 400	92 100	94 400	99 200	79 400
KWC	217 300	223 300	222 900	235 000	181 700
NTEC	123 100	126 900	127 500	134 200	103 200
NTWC	140 300	142 400	142 600	146 000	114 400
Overall	775 100	791 200	796 100	825 600	638 300

Note:

1. Figures are rounded to the nearest hundred.

2. Individual figures may not add up to the total due to rounding.
3. Starting from 2015-16, SOP (clinical) attendances also include attendances from nurse clinics in SOP setting for the psychiatry specialty.

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 Hospital Authority (HA) in the past five years (from 2012-13 to 2016-17):

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]
2012-13 (as at 31 March 2013)						
HKEC	35	219	9	7	N/A	16
HKWC	24	116	7	4	N/A	20
KCC	36	247	11	9	N/A	23
KEC	35	119	18	8	N/A	15
KWC	68	568	24	17	N/A	54
NTEC	61	337	17	9	N/A	35
NTWC	73	691	42	11	N/A	55
Overall	**332**	**2 296**	**127**	**65**	**243**	**218**
2013-14 (as at 31 March 2014)						
HKEC	35	230	9	8	N/A	17
HKWC	24	113	7	5	N/A	20
KCC	34	238	12	10	N/A	26
KEC	35	133	14	8	N/A	15
KWC	69	608	23	18	N/A	59
NTEC	61	349	23	10	N/A	35
NTWC	77	703	42	12	N/A	55
Overall	**335**	**2 375**	**130**	**71**	**243**	**227**
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 March 2016)						
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**

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]
2016-17[6] (as at 31 December 2016)						
HKEC	34	242	8	8	N/A	19
HKWC	28	113	8	6	N/A	21
KCC[7]	35	236	11	10	N/A	26
KEC	38	141	16	11	N/A	20
KWC[7]	72	654	23	26	N/A	70
NTEC	65	372	20	15	N/A	40
NTWC	84	716	49	13	N/A	60
Overall	**356**	**2 473**	**135**	**89**	**243**	**256**

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.
6. Starting from 2016-17, the figure on psychiatric doctors also include doctors working in SLH.
7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

(3)

HA has earmarked a total of around $73 million to further enhance its psychiatric services in 2017-18. Details are as below:

i. Strengthening the psychiatric specialist outpatient services in NTEC. It is estimated that an additional one doctor, three nurses (including one Advanced Practice Nurse (APN) and two registered nurses), two occupational therapists, one clinical psychologist and three supporting staff will be recruited to provide support for patients with common mental disorders;

ii. Enhancing the psychiatric in-patient services in KCC, KEC and NTEC. It is estimated that 29 nurses (including one Ward Manager, six APNs and 22 registered nurses), one physiotherapist and 32 supporting staff will be recruited;

iii. Enhancing the clinical psychology services in all seven clusters. It is estimated that one clinical psychologist and eight supporting staff will be recruited;

iv. Enhancing the peer support element in the Case Management Programme. It is estimated that five peer support workers (one in HKEC, HKWC, KCC, KEC and KWC respectively) will be recruited; and

v. Implementing a two-year pilot scheme named "Student Mental Health Support Scheme" which has been launched in the 2016/17 school year 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. Four APNs and four supporting staff will be recruited.

In addition, a two-year pilot scheme named "Dementia Community Support Scheme" has been launched on 1 February 2017 to provide community support services to elderly persons with mild to moderate dementia via a medical-social collaboration model in HKEC, KEC, NTEC and NTWC. It is estimated that eight APNs and four supporting staff will be recruited. The estimated cost of the two-year pilot scheme, which amounts to about $98.88 million, is funded by the Community Care Fund.

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. 4102)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the medical fee waiver mechanism, please advise on:

1. the amount of fee waived under the mechanism in each of the past 5 financial years;
2. the number of Comprehensive Social Security Assistance (CSSA) recipients who enjoyed medical fee waiver and non-CSSA recipients who were successful in applying for full or partial medical fee waivers by age group in the past 5 financial years;
3. the staff establishment and expenditure involved in processing medical fee waiver applications in the past 5 financial years; and
4. the estimated number of beneficiaries and expenditure involved in "extending the fee waiver for public hospital and clinic services to cover older OALA recipients with more financial needs" as mentioned in the Budget Speech.

Asked by: Hon LAU Siu-lai (Member Question No. 3125)

Reply:

(1) & (2)
The table below sets out the number on inpatient cases and outpatient attendances granted with medical fee waivers in the Hospital Authority (HA) for recipients of Comprehensive Social Security Assistance (CSSA) and non-CSSA recipients who are Eligible Persons (EP[1]) in the past 5 financial years.

Year	Age Group	Number of inpatient case granted with medical fee waivers		Number of outpatient attendance granted with medical fee waivers		Medical Fee Waived Amount ($ million)[4]	
		CSSA	Non-CSSA who are EP	CSSA	Non-CSSA who are EP	CSSA	Non-CSSA who are EP
2012-13	All[2]	285 826	28 089	3 404 334	221 124	414.6	40.9
2013-14	Below 65	112 668	19 265	1 549 503	124 928	167.2	28.0
	65 or above	173 249	11 417	1 807 897	77 414	251.2	15.7
	Unknown[3]	0	1	80	5	-	-
2014-15	Below 65	115 050	19 768	1 505 270	112 541	162.8	28.5
	65 or above	176 778	12 546	1 763 172	74 662	246.4	15.7
	Unknown[3]	0	3	1	0	-	-
2015-16	Below 65	113 376	17 798	1 452 367	107 416	158.6	25.4
	65 or above	178 112	12 876	1 729 364	74 724	245.0	15.3
	Unknown[3]	0	1	0	0	0	-
2016-17 (Up to 31 December 2016)	Below 65	86 440	13 588	1 064 944	78 288	118.9	20.0
	65 or above	134 456	9 877	1 298 800	58 485	184.0	12.4
	Unknown[3]	0	1	0	0	0	-

Note:

1. 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 the Hospital Authority.
2. Information by age group for 2012-13 is not available.
3. This group includes persons with no date of birth recorded in the system.
4. Amount waived for waiver cases approved during the year.

(3)

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

As MSWs of HA and SWD as well as SWs of IFSCs/ FCPSUs of SWD provide a variety of social services, breakdown on the staff establishment and expenditure involved in processing medical fee waiver applications cannot be separately quantified.

The table below sets out the numbers of MSWs of HA and SWD, and numbers of SWs of IFSCs/ FCPSUs of SWD in providing medical social services and family services respectively in the past 5 financial years.

	MSWs in Medical Social Services		SWs in Family Services[2]	
Year	HA[1]	SWD[2]	IFSCs/ SWD	FCPSUs/ SWD
2012-13	191	431	803	179
2013-14	206	435	803	179
2014-15	235	438	803	179
2015-16	254	438	813	179
2016-17 (Up to 31 December 2016)	254	443	815	179

Note:

1. The manpower figures of MSWs of HA are calculated on full-time equivalent basis including permanent, contract and temporary staff excluding HA Head Office staff.
2. The manpower figures of MSWs and SWs are provided by SWD.

(4)

It is estimated that 140 000 elderly persons will benefit from extending the medical waiver of public healthcare services to cover Old Age Living Allowance recipients aged 75 or above with more financial needs (i.e. assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples)) in 2017-18. The estimated expenditure in the first financial year is $207 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7221)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the planning standards and supply of open space and major community facilities in the planning areas of the 18 districts:

Facilities	**Number of facilities calculated on the basis of population standard**	**Supply**		**Surplus/Shortfall (calculated on the basis of planned supply)**
		Existing supply	**Planned supply**	
Hospital Bed				
General Clinic/ Health Centre				

Asked by: Hon LAW Kwun-chung, Nathan (Member Question No. 8)

Reply:

Facilities	**Number of facilities calculated on the basis of population standard**	**Supply**		**Surplus/Shortfall (calculated on the basis of planned supply)**
		Existing supply	**Planned supply**	
Hospital Beds	40 351[1]	27 895 (Beds in public hospitals under the Hospital Authority)[2]	Refer to Note[4]	Refer to Note[4]

		4 226 (Beds in existing private hospitals)[3]		
Clinic/health centre	73[5]	73	Refer to Note [6]	Refer to Note [7]

Note:

1. The figure is derived based on Hong Kong Resident Population from the 2016 Population By-census conducted by the Census & Statistics Department. According to the Hong Kong Planning Standards and Guidelines (HKPSG), for long-term planning purpose, the aim is to provide 5.5 beds (including all types of hospital beds both in public and private sectors) per 1 000 persons.
2. The number of hospital beds under the Hospital Authority (HA) includes general (acute and convalescent), infirmary, mentally ill and mentally handicapped beds (as at 31 March 2016).
3. Existing number of beds for private hospitals (as at 31 December 2016).
4. The healthcare system of Hong Kong runs on a dual-track basis encompassing both public and private elements. We will continue to maintain this system, which has served us well, and ensure that it can develop in a balanced and sustainable manner. The private healthcare sector is an integral part of the dual-track system. The Government's policy is to continue allocating resources to develop public hospitals, while at the same time promote and facilitate private healthcare development. This will help redress the imbalance between the public and private sectors in hospital services, and increase the overall capacity of the healthcare system in Hong Kong to cope with the rising service demand. Under the ten-year Hospital Development Plan (HDP), HA plans to provide a total of around 5 000 additional hospital beds in various hospitals including the new acute hospital in the Kai Tak Development Area, North District Hospital, United Christian Hospital, Prince of Wales Hospital, Kwong Wah Hospital, and Queen Mary Hospital.
5. The figure is derived based on Hong Kong Resident Population from the 2016 Population By-census conducted by the Census & Statistics Department. According to the HKPSG, for future planning purpose, the aim should be to provide one clinic/health centre for every 100 000 persons.
6. In planning for the provision of public primary care services, the HDP includes the development of Community Health Centres (CHC) in the Yau Tsim Mong District, Sham Shui Po District and North District. The Government is also planning for the development of general outpatient clinics (GOPCs) / CHC in various districts (including Eastern, Kwun Tong, Sai Kung, Sham Shui Po and Tuen Mun). The aforementioned capital projects are in planning phase. The timeline of service provision of individual facilities would depend on the detailed planning and design. On the other hand, in 2014, HA launched the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) in the Kwun Tong, Wong Tai Sin and Tuen Mun districts. Since October 2016, the GOPC PPP has been rolled out to nine more districts (including

Eastern, Wan Chai, Southern, Kowloon City, Sai Kung, Sham Shui Po, Kwai Tsing, Sha Tin, and Yuen Long). It is aimed to cover the remaining six districts (including Islands, Central & Western, Yau Tsim Mong, Tsuen Wan, Tai Po, and North) in the next two years.

7. HA endeavours to improve the service of the existing GOPCs, including renovating the premises and modernising the facilities of ageing clinics, to streamline patient flow, improve the clinic environment and increase the space for consultation. HA also actively recruits staff to enhance service capacity.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4911)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

How many new Easy-Access Buses will be purchased and old ones replaced in the 2017-18 financial year? What are the waiting times of the disabled and the elderly for Easy-Access Buses respectively? How will the purchase of new Easy-Access Buses shorten the waiting time? What were the number of passengers and utilisation rate of Easy-Access Buses in the 2016-17 financial year?

Asked by: Hon LEUNG Kwok-hung (Member Question No. 84)

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 number of registered members, patient trips served and unsuccessful requests of ETS in 2016-17 are shown below. Information on the waiting time is not available.

Year	Number of registered members	Number of patient trips served	Number of unsuccessful requests
2016-17	194 620 (as at December 2016)	157 800 (projected as at December 2016)	9 900 (projected as at December 2016)

HA has worked to improve ETS by adding 1 ETS bus and replacing 2 ETS buses in November 2016 to meet service demand and reduce unsuccessful requests. HA will continue to monitor the provision of ETS and explore other improvement measures having regard to the service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4912)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

How many new non-emergency ambulances will be purchased and old ones replaced in the 2017-18 financial year? What are the waiting times of the disabled and the elderly for non-emergency ambulances respectively? How will the purchase of new non-emergency ambulances shorten the waiting time? What were the number of users and utilisation rate of non-emergency ambulances in the 2016-17 financial year?

Asked by: Hon LEUNG Kwok-hung (Member Question No. 85)

Reply:

The Non-emergency Ambulance Transfer Service (NEATS) of the Hospital Authority (HA) provides point-to-point transfer service primarily for mobility-handicapped patients who are unable to use public transport such as bus, taxi and Rehabus. Patients' eligibility is assessed by the clinical staff. Eligible patients can make booking for NEATS on a first-come-first-served basis. HA will endeavour to schedule the vehicles to meet patients' need as far as possible. The number of patients served by NEATS in 2016-17 is projected to be about 560 500.

HA has formulated a long-term plan to enhance NEATS. In 2017-18, HA plans to add five new vehicles and replace six ageing vehicles. Since 2012-13, HA has reduced the waiting time from the standard of 90 minutes or less to 60 minutes or less for 75% of the patients who are ready for discharge and have made bookings for NEATS. Since 2013-14, HA has also reduced the waiting time from the standard of 90 minutes or less to 60 minutes or less for 85% of patients who are ready for inter-hospital transfer and have made bookings for NEATS. HA will continue to monitor the provision of NEATS and explore other improvement measures having regard to service demand.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5082)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the estimated expenditures for 2017-18 in respect of the following units, with information on the establishment, ranks, salaries and related allowances for politically appointed officials and directorate civil servants, as well as the amount of personnel related expenses:

1. Health Branch

2. Healthcare Planning and Development Office under the Health Branch

3. eHealth Record Office under the Health Branch

4. Research Office under the Health Branch

Asked by: Hon LEUNG Kwok-hung (Member Question No. 2012)

Reply:

Details of the establishment and rank of the 12 civil service directorate posts under the respective units of the Health Branch and the estimated expenditures on salaries, job-related allowances and personnel-related expenses for such posts in 2017-18 are as follows –

Rank	No. of Post	Estimated Expenditures in 2017-18		
		Salaries ($'000)	Job-related Allowances ($'000)	Personnel Related Expenses[1] ($'000)
(a) Health Branch[2]				
Administrative Officer Staff Grade A1 (D8), Administrative Officer Staff Grade B1 (D4), Administrative Officer Staff Grade B (D3), Administrative Officer Staff Grade C (D2) and Principal Executive Officer (D1)	7	15,742	0	0
(b) Healthcare Planning and Development Office				
Administrative Officer Staff Grade B (D3) and Administrative Officer Staff Grade C (D2)	2	4,324	0	291
(c) eHealth Record Office				
Administrative Officer Staff Grade B (D3), Administrative Officer Staff Grade C (D2) and Chief Systems Manager (D1)	3	6,210	0	424
(d) Research Office				
Nil	-	-	-	-
Total	**12**			

[1] Including Government's contributions to Mandatory Provident Fund and Civil Service Provident Fund for eligible officers.

[2] Excluding posts in the Healthcare Planning and Development Office, eHealth Record Office and Research Office.

Provisions for salaries in respect of politically appointed officials are reserved under Head 139.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6961)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the current waiting time of new cases at each psychogeriatric specialist out-patient clinic under the Hospital Authority in various districts.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 206)

Reply:

The table below sets out the median waiting time of psychogeriatric specialist outpatient new cases in each cluster under HA triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in 2016-17 (up to 31 December 2016):

2016-17 (up to 31 December 2016) [Provisional figures]

Cluster	**Median waiting time (weeks)**		
	Priority 1	**Priority 2**	**Routine**
HKEC	<1	3	37
HKWC	1	4	34
KCC[1]	<1	4	23
KWC[1]	1	6	23
KEC	<1	2	24
NTEC	1	4	96
NTWC	1	5	42

Note:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 6962)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the current waiting time of new cases at each geriatric specialist out-patient clinic under the Hospital Authority in various districts.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 207)

Reply:

Sub-specialty statistics for Geriatrics are grouped under Medicine specialty. The table below sets out the number of specialist outpatient Medicine 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 in 2016-17.

2016-17 (up to 31 December 2016) [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	1 721	1	2 890	6	5 891	25
HKWC	1 405	<1	1 619	4	7 080	30
KCC	1 065	1	1 564	4	7 268	69
KEC	1 271	1	4 001	6	10 435	73
KWC	1 906	<1	4 920	4	16 416	60
NTEC	2 418	<1	2 604	6	13 042	70
NTWC	1 299	1	2 923	5	5 756	50

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with

effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 6963)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the current waiting time of new cases at each medicine specialist out-patient clinic under the Hospital Authority in various districts.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 208)

Reply:

The table below sets out the number of specialist outpatient medicine 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 in 2016-17.

2016-17 (up to 31 December 2016) [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	1 721	1	2 890	6	5 891	25
HKWC	1 405	<1	1 619	4	7 080	30
KCC	1 065	1	1 564	4	7 268	69
KEC	1 271	1	4 001	6	10 435	73
KWC	1 906	<1	4 920	4	16 416	60
NTEC	2 418	<1	2 604	6	13 042	70
NTWC	1 299	1	2 923	5	5 756	50

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with

effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 6964)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the current waiting time of new cases at each psychiatric specialist out-patient clinic under the Hospital Authority in various districts.

Asked by: Hon LEUNG Kwok-hung (Member Question No. 209)

Reply:

The table below sets out the median waiting time of psychiatric specialist outpatient new cases in each cluster under Hospital Authority triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in 2016-17 (up to 31 December 2016):

2016-17 (up to 31 December 2016) [Provisional figures]

Cluster	**Median waiting time (weeks)**		
	Priority 1	**Priority 2**	**Routine**
HKEC	1	3	15
HKWC	1	3	39
KCC[1]	<1	3	23
KWC[1]	1	5	12
KEC	<1	3	11
NTEC	1	4	78
NTWC	1	7	37

Note:

1. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 3321)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 169 of the Budget Speech that the Government will "further enhance the services provided by the Community Geriatric Assessment Teams for terminally-ill patients living in residential care homes for the elderly". In this connection, please advise on:

a) the amount of funding allocated to the Community Geriatric Assessment Teams and the cost per case in each of the past 5 years;

b) the staff establishment of the Community Geriatric Assessment Teams;

c) whether regular outreach services are provided by the Community Geriatric Assessment Teams in all residential care homes for the elderly in Hong Kong, including both subsidised and private ones; the service coverage rates of such assessment teams out of the total number of residential homes for the elderly in the territory; if the coverage rate has not reached 100%, please explain why;

d) the average frequency of visits paid by the Community Geriatric Assessment Teams to the same residential care homes, the respective numbers of visits paid to the subsidised and private residential care homes and the number of cases involved in the past 5 years;

e) how to strengthen the services for terminally-ill patients; and

f) the respective numbers of subsidised and private residential care homes which currently provide services for terminally-ill patients living in residential homes for the elderly and their service coverage rates.

Asked by: Hon LEUNG Yiu-chung (Member Question No. 55)

Reply:

(a) and (b)

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 include medical consultations, nursing assessments and treatments, as well as community rehabilitation services by allied health professionals.

The table below sets out the total service cost and average cost per attendance of CGAT services provided by HA from 2012-13 to 2016-17.

Year	Total service cost ($ million)	Average cost per attendance ($)
2012-13	254	410
2013-14	267	420
2014-15	286	445
2015-16	315	495
2016-17 (Revised Estimate)	346	525

The CGAT service costs include the direct staff costs (such as doctors and nurses) for providing services to patients; the 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.

CGAT staff are members of the hospital 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 CGAT manpower for outreach services to RCHEs.

(c) and (d)

HA regularly reviews the service of CGATs and has gradually improved the overall coverage of RCHEs by CGATs to around 90%. As at 31 March 2016, around 650 RCHEs were covered by CGATs. In 2016-17, HA has further strengthened its CGAT service to cover around 40 additional RCHEs.

The table below sets out the number of CGAT attendances to elderly patients living in RCHEs (including subsidised and private RCHEs) in the past 5 years.

2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Revised Estimate)
620 068	633 416	642 176	637 777	657 400

The frequency and duration of visits provided by CGATs depend on the numbers of elderly patients living in RCHEs and clinical conditions of these patients. HA does not have readily available information on the average frequency of visits by CGAT for a RCHE.

(e) and (f)

HA has been strengthening the CGAT service in phases to provide better support for terminally ill residents living in RCHEs. CGATs are working in partnership with the Palliative Care teams and RCHEs to improve medical and nursing care to elderly patients living in RCHEs facing terminal illness according to patients' needs, and to provide training for RCHEs staff. The current number of subsidised and private RCHEs which provides services for terminally-ill patients lining in such RCHEs is not readily available

HA, in considering recruiting RCHEs for the programme, will take into account factors such as readiness of the RCHEs in collaborating with CGATs and the willingness of their terminally ill residents and family members to join.

HA will regularly review the service and manpower provision of outreach services (including CGAT service) taking into consideration various factors such as demographic changes and projected service demand, and adopt different measures to enhance support and continuity of care in the community.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3374)

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)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding outsourcing of service in your department, please inform this Committee of the following in respect of the past 3 years:

1. the total number of outsourced service staff employed by your department and the percentage of outsourced service staff against the total number of staff with the same types of duties in your department;
2. the total expenditure on staff of your department; the total amount paid to outsourced service providers; and the percentage of amount paid to outsourced service providers against the total expenditure on staff of your department; and
3. the nature of your department's outsourced services and the duration of the relevant contracts.

In addition, according to the Government's guidelines for tendering of outsourced services revised last year, if the procured service relies heavily on the deployment of non-skilled workers, and a marking scheme for assessing the tenders is adopted, the procuring department, when assessing the tenders, should include in the assessment criteria the evaluation of tenderers' proposed wage rates and working hours for non-skilled workers. In this regard, please inform this Committee of the following:

4. the current number of outsourced service contracts involving a large number of non-skilled workers awarded by your department since implementation of the guidelines;
5. the departments which have adjusted their assessment criteria in respect of wage rates and working hours for the outsourced service contracts involving a large number of non-skilled workers in the light of the new guidelines since their implementation; how your department has made adjustment; and if no relevant information is available, the reasons for it;
6. whether there have been any rises in the average wage rates for workers in the contracts of outsourced services that rely heavily on deployment of non-skilled workers since the

implementation of the guidelines; if yes, the number of contracts with rises in wage rates; if no relevant information is available, the reasons for it;

7. your department's measures to evaluate the effectiveness of the new tendering guidelines;
8. whether your department is required to adopt the existing mechanism of two-envelope assessment of the technical and price aspects when evaluating tenders for contracts of outsourced service; if no, the number of contracts awarded without adopting the existing mechanism of two-envelope assessment of the technical and price aspects in the past 3 years;
9. the annual numbers of cases of government service contractors breaching the service contracts, the Employment Ordinance or the Occupational Safety and Health Ordinance as revealed by the inspections conducted by your department, and the annual numbers of complaints lodged by the outsourced service staff;
10. the details of follow-up actions on the aforementioned non-compliance and complaint cases; and
11. the number and details of cases involving contractors being punished for non-compliance or sustained complaints.

Asked by: Hon LEUNG Yiu-chung (Member Question No. 147)

Reply:

The Food and Health Bureau (Health Branch) did not award any outsourcing contracts (including those involving a large number of non-skilled workers) for delivering the services of the Health Branch in the past three years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3394)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Does your department provide sign language interpretation services? If yes, what are the manpower and expenditure involved? If no, what are the reasons?

Asked by: Hon LEUNG Yiu-chung (Member Question No. 191)

Reply:

The Food and Health Bureau (Health Branch) has not received any request for sign language interpretation services. Arrangement would be made for the provision of such services on a need basis.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4870)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

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 2016 (listed by the categories of Priority 1, Priority 2 and Routine cases);

b. the number of pre-school children that are still waiting for assessment in 2016.

Asked by: Hon MA Fung-kwok (Member Question No. 29)

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. A triage system is in place to ensure that patients with urgent conditions requiring early intervention are treated with priority.

The table below sets out the number of 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 2015-16 and 2016-17 (up to 31 December 2016). HA does not have the number of pre-school children waiting for assessment.

	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)
Paediatrics SOP clinics	**2015-16**	5 770	<1	5 020	5	14 980	13
	2016-17 (up to 31 December 2016) [Provisional figures]	4 590	<1	4 380	5	11 900	13
C&A psychiatric SOP clinics	**2015-16**	200	1	920	4	11 470	65
	2016-17 (up to 31 December 2016) [Provisional figures]	190	1	630	4	7 960	68

Notes:

1. Figures are rounded to the nearest ten.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6922)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the establishment date and injection amount of the following Funds, as well as the annual balance, injection from the Government and total expenditure of these Funds in 2013-14, 2014-15, 2015-16 and 2016-17. For Funds within the purview of the Bureau not included in the list below, please also provide information accordingly.

1. Samaritan Fund
2. Health Care and Promotion Fund
3. Health and Medical Research Fund

Asked by: Hon MA Fung-kwok (Member Question No. 98)

Reply:

1. Samaritan Fund

The Samaritan Fund was established on 24 May 1950 by resolution of the Legislative Council. The Fund's balance and the total expenditure from 2013-14 to 2016-17 (up to 31 December 2016) are set out in the table below. There was no injection of fund from the Government during this period.

	Annual balance as at 31 March ($ million)	**Total expenditure ($ million)**
2013-14	10,884	335
2014-15	10,921	363
2015-16	10,975	384
2016-17 (up to 31 December 2016)	10,892	345

2. Health Care and Promotion Fund

The Health Care and Promotion Fund (HCPF) was established upon the Legislative Council (LegCo) Finance Committee's approval of a commitment of $80 million on 26 May 1995. The Fund's balance and the total expenditure from 2013-14 to 2016-17 are listed below. There was no injection of fund from the Government during this period.

Year	**Annual balance as at 31 March ($ million)**	**Total expenditure ($ million)**
2013-14	40	6
2014-15	37	3
2015-16	32	6
2016-17 (up to 30 September 2016)	30	2

3. Health and Medical Research Fund

On 9 December 2011, the LegCo Finance Committee approved a new commitment of $1,415 million for setting up the Health and Medical Research Fund (HMRF), by consolidating the former Health and Health Services Research Fund and the Research Fund for the Control of Infectious Diseases. On 28 May 2016, the LegCo Finance Committee approved to increase the commitment of the Fund by $1,500 million. The Fund's balance and the total expenditure from 2013-14 to 2016-17 are listed below.

Year	**Annual balance as at 31 March ($ million)**	**Government injection ($ million)**	**Total expenditure ($ million)**
2013-14	1,246	0	91
2014-15	1,152	0	94
2015-16	1,012	0	140
2016-17 (up to 31 December 2016)	2,363	1,500	149

4. Hospital Authority (HA) Public-Private Partnership (PPP) Fund

On 31 March 2016, $10 billion was allocated to HA as endowment fund to generate investment returns for regularising and enhancing clinical PPP initiatives. The HA PPP Fund, comprising the investment returns generated from the $10 billion endowment fund and the remaining balance of the one-off designated funding previously allocated for PPP initiatives, was accordingly set up to support the on-going operation of the PPP programmes commencing from 2016-17.

	Endowment fund as at 31 March ($ million)	**HA PPP Fund balance as at 31 March ($ million)**	**Total expenditure ($ million)**
2015-16	10,000	442	0
2016-17 (up to 31 December 2016)	10,000	509	104

End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5121)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the development and monitoring of the electronic health record sharing system (eHRSS), would the Government please advise this Council on the following:

(1) According to the Government, the capital expenditure for developing the eHRSS over a ten-year planning period starting from 2009-10 was estimated at about $1,124 million. What is the accumulated expenditure incurred up to this financial year? What are the timetable of, estimated manpower for and expenditure involved in completing all system development work?
(2) Please give a detailed breakdown of the estimated expenditure involved in the second stage development work of the eHRSS.
(3) Please provide the work schedules and details regarding the Government's targets (a) to broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese Medicine information; (b) to enhance patient's choice over the scope of data sharing and to facilitate patient access to the system; and (c) to improve and enhance the core functionalities and security/privacy protection.
(4) What measures will the Government take in 2017-18 to promote the eHRSS among patients and private healthcare professionals? What are the estimated manpower and expenditure involved?
(5) Please provide a detailed breakdown of the capital expenditure for implementing the electronic health record development programme, including the expenditure 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. 62)

Reply:

(1) The full development of the Electronic Health Record Sharing System (eHRSS) comprises two stages. For Stage One (commenced in 2009), the capital cost was $702 million and the annual manpower involved for the system development work was 138 on average (ranging from 47 to 216 during the development). Stage One development has been completed and eHRSS was launched on 13 March 2016. For Stage Two, the capital cost is estimated to be about $422 million and the annual manpower involved for the system development work is estimated to be 80 on average (ranging from 62 to 91 during the development). With funding approved by the LegCo Finance Committee on 25 March 2017, we will start Stage Two development within 2017. It is estimated that the development will take 5 years to complete.

(2)
&
(3) There are three major targets in our Stage 2 eHR programme, namely:
   (a) to broaden the scope of data sharing and develop the technical capability for sharing of radiological images and Chinese medicine information;
   (b) to enhance patient's choice over the scope of data sharing and to facilitate patient access to the system; and
   (c) to improve and enhance the core functionalities and security/privacy protection.

   The breakdown of capital funding by these targets with estimated cash flows is set out below. The actual work programme and cash flows may have to be adjusted during the course of development.

	2017-18 ($'000)	**2018-19 ($'000)**	**2019-20 ($'000)**	**2020-21 ($'000)**	**2021-22 ($'000)**	**Total ($'000)**
Target (a)	39,090	54,220	60,600	83,540	42,240	279,690
Target (b)	13,090	17,710	26,360	15,140	6,280	78,580
Target (c)	14,270	15,510	11,770	11,130	11,242	63,922
Total	**66,450**	**87,440**	**98,730**	**109,810**	**59,762**	**422,192**

   The proposed implementation timeframe of the component-projects is as follows –

Component-projects	**Start**	**End**
New Data Standards	Q2 2017	Q1 2022
Radiology Image Sharing	Q4 2017	Q3 2021
Chinese Medicine Information System On-Ramp	Q4 2017	Q4 2021
Sharing Restriction	Q4 2017	Q2 2020
Patient Portal	Q4 2017	Q4 2021
Access Control	Q3 2017	Q2 2019
Clinical Management System Extension Enhancements	Q3 2017	Q2 2020
Security and Functional Enhancement	Q4 2017	Q1 2022

(4) We will conduct a series of publicity and promotional activities for patients and healthcare providers in 2017-18:

- on-site patient registration campaign at healthcare outlets of the Hospital Authority (HA) and Department of Health, district community centres, elderly homes or through home visits to elders
- expansion of number of eHR registration desks at HA and other private healthcare organisations
- setting up of eHR 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
- training of 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 not able to provide a total manpower and cost figure because many of these activities constitute only part of the duties and assignments performed by the staff of the eHR Office and the eHR Project Management Office of HA. As for the estimated cost of the relevant outsourced contracts, it will be around $18 million with a breakdown as follows:

- design and production of publicity materials: $4 million
- promotional/ training videos: $0.8 million
- promotional booths: $0.8 million
- registration campaigns and engagement activities: $12.5 million

(5) Non-recurrent expenditures of eHRSS for procurement of IT equipment/services and outsourcing of technical and professional services during the recent 3 financial years are listed below:

Item	**2014-15 ($) (actual)**	**2015-16 ($) (actual)**	**2016-17 ($) (estimates)**
(a) Computer software	2,029,400	88,900	703,500
(b) Computer hardware	435,600	2,386,200	1,408,200
(c) Communication line and equipment / Data centre	239,000	1,313,800	246,500
(d) Technical and professional services outsourced	25,531,400	23,157,000	22,023,300

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5133)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In respect of the public relations expenditure of government departments, please inform this Committee of the following:

(1) the total expenditure and details of publishing advertisements, sponsored content or advertorials in newspapers registered under the Registration of Local Newspapers Ordinance by your department in the past year:

Date of publish (Day/Month/Year)	Status (one-off/ ongoing/done) (as at 28 February 2017)	Government or public organisation (including bureau/ department/ public organisation/ government advisory body)	Name and purpose of advertisement	Name of media organisation and newspaper	Frequency (as at 28 February 2017)	Expenditure (as at 28 February 2017)

(2) the expenditure and details of sponsoring local free-to-air television stations, pay television stations and radio stations to provide information and produce programmes or materials by your department in the past year:

Date of broadcast (Day/Month/Year)	Status (one-off/ ongoing/done) (as at 28 February 2017)	Government or public organisation (including bureau/ department/ public organisation/ government advisory body)	Name and purpose of advertisement	Media organisation	Frequency (as at 28 February 2017)	Expenditure (as at 28 February 2017)

(3) the media organisations which published or broadcasted advertisements/sponsored content of your department in the past year, as well as the frequency and total expenditure involved (in descending order):

Name of media organisation	Frequency	Total expenditure ($)

(4) the websites/network platforms on which your department published online advertisements/sponsored content in the past year, as well as the frequency, duration (days) and total expenditure involved (tabulated in descending order):

Website/ network platform	Content of advertisement	Frequency	Duration (days)	Hit rate, frequency of exposure and number of viewers	Total expenditure ($)

Asked by: Hon MOK Charles Peter (Member Question No. 80)

Reply:

The requested information pertaining to public relations expenditure incurred by the Food and Health Bureau (Health Branch) is provided below -

(1) Nil.

(2) Nil.

(3) Nil.

(4) Published online advertisements/sponsored content in the past year-

Website/ network platform	Content of advertisement	Frequency	Duration (days)	Hit rate, frequency of exposure and number of viewers	Total expenditure ($)
Yahoo! HK	Issue of Consultation Report on Regulation of Private Healthcare Facilities	Not applicable	7	2 500 000 impressions	42,000

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5150)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the records management work of your bureau and the departments under its purview over the past year:

(1) Please provide information on the number and rank of officers designated to perform such work. If there is no officer designated for such work, please provide information on the number of officers and the hours of work involved in records management duties, and the other duties they have to undertake in addition to records management;

(2) Please list in the table below information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal;

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred

(3) Please list in the table below information on programme and administrative records which have been transferred to GRS for retention;

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred

(4) Please list in the table below information on records which have been approved for destruction by GRS.

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred

Asked by: Hon MOK Charles Peter (Member Question No. 97)

Reply:

The details of records management work in the Food and Health Bureau and its department under the Health portfolio, i.e. the Department of Health are provided at Annex 1 and Annex 2 respectively.

- End -

Records management work
in the Food and Health Bureau (FHB) in 2016

1. Information on the number and rank of officers designated to perform records management work in FHB is provided below-

Two Confidential Assistants, two Assistant Clerical Officers and one Clerical Assistant are designated to carry out records management duties on a full time basis in FHB, including both Food Branch (Head 139) and Health Branch (Head 140). The other clerical and secretarial staff in the Bureau will also perform routine records management duties in addition to their own operational duties. At management level, a directorate officer overseeing records management is underpinned by the Departmental Records Manager (at Senior Executive Officer level) and an Assistant Departmental Records Manager (at Executive Officer II level) to coordinate and perform records management work in the Bureau. 13 Records Managers not below the rank of Executive Officer II or equivalent are also appointed to oversee records management matters in their respective units.

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Programme records	1946 - 1989	212 records (8.48 lm)	5 - 25 years	74 records of which are confidential	Pending GRS's further instruction

3. Information on programme and administrative records which have been transferred to GRS for retention is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Nil*	-	-	-	-	-

* In 2016, only administrative records functionally put under Food Branch were transferred to GRS for retention and such information is provided in the response to the same question under Head 139 (i.e. Question Serial No. 5149).

4. Information on records which have been approved for destruction by GRS is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Nil[#]	-	-	-	-	-

[#] In 2016, only administrative records functionally put under Food Branch were approved for destruction and such information is provided in the response to the same question under Head 139 (i.e. Question Serial No. 5149).

Records management work
in the Department of Health (DH) in 2016

1. Information on the number and rank of officers designated to perform records management work in DH is provided below-

21 staff including 3 Clerical Officers, 2 Assistant Clerical Officers, 14 Clerical Assistants and 2 Confidential Assistants are designated to carry out records management duties on a full time basis in DH. Besides, 824 clerical, secretarial and other support grades staff^ in DH also performs routine records management duties in addition to their own operational duties. At management level, a directorate officer overseeing records management is underpinned by the Departmental Records Manager (equivalent to Chief Executive Officer level) to coordinate and perform records management work in DH. 44 Service Records Managers not below the rank of Senior Executive Officer or equivalent are also appointed to oversee records management matters in their respective Services.

^ Other support grades include Confidential Assistant, Office Assistant, Typist, Foreman, Supplies Supervisor, Registration Supervisor, Registration Assistant, Project Assistant, Health Surveillance Supervisor and Health Surveillance Assistant.

2. Information on programme and administrative records which have been closed pending transfer to the Government Records Service (GRS) for appraisal is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Programme records	1977 - 2004	220 (5.33 lm)	6 - 15 years	No	Pending GRS's further instruction
	2005 - 2016	14 872 (73.54 lm)	2 - 30 years	No	These records are still under their retention period
Administrative records	1947 - 2015	60 (2.48 lm)	1 - 4 years	No	Pending GRS's further instruction
	2007 - 2016	92 (4.40 lm)	2 -7 years	No	These records are still under their retention period

3. Information on programme and administrative records which have been transferred to GRS for retention is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Programme records	1974 - 2016	1 225 740 (1 034.64 lm)	2 - 21 years	38 records of which are confidential	Not applicable

4. Information on records which have been approved for destruction by GRS is provided below-

Category of records	Years covered by the records	Number and linear metres of records	Retention period approved by GRS	Are they confidential documents	Reasons for not having been transferred
Programme records	1948 - 2015	4 190 663 (1 238.51 lm)	1 - 21 years	12 028 records of which are confidential	Not applicable
Administrative records	1954 - 2015	11 137 (177.62 lm)	0.5 - 11 years	25 records of which are confidential	Not applicable

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6722)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

(1) Please provide, in table form, the number of requests for information under the Code on Access to Information received by the Food and Health Bureau and its subvented organisations in 2016-17 as well as the relevant details:

Bureau/ Department/ Organisation	Number of requests received	Information involved (items)	Number of requests being handled	Number of requests for which all information was provided	Number of requests for which some information was provided	Average number of days taken to handle the requests (working days)

(2) the 3 pieces of information most frequently requested by the public and the number of such requests;

(3) the 5 requests for information which took the longest time to handle, the number of days taken to handle such requests and the reasons; and

(4) the content of the requests refused, the reasons for the refusal and the number of requests for reviews lodged by the public.

Asked by: Hon MOK Charles Peter (Member Question No. 143)

Reply:

During the period from January to September 2016, the Food and Health Bureau (Health Branch) received 11 requests for information under the Code on Access to Information (the Code). Among these requests, 3 sought information related to the

Chinese Medicine Hospital, 3 were for information on blood transfusion service and the remaining ones for information varied from case to case with no duplication. As at 30 September 2016, processing of all the requests, except for 1 of them (which was only received in mid-September 2016), was completed*.

2. Among the 10 completed requests, the Health Branch provided all the requested information for 6 cases, and was not in the possession of the information for 3 cases. The remaining case was withdrawn by the applicant. Action on all the 10 requests was completed in accordance with the requirements of the Code, with replies given to 9 requests within 21 days from the respective date of receipt of the request, and to 1 request (which involved the seeking and compilation of information from another department) within 29 days from date of receipt of the request.

* Processing for the remaining request received in mid-September 2016 was subsequently completed in early November 2016 in accordance with the requirements of the Code.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6723)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please tabulate the details concerning the social media platforms set up and run by your bureau/departments/the public bodies under your purview and their subvented organisations (including out-sourced contractors or consultants) in 2016-17 (as at 28 February 2017)

Commencement Date (month/ year)	Status (keep updating/ ceased updating)	Bureau/ subvented organisations	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers/ average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for the operation	Expenditure for setting up the platforms and daily operational expenses

Asked by: Hon MOK Charles Peter (Member Question No. 146)

Reply:

The details of social media platforms set up and run by the Food and Health Bureau (Health Branch) and subvented organisations under its commission in 2016-17 (as at 29 February 2017) are at Annex.

- End -

Annex

Social media platforms set up and run by the Food and Health Bureau (Health Branch) and subvented organisations under its commission -

Commencement date (month/ year)	Status (keep updating / ceased updating)	Bureau/ subvented organisations	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms#	Expenditure for setting up the platforms and daily operational expenses
Mid-2010	Keep updating	Hospital Authority (HA)	Hong Kong Red Cross Blood Transfusion Service "ABO Channel"	YouTube	To promote blood donation through sharing related videos	194 subscribers	No	No. of posts per day: Less than 1 No. of interactions per post: 1	1 Executive Officer I	Absorbed by existing resources
November 2010	Keep updating	HA	Hospital Authority	YouTube	To promote HA's image, disseminate HA information and engage the public	902 subscribers	No	No. of posts per day: Less than 1 No. of interactions per post: 4.5	1 Corporate Communication Manager	Absorbed by existing resources
December 2011	Keep updating	Queen Elizabeth Hospital (QEH), HA	我們這一班・遇上紅斑狼瘡的少年^	Facebook	To promote the book「我們這一班・遇上紅斑狼瘡的少年」("We're Together Teens with SLE") and	233 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post: 2.3	1 Social Worker	Absorbed by existing resources

Commencement date (month/ year)	Status (keep updating / ceased updating)	Bureau/ subvented organisations	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms#	Expenditure for setting up the platforms and daily operational expenses
					health education of Systemic lupus erythematosus (SLE)					
April 2012	Keep updating	Hong Kong Red Cross Blood Transfusion Service, HA	Blood for Life (Hong Kong Red Cross Blood Transfusion Service)	Facebook	To promote blood donation and disseminate information of the Hong Kong Red Cross Blood Transfusion Services (HKBTS)	21 000 "Likes"	Follow up on comments as required	No. of posts per day: 1.69 No. of interactions per post: 75	1 Executive Officer I 1 Executive Officer II	Absorbed by existing resources
December 2012	Keep updating	QEH, HA	傷健孖吣・Teens 夢想之旅*	Facebook	To communicate with volunteers of the "Together Dreams Come True" project and inform them of related	116 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post: 1.5	1 Social Worker	Absorbed by existing resources

Commencement date (month/ year)	Status (keep updating / ceased updating)	Bureau/ subvented organisations	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms#	Expenditure for setting up the platforms and daily operational expenses
					activities					
August 2014	Keep updating	Electronic Health Record Office, Food and Health Bureau (FHB)	Electronic Health Record Sharing System	YouTube	To promote eHRSS (33 videos were uploaded)	7 "Likes"; 40 subscribers; 24 728 visits since launch	No	No. of posts per day: Less than 1 No. of interactions per post: 5	1 Systems Analyst	Absorbed by existing resources
December 2014	Keep updating	Healthcare Planning and Development Office, FHB	Voluntary Health Insurance Scheme	Facebook	To promote Voluntary Health Insurance Scheme	3 193 "Likes"	Yes	No. of posts per day: Less than 1 No. of interactions per post: 2.5	1 Associate Manager (Health Insurance)	Absorbed by existing resources
December 2014	Keep updating	Healthcare Planning and Development Office, FHB	VHIS FHB	YouTube	To promote Voluntary Health Insurance Scheme	53 subscribers; over 10 000 views	No	No. of posts per day: Less than 1 No. of interactions per post: 0	1 Associate Manager (Health Insurance)	Absorbed by existing resources

Commencement date (month/ year)	Status (keep updating / ceased updating)	Bureau/ subvented organisations	Name	Social media platforms	Purpose of establishment and contents	No. of "likes"/ subscribers / average monthly visits	Regular compilation of summary of comments and follow-up (yes/no)	Average no. of posts per day and average no. of interactions per post (total no. of "likes", comments and shares)	Ranks and no. of officers responsible for running the platforms#	Expenditure for setting up the platforms and daily operational expenses
February 2015	Keep updating	HA	醫院管理局 Hospital Authority*	Facebook	To enhance corporate image and share information of issues of public interest in a user-friendly manner	5 796 "Likes"	Follow up on comments as required	No. of posts per day: 1.4 No. of interactions per post: 87	1 Corporate Communication Manager	Absorbed by existing resources
April 2015	Keep updating	The Prince Philip Dental Hospital	菲臘牙科醫院 - 牙科輔助人員訓練課程^	Facebook	To promote the dental ancillary courses and provide the application method	90 "Likes"	No	No. of posts per day: Less than 1 No. of interactions per post: 8.8	1 Clerical Officer II 1 Assistant Hospital Administrator	Absorbed by existing resources
November 2016	Keep updating	Healthcare Planning and Development Office, FHB	Tripartite Platform on Amendments to the Medical Registration Ordinance	Facebook	To open for comments on the proposed legislative changes to the composition and operation of the Medical Council of Hong Kong	107 followers	No	No. of posts per day: Less than 1 No. of interactions per post: 105	1 Senior Administrative Officer	Absorbed by existing resources

These officers perform the work of running the platforms in addition to their own operational duties.
^ Only a Chinese name is available
* Only a combined Chinese/English name is available

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7171)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

For a better understanding of the mixed staff situation of the Hospital Authority, please advise on:

1. the number of non-civil service contract staff in 2016-17 and the estimated figure for 2017-18; and
2. the number of staff engaged through outsourced service providers in 2016-17 and the estimated figure for 2017-18.

Asked by: Hon POON Siu-ping (Member Question No. 27)

Reply:

1.

The Hospital Authority (HA) is a statutory non-government organisation and hence does not have any Non-Civil Service Contract (NCSC) staff which are applicable to the civil service only. As at 31 December 2016, HA has 74 629 employees, including all full-time equivalent permanent, contract and temporary staff in HA.

2.

To meet operational needs of public hospital services within available resources, HA adopts a flexible manpower 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 standard 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 2016-17.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4328)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Accident and Emergency (A&E) services, would the Government inform this Committee of the utilisation rate, number of attendances, number of patients of different triage categories and their average and longest waiting time of each A&E Department for the past 5 years?

Asked by: Hon SHIU Ka-chun (Member Question No. 9)

Reply:

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 in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2012-13

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	1 627	2 177	37 600	96 853	9 404
	RH	533	1 547	13 790	58 114	7 250
	SJH	43	49	1 546	7 747	1 587
HKWC	QMH	915	2 137	33 626	85 154	6 759
KCC	QEH	3 902	4 334	93 607	85 321	7 104
KEC	TKOH	459	910	30 164	86 970	8 800
	UCH	2 128	4 725	64 812	94 247	13 577
KWC	CMC	1 302	1 362	32 164	85 580	16 521
	KWH	1 752	2 691	55 607	66 513	6 534
	PMH	1 442	2 601	64 643	70 812	10 809
	YCH	1 371	2 048	39 823	89 478	4 888

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
NTEC	AHNH	407	1 342	21 768	99 681	12 569
	NDH	786	1 589	38 165	66 482	8 074
	PWH	1 469	4 708	36 909	110 415	2 854
NTWC	POH	448	2 039	30 312	74 613	19 520
	TMH	1 009	4 573	65 550	129 738	20 149
Overall HA		**19 593**	**38 832**	**660 086**	**1 307 718**	**156 399**

2013-14

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 580	2 504	37 537	94 172	9 114
	RH	664	1 626	14 260	56 448	6 610
	SJH	35	44	1 691	7 587	1 355
HKWC	QMH	957	2 380	33 238	85 453	6 263
KCC	QEH	3 373	4 614	92 529	76 490	5 753
KEC	TKOH	449	932	31 256	89 277	8 029
	UCH	2 366	4 684	65 605	95 017	16 319
KWC	CMC	1 268	1 581	34 439	80 348	15 907
	KWH	1 854	2 331	55 214	67 234	5 762
	NLTH^	68	127	3 983	18 630	3 359
	PMH	1 269	2 632	65 662	65 973	9 275
	YCH	1 290	2 411	42 671	84 863	4 356
NTEC	AHNH	413	1 253	22 186	99 258	13 446
	NDH	845	1 669	39 117	63 617	6 819
	PWH	1 380	4 927	35 755	98 923	1 972
NTWC	POH	505	2 229	32 483	75 320	15 702
	TMH	1 042	5 192	67 215	129 749	15 365
Overall HA		**19 358**	**41 136**	**674 841**	**1 288 359**	**145 406**

2014-15

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	1 624	2 446	37 657	89 994	8 588
	RH	697	1 580	13 907	55 519	6 083
	SJH	32	43	1 595	7 701	1 291
HKWC	QMH	880	2 502	35 180	82 441	4 832
KCC	QEH	3 690	4 470	93 533	71 948	4 909
KEC	TKOH	503	989	33 101	89 362	8 289
	UCH	2 336	4 618	63 511	92 680	14 461
KWC	CMC	1 366	1 415	33 016	77 561	14 342
	KWH	1 599	2 207	55 479	64 523	4 244
	NLTH^	185	471	13 046	59 565	5 793
	PMH	1 145	2 482	61 809	60 079	6 849

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	YCH	1 079	2 567	40 737	83 203	3 323
NTEC	AHNH	371	1 081	21 748	101 633	10 042
	NDH	834	1 567	37 938	59 945	5 666
	PWH	1 505	5 437	35 774	92 726	1 409
NTWC	POH	547	2 332	31 957	74 572	12 289
	TMH	960	5 137	67 469	123 399	13 675
Overall HA		**19 353**	**41 344**	**677 457**	**1 286 851**	**126 085**

2015-16

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 (up to 31 December 2016) [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	1 110	1 892	29 920	63 804	4 638
	RH	594	1 231	11 245	39 763	4 606
	SJH	29	73	1 791	4 960	186
HKWC	QMH	662	2 264	30 058	59 024	3 401
KCC	QEH	2 605	3 587	73 415	55 405	3 711
KEC	TKOH	502	1 317	32 125	60 720	3 761
	UCH	1 752	4 027	50 730	68 205	9 740
KWC	CMC	1 098	1 262	25 452	61 149	10 941
	KWH	1 103	1 993	41 395	46 453	3 411
	NLTH^	136	449	11 829	55 367	2 465

Cluster	Hospital	Number of A&E attendances				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
	PMH	849	2 130	45 438	45 426	4 769
	YCH	685	1 838	28 357	63 250	3 499
NTEC	AHNH	258	763	16 700	78 948	5 221
	NDH	536	1 192	30 557	45 172	3 322
	PWH	1 217	4 480	31 295	70 868	661
NTWC	POH	426	1 862	25 177	54 889	7 910
	TMH	860	4 427	54 252	91 712	10 525
Overall HA		**14 422**	**34 787**	**539 736**	**965 115**	**82 767**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E Department in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2012-13

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	5	15	72	108
	RH	0	7	15	45	91
	SJH	0	7	13	20	29
HKWC	QMH	0	6	21	79	139
KCC	QEH	0	7	27	144	177
KEC	TKOH	0	5	14	59	63
	UCH	0	7	20	121	210
KWC	CMC	0	7	17	48	50
	KWH	0	9	21	139	169
	PMH	0	7	19	110	157
	YCH	0	6	17	93	124
NTEC	AHNH	0	6	10	23	24
	NDH	0	7	20	82	132
	PWH	0	11	38	134	131
NTWC	POH	0	3	16	84	105
	TMH	0	3	24	121	135
Overall HA		**0**	**7**	**21**	**90**	**114**

2013-14

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	5	15	80	121
	RH	0	7	17	65	119
	SJH	0	6	13	21	32

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)
HKWC	QMH	0	7	22	90	155
KCC	QEH	0	9	40	174	207
KEC	TKOH	0	6	14	71	79
	UCH	0	9	24	122	184
KWC	CMC	0	9	21	69	64
	KWH	0	9	35	151	179
	NLTH^	0	6	13	23	24
	PMH	0	7	19	108	160
	YCH	0	5	20	125	159
NTEC	AHNH	0	6	11	26	29
	NDH	0	6	25	106	160
	PWH	0	11	52	174	163
NTWC	POH	0	5	23	111	124
	TMH	0	5	32	149	161
Overall HA		**0**	**7**	**27**	**106**	**124**

2014-15

Cluster	Hospital	Average waiting time (minutes) for A&E services				
		Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)
HKEC	PYNEH	0	5	16	103	143
	RH	0	6	17	69	127
	SJH	0	8	15	24	37
HKWC	QMH	0	8	24	110	177
KCC	QEH	0	8	37	156	183
KEC	TKOH	0	6	14	72	85
	UCH	0	9	24	137	206
KWC	CMC	0	7	20	66	63
	KWH	0	7	42	229	244
	NLTH^	0	7	14	28	33
	PMH	0	7	19	103	150
	YCH	0	5	21	132	161
NTEC	AHNH	0	4	12	27	30
	NDH	0	7	23	102	154
	PWH	0	12	47	188	172
NTWC	POH	0	5	21	111	120
	TMH	0	5	30	142	156
Overall HA		**0**	**7**	**26**	**110**	**127**

2015-16

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

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)
	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 (up to 31 December 2016) [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	16	112	145
	RH	0	6	17	81	137
	SJH	0	7	14	25	32
HKWC	QMH	0	8	24	102	177
KCC	QEH	0	7	29	146	190
KEC	TKOH	0	7	17	103	112
	UCH	0	8	23	136	205
KWC	CMC	0	8	21	60	57
	KWH	0	6	29	121	134
	NLTH^	0	8	15	32	51
	PMH	0	9	19	93	133
	YCH	0	4	17	119	149
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	107	148
	PWH	0	13	47	183	198
NTWC	POH	0	5	23	116	129
	TMH	0	6	31	143	164
Overall HA		**0**	**8**	**24**	**106**	**131**

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

The figure of longest waiting time at each A&E Department is not readily available.

The figure of utilisation rate at each A&E Department is not applicable.

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 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:
AHNH – Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NDH – North District Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
POH – Pok Oi Hospital
PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital
YCH – Yan Chai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4371)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the number of attendances at the general outpatient clinics of the Hospital Authority, the number of doctors and the actual expenditure involved in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. 106)

Reply:

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 table below sets out the number of GOP attendances in the past five years.

2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
5 633 407	5 813 706	5 905 262	5 984 576	5 984 000

The table below sets out the number of doctors working in these GOPCs in the past five years.

2012	**2013**	**2014**	**2015**	**2016**
402	412	432	439	429

The table below sets out the costs for operating the GOPCs from 2012-13 to 2016-17.

Year	GOPC Service Costs ($ million)
2012-13	2,021
2013-14	2,236
2014-15	2,431
2015-16	2,651
2016-17 (Revised Estimate)	2,827

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4374)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of mentally-ill persons seeking consultation and persons newly diagnosed with mental illness, as well as their age distribution in each of the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. 109)

Reply:

The table below sets out the number of psychiatric patients treated in the Hospital Authority (HA) by age group in the past five years:

Year	**Number of psychiatric patients[1,2]**			
	Aged below 18	**Aged from 18 to 64**	**Aged 65 or above**	**Total[3]**
2012-13	21 900	133 800	41 900	197 600
2013-14	24 100	139 100	44 900	208 100
2014-15	26 500	143 700	47 200	217 400
2015-16	28 800	149 200	50 700	228 700
2016 (January – December) [provisional figures]	30 300	152 200	54 600	237 200

Note:
1. Age refers to the age of patients as at 30 June of the reporting year.
2. Figures are rounded to the nearest hundred.
3. Individual figures may not add up to total due to rounding.

The table below sets out the number of psychiatric specialist outpatient (SOP) new case bookings made in HA in the past five years:

Year	**Number of psychiatric SOP new case bookings[1]**
2012-13	47 200
2013-14	47 500
2014-15	48 000
2015-16	48 500
2016-17 (up to 31 December 2016) [provisional figures]	37 000

Note:
1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to total due to rounding.

Mental illness covers a wide range of mental disorders with different levels of severity. As patients with mental illness may be treated by other specialties or in different settings which are not included in the above statistics, HA does not maintain the requested statistics on the number of patients newly diagnosed with mental illness in the past five years.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4375)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide details of the psychiatric specialist services rendered by each public hospital cluster in the past 5 financial years, including the numbers of attendances at outpatient clinics, the numbers of hospital beds, and the manpower of various professional grades (e.g. doctor, nurse, clinical psychologist and occupational therapist).

Asked by: Hon SHIU Ka-chun (Member Question No. 110)

Reply:

The table below sets out the number of psychiatric specialist outpatient (clinical) attendances in each cluster from 2012-13 to 2016-17 (up to 31 December 2016):

Cluster	**2012-13[1]**	**2013-14[1]**	**2014-15[1]**	**2015-16[1,3]**	**2016-17[1,3] (up to 31 December 2016) [provisional figures]**
HKEC	77 400	80 800	82 000	82 100	62 000
HKWC	58 000	60 100	60 400	62 500	48 700
KCC	66 600	65 600	66 300	66 600	49 100
KEC	92 400	92 100	94 400	99 200	79 400
KWC	217 300	223 300	222 900	235 000	181 700
NTEC	123 100	126 900	127 500	134 200	103 200
NTWC	140 300	142 400	142 600	146 000	114 400
Overall	**775 100**	**791 200**	**796 100**	**825 600**	**638 300**

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

The table below sets out the number of mentally ill beds in each cluster from 2012-13 to 2016-17 (up to 31 December 2016)

Cluster[#]	**2012-13 (as at 31 March 2013)**	**2013-14 (as at 31 March 2014)**	**2014-15 (as at 31 March 2015)**	**2015-16 (as at 31 March 2016)**	**2016-17 (as at 31 December 2016) [provisional figures]**
HKEC	400	400	400	400	400
HKWC	82	82	82	82	82
KCC	425	425	425	425	425
KEC	80	80	80	80	80
KWC	920	920	920	920	920
NTEC	524	524	524	524	524
NTWC	1 176	1 176	1 176	1 176	1 176
Overall	**3 607**	**3 607**	**3 607**	**3 607**	**3 607**

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 five years (from 2012-13 to 2016-17):

Cluster[7]	**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]**
2012-13 (as at 31 March 2013)						
HKEC	35	219	9	7	N/A	16
HKWC	24	116	7	4	N/A	20
KCC	36	247	11	9	N/A	23
KEC	35	119	18	8	N/A	15
KWC	68	568	24	17	N/A	54
NTEC	61	337	17	9	N/A	35
NTWC	73	691	42	11	N/A	55
Overall	**332**	**2 296**	**127**	**65**	**243**	**218**
2013-14 (as at 31 March 2014)						
HKEC	35	230	9	8	N/A	17
HKWC	24	113	7	5	N/A	20
KCC	34	238	12	10	N/A	26
KEC	35	133	14	8	N/A	15
KWC	69	608	23	18	N/A	59
NTEC	61	349	23	10	N/A	35
NTWC	77	703	42	12	N/A	55
Overall	**335**	**2 375**	**130**	**71**	**243**	**227**
2014-15 (as at 31 March 2015)						
HKEC	36	231	9	8	N/A	17
HKWC	24	112	8	5	N/A	22
KCC	36	245	12	10	N/A	24

Cluster[7]	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]
KEC	35	135	16	9	N/A	15
KWC	71	651	21	21	N/A	62
NTEC	58	367	21	12	N/A	39
NTWC	74	700	43	12	N/A	57
Overall	**333**	**2 442**	**129**	**77**	**243**	**236**
2015-16 (as at 31 March 2016)						
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] (as at 31 December 2016)						
HKEC	34	242	8	8	N/A	19
HKWC	28	113	8	6	N/A	21
KCC	35	236	11	10	N/A	26
KEC	38	141	16	11	N/A	20
KWC	72	654	23	26	N/A	70
NTEC	65	372	20	15	N/A	40
NTWC	84	716	49	13	N/A	60
Overall	**356**	**2 473**	**135**	**89**	**243**	**256**

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.
6. Starting from 2016-17, the figure on psychiatric doctors also include doctors working in SLH.
7. Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4376)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Case Management Programme implemented by the Hospital Authority to provide support for patients with severe mental illness, what were the numbers of cases handled, staff establishment, and the numbers of staff by rank and average numbers of cases taken care by them in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. 111)

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 (SMI). From 2014-15, the Programme has been extended to cover all the 18 districts.

The table below sets out the number of cases handled by the case management programme and the number of case managers from 2012-13 to 2016-17 (as at 31 December 2016):

Year	Number of Cases	Number of Case Managers
2012-13 (as at 31 March 2013)	11 500	209
2013-14 (as at 31 March 2014)	14 600	260
2014-15 (as at 31 March 2015)	15 600	301
2015-16 (as at 31 March 2016)	15 400	327
2016-17 (as at 31 December 2016) [provisional figures]	15 000	322

The breakdown of case managers by rank in the past five years is not readily available.

The current case manager to patient ratio is about 1 to 47, comparing to the initial planning 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.

In 2015-16 and 2016-17, HA has introduced a peer support element into the Programme to enhance community support for patients through the recruitment of ten peer support workers. In 2017-18, HA will further enhance the Programme by recruiting an additional five peer support workers, involving additional recurrent expenditure of around $1.5 million. Meanwhile, ongoing case manager recruitment exercise is in progress to fill up the vacancies to support the Programme.

HA plans to review the service model of the community psychiatric service as well as the manpower of case managers in 2017-18.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4377)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the staff establishments and numbers of users of Mental Health Direct established by the Hospital Authority for patients with mental illness in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. 112)

Reply:

The Hospital Authority (HA) has established a 24-hour psychiatric advisory hotline, namely Mental Health Direct (MHD), since January 2012 to further enhance mental health services and strengthen support for ex-mentally ill patients and their carers. The hotline is operated by professional psychiatric nurses, who answer calls from patients with mental illness, carers, relevant stakeholders and the public, to provide professional advice on mental health issues and arrange timely referrals for them. Aside from advisory service, the MHD also provides telecare service whereby psychiatric nurses will approach rehabilitated ex-mentally ill patients to follow up on their conditions and help them better adapt to community life. Moreover, for those patients with mental illness failing to show up for scheduled consultations, a follow-up service under the MHD has been rolled out in phases in all hospital clusters, through which such patients will be approached and new appointment for follow-up consultation will be made for them. The service has now been extended to most of the psychiatric specialist out-patient clinics.

The table below sets out the number of calls handled by the MHD and its manpower from 2012-13 to 2016-17 (up to 31 December 2016):

	Number of calls handled by MHD[1]	Manpower for MHD (Psychiatric Nurses)
2012-13	24 500	11
2013-14	42 800	22
2014-15	92 000	36
2015-16	153 200	36
2016-17 (up to 31 December 2016) [provisional figures]	139 500	38

Note :

1. Figures are rounded to the nearest hundred.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4378)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the total numbers of mental patients receiving treatment, the numbers of patients diagnosed with severe mental illness and the numbers of mental patients treated in inpatient settings in the Hospital Authority in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. 113)

Reply:

The table below sets out the total number of psychiatric patients treated, the number of patients diagnosed with severe mental illness (SMI) and the number of psychiatric patients treated in inpatient settings in the Hospital Authority (HA) from 2012-13, 2013-14, 2014-15, 2015-16 and 2016:

Year	Total number of psychiatric patients treated	Number of patients diagnosed with SMI	Number of psychiatric patients treated in inpatient settings
2012-13	197 600	45 500	14 900
2013-14	208 100	46 500	15 200
2014-15	217 400	47 500	14 600
2015-16	228 700	48 200	14 700
2016 (January - December) [Provisional figures]	237 200	48 800	14 500

Note: Figures are rounded to the nearest hundred.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4379)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please list the number of doctors, nurses and allied health professionals serving in the Hospital Authority as a whole and in each cluster, and their ratios to the overall population and population aged 65 or above in the respective clusters in the past 5 financial years.

Asked by: Hon SHIU Ka-chun (Member Question No. 114)

Reply:

The tables below set out the number of doctors, nurses and allied health professionals in the Hospital Authority (HA) by cluster in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, together with their respective ratios to overall population and population aged 65 or above:

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment 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+	
2012-13 (as at 31 March 2013)										
HKEC	572	0.7	4.5	2 348	3.0	18.7	717	0.9	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	599	1.1	7.8	2 600	4.9	33.8	826	1.5	10.7	Central & Western, Southern
KCC	674	1.3	8.4	3 069	6.0	38.0	940	1.8	11.6	Kowloon City, Yau Tsim
KEC	607	0.6	4.2	2 313	2.2	15.8	645	0.6	4.4	Kwun Tong, Sai Kung
KWC	1 245	0.6	4.2	5 088	2.6	17.1	1 359	0.7	4.6	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	874	0.7	6.1	3 524	2.8	24.4	999	0.8	6.9	Sha Tin, Tai Po, North
NTWC	676	0.6	6.3	2 834	2.6	26.2	752	0.7	7.0	Tuen Mun, Yuen Long
Cluster Total	**5 248**	**0.7**	**5.4**	**21 776**	**3.0**	**22.2**	**6 239**	**0.9**	**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+	
2013-14 (as at 31 March 2014)										
HKEC	575	0.7	4.4	2 443	3.1	18.5	746	1.0	5.7	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	602	1.1	7.5	2 553	4.8	31.6	838	1.6	10.4	Central & Western, Southern
KCC	679	1.3	7.9	3 175	6.2	37.1	978	1.9	11.4	Kowloon City, Yau Tsim
KEC	627	0.6	4.1	2 474	2.3	16.3	685	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 300	0.7	4.3	5 337	2.8	17.5	1 479	0.8	4.9	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	Sha Tin, Tai Po, North
NTWC	702	0.6	6.1	3 027	2.8	26.4	797	0.7	7.0	Tuen Mun, Yuen Long
Cluster Total	**5 365**	**0.7**	**5.3**	**22 716**	**3.2**	**22.2**	**6 541**	**0.9**	**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+	
2014-15 (as at 31 March 2015)										
HKEC	584	0.8	4.3	2 517	3.3	18.7	762	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	608	1.1	7.3	2 679	5.1	32.1	883	1.7	10.6	Central & Western, Southern
KCC	703	1.3	7.8	3 275	6.1	36.4	989	1.8	11.0	Kowloon City, Yau Tsim
KEC	644	0.6	4.1	2 613	2.4	16.6	706	0.6	4.5	Kwun Tong, Sai Kung
KWC	1 318	0.7	4.2	5 608	2.9	17.7	1 566	0.8	4.9	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	881	0.7	5.5	3 897	3.1	24.2	1 081	0.9	6.7	Sha Tin, Tai Po, North
NTWC	723	0.7	5.9	3 163	2.9	26.0	831	0.8	6.8	Tuen Mun, Yuen Long
Cluster Total	**5 462**	**0.8**	**5.1**	**23 751**	**3.3**	**22.3**	**6 818**	**0.9**	**6.4**	

Cluster	Number of doctors, nurses and allied health staff and ratio per 1 000 geographical population of catchment districts									Catchment 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	18.5	791	1.0	5.6	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	624	1.2	7.2	2 788	5.3	32.0	913	1.7	10.5	Central & Western, Southern
KCC	731	1.4	7.8	3 304	6.1	35.0	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	17.4	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**	**6.4**	

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+	
2016-17 (as at 31 December 2016)										
HKEC	605	0.8	4.1	2 681	3.5	18.1	805	1.1	5.4	Eastern, Wan Chai, Islands (excl. Lantau Island)
HKWC	659	1.3	7.2	2 801	5.4	30.7	956	1.8	10.5	Central & Western, Southern
KCC	747	1.4	7.5	3 332	6.2	33.6	1 058	2.0	10.7	Kowloon City, Yau Tsim
KEC	684	0.6	4.0	2 737	2.4	16.0	780	0.7	4.6	Kwun Tong, Sai Kung
KWC	1 374	0.7	4.0	5 743	2.9	16.9	1 695	0.9	5.0	Mong Kok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
NTEC	952	0.7	5.2	4 030	3.1	22.0	1 228	0.9	6.7	Sha Tin, Tai Po, North
NTWC	799	0.7	5.7	3 483	3.1	24.9	961	0.8	6.9	Tuen Mun, Yuen Long
Cluster Total	**5 819**	**0.8**	**5.0**	**24 806**	**3.4**	**21.1**	**7 484**	**1.0**	**6.4**	

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 mid-year population estimates by the Census & Statistics Department and the latest projection by the Planning Department.

5) Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until

31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start 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. 4447)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the accident and emergency (A&E) services, please advise on:

a) the average service capacity of each A&E department on ordinary days in the past 5 years; and
b) the average service capacity of each A&E department on public holidays.

Asked by: Hon SHIU Ka-chun (Member Question No. 186)

Reply:

(a) & (b)
The tables below set out the daily average number of attendances on weekdays, Sundays and public holidays in each Accident and Emergency (A&E) department of the Hospital Authority in 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 (up to 31 December 2016).

2012-13

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
HKEC	PYNEH	428	413
	RH	225	234
	SJH	27	43
HKWC	QMH	365	357
KCC	QEH	575	524
KEC	TKOH	365	349
	UCH	509	481
KWC	CMC	383	385
	KWH	396	361
	PMH	433	397
	YCH	395	378
NTEC	AHNH	374	368
	NDH	318	314
	PWH	437	411

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
NTWC	POH	363	343
	TMH	637	585
Overall HA		**6 230**	**5 943**

2013-14

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
HKEC	PYNEH	421	403
	RH	220	227
	SJH	26	43
HKWC	QMH	362	356
KCC	QEH	545	490
KEC	TKOH	373	358
	UCH	520	499
KWC	CMC	374	380
	KWH	393	358
	NLTH^	74	73
	PMH	415	387
	YCH	387	379
NTEC	AHNH	374	378
	NDH	309	311
	PWH	401	373
NTWC	POH	363	339
	TMH	628	582
Overall HA		**6 185**	**5 937**

2014-15

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
HKEC	PYNEH	407	388
	RH	213	225
	SJH	27	41
HKWC	QMH	354	347
KCC	QEH	531	480
KEC	TKOH	379	368
	UCH	504	483
KWC	CMC	359	357
	KWH	380	347
	NLTH^	223	222
	PMH	382	348
	YCH	373	370
NTEC	AHNH	370	372
	NDH	292	292
	PWH	383	359
NTWC	POH	349	333
	TMH	608	563
Overall HA		**6 136**	**5 895**

2015-16

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
HKEC	PYNEH	397	380
	RH	211	220
	SJH	24	37
HKWC	QMH	354	340
KCC	QEH	544	497
KEC	TKOH	380	361
	UCH	493	469
KWC	CMC	366	364
	KWH	373	337
	NLTH^	251	263
	PMH	374	347
	YCH	366	362
NTEC	AHNH	376	374
	NDH	296	295
	PWH	388	359
NTWC	POH	349	336
	TMH	616	573
Overall HA		**6 158**	**5 915**

2016-17 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Daily average number of A&E attendances	
		Weekdays	Sundays and Public holidays
HKEC	PYNEH	390	371
	RH	213	219
	SJH	23	37
HKWC	QMH	357	345
KCC	QEH	543	495
KEC	TKOH	378	360
	UCH	506	477
KWC	CMC	373	373
	KWH	371	340
	NLTH^	260	271
	PMH	375	346
	YCH	369	363
NTEC	AHNH	372	369
	NDH	296	292
	PWH	403	373
NTWC	POH	344	328
	TMH	615	566
Overall HA		**6 189**	**5 924**

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

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports

in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 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
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4448)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on accident and emergency (A&E) services:

a. the number of A&E doctors in each Hospital Authority hospital in the past 5 years, their length of service, vacancy rate, wastage rate, average weekly working hours, the longest working hours and the longest continuous working hours; and

b. the number of doctors who participated in "The A&E Support Session Programme" in the past 5 years, their rank and length of service, their average and longest hours of part-time service, as well as the resources involved.

Asked by: Hon SHIU Ka-chun (Member Question No.187)

Reply:

a.

The table below sets out the manpower of Accident and Emergency (A&E) doctors in each A&E department of the Hospital Authority (HA) in the past 5 years.

A&E Specialty		**Number of Doctors**				
Cluster	**Hospital**	**2012-13** (as at 31 March 2013)	**2013-14** (as at 31 March 2014)	**2014-15** (as at 31 March 2015)	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 December 2016)
HKEC	PYNEH	33	34	33	32	34
	RH	17	17	17	18	18
	SJH	4	4	5	5	5
HKWC	QMH	30	29	26	26	30

A&E Specialty		Number of Doctors				
Cluster	**Hospital**	**2012-13** (as at 31 March 2013)	**2013-14** (as at 31 March 2014)	**2014-15** (as at 31 March 2015)	**2015-16** (as at 31 March 2016)	**2016-17** (as at 31 December 2016)
KCC	QEH	39	40	41	48	46
KEC	TKOH	20	23	21	26	26
	UCH	35	36	37	38	41
KWC	CMC	26	23	27	25	27
	KWH	28	27	26	28	28
	NLTH ^	-	15	22	23	24
	PMH	28	30	31	30	31
	YCH	26	31	28	29	30
NTEC	AHNH	22	24	24	24	23
	NDH	19	20	20	20	20
	PWH	24	23	22	26	27
NTWC	POH	23	24	25	24	23
	TMH	36	39	41	41	52

Note:

(1) The manpower figures are calculated on full-time equivalent basis, including permanent, contact and temporary staff which excluding Interns and Dental Officers.

(2) The year of service of the A&E doctors is not readily available.

(3) The total manpower shortfall of doctors in 2016-17 in HA is around 300.

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

The table below sets out the attrition (wastage) rate of full-time A&E doctors by cluster in the past 5 years.

Full-time Attrition (Wastage) Rate						
Cluster	**Hospital**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Rolling 12 months Jan 16 - Dec 16)**
HKEC	PYNEH	2.9%	2.8%	2.8%	2.9%	2.7%
	RH	-	-	-	-	-
	SJH	-	25.0%	-	-	21.1%
HKWC	QMH	-	-	3.8%	16.1%	3.6%
KCC	QEH	10.9%	2.5%	10.1%	4.6%	6.5%
KEC	TKOH	-	-	4.6%	4.6%	4.1%
	UCH	5.5%	5.5%	2.6%	7.9%	7.6%
KWC	CMC	4.0%	8.2%	-	4.1%	7.9%
	KWH	4.4%	-	4.3%	-	-
	NLTH^	-	-	4.9%	-	-
	PMH	10.7%	-	3.6%	3.4%	6.9%
	YCH	14.2%	3.5%	3.6%	3.6%	3.5%
NTEC	AHNH	-	-	-	-	4.3%
	NDH	-	5.3%	-	-	-
	PWH	8.5%	5.0%	-	-	-
NTWC	POH	4.7%	-	-	-	-
	TMH	5.5%	-	-	7.4%	2.2%

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 (wastage) for 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.

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

Doctors in A&E departments are generally rostered to work on shift with an average weekly working hour of 44 hours.

b.

As at end of December 2016, around 550 doctors (including Consultants, Associate Consultants / Senior Medical Officers, Residents / Medical Officers), on a headcount basis, participated in the A&E Support Session Programme. Detailed breakdown of the participating doctors by rank, length of services and average and longest hours of work is not readily available. In 2016-17, HA has earmarked around $22 million for the Programme.

Note:

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 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
QEH – Queen Elizabeth Hospital
TKOH – Tseung Kwan O Hospital
UCH – United Christian Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
YCH – Yan Chai Hospital
AHNH – Alice Ho Miu Ling Nethersole Hospital
NDH – North District Hospital
PWH – Prince of Wales Hospital
POH – Pok Oi Hospital
TMH – Tuen Mun Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4466)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 (i.e. from 2012-2013 to 2016-2017)? 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, behaviourial and emotional disorders, psychosis and depression) in each of the past 5 years (i.e. from 2012-2013 to 2016-2017). 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)															
	2012-2013			2013-2014			2014-2015			2015-2016			2016-2017		
	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															
Behaviourial and Emotional Disorders															
Psychosis															
Depression															

Asked by: Hon SHIU Ka-chun (Member Question No. 224)

Reply:

(1)

The table below sets out the number of child and adolescent (C&A) psychiatric patients treated in the Hospital Authority (HA) by age group in 2012-13, 2013-14, 2014-15, 2015-16 and 2016.

	Number of C&A psychiatric patients[1,2]			
	Aged[1] below 6	**Aged[1] from 6 to 11**	**Aged[1] from 12 to 17**	**Total[3]**
2012-13	2 700	11 140	8 040	21 870
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 (January – December) [provisional figures]	2 550	15 820	11 940	30 310

Note :

1. Referring to patients aged below 18 (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 C&A psychiatric patients treated in HA and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, psychosis or depressive disorders by age group in 2012-13, 2013-14, 2014-15, 2015-16 and 2016.

Number of C&A psychiatric patients [1,2]		**Autism spectrum disorder**	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Psychosis**	**Depressive disorders**
2012-13	Aged[1] below 6	1 450	150	20	-	-
	Aged[1] from 6 to 11	2 960	3 950	510	10	10
	Aged[1] from 12 to 17	1 560	2 640	840	300	260
	Total[3]	5 970	6 740	1 370	310	270
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

Number of C&A psychiatric patients [1,2]		**Autism spectrum disorder**	**Attention-deficit hyperactivity disorder**	**Behavioural and emotional disorders**	**Psychosis**	**Depressive disorders**
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 (January – December) [Provisional figures]	Aged[1] below 6	1 530	150	20	-	-
	Aged[1] from 6 to 11	5 320	7 120	710	10	10
	Aged[1] from 12 to 17	3 000	4 970	920	320	490
	Total[3]	9 860	12 230	1 650	320	510

Note :

1. Referring to patients aged below 18 (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.

"-" represents nil.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4467)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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)?
3. As a follow-up to questions 1 and 2, why were there no additional resources allocated to cope with the rising demand for child and adolescent psychiatric services if the waiting time of new cases and the ratios of cases handled by each doctor to each nurse keep increasing?

Asked by: Hon SHIU Ka-chun (Member Question No. 225)

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 (up to 31 December 2016).

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	4 330	1	8 720	4	33 590	16
2013-14	3 630	1	9 580	4	33 900	20
2014-15	3 590	1	9 650	4	34 400	22
2015-16	3 680	<1	9 390	4	35 200	22

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)
2016-17 (up to 31 December 2016) [Provisional figures]	2 570	1	6 980	4	27 200	19

Note:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.

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 (up to 31 December 2016) :

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	220	<1	610	3	10 040	23
2013-14	170	<1	650	3	10 320	42
2014-15	200	1	760	4	10 950	56
2015-16	200	1	920	4	11 470	65
2016-17 (up to 31 December 2016) [Provisional figures]	190	1	630	4	7 960	68

Note:

1. Figures are rounded to the nearest hundred.
2. Individual figures may not add up to the total due to rounding.

2)

HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As healthcare professionals providing psychiatric services in HA also support other related psychiatric services including C&A 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 five years (from 2012-13 to 2016-17):

Year	Psychiatric doctors[1 & 2]	Psychiatric Nurses[1 & 3] (including Community Psychiatric Nurses)
2012-13 (as at 31 March 2013)	332	2 296
2013-14 (as at 31 March 2014)	335	2 375
2014-15 (as at 31 March 2015)	333	2 442
2015-16 (as at 31 March 2016)	344	2 472
2016-17[4] (as at 31 December 2016)	356	2 473

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 table below sets out the total number of psychiatric patients and the number of C&A psychiatric patients treated in HA in 2012-13, 2013-14, 2014-15, 2015-16 and 2016 :

Year	Total number of psychiatric patients treated[1]	Number of C&A psychiatric patients treated[1,2]
2012-13	197 600	21 900
2013-14	208 100	24 100
2014-15	217 400	26 500
2015-16	228 700	28 800
2016 (January - December) [Provisional figures]	237 200	30 300

Note :

1. Figures are rounded to the nearest hundred.
2. Refer to those patients aged below 18 (as at 30 June of the respective year).

3)

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. A two-year pilot scheme named "Student Mental Health Support Scheme" has also been launched by the Food and Health Bureau in collaboration with the Education Bureau, HA and the Social Welfare Department to provide more adequate support services for students

in-need at schools. HA will continue to review and monitor its service provision to ensure that its service can meet the needs of the patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4518)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Among the young victims of the suicide cases in each of the past 5 years (2012-2013 to 2016-2017), how many of them were, before committing suicide, subjects of cases handled by the Social Welfare Department/social services agencies or receiving child and adolescent psychiatric services?

Asked by: Hon SHIU Ka-chun (Member Question No. 245)

Reply:

The Hospital Authority (HA) does not have information on the numbers of suicide cases who were patients of child and adolescent psychiatric services in HA.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)403

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4519)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government allocate additional resources to support the pilot "Student Mental Health Support Scheme"? If yes, what amount of resources will be deployed to the Scheme? In what items will the resources be used? If not, who will take up the duties originally handled by the participating workers (nurses/social workers/teachers)?

Asked by: Hon SHIU Ka-chun (Member Question No. 246)

Reply:

The estimated expenditure for the implementation of the Student Mental Health Support Scheme in the 2016/17 school year and the 2017/18 school year is about $8.3 million, including the provision of additional four Advanced Practice Nurses, two Executive Assistants and two Patient Care Assistants II by the Hospital Authority (HA), the commission of academic institutions to provide training service and conduct an evaluation study, as well as general administrative cost incurred in the service delivery. The nurse will collaborate with designated teacher(s) and the school social worker in a multi-disciplinary platform to work closely with the psychiatric teams of HA, the school-based educational psychologists, relevant teachers and social workers from relevant social service units for the provision of support services to students with mental health needs and their carers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4497)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

a) Please provide the details of the range of health promotion activities held by the Department of Health and the total expenditure of the activities in 2016-17 and 2017-18.

b) Please provide the total government expenditure on disease prevention, health promotion, curative care and rehabilitation and its percentage in the total health expenditure in the past 5 years.

c) Please set out the aim and progress of setting up community health centres (CHCs), the number of CHCs and their respective service areas.

d) Please provide the number of persons served by CHCs and the expenditure and receipts for each year, with a breakdown of service users by gender and age in table form.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 70)

Reply:

(a)
The Department of Health (DH) has been promoting healthy lifestyle through a life-course and setting-based approach. These include StartSmart@school.hk Campaign targeting pre-primary institutions, EatSmart@school.hk Campaign targeting schools, EatSmart@restaurant.hk (ESR) Campaign enlisting support of restaurants to provide healthier dishes, Joyful@Healthy Workplace Programme targeting workplace settings and "I'm So Smart" Community Health Promotion Programme promoting healthy living in the community. The DH also launched a three-year territory-wide Joyful@HK Campaign to promote mental health in 2016. The DH has also been carrying out activities in promoting organ donation and the prevention and control of communicable diseases. The DH does not have separate expenditure on individual health promotional activity as it is part of DH's overall work on health promotion and disease prevention.

(b)
DH's expenditures on disease prevention, health promotion, curative care and rehabilitation for the past five years are as follows:

Financial Year	$ million
2012-13	3,380.4
2013-14	3,875.3
2014-15	4,077.0
2015-16	4,553.5
2016-17 (Revised Estimate)	4,931.6

(c) & (d)
The Tin Shui Wai (Tin Yip Road) Community Health Centre (CHC), the first of its kind to be designed based on the primary care development strategy and service model, 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 services in September 2013 and March 2015 respectively.

The CHCs provide integrated multi-disciplinary healthcare services, including general outpatient clinic (GOPC) services, as well as health risk assessments, disease prevention and health promotion, and support for self-health awareness services, through medical, nursing and allied health services. Similar to other public GOPCs, patients under the care of the CHCs mainly comprise 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 above 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. These staff work in a multi-disciplinary manner, across different service programmes and at multiple service sites.

The numbers of attendances in the Tin Shui Wai (Tin Yip Road) CHC, North Lantau CHC and Kwun Tong CHC since their respective service commencement (up to 31 December 2016) are set out in the table below.

CHC	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
Tin Shui Wai (Tin Yip Road) CHC	8 296[Note1]	60 691	71 124	75 448	82 431	73 200

North Lantau CHC	-	-	29 580[Note2]	59 774	64 826	51 306
Kwun Tong CHC	-	-	-	5 336[Note3]	235 505	183 215

Note 1: Commenced service in February 2012.
Note 2: Commenced service in September 2013.
Note 3: Commenced service in March 2015

Since the service commencement of the three CHCs, elderly patients aged 65 or above accounted for around 30% (up to 31 December 2016) of the doctor consultations.

As the service provision of CHCs involves cross-programmes activities provided by different multi-disciplinary teams within the respective clusters, the estimated expenditure of individual CHCs cannot be separately identified.

The Government is also exploring the feasibility of implementing CHC projects in other districts and will identify the scope of service and mode of operation which can best meet local needs.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7189)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the following in table form:

(1) the expenditure incurred by the Food and Health Bureau (Health Branch) on publicity through the Internet/social media, the manpower involved and the percentage this item accounted for in the total expenditure in 2016-17, with a breakdown by publicity channel;

(2) the ways to assess whether the above initiative was effective and value for money adopted by the Branch; and

(3) the estimated expenditure to be incurred by the Branch and the manpower involved for the above initiative in 2017-18.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 54)

Reply:

(1) In 2016-17, the Food and Health Bureau (Health Branch) promoted the Electronic Health Record Sharing System, the Tripartite Platform on Amendments to the Medical Registration Ordinance, Regulation of Private Healthcare Facilities – Issue of Consultation Report and the Voluntary Health Insurance Scheme by means of Internet (e.g. official websites) and social media. The expenditure involved in online advertising was $42,000. No additional manpower has been involved as the relevant duties are performed by existing staff.

(2) Reviews and periodic checks on number of impressions, views/visits and responses have been conducted to assess the cost effectiveness of the above promotion activities.

(3) We have not reserved provision for the above promotion activities in 2017-18 and no additional manpower would be involved.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5418)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health)(Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

What were the numbers of patients diagnosed with diabetes by the Hospital Authority and the percentages of increase in 2015-16 and 2016-17? How much manpower and resources are allocated every year to meet the medical needs of patients with diabetes and what is the expenditure involved?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 39)

Reply:

(a)

The number of patients with Diabetes Mellitus (DM) under the care of the Hospital Authority (HA) in the past 2 years is estimated by the number of patients who are being prescribed with anti-diabetic drugs. Relevant statistics are set out in the table below.

2015-16	**2016-17 (1 January to 31 December 2016)**	**Change over the period from 2015-16 to 2016-17**
408 000	423 000	+ 15 000

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5872)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Hospital Authority (HA) will open 229 additional beds in this financial year to meet new service demand. Please list in table form the distribution of these beds among the HA hospitals in Hong Kong.

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 63)

Reply:
The table below sets out the breakdown of the 229 hospital beds to be opened by the Hospital Authority (HA) in 2017-18 by cluster.

Cluster	**Number of beds to be opened in 2017-18**		
	Acute General	Convalescent	**Total**
Hong Kong East Cluster	20	–	**20**
Kowloon Central Cluster (KCC)	26	–	**26**
Kowloon East Cluster	38	20	**58**
Kowloon West Cluster (KWC)	8	–	**8**
New Territories East Cluster	38	20	**58**
New Territories West Cluster	29	30	**59**
HA Overall	**159**	**70**	**229**

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5891)

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

Subhead (No. & title): ()

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Last year, the Hospital Authority launched the Colon Assessment Public-Private Partnership Programme. The rates of patients with polyps requiring polypectomy and patients diagnosed with colorectal cancer as recorded since the launch are far higher than those expected by the Department of Health.

Will additional resources be allocated in the new financial year for introducing other preventive screening schemes to encourage patients with a high risk of hypertension and diabetes to undergo early medical check-ups? If so, what are the details? What are the expenditure and manpower involved? If not, will the Government consider introducing such schemes?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 65)

Reply:

Patients with chronic diseases such as hypertension and diabetes mellitus (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, the Hospital Authority (HA) has developed and implemented/will implement various services and programmes as follows:-

General Outpatient Clinics (GOPCs) Service
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. Clinically stable patients having hypertension with or without hyperlipidemia, and DM patients, currently taken care of by HA GOPCs were invited for voluntary participation. Starting from the third quarter of 2016, the programme has been rolled out

to nine additional districts. As at end-December 2016, 9 710 patients were participating in the programme. With the positive response from the community, the programme will be rolled out to all 18 districts in phases, covering four additional districts from 2017-18 and the remaining two districts from 2018-19.

Patient Empowerment Programme (PEP)

PEP aims to improve the knowledge of patients of chronic diseases of their own disease conditions, enhance their self-management skills and promote partnership with the community. Suitable patients with hypertension and DM 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 110 000 patients under the programme starting from 2010-11. An additional 14 000 patients are expected to be enrolled in 2017-18.

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 (SOPC), an enhancement programme will start in 2017-18. Patients under the care of medical SOPCs with poor DM control 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 implemented in the New Territories West Cluster in 2017-18 and is expected to benefit 2 100 patients.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5898)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In the preceding Budget, I questioned that people suffering from macular degeneration were becoming younger and the number of new cases was on the increase. In the Bureau's reply, it said that there was no plan on Public-Private Partnership (PPP) for Fluorescein Fundus Angiography services for macular degeneration, but it would continue to communicate with the public and patient groups, and work closely with relevant stakeholders to study the feasibility of providing other new PPP programmes in the future.

In this connection, what is the progress of the study? Will any programmes be implemented in the new financial year? If yes, what are the estimated expenditure and manpower involved? If no, what are the reasons?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 66)

Reply:

In line with the Government's healthcare reform proposal, the Hospital Authority (HA) has launched a variety of clinical Public-Private Partnership (PPP) initiatives since 2008. The existing clinical PPP programmes include 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). The latter two were introduced in September and December 2016 respectively. Particular priority is accorded to the GOPC PPP, which will be rolled out to all districts of Hong Kong by 2018-19, following positive response from the community.

The estimated annual expenditure for supporting the public-private partnership initiatives for 2017-18 is $278 million, with breakdown by major programmes and the corresponding planned provisions listed in the table below:

Programme	**2017-18 Estimated Annual Expenditure** [Note 1] **(in $ million)**	**2017-18 Planned Provisions**
CSP	2.7	450 surgeries
TSW PPP	4.3	1 500 patients
HD PPP	55.0	225 places
PEP	25.9	14 000 patients
Radi Collaboration	49.2	19 590 scans
GOPC PPP	68.8	19 131 patients
Infirmary Service PPP	23.8	64 beds
Colon PPP	18.4	1 130 colonoscopies

Note 1: The estimated annual expenditure is based on projected activities and 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 deviated from the assumptions adopted in the above estimates.

HA has long valued its collaboration with the private sector in expanding healthcare service and choices for our patients. In planning new clinical PPP programmes, HA places great importance on thorough consultation with relevant stakeholders in the healthcare sector and patient groups. HA also aims to strike a balance among various considerations, such as the proposed projects' feasibility, service demand, risk assessments and available support from private healthcare providers, patients and other stakeholders as appropriate.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5905)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In the 2017-18 financial year, the Food and Health Bureau will continue to oversee the progress of various capital works projects on hospital development, such as the construction of the Hong Kong Children's Hospital in Kai Tak, the expansion of United Christian Hospital, the refurbishment of Hong Kong Buddhist Hospital, the redevelopment of Kwong Wah Hospital and the planning for the construction of a new acute hospital at Kai Tak Development Area. What are their estimated progress in the coming financial year? When are the outstanding projects expected to be completed?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 67)

Reply:

Construction works for the Hong Kong Children's Hospital commenced in August 2013 for completion in 2017.

The expansion of United Christian Hospital project will be carried out in 2 stages, namely preparatory works and main works. The preparatory works commenced in August 2012, and the demolition and substructure works commenced in August 2015. Subject to funding approval by the Finance Committee (FC), the whole expansion project is planned for completion in 2023.

The refurbishment of Hong Kong Buddhist Hospital project commenced in June 2015 for completion in 2019.

The redevelopment of Kwong Wah Hospital project will be carried out in 2 phases. The preparatory works commenced in March 2013, and the demolition and substructure works for Phase 1 commenced in June 2016. Subject to funding approval by the FC, the whole redevelopment project is planned for completion in 2025.

Subject to funding approval by the FC, preparatory works for the construction of a new acute hospital at Kai Tak Development Area is planned to start in 2017 and the whole project is planned for completion in 2024.

All of the above projects are in progress in accordance with their respective schedule.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5949)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Food and Health Bureau states under Matters Requiring Special Attention in 2017-18 that it will continue to oversee efforts to promote, facilitate and support breastfeeding in collaboration with relevant organisations. Would the Bureau inform this Committee of the following:

1. the policies of the Bureau for promoting, facilitating and supporting breastfeeding, and the estimated resources and staffing expenses involved;

2. examples of the "relevant organisations" mentioned above and the modes of collaboration;

3. whether the Government considers allocating additional resources in the coming financial year for encouraging the private sector to participate in the efforts to support breastfeeding through subsidies?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 69)

Reply:

1. and 3.

The superiority of breastfeeding in ensuring physical and psychosocial health and well-being of mother and child as well as the important impacts of early nutrition on long-term health are widely recognised. In addition to clear short-term health benefits such as protection from gastrointestinal and middle-ear infections in children, breastfeeding has also been shown to be protective against obesity and development of non-communicable diseases in adulthood. On top of that, studies have also shown that breastfeeding could protect against premenopausal breast cancer in mothers.

The benefits of breastfeeding are shown to be proportional to its duration and exclusiveness. The World Health Organization has made a global public health recommendation that

infants should be exclusively breastfed for the first 6 months of life to achieve optimal growth, development and health and thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues up to 2 years of age or beyond. In May 2016, WHO issued the "Guidance on ending the inappropriate promotion of foods for infants and young children" which has clarified that its recommendations regarding restrictions on marketing practices of breastmilk substitutes include any milk, in either liquid or powdered form, that are specifically marketed for feeding infant and young children up to the age of 36 months (including follow-up formula and growing-up milks).

The Government has all along endeavoured to promote, protect and support breastfeeding. The Food and Health Bureau (FHB) set up the Committee on Promotion of Breastfeeding (the Committee) in early April 2014 under the chairmanship of the Under Secretary for Food and Health. Members include representatives from relevant professional healthcare bodies, academia as well as representatives of organisations that have participated in the promotion of breastfeeding. The Committee provides specific recommendations and supervision on strategies and action plans to further strengthen the promotion, protection and support for breastfeeding. Its objectives are to enhance the sustainability of breastfeeding and promote breastfeeding as a norm for babycare widely accepted by the general public.

In 2017-18, the FHB and the Department of Health (DH) will continue to promote and support breastfeeding in support of the Committee's work through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplaces Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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 for enhancing the effort for promotion of breastfeeding in 2017-18. The workload for implementing the initiative is absorbed by the existing manpower of the Family Health Service of the DH.

2.

The DH collaborates with relevant professional healthcare bodies, academia as well as private and public birthing hospitals in the following areas to promote and support breastfeeding -

- Providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
- Providing health information on breastfeeding for parents through workshops, production and distribution of educational materials, and individual counselling;
- Providing guidance and skill support for breastfeeding mothers; and
- Organising publicity activities to enhance public awareness.

To facilitate various sectors in implementing breastfeeding friendly measures, the DH has also developed relevant guidelines such as "Guide to Establishing Breastfeeding Friendly Premises", "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and

“Employee’s Guide to Combining Breastfeeding with Work” for reference by public and private organisations.

Since July 2015, the FHB, the DH and the Hong Kong Committee for the United Nations Children's Fund (UNICEF HK) have jointly launched a promotion campaign entitled "Say Yes to Breastfeeding". The campaign aims to encourage private organisations to implement the Breastfeeding Friendly Workplace Policy and encourage them to introduce breastfeeding friendly initiatives in public places, big and small, under their management. In addition, the promotion campaign “Breastfeeding Friendly Mall” was launched in May 2016 to encourage shopping malls to implement breastfeeding friendly policy supporting lactating mothers to breastfeed anywhere anytime. The Government also encourages public transport facilities to adopt breastfeeding friendly premises policy.

The DH and the UNICEF HK have also collaborated with the Hong Kong Catering Industry Association to introduce and promote “breastfeeding friendly premises” measures to the catering industry. As at October 2016, more than 80 restaurants had implemented “breastfeeding friendly premises” measures.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5994)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

In this year's Policy Address, the Government proposes to lower the eligibility age for the Elderly Health Care Vouchers from 70 to 65 so that about 400 000 more elderly persons will receive $2,000 to purchase private primary care services.

Regarding the above initiative, will the Bureau inform this Committee of the estimated manpower and expenditure involved in the coming financial year, and the timetable for implementation?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 71)

Reply:

The Government proposes to lower the eligibility age for the Elderly Health Care Voucher (EHV) Scheme from 70 to 65 within 2017, as soon as possible after the passage of the Appropriation Bill 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is $2,135.0 million. To implement this enhancement and to strengthen the administration and monitoring of the EHV Scheme, 24 additional civil service posts will be created in the Health Care Voucher Unit of the Department of Health in 2017-18, including 2 Senior Executive Officers, 1 Senior Accounting Officer, 2 Executive Officers I, 1 Accounting Officer I, 1 Statistical Officer I, 6 Executive Officers II, 10 Assistant Clerical Officers and 1 Clerical Assistant, and the additional provision involved for 2017-18 is $14.5 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6837)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

One of the responsibilities of the Bureau is to support the development of Chinese medicines and co-ordinate the efforts of various parties in promoting research, development and testing of Chinese medicines. As such, has the Bureau, in collaboration with other departments concerned, provided financial resources and manpower to look into the situation of Chinese medicine enterprises in Hong Kong? If yes, for the purpose of assessing the work effectiveness, please set out the total number of manufacturers, distributors, wholesalers and retailers, the number of small and medium enterprises, the number of manufacturers complying with Good Manufacturing Practice requirements in the local Chinese medicine industry; the number of practitioners, output and its percentage in the gross domestic product of the industry as a whole and by traders mentioned above, as well as the financial resources and manpower provided by the Government to look into the situation.

Asked by: Hon WONG Ting-kwong (Member Question No. 14)

Reply:

The Government has been actively promoting the development of Chinese medicine professionals and Chinese medicines with a multi-pronged approach, which includes establishing a regulatory regime, encouraging local tertiary institutions to nurture Chinese medicine professionals, supporting scientific research and innovation for Chinese medicines, enhancing Chinese medicine primary care services based on the concept of "evidence-based medicine", and promoting the development of the Chinese medicines industry.

For the development of Chinese medicines (CM), the Innovation and Technology Commission (ITC) has been supporting scientific research and development in this area and encouraging the use of scientific evidence in establishing the clinical efficacy of traditional

CM in line with the concept of "evidence-based medicine". The ITC also supports the industry's efforts in development and innovation, and modernisation of their production and quality control. Moreover, the Department of Health (DH) is responsible for assisting the Chinese Medicine Council of Hong Kong (CMCHK), an independent statutory body set up under the Chinese Medicine Ordinance (Cap. 549), with the regulation of CM, including registration of proprietary Chinese medicines (pCm) products, licensing of CM traders, etc. The DH also helps develop reference standards of CM through the Hong Kong Chinese Materia Medica Standards (HKCMMS) Project. Under the HKCMMS Project, the DH has already set reference standards for some 270 Chinese materia medica commonly used in Hong Kong, and commenced in 2015-16 a pilot study on the reference standards for CM decoction pieces.

Under the CMO, a relevant licence issued by the Chinese Medicines Board of the CMCHK should be obtained for carrying on a business in CM in Hong Kong. According to the figures provided by the DH, as at 1 March 2017, the number of various licensed CM traders in Hong Kong, were as follows:

Type of trader	**Number of traders**	
Wholesalers of Chinese herbal medicines	933	
Retailers of Chinese herbal medicines	4 688	
Manufacturers of pCm	273	[Among them, 17 were holders of Certificate for Manufacturer (Good Manufacturing Practice (GMP) for pCm) (i.e. compliance with GMP requirement)]
Wholesalers of pCm	996	

The DH does not have breakdown of the above figures by number of employees. But the DH believes that a majority of the above traders were small and medium enterprises with less than 100 employees each.

According to the latest figures provided by the Census and Statistics Department, the number of establishments, number of persons engaged, sales and other receipts, gross output and value added of the local CM industry in 2015 were as follows:

Type of trades	**Number of establishments***	**Number of persons engaged***	**Sales and other receipts† (HK$ million)**	**Gross output‡ (HK$ million)**	**Value Added (HK$ million)**	**Value added as a percentage to Gross Domestic Product (GDP)# (%)**
Manufacturing of CM	210	2 240	3,922.8	3,824.0	1,898.3	0.08%
Import/export of CM	540	1 840	10,637.4	1,388.8	964.5	0.04%
Wholesale of CM	330	1 270	5,621.1	834.1	631.9	0.03%
Retail of CM	1 370	4 790	7,105.8	2,680.0	1,304.1	0.06%
All trades above	2 450	10 130	27,287.1	8,726.8	4,798.9	0.21%

(Notes: (i) The above statistics are compiled in accordance with the Hong Kong Standard Industrial Classification Version 2.0.

(ii) Figures may not add up to the respective totals owing to rounding.

* The figures refer to the average for the 4 quarters of the year and are rounded to the nearest 10.

† Sales and other receipts of the industry of manufacture of CM equals the sum of sales of goods, industrial work and industrial services, receipts for non-industrial services rendered to other establishments, rental income and income from other sources; whereas sales and other receipts of the industries of import/export, wholesale and retail of CM equals the sum of value of sales of goods, receipts for services rendered, rental income from letting/subletting land and premises and income from other sources.

‡ Gross output of the industry of manufacture of CM equals the sum of sales of goods, industrial work and industrial services, rental income and income from other sources less purchases of goods for resale in same condition; whereas the gross output of the industries of import/export, wholesale and retail of CM equals the sum of value of sales of goods, receipts for services rendered, and rental income from letting/subletting land and premises less cost of goods sold.

The percentages in the above table is compiled as a percentage share in nominal GDP valued at basic prices as announced on 22 February 2017.)

To promote the development of CM is one of the work activities under Programme (1) "Health". Since the expenditure required has been absorbed within the overall provision under this Programme, we do not have a separate breakdown for the promotion of the development of CM.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3913)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in last year's Budget, $200 billion was set aside for the ten-year hospital development plan of the Hospital Authority. In this regard, please inform this Committee of the following:

1) 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 projects of development each year by hospital cluster and the expenditure and additional manpower involved;

2) Details of the development projects expected to come into service in 2017-18 and 2018-19 by hospital cluster and by project.

Asked by: Hon WU Chi-wai (Member Question No. 79)

Reply:

1)

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 of individual projects under the ten-year Hospital Development Plan (HDP) of the Hospital Authority (HA) by hospital cluster.

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, phase 1	-	3	-	-
	Redevelopment of Queen Mary Hospital (Phase 1) - main works	-	14	-	-
	Sub-total	**-**	***17***	-	-
Kowloon Central [2]	Redevelopment of Our Lady of Maryknoll Hospital	16	-	75 900	20 800
	New Acute Hospital at Kai Tak Development Area	2 400	37	1 410 000	-
	Redevelopment of Kwong Wah Hospital (KWH) - main works	350	10	255 600	-
	Community Health Centre (CHC) at ex-Mong Kok Market site	-	-	-	88 000
	Sub-total	***2 766***	***47***	***1 741 500***	***108 800***
Kowloon East	Expansion of Haven of Hope Hospital (HHH)	160	-	-	-
	Expansion of United Christian Hospital - 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 Kwai Chung Hospital (Phases 2 & 3)				
	Expansion of Lai King Building in Princess Margaret Hospital	400	-	-	-
	CHC in Shek Kip Mei	-	-	-	154 000
	Sub-total	***480***	**-**	***254 500***	***154 000***
New Territories East	Redevelopment of Prince of Wales Hospital (Phase 2) (stage 1)	450	16	-	-
	Expansion of North District Hospital	600	-	180 000	-

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**
	Development of a CHC in North District	-	-	-	176 000
	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	***5 016***	***94***	***2 857 800***	***438 800***

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 Our Lady of Maryknoll Hospital and Kwong Wah Hospital, have been re-delineated from Kowloon West Cluster to Kowloon Central Cluster since 1 December 2016.

Funding approval for the following 4 HDP projects was obtained from the Finance Committee (FC) of the Legislative Council in 2016-17:

(a) The substructure and utilities diversion works for the extension of the OT Block for TMH project was approved at $167.2 million in money-of-the-day (MOD) prices and the works commenced in May 2016. Subject to funding approval by the FC for the remaining parts of the extension project, the whole extension project is planned for completion in 2021.

(b) The redevelopment of KCH (Phase 1) project commenced in May 2016 for completion in 2018. The approved project estimate (APE) for this part of the project is $750.8 million in MOD prices.

(c) The demolition and substructure works for Phase 1 of the redevelopment of KWH project commenced in June 2016. The APE for this part of the project is $654.8 million in MOD prices. Subject to funding approval by the FC for the remaining parts of the redevelopment project, the whole redevelopment project is planned for completion in 2025.

(d) The expansion of HHH project commenced in July 2016 for completion in 2021. The APE in MOD prices is $2,073 million.

Regarding the other projects under the HDP, 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. In general, a phased implementation approach for service commissioning of hospital development projects will be adopted to cater for the prevailing needs of the community. HA will continue to closely monitor the manpower situation, flexibly deploy its staff and recruit additional staff to ensure that the service and operational needs in relation to the projects under the HDP are met.

(2)

There is no project under the HDP which is expected to come into service in 2017-18 and 2018-19.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3914)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Under "Matters Requiring Special Attention in 2017-18", the Health Branch states that it will "continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy". Please inform this Committee of the following:

1) Details of the initiatives in 2016-17 and 2017-18 and list by each item of the above initiatives the estimated number of attendances, the facilities required, and the manpower and expenditure involved;

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. 80)

Reply:

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the Department of Health (DH) and the Hospital Authority (HA). The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives are as follows –

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these

reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) 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)

Three CHCs operated by HA have commenced operation. The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy and service model, commenced service 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 services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

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

The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. On 27 February 2017, the second phase commenced and the Pilot Programme was extended to those born in the years 1949 to 1951. DH will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable. Findings from the evaluation of the Pilot Programme will form the basis for

further consideration regarding whether and how colorectal cancer screening service could be provided to the wider population. The revised estimate for the Pilot Programme in 2016-17 is $51.7 million. The provision for 2017-18 and 2018-19 will be $98.7 million and $134.7 million respectively.

Separately, HA has implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows:

Programme	**Implementation schedule**
Risk Factor Assessment and Management Programme Multi-disciplinary teams are set up at selected general outpatient clinics (GOPCs) and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.	Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.
Patient Empowerment Programme Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.	Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.
Nurse and Allied Health Clinics Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.	Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.
Tin Shui Wai Primary Care Partnership Project To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.	Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-December 2016, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.

General Outpatient Clinic Public-Private Partnership Programme Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.	Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. Starting from the third quarter of 2016, the programme has been rolled out to nine additional districts. It is aimed to cover all 18 districts in the next two years. As at end-December 2016, 9 710 patients were participating in the programme.

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants, general service assistants, etc. The staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)416

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3915)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

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 2015-16, 2016-17 and 2017-18;

2) the names of drugs to be added to the Formulary in 2017-18, 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 2017-18, 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. 81)

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 2015-16 and 2016-17. 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 unable to project the number of new drugs to be incorporated into and removed from the HADF in 2017-18.

	2015-16	**2016-17**
Number of new drugs incorporated into the HA Drug Formulary	21	39
Number of drugs removed from the HA Drug Formulary	26	44

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 2015-16 and 2016-17 (projection based on expenditure figure as at 31 December 2016) are $4,570 million and $4,925 million respectively. In 2017-18, the additional recurrent financial requirements for widening the indications of Special drugs and repositioning of a Self-financed drug covered by the safety net as Special drug in the HADF for treatment of chronic hepatitis C, attention deficit hyperactive disorder and chronic myeloid leukemia / acute lymphoblastic leukemia is $46 million. The growth in drug consumption expenditure on General and Special Drugs in the HADF is projected at around 5%.

(2)

The table below sets out the name of the Self-financed drug covered by the safety net to be repositioned as a Special drug in the HADF and the total amount of patients' contribution to purchase this drug in 2015-16 and 2016-17 (up to 31 December 2016).

Drug Name / Class	**Amount of patients' contribution ($ million)**	
	2015-16	**2016-17 (Up to 31 December 2016)**
Imatinib	95.66	72.55

Note : The amount of patients' contribution has included the expenditure of all patients prescribed with this drug as Self-financed drug with or without safety net coverage for a variety of therapeutic uses other than those incorporated into the HADF in 2017-18.

The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the above-said drug to be repositioned as a Special drug in the HADF in 2017-18 for specified clinical conditions.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
i) Imatinib for treatment of Chronic Myeloid Leukemia / Acute Lymphoblastic Leukemia	5	410

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

(3)

HA will extend the therapeutic applications of 2 Special drug classes in the HADF in 2017-18. The table below sets out the estimated expenditure involved and the estimated number of patients who will be benefited from the extended therapeutic applications of these Special drug classes in 2017-18.

Drug Name / Class and Therapeutic Use	Estimated Expenditure Involved ($ Million)	Estimated Number of Patients to be Benefited
Drugs for treating chronic hepatitis C i) Ombitasvir, paritaprevir, ritonavir, dasabuvir ii) Sofosbuvir, ledipasvir iii) Sofosbuvir	32	110
Drugs for treating attention deficit hyperactive disorder i) Atomoxetine ii) Methyl-phenidate ER	9	2 000

(4)

HA has an established mechanism with the support of 21 expert panels to regularly evaluate new drugs and review existing drugs in the HADF. The process follows an evidence-based approach, having regard to the principles of safety, efficacy and cost-effectiveness of drugs; and taking into account various factors, including international recommendations and practices, advance in technology, disease state, patient compliance, quality of life, actual experience in the use of drugs and views of professionals and patient groups. In 2014-15, 2015-16 and 2016-17, HA incorporated 3, 3 and 4 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 the 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 2017-18 Reply Serial No.

FHB(H)417

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3919)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please inform this Committee of the number of people on the waiting list and the waiting time for specialist outpatient services by hospital cluster as at 31 December 2016.

Asked by: Hon WU Chi-wai (Member Question No. 86)

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 2016-17 (up to 31 December 2016).

2016-17 (up to 31 December 2016) [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	736	<1	2 519	3	3 910	31
	MED	1 721	1	2 890	6	5 891	25
	GYN	521	<1	693	3	3 219	38
	OPH	4 189	<1	1 630	7	5 233	36
	ORT	1 060	1	1 222	6	5 573	60
	PAE	102	1	734	5	208	12
	PSY	223	1	601	3	1 967	15
	SUR	1 250	1	3 490	7	6 637	37
HKWC	ENT	417	<1	1 371	4	4 132	14
	MED	1 405	<1	1 619	4	7 080	30
	GYN	1 342	<1	860	5	3 703	29
	OPH	2 535	<1	1 309	4	3 056	37
	ORT	602	<1	1 201	3	6 206	22
	PAE	487	<1	726	4	1 016	13
	PSY	375	1	625	3	2 478	39
	SUR	1 862	<1	2 307	5	7 945	17
KCC	ENT	1 025	<1	878	4	9 568	28
	MED	1 065	1	1 564	4	7 268	69
	GYN	304	<1	1 425	6	2 603	36
	OPH	6 240	<1	4 058	2	9 686	78
	ORT	250	1	738	3	5 663	60
	PAE	646	1	601	6	828	13
	PSY	102	<1	601	3	1 120	23
	SUR	1 493	1	2 207	5	10 817	44
KEC	ENT	1 331	<1	1 931	4	4 632	86
	MED	1 271	1	4 001	6	10 435	73
	GYN	1 115	1	793	6	5 026	32
	OPH	4 550	<1	199	6	9 469	12
	ORT	2 852	<1	3 031	7	7 876	49
	PAE	966	<1	586	4	2 037	13
	PSY	302	1	1 274	5	4 004	12
	SUR	1 582	1	5 331	7	13 369	25

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	2 892	<1	3 022	5	8 968	46
	MED	1 906	<1	4 920	4	16 416	60
	GYN	932	<1	2 248	6	9 286	24
	OPH	5 417	<1	4 787	2	6 092	50
	ORT	2 799	1	3 699	4	11 805	71
	PAE	2 122	<1	829	6	3 428	12
	PSY	241	<1	542	3	10 332	11
	SUR	2 906	1	6 588	6	22 428	33
NTEC	ENT	3 250	<1	2 919	3	6 809	36
	MED	2 418	<1	2 604	6	13 042	70
	GYN	1 535	<1	693	6	6 759	56
	OPH	6 077	<1	3 672	4	7 884	53
	ORT	4 455	<1	1 644	5	12 100	127
	PAE	172	<1	444	4	2 901	11
	PSY	896	1	2 017	4	4 055	78
	SUR	1 608	<1	2 887	5	16 558	38
NTWC	ENT	2 057	<1	1 320	4	7 319	70
	MED	1 299	1	2 923	5	5 756	50
	GYN	893	1	206	5	4 357	30
	OPH	7 238	<1	2 542	4	5 772	36
	ORT	1 413	1	1 246	4	7 722	71
	PAE	92	1	461	7	1 483	20
	PSY	432	1	1 315	7	3 245	37
	SUR	1 372	1	2 837	5	13 844	56

Note:
Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

Abbreviations

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

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

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

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3920)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information on accident and emergency (A&E) services:

1) the utilisation rate, number of attendances, number of patients of different triage categories and their average and longest waiting time in each A&E Department in 2015-16 and 2016-17;

2) the number of A&E attendances at different timeslots in 2015-16 and 2016-17; if such information is available, please set out the service capacity at various timeslots in each A&E Department.

Asked by: Hon WU Chi-wai (Member Question No. 87)

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 in 2015-16 and 2016-17 (up to 31 December 2016).

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 (up to 31 December 2016) [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	1 110	1 892	29 920	63 804	4 638
	RH	594	1 231	11 245	39 763	4 606
	SJH	29	73	1 791	4 960	186
HKWC	QMH	662	2 264	30 058	59 024	3 401
KCC	QEH	2 605	3 587	73 415	55 405	3 711
KEC	TKOH	502	1 317	32 125	60 720	3 761
	UCH	1 752	4 027	50 730	68 205	9 740
KWC	CMC	1 098	1 262	25 452	61 149	10 941
	KWH	1 103	1 993	41 395	46 453	3 411
	NLTH	136	449	11 829	55 367	2 465
	PMH	849	2 130	45 438	45 426	4 769
	YCH	685	1 838	28 357	63 250	3 499
NTEC	AHNH	258	763	16 700	78 948	5 221
	NDH	536	1 192	30 557	45 172	3 322
	PWH	1 217	4 480	31 295	70 868	661
NTWC	POH	426	1 862	25 177	54 889	7 910
	TMH	860	4 427	54 252	91 712	10 525
Overall HA		**14 422**	**34 787**	**539 736**	**965 115**	**82 767**

The tables below set out the average waiting time for A&E services in various triage categories in each A&E Department in 2015-16 and 2016-17 (up to 31 December 2016).

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 (up to 31 December 2016) [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	16	112	145
	RH	0	6	17	81	137
	SJH	0	7	14	25	32
HKWC	QMH	0	8	24	102	177
KCC	QEH	0	7	29	146	190
KEC	TKOH	0	7	17	103	112
	UCH	0	8	23	136	205
KWC	CMC	0	8	21	60	57
	KWH	0	6	29	121	134
	NLTH	0	8	15	32	51
	PMH	0	9	19	93	133
	YCH	0	4	17	119	149
NTEC	AHNH	0	4	14	36	39
	NDH	0	6	23	107	148
	PWH	0	13	47	183	198

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)
NTWC	POH	0	5	23	116	129
	TMH	0	6	31	143	164
Overall HA		0	8	24	106	131

The figure of longest waiting time at each A&E Department is not readily available.

The figure of utilisation rate at each A&E Department is not applicable.

(2)

The tables below set out the number of attendances at various timeslots in each A&E Department in 2015-16 and 2016-17 (up to 31 December 2016).

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 (up to 31 December 2016) [Provisional figures]

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
HKEC	PYNEH	13 581	44 479	30 085	3 231	8 096	6 839
	RH	6 023	24 999	17 081	1 535	5 408	3 782

Cluster	Hospital	Total number of A&E attendances					
		Weekdays			Sundays and Public holidays		
		From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm	From 12:00am to 7:59am	From 8:00am to 3:59pm	From 4:00pm to 11:59pm
	SJH	752	1 959	2 530	217	825	756
HKWC	QMH	12 043	40 266	28 470	3 047	7 652	6 225
KCC	QEH	17 265	62 760	42 621	4 336	11 081	8 825
KEC	TKOH	12 876	42 511	29 979	3 051	8 120	6 482
	UCH	19 723	54 500	40 204	4 596	10 091	8 676
KWC	CMC	12 343	40 431	31 529	2 934	7 964	7 385
	KWH	12 094	42 776	29 040	2 965	7 550	6 144
	NLTH	6 285	27 372	25 029	1 529	6 164	5 589
	PMH	13 045	42 359	29 458	3 071	7 683	6 203
	YCH	13 283	42 186	27 978	3 150	8 445	6 189
NTEC	AHNH	12 327	41 302	30 517	2 852	8 346	6 866
	NDH	11 306	32 090	23 528	2 632	6 352	5 318
	PWH	14 320	46 090	30 558	3 278	8 505	6 481
NTWC	POH	12 174	39 565	26 049	3 000	7 354	5 730
	TMH	23 109	69 210	46 736	5 353	12 400	9 967
Overall HA		**212 549**	**694 855**	**491 392**	**50 777**	**132 036**	**107 457**

Wong Tai Sin District and Mong Kok area have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services / manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 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:
AHNH – Alice Ho Miu Ling Nethersole Hospital
CMC – Caritas Medical Centre
KWH – Kwong Wah Hospital
NDH – North District Hospital
NLTH – North Lantau Hospital
PMH – Princess Margaret Hospital
POH – Pok Oi Hospital

PWH – Prince of Wales Hospital
PYNEH – Pamela Youde Nethersole Eastern Hospital
QEH – Queen Elizabeth Hospital
QMH – Queen Mary Hospital
RH – Ruttonjee Hospital
SJH – St. John Hospital
TKOH – Tseung Kwan O Hospital
TMH – Tuen Mun Hospital
UCH – United Christian Hospital
YCH – Yan Chai Hospital

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5294)

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

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

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget that the expenditure on healthcare is estimated to be $61.9 billion and healthcare services for the elderly will be enhanced. In this regard, please advise on the following:

1. The existing types and programmes of healthcare services for the elderly provided by the Government and the utilisation rates for the past 5 years.

2. The attendances for the Community Geriatric Assessment Team services in various districts in the past 5 years and the effectiveness of such services.

3. The attendances for services and follow-up of the Integrated Discharge Support Programme for Elderly Patients in various districts over the territory in the past 5 years. Moreover, upon launching of the Programme in 2008 on a trial basis and regularising the service in 2011, has the Government reviewed the Programme and made improvements so far? If not, when will the Programme be reviewed?

Asked by: Hon YEUNG Alvin (Member Question No. 171)

Reply:

(1) and (2)

The Hospital Authority (HA) provides a spectrum of comprehensive medical services including inpatient, outpatient, day hospital, community and infirmary services for elderly patients aged 65 or above. These group of patients are the major users of HA hospital services, accounting for around 50% of all patient days and inpatient admissions via Accident & Emergency (A&E) departments, as well as more than one-third of all general outpatient (GOP) and specialist outpatient (SOP) attendances.

Services are provided by HA for elderly patients on need basis, which include:

(i) Hospital-based services (including acute, extended care and infirmary care) in public hospitals and institutions;
(ii) Consultation, treatment and investigations in GOP clinics and SOP clinics;
(iii) Multi-disciplinary assessment, treatment and rehabilitation in geriatric day hospitals (GDH); and
(iv) Outreach services such as Community Geriatric Assessment Team (CGAT) Service.

The table below sets out (i) the number of patient days (number of inpatient patient days and number of day inpatient discharges & deaths), (ii) number of GOP attendances and (iii) number of SOP (clinical) attendances, as well as their respective percentages of services to patients aged 65 or above from 2012-13 to 2016-17 (up to 31 December 2016).

		2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional figures]**
Patient days*	Total number (all ages)	7 814 337	8 021 421	8 156 242	8 346 804	6 469 320
	% of services to patients aged 65 or above	49%	51%	51%	52%	51%
GOP attendances	Total number (all ages)	5 633 407	5 813 706	5 905 262	5 984 576	4 592 254
	% of services to patients aged 65 or above	37%	37%	38%	38%	39%
SOP (clinical) attendances	Total number (all ages)	6 885 455	7 040 883	7 191 780	7 310 332	5 691 157
	% of services to patients aged 65 or above	33%	34%	34%	35%	36%

* 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 departments or those who have stayed for more than 1 day. The calculation of the number of patient days includes that of both inpatients and day inpatients.

The table below sets out the number of geriatric day attendances and CGAT attendances from 2012-13 to 2016-17.

	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17 (Revised Estimate)**
Number of geriatric day attendances	139 585	137 695	144 138	149 601	146 800
Number of CGAT attendances	620 068	633 416	642 176	637 777	657 400

CGATs 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. HA regularly reviews the service of CGATs and has gradually improved the overall coverage of RCHEs by CGATs to around 90%.

(3)

HA will regularly review the demand for various medical services, including support for elderly patients, and the future 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. 7180)

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) (Patrick T K NIP)

Director of Bureau: Secretary for Food and Health

Question:

The Government has set out specific requirements on the ratio of recreational, sports and cultural facilities to population size in the Hong Kong Planning Standards and Guidelines (HKPSG). For example, a library should be provided for every 20 000 persons, a badminton court for every 8 000 persons, a multi-purpose arena for every 50 000 persons. According to the Projections of Population Distribution 2013-2021 published by the Planning Department, it is projected that the population of the Sha Tin District will increase from the current 650 000 to 710 000 in 2021. It is mentioned in the Estimates that the authority concerned will continue to oversee the policy and resources allocation on community development work. Please advise on whether medical and health facilities currently available in the Sha Tin District meet the respective standards prescribed by the HKPSG, and list the relevant shortfalls in the provision of such facilities; and whether there is any plan to provide additional facilities in the district to bring them up to the standards required. If yes, what are the details; if not, what are the reasons?

Asked by: Hon YUNG Hoi-yan (Member Question No. 52)

Reply:

The Hospital Authority (HA) takes into account various factors when planning and developing public healthcare services and facilities. Such factors include the healthcare services 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. Service planning for the healthcare needs of residents in Sha Tin District is incorporated in the New Territories East Cluster (NTEC) Clinical Services Plan.

As at 31 December 2016, there were 4 713 hospital beds and 10 general outpatient clinics (GOPCs) in NTEC. Out of the 10 GOPCs, 4 are located in Sha Tin District, namely Lek Yuen GOPC, Sha Tin (Tai Wai) GOPC, Yuen Chau Kok GOPC and Ma On Shan Family Medicine Centre.

HA has always endeavoured to improve services through various measures, including active recruitment of additional staff, renovating existing premises and modernising facilitates to enhance services. For example, the renovation of Lek Yuen GOPC, Yuen Chau Kok GOPC and Ma On Shan Family Medicine Centre was completed in recent years. These renovation projects have streamlined the patient flow, improved the clinic environment and increased clinic space to keep pace with the service development of GOPCs.

Besides, HA has rolled out the GOPC Public-Private Partnership Programme to Sha Tin District in the third quarter of 2016 to help manage demand for general outpatient service, enhance patient access to primary care services, and provide choices to patients for receiving primary care services from the private sector.

To cater for the future service needs in NTEC, the redevelopment of Prince of Wales Hospital (PWH) (Phase 2) (stage 1) project will provide additional space to meet operational needs and service developments, and promote integrated research, teaching and education. An additional bed capacity of around 450 will be provided upon completion of the redevelopment of PWH (Phase 2) (stage 1) project. As for primary care facilities, the Government has reserved sites for future development, while HA has also planned to develop a Community Health Centre in the redevelopment of PWH (Phase 2) project.

As regards private hospital development, 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).

The Government and HA will continue to regularly monitor and review the demand and supply of healthcare services in various districts and make timely planning for relevant projects to meet long-term healthcare demand.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)421

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4163)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of:

1. the respective numbers of prosecutions initiated by the Tobacco Control Office (TCO) and successful prosecutions in 2016-17?

2. the operational expenses, staff establishment and annual payroll costs of the TCO in 2017-18?

Asked by: Hon CHAN Chi-chuen (Member Question No. 122)

Reply:

1. In 2016, Tobacco Control Office (TCO) issued 8 650 fixed penalty notices and 207 summonses for smoking offences, and 79 summonses for other offences (such as willful obstruction and failure to produce identity document). As at 8 March 2017, 238 summonses issued in 2016 were convicted by court, 3 summonses were not pursuable and withdrawn, and the remaining are pending hearing results.

2. The provisions for TCO in 2017-18 are $189.4 million which include annual recurrent cost of civil service posts of $52.4 million. The staff establishment of the TCO in 2017-18 is at **Annex**.

- End -

Annex

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2017-18 Estimate
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***106***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4112)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown by 18 districts of the number of licensed retail drug premises in each district, the annual expenditure for inspecting such premises, and the checklist items and details of the inspection.

Asked by: Hon CHAN Han-pan (Member Question No. 32)

Reply:

The Drug Office (DO) of the Department of Health (DH) conducts surprise inspections of licensed retailers of controlled pharmaceutical products regularly to ensure their compliance with the relevant statutory requirements (including those stipulated by the Pharmacy and Poisons Ordinance (Cap. 138), Antibiotics Ordinance (Cap. 137) and Dangerous Drugs Ordinance (Cap. 134) as applicable) as well as the relevant code of practice. The Chinese Medicine Division (CMD) of the DH conducts surprise inspections of licensed retailers of Chinese herbal medicines (Chm) regularly to ensure their compliance with the Chinese Medicine Ordinance (Cap. 549) and the relevant practising guidelines. Since the expenditures required for the above inspections have been absorbed within the overall provision of the DO and the CMD respectively, breakdown of expenditures for inspection is not available.

Breakdown by 18 districts of the number of licensed retailers of controlled pharmaceutical products and of the number of licensed retailers of Chm are not readily available. The number of licensed retailers of controlled pharmaceutical products and licensed retailers of Chm, as at 1 March 2017, located in Hong Kong Island, Kowloon and New Territories are as follows:

	Number of licensed retailers of controlled pharmaceutical products	Number of licensed retailers of Chm
Hong Kong Island	928	1 181
Kowloon	1 658	1 625
New Territories	2 021	1 880
Total	**4 607**	**4 686**

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4113)

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 view of the occurrence of a number of maternal death cases last year, will the Government provide additional resources to prevent similar cases from happening again? If so, what are the details; if not, why not?

Asked by: Hon CHAN Han-pan (Member Question No. 33)

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the obstetric departments of hospitals under the Hospital Authority (HA), provide an antenatal shared-care programme to pregnant women. The MCHCs provide antenatal health assessment, check-up, relevant investigations and health advice to pregnant women. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to the HA's obstetric department for follow up and clinical management if necessary, and delivery care is provided by the HA's birthing hospitals.

The MCHCs will continue to maintain vigilance and close collaboration with the HA's birthing hospitals to provide quality antenatal care.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5328)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please set out by type of developmental disorder the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders each year for the past 5 years.

Type of developmental disorder	2012	2013	2014	2015	2016
Language Delay					
Developmental Delay					
Attention Deficit / Hyperactivity Disorder					
Psychological Problems / Emotional and Behavioural Problems / Disorders					
Developmental Coordination Disorder					
Delayed Motor Milestones / Delayed Motor Milestones (pre-school)					
Dyslexia and Mathematics Learning Disorder					
Mental Retardation					
Autism Spectrum Disorders					
Cerebral Palsy					
Hearing Impairment (moderate to severe)					
Visual Impairment (moderate to severe)					
Total					

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1033)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 5 years are as follows:

Newly diagnosed conditions	Number of cases				
	2012	**2013**	**2014**	**2015**	**2016 (Provisional figure)**
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60
Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5496)

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 long did it take, on average, to complete the registration of pharmaceutical products in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 6080)

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 for registration of pharmaceutical products are classified into two main categories, namely New Chemical Entity (NCE) and non-NCE (generic) products.

As NCE products contain new active ingredients, the PPB would have to examine and recommend the suitable sales control for the concerned new active ingredients. Subject to the PPB's advice, the Government will seek approval from the Legislative Council (LegCo), through amendment of the Pharmacy and Poisons Regulations (Cap. 138A) (PPR), to impose suitable sales control for the new active ingredients. The PPB will register the NCE products which satisfy the registration criteria of safety, quality and efficacy as stated in the PPR after the prescribed sales control for the new active ingredients have been introduced through amendment of the PPR.

For generic products containing active ingredients already found in other registered pharmaceutical products with prescribed sales control, the PPB would register the generic products which satisfy the registration criteria of safety, quality and efficacy without the need for amendment of the PPR.

The DH has a performance pledge of 5 months for approving an application for registration of pharmaceutical product when the applicant has submitted the documents as stated in the

Guidance Notes on 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 2012 and 2016 are provided in the table below. Between 2012 and 2016, there were 32, 11, 13, 33 and 3 cases of registered pharmaceutical products with processing time over 5 months. They belonged to NCE products which would require longer processing time as the above legislative amendments were required before the NCE products would be registered with the PPB. To expedite the registration of pharmaceutical products, the Government had sought the approval of the LegCo to streamline the legislative procedures to amend the PPR related to the sales control of new active ingredients found in NCE products by replacing the positive vetting procedures with negative vetting procedures. The streamlined procedures came into effect on 6 February 2015. Therefore, compared with the situations in 2015 and before, the number of registered pharmaceutical products with processing time exceeding the 5-month performance pledge has been reduced significantly in 2016.

Year	2012	2013	2014	2015	2016
Number of new pharmaceutical products approved in the year:	679	807	882	871	663
of which – (a) approvals granted within 5 months	647	796	869	838	660
(b) approvals granted exceeding 5 months' time	32	11	13	33	3
Percentage of registered pharmaceutical products approved within the performance pledge of 5 months	95%	99%	99%	96%	99%

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5530)

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 (below 3, 3-5, 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, in the past 5 years?

(b) what were the average, median and longest times required to complete assessment of children under 6 years of age in the CACs in the past 5 years?

(c) only 71% of the new cases achieved the target of completing assessment within 6 months in 2015-16. Are there any improvement measures?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 5038)

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment for 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), the Hospital Authority (HA), private practitioners and psychologists. In the past 5 years, CAS received new cases referred from the following sources:

Channels of Referral	**Number of cases**				
	2012	2013	2014	2015	2016 (provisional figure)
MCHCs and other specialties (DH)	4 991	5 132	5 731	6 328	6 554

Paediatricians, Out-Patient Clinics and other specialties (HA)	1 264	1 226	1 344	1 368	1 416
Doctors in private practice	2 012	1 859	1 844	1 652	1 611
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	312	424	548	505	600
Others	194	134	27	19	7
TOTAL	8 773	8 775	9 494	9 872	10 188

Breakdown of the above figures by age groups 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, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average, the median or the longest waiting time for assessment of new cases.

(c) The DH was unable to meet the target of 90% mainly due to the increasing demand for services provided by the CAS, coupled with the high turnover rate and difficulties in recruiting doctors to the CAS.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)427

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5636)

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 their developmental problems.

2. How many children were on the waiting list 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. 3035)

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:

Newly diagnosed conditions	**Number of cases**				
	2012	**2013**	**2014**	**2015**	**2016 (Provisional figure)**
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627

Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60
Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

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 continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. 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. 6164)

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 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. 1203)
Reply:

(1) Since the implementation of the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014 up to January 2017, about 66 500 elders (involving about 109 900 attendances) received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

(2) The financial provision for ODCP from 2014-15 to 2017-18 is as follows -

Financial Year	Amount $ million
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.8

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6266)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is stated in paragraph 157 of the 2016 Policy Address that "the Department of Health will set up an additional Child Assessment Centre". Please give an account of the particulars, related allocation of resources, expected staff establishment and expected effectiveness of this project.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2259)

Reply:

Noting the continuous increase in demand for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies in CAS through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for CAS in 2017-18 is $131.8 million.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6268)

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 their developmental problems.

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. 2427)

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:

Newly diagnosed conditions	**Number of cases**				
	2012	**2013**	**2014**	**2015**	**2016 (Provisional figure)**
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627

Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60
Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

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 continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. 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. 6275)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting situation, including the waiting queue and waiting time (the shortest, longest and median) in respect of new cases in each child assessment centre in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2431)

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 continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. 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. 7069)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please set out in tabular form the following information for the past 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 in each EHC;

6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members such members accounted for) of each EHC, as well as the average waiting time for application for enrolment as an EHC member each year (please provide a breakdown by EHC);

7. the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1202)

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:

Financial Year	Health Assessment	Medical Consultation
2012-13	$1,140	$455
2013-14	$1,190	$470
2014-15	$1,250	$495
2015-16	$1,310	$515
2016-17	$1,360	$535

(3)

The cost per attendance at health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Financial 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 (Revised Estimate)	143.7	80.6
2017-18 (Estimate)	149.2	81.4

#The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

(4)

The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC are as follows:

Financial Year	Average operating expenditure of each EHC ($ million)
2013-14	6.8
2014-15	7.3
2015-16	7.8
2016-17*	8.0
2017-18*	8.3

*Provisional figures

(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				
	2012	2013	2014	2015	2016*	2012	2013	2014	2015	2016*
Sai Ying Pun	2 130	2 120	2 177	2 288	2 310	185	120	162	698	642
Shau Kei Wan	2 211	2 196	2 213	2 224	2 205	145	204	326	665	800
Wan Chai	2 141	2 156	2 143	3 614	4 545	227	183	249	1 878	2 251
Aberdeen	2 126	2 124	2 164	2 182	2 148	228	163	183	467	452
Nam Shan	2 206	2 193	2 212	2 225	2 218	370	166	244	490	795
Lam Tin	2 230	2 218	2 220	2 220	2 223	244	268	410	560	634
Yau Ma Tei	2 121	2 079	2 162	2 216	2 254	334	104	128	487	930
San Po Kong	2 121	2 122	2 123	2 134	2 142	225	175	168	550	640
Kowloon City	2 210	2 193	2 211	2 211	2 210	198	98	104	554	537
Lek Yuen	2 125	2 121	2 129	3 541	2 550	445	440	238	1 629	681
Shek Wu Hui	2 122	2 119	2 155	2 162	2 144	290	264	210	450	716
Tseung Kwan O	2 136	2 136	2 136	2 136	3 471	263	163	191	537	1 406
Tai Po	2 124	2 125	2 122	2 124	2 124	96	192	278	581	729
Tung Chung	2 245	2 224	2 226	2 330	2 319	432	407	244	461	731
Tsuen Wan	2 117	2 092	2 114	2 116	2 516	392	386	396	520	1 032
Tuen Mun Wu Hong	2 133	2 109	2 127	2 149	2 208	352	275	360	514	652
Kwai Shing	2 212	2 212	2 221	2 310	2 277	297	184	371	620	551
Yuen Long	2 217	2 198	2 215	2 219	2 270	344	332	275	420	739
Total	38 927	38 737	39 070	42 401	44 134	5 067	4 124	4 537	12 081	14 918

*Provisional figures

The number of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2012	2013	2014	2015	2016*
Sai Ying Pun	601	568	621	608	416
Shau Kei Wan	44	71	72	66	45
Wan Chai	1 011	1 070	1 079	1 956	2 270
Aberdeen	46	40	48	58	36
Nam Shan	786	802	809	835	656
Lam Tin	103	129	180	196	133
Yau Ma Tei	789	790	858	853	725
San Po Kong	492	532	510	582	483
Kowloon City	962	875	935	899	654
Lek Yuen	51	46	49	76	45
Shek Wu Hui	84	106	92	119	63
Tseung Kwan O	269	266	257	238	266
Tai Po	350	308	319	246	194

Tung Chung	1 383	1 332	1 372	1 325	900
Tsuen Wan	735	729	761	734	662
Tuen Mun Wu Hong	69	82	48	42	31
Kwai Shing	536	550	532	564	440
Yuen Long	93	82	101	115	95

*Provisional figures as at 30 September 2016

(6) and (7)

The numbers 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 individual EHCs are as follows:

EHC	**EHC members who did not return by**									
	2012		**2013**		**2014**		**2015**		**2016***	
	No.	%	No.	%	No.	%	No.	%	No.	%
Sai Ying Pun	494	23%	499	24%	443	21%	446	21%	536	25%
Shau Kei Wan	568	26%	533	24%	441	20%	510	23%	599	27%
Wan Chai	440	21%	372	17%	358	17%	343	16%	428	20%
Aberdeen	502	23%	420	20%	395	19%	396	19%	429	20%
Nam Shan	489	22%	467	21%	456	21%	405	18%	506	23%
Lam Tin	584	26%	577	26%	546	24%	482	22%	540	24%
Yau Ma Tei	474	22%	465	22%	427	20%	358	17%	458	21%
San Po Kong	535	25%	513	24%	495	23%	447	21%	519	24%
Kowloon City	493	22%	470	21%	464	21%	450	21%	505	23%
Lek Yuen	619	29%	679	31%	549	26%	606	29%	732	34%
Shek Wu Hui	533	25%	551	26%	508	24%	475	22%	614	28%
Tseung Kwan O	473	22%	478	22%	435	20%	453	21%	553	26%
Tai Po	347	16%	329	15%	348	16%	310	15%	481	23%
Tung Chung	360	16%	391	17%	420	19%	344	15%	441	20%
Tsuen Wan	668	31%	549	26%	534	25%	548	26%	713	34%
Tuen Mun Wu Hong	535	25%	492	23%	500	23%	491	23%	641	30%
Kwai Shing	497	23%	499	23%	434	20%	452	20%	482	22%
Yuen Long	371	17%	403	18%	440	20%	411	19%	443	20%

*Provisional figures as at 30 September 2016

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 are as follows:

EHC	**Median waiting time (months)**				
	2012	**2013**	**2014**	**2015**	**2016***
Sai Ying Pun	13.4	22.8	30.5	30.0	6.0
Shau Kei Wan	14.4	21.5	24.9	23.5	2.4
Wan Chai	25.8	27.8	34.4	34.3	1.4
Aberdeen	6.7	11.5	16.2	14.5	4.3
Nam Shan	16.2	17.3	18.2	15.8	2.2
Lam Tin	4.6	11.1	15.0	12.0	4.0
Yau Ma Tei	23.7	25.4	32.9	34.2	7.6
San Po Kong	10	15.9	24.0	18.6	1.5
Kowloon City	16.4	23.4	31.4	34.4	8.5
Lek Yuen	36.2	22.8	21.9	4.5	8.7
Shek Wu Hui	9.9	10.8	14.3	16.4	7.9
Tseung Kwan O	14.5	20.5	27.0	29.0	2.8
Tai Po	21.9	28.6	22.4	16.3	3.8
Tung Chung	9.5	10.4	12.9	15.0	6.3
Tsuen Wan	11.3	12.7	15.8	17.8	12.0
Tuen Mun Wu Hong	9.9	15	17.3	15.8	11.3
Kwai Shing	6.5	10.4	13.7	7.0	1.5
Yuen Long	7.5	8.7	10.7	13.4	6.0
Overall	12.3	16.6	20.1	16.3	5.2

*Provisional figures

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3614)

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 2013/2014 to 2016/2017 (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 2013/2014 to 2016/2017 (if applicable)?

Asked by: Hon IP Kin-yuen (Member Question No. 76)

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 2013-14, 2014-15 and 2015-16 are shown in the table below. Figures for school year 2016-17 are not yet available.

School Year	2013-14	2014-15	2015-16
Number of students attended Student Health Service Centres	419 923	415 365	413 456
Number of referrals to Special Assessment Centre *	68 273	71 088	72 492

Number of referrals by specialty including Department of Health and Hospital Authority *			
Ophthalmology	518	475	494
Ear, Nose, Throat	1 229	1 248	1 380
Paediatrics	4 764	5 060	5 490
Medical	90	115	102
Surgery	2 358	2 219	2 343
Orthopaedics	950	1 049	1 103
Gynaecology	399	395	411
Psychiatry	450	461	489
Adolescent Medicine	19	15	9
Dermatology	905	824	919
Child Assessment Service	113	92	109
Family Medicine	5	23	27
Others	110	82	91
Total	11 910	12 058	12 967

Note : * A student might have more than 1 referral.

The unit cost per attendance under Student Health Service for 2013-14, 2014-15, 2015-16 and 2016-17 are as follows:

Financial Year	**Unit cost per attendance ($)**
2013-14	510
2014-15	530
2015-16	555
2016-17	580

2. From school years from 2013-2014 to 2015-2016, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	**2013-14**	**2014-15**	**2015-16**
No. of schools	325	317	318
No. of students	79 000	75 000	69 000

Figures for school year 2016-17 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	**2013-14**	**2014-15**	**2015-16**
Number of school visits for programme delivery	2 700	2 600	2 600
Number of briefing/debriefing sessions with teachers/school management	5 700	5 500	5 500

The expenditure of AHP for 2013-14, 2014-15, 2015-16 and 2016-17 is as follows:

Financial Year	**Amount**
	$ million
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Revised Estimate)	77.1

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7172)

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 inform this Committee of the implementation details, the number of elderly persons benefited and the expenditure of the Outreach Dental Care Programme for the Elderly in the 2016-17 financial year.

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. 7)

Reply:

Under the Outreach Dental Care Programme for the Elderly (ODCP), a total of 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes / day care centres and similar facilities.

Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. Between October 2015 and September 2016, about 46 300 elders were served. Between October 2016 and January 2017, about 19 300 elders were served under the ODCP.

For the 2016-17 financial year, $44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4567)

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:

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.

Asked by: Hon KWOK Ka-ki (Member Question No. 63)

Reply:

The number of staff establishment relating to healthcare professional of the HIV/AIDS clinic of the Department of Health from 2014-15 to 2016-17 remains the same as follows:

HIV/AIDS	**Number of posts from 2014-15 to 2016-17**					**Total**
	Senior Medical and Health Officer	**Medical and Health Officer**	**Senior Nursing Officer**	**Nursing Officer**	**Registered Nurse**	
Kowloon Bay Integrated Treatment Centre	2	2	1	9	11	**25**

The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2016-17 is $16.5 million, which is solely used to cover manpower cost of the clinic. Breakdown is as follows:

Rank	Number of posts	Annual recurrent cost in 2016-17 ($)
Senior Medical and Health Officer	2	2,727,840
Medical and Health Officer	2	2,025,240
Senior Nursing Officer	1	887,160
Nursing Officer	9	6,129,540
Registered Nurse	11	4,722,960
Total	**25**	**16,492,740**

The Government will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4568)

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:

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?

Asked by: Hon KWOK Ka-ki (Member Question No. 64)

Reply:

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). 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.

For the 3 years from 2014-15 to 2016-17, the Fund approved a total of $5.4 million for 4 projects targeted at MCFSW. Other than the 5 high risk groups, the Fund also granted a total of $9.5 million for 15 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of $6.4 million for 3 projects which served more than 1 high risk group including MCFSW.

The Department of Health (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. However, there is no further breakdown of resources targeted at heterosexual males.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4569)

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:

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. 65)

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.

Among the newly reported case received by the Department of Health (DH), the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 20% in 2015. On the contrary, HIV infection through homosexual/bisexual contact has increased from 17% to 64% 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 rising HIV epidemic dominated by MSM, the Fund has accorded priority to funding programmes targeted at the 5 high risk groups as recommended by the Hong Kong Advisory Council on AIDS, among which male clients of female sex workers is one of them. 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.

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.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)438

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4570)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

How much resources had been allocated to the promotion of sex education in primary and secondary schools in the past 3 years? Will additional resources be allocated to provide well-planned sex education for the adolescents? Please specify the details.

Asked by: Hon KWOK Ka-ki (Member Question No. 66)

Reply:

The Department of Health (DH) has been providing educational information and organizing promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the Student Health Service Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on Human Immunodeficiency Virus (HIV) and sex by Special Preventive Programme, as well as online resources on sex education. As sex education for primary and secondary school students is provided by the DH under various programmes, there is no breakdown of the resources specifically allocated for sex education. The DH will continue to promote sex education, as well as regularly review and update the content and approach so as to better address the needs of the adolescents.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4571)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

How much resources did the Government allocate for conducting the study on legislation against discrimination on the ground of sexual orientation in the past 3 years in response to the recommendations by the UNIAIDS for reducing the prevalence of HIV/AIDS and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon KWOK Ka-ki (Member Question No. 67)

Reply:

In the most updated "UNAIDS Strategy 2016-2021" issued by the UNAIDS, and the "Global health sector strategy on HIV (2016-2021)" issued by the World Health Organization, there is no recommendation for conducting studies on legislation against discrimination on the ground of sexual orientation.

Nevertheless, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of HIV/AIDS and foster acceptance and care of people with HIV/AIDS. The Government will also continue to closely monitor new development and studies of effective interventions to control the HIV epidemic, especially those based on strong scientific and epidemiological evidence.

End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4572)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Government allocate more resources for conducting the study on legislation against discrimination on the ground of sexual orientation in response to the recommendations by the UNIAIDS for reducing the prevalence of HIV/AIDS and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon KWOK Ka-ki (Member Question No. 68)

Reply:

In the most updated "UNAIDS Strategy 2016-2021" issued by the UNAIDS, and the "Global health sector strategy on HIV (2016-2021)" issued by the World Health Organization, there is no recommendation for conducting studies on legislation against discrimination on the ground of sexual orientation.

Nevertheless, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of HIV/AIDS and foster acceptance and care of people with HIV/AIDS. The Government will also continue to closely monitor new development and studies of effective interventions to control the HIV epidemic, especially those based on strong scientific and epidemiological evidence.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4573)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Will the Department of Health propose that additional resources be allocated so that pre-exposure prophylaxis (PrEP), which has started to be administered worldwide, can be listed as recommended medication while huge barriers impeding access to post-exposure prophylaxis (PEP) by target groups locally can be removed? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 69)

Reply:

The Department of Health (DH) is aware of the results of some overseas trials on the effectiveness of pre-exposure prophylaxis (PrEP) with antiviral agent to prevent HIV infection in uninfected people. It is worth noting that the effectiveness of PrEP is highly dependent on the level of infection risk and the degree of adherence to the treatment. As of now, a small number of countries (e.g. France) have included PrEP in their national health care systems. Other areas like Australia, Thailand, and Taiwan are delivering PrEP through clinical trials or self-pay plans. In some other countries, there is reservation in launching full scale PrEP programmes due to a number of reasons, of which cost-effectiveness is one of the major considerations.

In view of the rapid development of PrEP, the Scientific Committee on AIDS & STI (the Scientific Committee) thoroughly reviewed PrEP in the local context and issued an interim statement in December 2016. It recommended conducting implementation studies in Hong Kong to yield important information on, among others, the appropriate delivery model, ways to reach targeted population, drug toxicity, willingness to pay by the targeted population and the level of achievable adherence.

PrEP is one key new development examined by the Advisory Council on AIDS (ACA) in its formulation of the next strategies for Hong Kong. ACA considered that any public health approach to PrEP should be formulated based on evidence. Factors to consider include the selection of appropriate users and prescribers, drug adherence, avoidance of risk compensation (exhibition of risk behaviour), cost-effectiveness, who to pay, financial sustainability, acceptability to the communities and related stigma and effects etc. More researches/studies have to be conducted to gauge valid information relating to local acceptability and service demand, with a view to developing an appropriate service delivery model. The DH agrees with the recommendations of the ACA. Academic and health institutions are encouraged to apply funding from the AIDS Trust Fund to support research on the use of PrEP in Hong Kong.

For post-exposure prophylaxis (PEP), the Scientific Committee updated the recommendations in January 2014 on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and human immunodeficiency virus. 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 the near future.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4574)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the expenditures on counselling and treatment provided for patients with HIV/AIDS by the Department of Health in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 70)

Reply:

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.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4575)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

It is estimated that the number of patients attending HIV/AIDS services will increase in 2017. Will the Department of Health allocate additional resources to provide counselling and treatment for people living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 71)

Reply:

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health (DH) does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The DH will keep in view the demand in the coming years for resource allocation.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4592)

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 provide the following information:

(a) the number of attendances by scope of dental services each year since 2011 and the healthcare manpower involved;

(b) the location where outreach services were provided and the number of attendances by location where outreach services were provided each year since 2011, as well as the healthcare manpower involved; and

(c) the manpower and resources involved in the Programme.

Asked by: Hon KWOK Ka-ki (Member Question No. 90)

Reply:

(a)&(b) The Outreach Dental Care Programme (ODCP) was launched in October 2014. A total of 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes (RCHEs) / day care centres (DEs) and similar facilities. Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride / X-ray and other curative treatments (such as fillings, extractions, dentures, etc). Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating RCHEs and DEs by the administrative districts of the Social Welfare Department (SWD) by service year is as follows -

SWD's Administrative District	No. of participating RCHEs and DEs		
	First service year of ODCP [Note]	**Second service year of ODCP** [Note]	**Third service year of ODCP** [Note] **(October 2016 - January 2017)**
Central, Western, Southern and Islands	69	88	20
Eastern and Wan Chai	76	81	23
Kwun Tong	44	52	31
Wong Tai Sin and Sai Kung	54	57	35
Kowloon City and Yau Tsim Mong	103	109	83
Sham Shui Po	58	56	35
Tsuen Wan and Kwai Tsing	78	92	52
Tuen Mun	47	49	41
Yuen Long	54	56	32
Sha Tin	48	49	37
Tai Po and North	74	84	74
Total:	**705**	**773**	**463**

Note: Service year covers the period from 1 October of the year up to 30 September of the following year.

(c) For the 2016-17 financial year, $44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)445

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4750)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding tobacco control work, will the Government please advise on the following for the past 3 years:

(a) What were the expenditures, staff establishment and number 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?

2. 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 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. 275)

Reply:

1. (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) TCO conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued for the period from 2014 to 2016 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 -

		2014	2015	2016
Complaints received		17 354	17 875	22 939
Inspections conducted		29 032	29 324	30 395
FPNs issued (for smoking offences)		7 834	7 693	8 650
Summonses issued	for smoking offences	193	163	207
	for other offences (such as willful obstruction and failure to produce identity document)	92	80	79

2. (a) As at 28 February 2017, there were a total of 9 946 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 304 were registered CMPs and 2 642 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2015 were 1:1036 and 1:2752 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 (CMCHK), 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 2014, 2015 and 2016 were 62, 61 and 67 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 2014, 2015 and 2016, the number of non-local graduates who passed the CMPLE and got registered were 83, 87 and 114 respectively.

(d) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations, including CMPs. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to CMPs) upon consultation with stakeholders.

- End -

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2014-15 ($ million)	2015-16 ($ million)	2016-17 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	49.9	51.5	53.9
Health Education and Smoking Cessation			
Programme 3: Health Promotion	124.5	127.2	139.8
(a) General health education and promotion of smoking cessation			
TCO	*45.1*	*46.7*	*56.7*
Subvention to Council on Smoking and Health (COSH)	*24.3*	*22.4*	*22.8*
Sub-total	***69.4***	***69.1***	***79.5***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*37.0*	*39.1*	*41.5*
Subvention to Pok Oi Hospital	*7.8*	*7.3*	*7.6*
Subvention to Po Leung Kuk	*2.0*	*2.2*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*2.3*	*2.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.3*
Subvention to The University of Hong Kong	*1.5*	*2.3*	*1.9*
Sub-total	***55.1***	***58.1***	***60.3***
Total	**174.4**	**178.7**	**193.7**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2014-15	2015-16	2016-17
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	89
Senior Executive Officer/ Executive Officer*	9	9	9
Sub-total	***107***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***10***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

** Staff carrying out frontline enforcement duties*

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4751)

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. Regarding the Elderly Health Centres (EHCs), will the Government advise on the following for the past 3 years:

   (a) What were the numbers of enrolment in each EHC? Please provide a breakdown by age group.

   (b) What were the numbers of elders on the waiting list for health assessments and medical consultations? What were the median and longest waiting times?

2. Does the Government include the enhancement of services of the EHCs in the 2017-18 Estimates? If so, what are the details and expenditure involved? If not, why?

3. Regarding woman health service, will the Government advise on the following for the past 3 years:

   (a) What were the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC)?

   (b) What were the numbers of women on the waiting list for woman health service in each WHC and MCHC? What were the respective median and longest waiting times?

4. Does the Government include the enhancement of services of the WHCs and MCHCs in the 2017-18 Estimates? If so, what are the details and expenditure involved? If not, why?

5. Regarding cervical screening service, will the Government advise on the following:

   (a) What were the numbers of women on the waiting list for the said service as well as the median and longest waiting times for the past 3 years?

(b) What were the numbers of attendances for the said service by age group for the past 3 years?

(c) What were the numbers of recipients of the screening service found to be in need of referral for treatment by age group for the past 3 years?

6. 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?

7. Regarding the measure to enhance protection of elders against invasive pneumococcal disease, will the Government advise on the detailed proposal, staff establishment and resources involved, estimated number of service recipients and expected effectiveness.

8. Regarding the "pilot colorectal cancer screening programme", will the Government advise on the following:

(a) What are the details of the programme as well as the provision, manpower and expenditure involved?

(b) Following the announcement of the initiation of the programme, what items of work have been implemented? What working groups have been set up and what is the progress of work? When is the screening expected to commence?

9. Does the Government earmark any resources for implementing a breast cancer screening programme for women in the 2017-18 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

10. 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 2017-18 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

11. 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. 276)

Reply:

1(a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years are as follows:

EHC	2014					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	165	433	679	593	307	2 177
Shau Kei Wan	218	384	603	671	337	2 213
Wan Chai	130	428	653	592	340	2 143
Aberdeen	268	371	628	565	332	2 164
Nam Shan	255	495	635	571	256	2 212
Lam Tin	356	401	560	614	289	2 220
Yau Ma Tei	94	357	633	677	401	2 162
San Po Kong	141	333	650	679	320	2 123
Kowloon City	120	343	740	713	295	2 211
Lek Yuen	167	391	624	604	343	2 129
Shek Wu Hui	253	439	521	595	347	2 155
Tseung Kwan O	194	481	679	544	238	2 136
Tai Po	210	362	667	564	319	2 122
Tung Chung	433	682	630	364	117	2 226
Tsuen Wan	330	409	545	568	262	2 114
Tuen Mun Wu Hong	402	507	516	466	236	2 127
Kwai Shing	383	472	591	560	215	2 221
Yuen Long	422	489	586	476	242	2 215
Total	4 541	7 777	11 140	10 416	5 196	39 070

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	1130	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	1141	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 (as at 30 September)***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	355	397	383	350	249	1 734
Shau Kei Wan	472	298	285	376	225	1 656
Wan Chai	1227	740	649	606	339	3 561
Aberdeen	306	330	331	386	260	1 613
Nam Shan	473	376	340	311	223	1 723
Lam Tin	438	343	302	349	236	1 668
Yau Ma Tei	442	340	315	350	261	1 708
San Po Kong	361	314	300	394	242	1 611
Kowloon City	242	256	421	506	239	1 664
Lek Yuen	295	264	353	400	278	1 590
Shek Wu Hui	383	348	280	333	260	1 604
Tseung Kwan O	866	672	663	529	271	3 001
Tai Po	480	296	324	330	191	1 621
Tung Chung	499	482	365	282	116	1 744
Tsuen Wan	553	377	342	333	219	1 824
Tuen Mun Wu Hong	445	382	302	348	180	1 657
Kwai Shing	417	383	354	375	193	1 722
Yuen Long	500	379	329	296	190	1 694
Total	8 754	6 977	6 638	6 854	4 172	33 395

*Provisional figures

(b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times 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.

	2014	**2015**	**2016***
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	17 174	12 439	11 226
Median waiting time for first-time health assessment (months)	20.1	16.3	5.2
Longest median waiting time for first-time health assessments among all EHCs (months)	34.4 (Wan Chai EHC)	34.4 (Kowloon City EHC)	12.0 (Tsuen Wan EHC)

*Provisional figures

2. The Department of Health (DH) will establish a new clinical team in 2017-18 to enhance the service capacity of EHCs. An additional allied health team will also be established in 2017-18 to provide professional support to the EHCs and the Visiting Health Teams of the Elderly Health Service. The additional financial provision for EHS as a whole in 2017-18 is $7.3 million.

3. Women aged 64 or below can enroll for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the DH. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2014, 2015 and 2016, the number of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2014	**2015**	**2016**
Chai Wan WHC	4 749	4 204	3 698
Lam Tin WHC	5 176	5 056	4 891
Tuen Mun WHC	4 969	4 908	4 341
Ap Lei Chau MCHC	268	231	227
Fanling MCHC	520	488	550
Lek Yuen MCHC	912	640	643
Ma On Shan MCHC	382	352	292
Sai Ying Pun MCHC	22	36	28
South Kwai Chung MCHC	208	168	189
Tseung Kwan O Po Ning Road MCHC	261	214	176
Tsing Yi MCHC	131	141	112
Wang Tau Hom MCHC	179	130	118
West Kowloon MCHC	211	234	263
Total (nearest hundred)	**18 000**	**16 800**	**15 500**

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 10 weeks, with a median waiting time of 2 weeks.

4. In 2017-18, a provision of $6.0 million will be allocated to the Family Health Service (FHS) of the DH to further strengthen the work on promotion of breastfeeding. Besides, a provision of $1.3 million will be allocated to FHS in 2017-18 for implementing the Baby Friendly Initiative on a pilot basis in 3 MCHCs.

5. There are 31 MCHCs under FHS of the DH which provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks of telephone booking. In the past 3 years, the actual appointment varied from 2 days to 4 weeks within each year.

In 2014, 2015 and 2016, the number of attendance for cervical screening service provided at MCHCs were 99 000, 97 000 and 102 000 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 proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 22.4%, 31.5%, 28.1% and 16.9% respectively. There were 5 228, 4 911 and 5 179 referrals made to specialists for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

6. 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; as well as provision of free emergency dentals services, the Government focuses on according resources to people with special needs, especially elderly with financial difficulties. In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services, 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.

   In addition, 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.

7. As announced in the 2017 Policy Address, the Government will provide free/subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible high risk elders under the Government Vaccination Programme (GVP) and Vaccination Subsidy Scheme (VSS) respectively. 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 (SCVPD). Upon implementation of the above new initiative, eligible high risk elders will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/ subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes.

   The vaccination will be administered through either the GVP or the VSS in the following ways -

(a) for previously vaccinated elders with high risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and

(b) for those high risk elders who have reached 65 and have never been vaccinated before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangement for elders without high risk conditions remain unchanged, that is, they are eligible for receiving 1 dose of free/subsidised 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above new initiative will be absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2017-18, a provision of $77.2 million is earmarked for the implementing the above new initiative. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

The overall coverage rate so far for pneumococcal vaccination of 23vPPV for elders aged 65 or above is around 33.8% of the target elderly population of 1.17 million.

8. The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, will provide subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. Faecal immunochemical tests (FIT) are prescribed by enrolled primary care doctors under the Pilot Programme. Participants with positive FIT results will then be referred to enrolled colonoscopy specialists for colonoscopy. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.

On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The DH will monitor the overall response and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

A multi-disciplinary taskforce was formed in 2014 to oversee planning, implementation, promotion and evaluation of the Pilot Programme. A total of 32 meetings of the task force and its working groups were held. The task force met in February 2017 to review the first phase of the Pilot Programme and advise on the way forward for the second phase.

A provision of $422.1 million has been reserved for 5 years from 2014-15 to 2018-19 for the Pilot Programme. The revised estimate for the Pilot Programme in 2016-17 is $51.7 million. The time-limited 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***

9. For 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 making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. Having studied prevailing and increasing international evidence that questions overall benefits of population-based screening over harm, the CEWG considers that there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, the Government has commissioned a study to develop a locally validated risk prediction tool in order to identify individuals who are more likely to benefit from screening. Meanwhile, the DH promotes healthy lifestyle as the primary prevention strategy. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be observed. Besides, mammography is offered to high risk women receiving the DH's woman health services. There is no provision in 2017-18 to implement mass screening for breast cancer.

10. The DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice to raise public awareness and increase understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. There is no provision in 2017-18 to provide health check or dedicated clinical services for men by the DH.

11. MCHCs of the DH, in collaboration with the obstetric department of hospitals under the Hospital Authority (HA), provide an antenatal shared-care programme to pregnant women. In 2016, there were 29 800 pregnant women registered in MCHCs and a total of 146 600 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetric department for follow up and management if necessary.

    In 2016, there were 30 700 postnatal women registered in MCHCs and a total of 31 500 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.

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 -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4753)

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. The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 were 43% and 31% respectively. In this regard, will the Government advise on the reasons for failing to meet the target? Is there any plan for improvement and if so, what are the details as well as the staff establishment and resources involved? If not, why? The planned percentage for 2017 is lowered to 31%, why is that so?

2. Regarding public dental services, will the Government advise on the following for the past 3 years:

    a. What were the service sessions, utilisation rates, numbers of attendances, daily consultation capacities for each dentist, maximum daily service capacities as well as costs per case of dental services in respect of the public dental clinics under the Department of Health?

    b. What were the numbers, lengths of service, vacancy rates, wastage rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in the dental clinics?

Asked by: Hon KWOK Ka-ki (Member Question No. 278)

Reply:

1. The Department of Health (DH) was unable to meet the target of 90% mainly due to high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavored to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay. Since a number of experienced Medical and Health Officers of the Dermatology clinics resigned in the first quarter of 2017, after making reference to the actual performance in 2016, it was estimated that the percentage of new

dermatology cases with an appointment time given within 12 weeks in 2017 would be 31%.

2a. 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 (GP sessions) at 11 government dental clinics. The DH also provides public dental services through its Oral Maxillofacial Surgery and 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 expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

In 2014, 2015 and 2016, the maximum number of discs allocated to and number of attendances at GP sessions for each dental clinic are as follows:

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session[@]**	**No. of attendances**		
			2014	**2015**	**2016**
Kowloon City Dental Clinic	Monday (AM)	84	5 126	5 177	5 100
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 146	4 009	4 168
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 535	6 159	6 552
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 176	2 340	2 238
Mona Fong Dental Clinic	Thursday (PM)	42	1 816	1 937	1 900
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 915	1 966	1 983
Tsuen Wan Dental Clinic[#]	Tuesday (AM)	84	7 812	7 642	7 173
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 088	2 065	2 120

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session@	No. of attendances		
			2014	2015	2016
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 776	3 876	3 857
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	118	98	85
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	198	144

* 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 number of disc allocated per session at individual dental clinics remain the same in 2014, 2015 and 2016.

The overall utilisation rate of GP sessions in 2014, 2015 and 2016 are as follows:

	2014	2015	2016
Overall utilisation rate of GP sessions(%)	86.0	87.5	88.2

The attendance of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2014, 2015 and 2016 are as follows:

	2014 (Actual)	2015 (Actual)	2016 (Actual)
Hospital patients (attendances)	55 000	55 600	58 000
Special needs group (number of patients)	11 000	10 600	11 400

All consultation appointments in the OMS&DUs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

2b. Regarding the number of clinical staff in the above dental clinics and OMS&DUs, there were a total of 82 Dental Officers (DOs) and 84 Dental Surgery Assistants (DSAs) as at December 2016. These staff are funded by both Programme (4) and Programme (7) which cannot be separately identified. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DUs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both DOs and DSAs working in DH ranging from over 30 years to less than 1 year and the wastage rates for DOs and DSAs in 2016 were 2.8% and 2.4% respectively. Their conditioned hours of work are 44 hours gross per week.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4754)

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. The target percentage of completion of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is set at over 90%, yet the actual figures in 2015 and 2016 were 71% and 61% respectively. In this regard, will the Government advise on the reasons for failing to meet the target? Are there any plans for improvement and if so, what are the details of the plan as well as the staff establishment and resources involved? If not, why? The planned target percentage for 2017 is lowered to over 70%, why is that so?

2. Regarding the CACs, will the Government advise on the following:

   (a) What were the respective numbers of children on the waiting list of the Government CACs, children who had received assessments and children assessed to have developmental disorders for the past 3 years? Please provide a break down by their developmental problems.

   (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 are involved? What types of healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

   (d) Will the Government advise whether follow-up services are provided accordingly by staff of the CACs to school children who have rehabilitation plans formulated after their developmental diagnosis? What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by their developmental problems.

   (e) Will the Government advise on the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support

groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Will the Government provide a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 279)

Reply:

1.
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 CAS, as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

Noting the continuous increase in the demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for CAS in 2017-18 is $131.8 million.

Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2017 has been adjusted accordingly to over 70%.

2.
(a) The number of newly referred cases received and the number of children assessed by CAS in the past 3 years are as follows:

	2014	**2015**	**2016 (provisional figure)**
Number of new cases referred to CAS	9 494	9 872	10 188
Number of children assessed by CAS	14 909	15 958	15 395

The numbers of newly diagnosed cases of developmental conditions in CAS in the past 3 years are as follows:

Newly diagnosed conditions	**Number of cases**		
	2014	**2015**	**2016 (Provisional figure)**
Attention Problems/Disorders	2 541	2 890	2 809
Autism Spectrum Disorder	1 720	2 021	1 905
Borderline Developmental Delay	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	535	643	506
Hearing Loss (Moderate to profound grade)	109	76	67
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	41	61	60
Significant Developmental Delay/Intellectual Disability	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	36	43	29

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) 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 2014, 2015 and 2016 were 83%, 71% and 61% respectively. 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 2017 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) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	23
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	

Grades	Number of posts
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	19
Office Assistant	2
Personal Secretary I	1
Workman II	12
Total:	**161**

(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.

	2014	2015	2016 (provisional figure)
Number of cases participated in interim support	7 401	8 187	8 524
Number of new cases referred to CAS	9 494	9 872	10 188

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 11 834 in 2014, 13 197 in 2015 and 12 903(provisional) in 2016. Case statistics by support service are not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6805)

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 child assessment centres (CACs) under the Department of Health provide various types of service to children. Please tabulate the following information:

a) the particulars and expenditure of each type of service:

Type of service	Particulars	Amount	Number of children served
	Administrative expenses Staffing (with details) Resources		

b) the numbers of children waiting for services in the CACs for the past 5 years:

Age	2012		2013		2014		2015		2016	
	Appointment given for new cases	Completion of assessment	Appointment given for new cases	Completion of assessment	Appointment given for new cases	Completion of assessment	Appointment given for new cases	Completion of assessment	Appointment given for new cases	Completion of assessment
0										
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

c) the numbers of children on the waiting queue for appointment given for new cases and completion of assessment by age for the past 5 years:

Age	Appointment given for new cases				Completion of assessment			
	Within 3 weeks	Within 1 month	1 to 3 months	Above 3 months (please specify the exact months required)	Within 6 months	6 to 12 months	12 to 18 months	Above 18 months (please specify the exact months required)
0								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

d) If information for the above items is not available, what are the reasons?

Asked by: Hon KWOK Wing-hang, Dennis (Member Question No. 107)

Reply:

(a)

The Child Assessment Service (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, the 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 the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of manpower and resources involved in the provision of different services is not available. The approved establishment and revised estimate of financial expenditure for the CAS in 2016-17 are 161 posts and $132.1 million respectively.

(b)

The number of newly referred cases received and the number of children assessed by the CAS in the past 5 years are as follows:

	2012	**2013**	**2014**	**2015**	**2016 (provisional figures)**
Number of new cases referred to the CAS	8 773	8 775	9 494	9 872	10 188
Number of children assessed by the CAS	14 489	14 672	14 909	15 958	15 395

A breakdown of the above statistics by age groups is not available.

(c) and (d)

In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. 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 does not have statistics on the number of new cases with assessment completion in specific time frames.

The Department of Health does not compile statistics in the CAS by specific services/ages/time frames, hence such breakdown is not available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4083)

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 numbers of patients receiving curative services by patient with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection as well as the unit costs per attendance for curative treatment in the past 5 financial years respectively.

Asked by: Hon LAU Siu-lai (Member Question No. 3102)

Reply:

The number of attendances at the specialist outpatient clinics of the Department of Health in the past 5 calendar years are tabulated below:

	2012	**2013**	**2014**	**2015**	**2016**
Chest clinics (new attendances and return visits)	206 981	199 911	196 974	185 137	188 939
Dermatology clinics	242 479	242 470	245 760	248 137	244 197
HIV/AIDS clinic (excluded non-HIV/AIDS visits)	12 408	13 381	13 750	14 600	14 900

The cost per attendance for the above services is not readily available.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4084)

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 policies and initiatives had been introduced and implemented in connection with the primary care development in Hong Kong in the past 5 financial years? What were the details of these policies and initiatives as well as their operating expenditures in respective financial years?

(2) What public health education programmes targeting at infants aged between 0 and 3, children aged 3 or above, minors, women, the elderly and families respectively had been launched in the past 5 financial years? What were the expenditures involved in these programmes in respective financial years? How many people were benefited from each of these programmes?

(3) Regarding the Elderly Health Care Voucher Scheme, what were the total administrative expenditures involved and the administrative costs incurred by each elderly beneficiary participating in the Scheme in 2015-16 and 2016-17?

Asked by: Hon LAU Siu-lai (Member Question No. 3103)

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 (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) 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)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in 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. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

Apart from PCO, other divisions of 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 (EHV Scheme), Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

(2)

DH has been promoting healthy lifestyle through a life-course and setting-based approach. These include the StartSmart@school.hk Campaign targeting pre-primary institutions, EatSmart@school.hk Campaign targeting schools, EatSmart@restaurant.hk (ESR) Campaign enlisting support of restaurants to provide healthier dishes, Joyful@Healthy Workplace Programme targeting workplace settings and “I’m So Smart” Community Health Promotion Programme promoting healthy living in the community. DH also launched a

three-year territory-wide Joyful@HK Campaign in 2016 to promote mental health and has been carrying out activities in promoting organ donation and the prevention and control of communicable diseases.

Over the years, DH has launched a range of health promotion and disease prevention programmes aiming at different target populations. Notably, the Cervical Screening Programme is a territory-wide programme implemented since 2004 in which over 512 000 women aged 25 to 64 years already participated to prevent cervical cancer; the Colorectal Cancer Screening Pilot Programme is a three-year programme launched in September 2016 that aims to provide subsidised screening in phases to asymptomatic individuals born from 1946 to 1955 for prevention of colorectal cancer; and the "Young and Alcohol Free" publicity campaign was launched in 2016 to enhance public awareness on alcohol-related harm on young people. Manpower and expenditure for these programmes are met from DH's overall provision for prevention and control of non-communicable diseases and cannot be separately identified.

For children from birth to 5 years of age, the Maternal and Child Health Centres (MCHCs) of DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which includes immunisation services, growth and developmental surveillance, and health education for parents. DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of the Breastfeeding Friendly Workplaces Policy; promoting breastfeeding friendly premises; and strengthening the surveillance on the local breastfeeding situation.

Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or MCHCs operated by DH. At present, there are 3 WHCs and 10 MCHCs providing respectively woman health service on a full-time and a sessional basis. MCHCs also provide maternal, family planning and cervical screening services to women. Health education is provided to clients attending MCHCs and WHCs via various channels including distribution of health education resource materials, workshops and individual counselling.

Apart from the above, health messages have also been disseminated to the public through health education resources, information hotline, e-newsletters, designated websites and publicity activities.

The attendances for the various services under the Family Health Service (FHS) of DH in the past 5 years are as follows:

Service	**Attendance**				
	2012	2013	2014	2015	2016
Child Health	680 000	626 000	616 000	615 000	610 000
Maternal Health	197 000	170 000	181 000	181 000	178 000
Family Planning	125 000	120 000	116 000	110 000	104 000
Cervical Screening	98 000	99 000	99 000	97 000	102 000
Woman Health: enrolment	19 200	19 200	18 000	16 800	15 500
Woman Health: attendance	33 000	32 000	28 800	26 100	24 800

The expenditure for FHS in the past 5 financial years is as follows:

Financial Year	Actual Expenditure ($ million)
2012-13 (Actual)	652.7
2013-14 (Actual)	692.4
2014-15 (Actual)	714.8
2015-16 (Actual)	764.1
2016-17 (Revised Estimate)	775.9

The expenditure for health education activities cannot be separately identified as it has been absorbed under the overall expenditure for FHS.

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 the Special Assessment Centres or specialist clinics for further management.

The expenditure for SHS and the number of students enrolled in SHSCs in the past 5 financial years (2012-13 to 2016-17) are as follows:

Financial year	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Revised Estimate)
Expenditure ($ million)	179.4	183.9	201.8	210.1	216.8

School year	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Estimate)
No. of students enrolled in SHSCs	661 000	648 000	636 000	629 000	624 000

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 the Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication, aiming at increasing the 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 expenditure for the AHP and the number of participating students in the past 5 years (2011-12 to 2015-16) are as follows:

Financial year	**2011-12 (Actual)**	**2012-13 (Actual)**	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**
Expenditure ($ million)	55.2	57.7	62.5	68.0	74.0

School year	**2011-12 (Actual)**	**2012-13 (Actual)**	**2013-14 (Actual)**	**2014-15 (Actual)**	**2015-16 (Actual)**
No. of participating students in AHP	80 000	81 000	79 000	75 000	69 000

Figures for 2016-17 are not yet available.

From the results of evaluation studies and feedback from schools, it is noted that the AHP is well received by students and teachers. We will continue to monitor the provision and effectiveness of the AHP.

The Elderly Health Service (EHS) of DH operates 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aiming to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 and over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

The expenditure for the EHS in the past 5 years is set out below:

	2012-13 (Actual) $ million	**2013-14 (Actual) $ million**	**2014-15 (Actual) $ million**	**2015-16 (Actual) $ million**	**2016-17 (Revised Estimate) $ million**
EHCs	107.5	121.7	130.6	140.0	143.7

Public health & administration and VHTs	76.6	74.9	76.7	77.8	80.6
Total	184.1	196.6	207.3	217.8	224.3

Utilisation statistics for the EHS in the past 5 years are as follows:

	2012	2013	2014	2015	2016*
No. of enrolment in EHCs	38 500	38 600	39 100	42 400	44 200
No. of attendances for health assessment and medical consultation at EHCs	175 000	167 000	166 000	170 000	178 000
Attendances at health education activities organised by EHCs and VHTs	460 000	469 000	499 000	491 000	491 000

* Provisional figures

(3)

The administrative expenses incurred by DH for administering the EHV Scheme in 2015-16 and 2016-17 are as follows:

	2015-16 (Actual) $ million	2016-17 (Revised Estimate) $ million
Administrative expenses for the EHV Scheme	13.1	15.5

As at end December 2015 and 2016, about 600 000 and 649 000 elders had made use of vouchers respectively. The administrative expenses spent on each elder who had used vouchers cannot be separately identified.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3467)

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 in *Matters Requiring Special Attention in 2017-18*, a testing centre of Chinese medicines will be set up at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Please advise on the work progress and details as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 66)

Reply:

Before the establishment of the permanent Government Chinese Medicines Testing Institute (GCMTI), a temporary centre is being set up at the Hong Kong Science Park and will come into operation in phases starting from late March 2017. The temporary GCMTI will kick start some of the work, including the ongoing effort of developing reference standards for Chinese materia medica and decoction pieces, commencing research on high-end biological and chemical technologies applicable to Chinese medicines (CM) and related products, and preparing for the establishment of a digitalised herbarium on CM of international standard. The provision for the temporary GCMTI in 2017-18 is about $24.9 million.

The number of staff establishment of the temporary GCMTI as at 1 March 2017 was 18. Details of the posts are appended below.

Rank	No. of posts
Scientific Officer (Medical)	9
Senior Chemist	1
Chemist	1
Science Laboratory Technologist	1
Science Laboratory Technician I	1

Science Laboratory Technician II	2
Laboratory Attendant	1
Executive Officer II	1
Assistant Clerical Officer	1
	18

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)453

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3468)

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 2016 was 300 000 higher than that in 2015, why was that so? It is estimated that such number in 2017 will be similar to that of last year. 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. 67)
Reply:

The number of laboratory tests relating to public health in 2016 was 6 060 000, which was 300 000 (or 5.2%) higher than the number (i.e. 5 760 000) of 2015. The increase was mainly due to the increase in requests from clinical units under the Department of Health (DH) and the Hospital Authority.

The DH has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to fulfill the service demand. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3469)

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 pilot public-private partnership programme to provide smoking cessation service supported by family physicians as mentioned in *Matters Requiring Special Attention*, please advise on the details of the programme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 68)

Reply:

With a view to further lowering the smoking prevalence in Hong Kong, the Primary Care Office of the Department of Health (DH) will launch a Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP) to engage private doctors to encourage smoker patients to attempt smoking cessation during consultations. The SCPPP will be launched in Q4 of 2017 for two years with a quota of 450 smokers in the first year. The financial provision of $4.2 million has been earmarked for the SCPPP in the financial year of 2017-18. The Tobacco Control Office of DH will arrange training sessions for doctors who register for the programme.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3470)

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 strengthening the work in combating public health threats from antimicrobial resistance under this programme, what was the progress of work in 2016? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2017?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 69)

Reply:

Antimicrobial resistance (AMR) is a burning public health issue globally. The Centre for Health Protection (CHP) of the Department of Health (DH) focuses on fostering an infection control culture to reduce epidemic infections and minimise the spread of disease outbreaks in healthcare settings and the community in Hong Kong. The CHP organises training sessions about infection control and AMR to healthcare workers and staff of the Residential Care Homes for Elderly (RCHE). The CHP also develops, promulgates and evaluates best practices in infection control, provides professional advice, supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions. To reduce the burden of healthcare associated infections, the CHP collaborates with the Hospital Authority (HA) to conduct on-going surveillance of the healthcare associated infection in public hospitals.

Based on strategies of the Scientific Committee on Infection Control, the CHP formulates strategies for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria. To promote antibiotic awareness, the CHP has formed a partnership with private hospitals via the Working Group of Collaboration between CHP and Private Hospitals on Safe Use of Antibiotics and Infection Control to regularly discuss and review the safe use of antibiotics and infection control. Besides, the CHP works with the key stakeholders in infection control and academia to update the Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy (IMPACT) Guidelines.

The CHP has launched a three-year project from 2013-14 to introduce new infection control programmes to address the rapid emergence of superbugs multi-drug resistance organisms, such as Community-Associated Methicillin-Resistant Staphylococcus aureus (CA-MRSA), New Delhi metallo-β-lactamase-1 (NDM-1), Vancomycin-Resistant Enterococcus (VRE) and multi-drug resistant Acinetobacter (MDRA) in RCHEs, hospitals and the general community in Hong Kong.

In recognition of the major threat posed by AMR to the global public health, the Government set up a High Level Steering Committee on AMR (HLSC) in 2016 to formulate strategies and action plans in collaboration with relevant sectors to tackle the threat of AMR. Chaired by the Secretary for Food and Health, the HLSC comprises representatives from relevant Government departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies. The HLSC, at its first meeting held in June 2016, endorsed the setting up of an Expert Committee on AMR (Expert Committee) to provide practical and science-based advice to assist in formulating territory-wide action plans against AMR.

The Expert Committee would review the local situation in light of international experience, trends and developments, with a view to advising the HLSC on practical and science-based initiatives. The HLSC would make reference to the Expert Committee's advice and take into consideration international and local situations in making recommendations to the Government on the AMR containment strategies. It is expected that an "Action Plan for Containment of AMR in Hong Kong" would be launched in mid-2017.

The AMR Office was set up in 2016 under the DH to serve as an executive arm to the HLSC and the Expert Committee to coordinate formulation of comprehensive and multi-sectoral policies to combat AMR. The AMR Office also takes up a coordination role to oversee and monitor the implementation of the action plans in partnership with key stakeholders.

The financial provision for combating public health threats from AMR in 2017-18 is $16.7 million covering a total of 12 non-directorate grade posts.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3471)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The percentage of new dermatology cases with an appointment time given within 12 weeks has been dropping over the past 2 years. The figure recorded in 2016 was even as low as 31%, far below the target of 90%. Please give detailed reasons for failing to meet the target. Has the Government earmarked sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency in order to cope with the demand? If so, what are the manpower and resources involved in, as well as the details of, these measures?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 70)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4985)

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:

How many Medical and Health Officers from the Department of Health are currently stationed at the correctional institutions under the Correctional Services Department? What are the ranks of these officers (e.g. Medical and Health Officer or Senior Medical and Health Officer)?

Name of correctional institution	Number of Medical and Health Officers	Number of Senior Medical and Health Officers

Asked by: Hon LEUNG Kwok-hung (Member Question No. 196)

Reply:

As at 1 March 2017, there are a total of 18 Medical and Health Officer grade posts in the correctional institutions under the Correctional Services Department. The breakdown by regions is appended below. The medical services provided to the inmates are not limited to the services provided by the Medical and Health Officers stationed in the correctional institutions. The Hospital Authority also provides medical services to inmates at public hospitals.

Name of Correctional Institution	Number of Medical and Health Officers	Number of Senior Medical and Health Officers
Hong Kong Region and Hei Ling Chau Cape Collinson Correctional Institution Hei Ling Chau Addiction Treatment Centre	5	1

Hei Ling Chau Correctional Institution Lai Sun Correctional Institution Nei Kwu Correctional Institution Pak Sha Wan Correctional Institution Stanley Prison Tai Tam Gap Correctional Institution Tung Tau Correctional Institution		
<u>Kowloon Region and Pik Uk</u> Chi Lan Rehabilitation Centre Lai Chi Kok Reception Centre Lai King Correctional Institution Lai Hang Rehabilitation Centre Phoenix House Pik Uk Correctional Institution Pik Uk Prison	5	1
<u>New Territories Region and Other Islands</u> Lai Chi Rehabilitation Centre Lo Wu Correctional Institution Sha Tsui Correctional Institution Shek Pik Prison Siu Lam Psychiatric Centre Tai Lam Centre for Women Tai Lam Correctional Institution Tong Fuk Correctional Institution Wai Lan Rehabilitation Centre	5	1

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4986)

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:

How many Medical and Health Officers currently stationed at correctional institutions under the Correctional Services Department have been serving in the same institution for over 6 years? Does the Department of Health put in place any mechanisms, like those adopted by other government departments, to post officers to different posts regularly in order to avoid any unnecessary misunderstandings (e.g. conflict of interest, prevention of bribery etc.)? If so, how long is such a posting? If not, why?

Name of correctional institution	Number of Medical and Health Officers serving in the same correctional institution for over 6 years	Number of Senior Medical and Health Officers serving in the same correctional institution for over 6 years

Asked by: Hon LEUNG Kwok-hung (Member Question No. 197)

Reply:

The Department of Health (DH) has an established posting mechanism for officers of the Medical and Health Officer (M&HO) Grade. Posting of staff is arranged at regular intervals, subject to operational need, exigency of service, training and development need of the officers. DH has adhered to the principles of upholding high standard of professional integrity and conduct, avoiding conflict of interest and ensured that posting arrangement and/or rotation of staff has complied with Civil Service Regulations and relevant guidelines in handling conflict of interest and prevention of corruption in the workplace.

There are 18 doctors working in Clinics of different Correctional Institutions (Clinics (CIs)) in the three regions of Hong Kong, Kowloon and the New Territories in Correctional

Services Department. Doctors of the same region are pooled together to provide medical service in various Clinics (CIs) within the same region, and may also need to perform duties in Clinics (CIs) in other regions when necessary. As each M&HO is required to provide service in various Clinics (CIs) and each clinic is staffed with more than one doctor, there is no M&HO providing services to cover a single institution for over 6 years.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)459

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4987)

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:

Are there any Chinese medicine practitioners from the Department of Health being currently stationed at the correctional institutions under the Correctional Services Department? If so, what is the number of these Chinese medicine practitioners? If not, why?

Name of correctional institution	Number of Chinese medicine practitioners

Asked by: Hon LEUNG Kwok-hung (Member Question No. 198)

Reply:

The Department of Health (DH) does not provide clinical service of Traditional Chinese Medicine. There are no Chinese medicine practitioners from DH stationed at the correctional institutions under the Correctional Services Department.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)460

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4988)

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:

Are there any Dental Officers from the Department of Health being currently stationed at the correctional institutions under the Correctional Services Department? If so, what is the number of these Dental Officers? If not, why?

Name of correctional institution	Number of Dental Officers

Asked by: Hon LEUNG Kwok-hung (Member Question No. 199)

Reply:

The numbers of dental officer providing service to correctional institutions on a part-time sessional basis are as follows-

Correctional Institutions	**No. of Dental Officers ***
Hei Ling Chau Correctional Institution	1
Lo Wu Correctional Institution	1
Lai Chi Kok Reception Centre	1
Tong Fuk Correctional Institution	1
Pik Uk Prison	1
Shek Pik Prison	1
Stanley Prison	1
Tai Lam Correctional Institution	1

In addition to those stationed in correctional institutions, the dental officers of the Department of Health also provide certain dental service to inmates at public hospitals on a need basis.

Notes: *Redeployed from government dental clinics on a part-time sessional basis

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3330)

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:

Does the Department provide sign language interpretation services? If so, what are the number of staff and expenditure involved? If not, why?

Asked by: Hon LEUNG Yiu-chung (Member Question No. 69)

Reply:

The Department of Health provides on-site sign language interpretation service for patients in need through hire of service from non-governmental organisations, part-time interpreters from Judiciary or interpreters on the list of sign language interpreters in Hong Kong which is promulgated at the website of Hong Kong Council of Social Service. In 2016, the total expenditure involved was $6,888.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3349)

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:

Regarding the outsourcing of services in the Department, please inform this Committee of the following:

1. the total numbers of outsourced workers deployed by the Department and the percentages of the total numbers of staff with the same types of work in the Department such outsourced workers accounted for in the past 3 years;

2. the total staff costs of the Department, the total payments for outsourced service providers, and the percentages of the total staff costs of the Department such payments for outsourced service providers accounted for in the past 3 years; and

3. the nature of the outsourced services of the Department and the duration of their contracts in the past 3 years.

In addition, according to the Government's guidelines for the tendering of outsourced services revised last year, where an outsourced service relies heavily on the deployment of non-skilled workers and a marking scheme for tender assessment is adopted, the procuring department should include in the assessment criteria the evaluation of the tenderer's proposed wage rates and working hours for non-skilled workers in assessing the tenders. In this regard, please inform this Committee of the following:

1. the current number of outsourced service contracts involving a large number of non-skilled workers awarded by the Department since the implementation of the guidelines;

2. the departments which have adjusted their assessment criteria in respect of wage rates and working hours for the outsourced service contracts involving a large number of non-skilled workers in the light of the new guidelines since their implementation; how the Department has made adjustment; and if no relevant information is available, the reasons for it;

3. whether there have been any rises in the average wage rates for workers in the outsourced service contracts involving a large number of non-skilled workers since the implementation of the guidelines; if so, the number of contracts with a rise in wage rates; if no relevant information is available, the reasons for it;

4. the measures that the Department has in place to evaluate the effectiveness of the new tendering guidelines;

5. whether the Department is required to adopt the existing mechanism of two-envelope approach in assessing the technical and price aspects in evaluating tenders for outsourced service contracts; if not, the number of contracts awarded without adopting such assessment mechanism in the past 3 years;

6. the annual numbers of cases of government service contractors breaching the service contracts, the Employment Ordinance or the Occupational Safety and Health Ordinance as revealed by the inspections conducted by the Department, and the annual numbers of complaints received from the outsourced workers;

7. the details of follow-up actions on the aforementioned non-compliance and complaint cases; and

8. the number and details of cases involving contractors being penalised for non-compliance or sustained complaints.

Asked by: Hon LEUNG Yiu-chung (Member Question No. 94)

Reply:

1.- 3.

Information regarding outsourced services in respect of the Department of Health is provided below –

	2014-15	2015-16	2016-17 (as at 31.12.2016)
Number of outsourced workers	665	821	900
Percentage of the total number of staff with the same type of work in the Department such outsourced workers accounted for	49.8%	46.4%	46.6%
Total staff costs of the Department	$3,000.1 million	$3,220.2 million	$2,552.2 million
Total payments to outsourced service providers	$202.3 million	$230.2 million	$192.7 million
Percentages of the total staff costs of the Department such payments for outsourced service providers accounted for	6.74%	7.15%	7.55%

Type of outsourced services	Major type of outsourced services includes security service, cleansing and general support services, information technology and related services, health screening service, clerical support service, data input and filing service, customer service, quality assurance service, tree management service, laundry service, clinical waste collection service and ancillary support services such as publicity service, translation service, project support service, etc.		
Contract period of outsourced services			
· Less than 1 year	152	219	145
· 1 year to less than 2 years	148	140	119
· 2 years to less than 3 years	39	74	86
· 3 years or above	11	19	26
	350	452	376

Regarding the tendering arrangement of outsourced services that rely heavily on deployment of non-skilled workers in the Department of Health, the following information is provided –

1. There is no outsourced service contract involving a large number of non-skilled workers awarded by the Department of Health after the implementation of the said guidelines.

2. A tender exercise for outsourcing cleansing and general support services is in progress. The Department of Health has increased the weighting of assessment criterion in respect of wage rates in the marking scheme.

3. As the tender exercise mentioned in paragraph 2 above has not been completed, we have no information on whether there are any rises in the average wage rates for workers in the contracts to be awarded.

4. Considering that the wage rates are affected by a number of factors including market situation, labour supply, economic conditions, etc., it is difficult to evaluate the effectiveness of the new tendering guidelines over wage rates.

5. The adoption of two-envelope approach in assessing tenders for outsourced service contracts is not compulsory. However, we have adopted the two-envelope approach for assessing the outsourced cleansing and general support services contracts. As for the outsourced security services contracts, we have not adopted marking scheme in tender evaluation due to non-complex service requirements. The number of such contracts awarded in 2014-15, 2015-16 and 2016-17 are 0, 3 and 0 respectively.

6.- 8. As revealed by the inspections conducted by the Department, there was no case of outsourced service contractors breaching the service contracts, the Employment Ordinance or the Occupational Safety and Health Ordinance and no complaint was received from the outsourced workers.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4867)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

1. As mentioned in *Matters Requiring Special Attention in 2017-18* under Programme (2): Disease Prevention of the Estimates of the Department of Health (DH), the DH will continue its effort for the promotion of breastfeeding. What are the specific work plan and estimated expenditure for 2017-18 in this regard?

2. A sum of $470,000 was earmarked in 2015-16 for conducting studies on the local breastfeeding situation. Please list the studies that had been conducted, are being conducted and are planned to be conducted in the future in 2015-16 and 2016-17 respectively. Please provide the manpower distribution as well as the actual and estimated expenditure of the work plan by work item.

Asked by: Hon MA Fung-kwok (Member Question No. 24)

Reply:

1.

In 2017-18, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplaces Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of babycare facilities; implementing 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.

2.

To strengthen the surveillance on local breastfeeding situation, the DH conducted a survey on local breastfeeding rate and a survey on public perception on breastfeeding, and their results were released in 2016 and available in the website of Family Health Service (FHS)

of the DH. The DH is also in the process of conducting studies on local marketing situation of formula milk and formula milk related products for infants and young children, as well as a survey on young child feeding.

An additional provision of $5.0 million had been allocated in 2015-16 and 2016-17 respectively to FHS of the DH to strengthen the work on promotion of breastfeeding. In 2016-17, the actual expenditure for conducting studies on local breastfeeding situation was $0.9 million. A provision of $6.0 million has been earmarked in 2017-18 for enhancing the effort for promotion of breastfeeding. The manpower for implementing the initiatives relating to the promotion of breastfeeding has been subsumed in the overall manpower resources of FHS, hence breakdown by work items is not available.

- End -

Examination of Estimates of Expenditure 2017-18 Reply Serial No.

FHB(H)464

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7202)

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 establishment date and the Government's initial capital injection in respect of the AIDS Trust Fund, as well as its respective year-end balances, capital injections and total expenditures in 2013-14, 2014-15, 2015-16 and 2016-17. If the Department has other funds under its purview, please also provide such information.

Asked by: Hon MA Fung-kwok (Member Question No. 98)

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 yearly fund balances in 2013-14, 2014-15, 2015-16 and 2016-17 are $385 million, $338 million, $310 million and $280 million (provisional) respectively. The total expenditure of the Fund from 2013-14 to 2016-17 is $151 million (provisional).

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No.4492)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards the 11 dental clinics of the Department of Health with general public sessions, please advise this Committee on:

a) the number of operating hours per week in each clinic;

b) the number of discs available per service day in each clinic, given that each clinic provides services on different days of the week and at different hours of the day;

c) the number of attending dentists during the service hours in each clinic;

d) the number of service recipients, broken down by age group, per year in each clinic; and

e) the number of pain relief and tooth extraction cases that can be handled per year in each clinic.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No.61)

Reply:

(a) - (c)

Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics.

The service sessions, the maximum number of disc allocated per GP session and the number of dentists in the government dental clinics for GP sessions are as follows –

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session	No. of Dentists for GP session
Kowloon City Dental Clinic	Monday (AM)	84	2
	Thursday (AM)	42	1
Kwun Tong Dental Clinic*	Wednesday (AM)	84	2
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	2
	Friday (AM)	84	2
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	1
Mona Fong Dental Clinic	Thursday (PM)	42	1
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	2
	Friday (AM)	84	2
Yan Oi Dental Clinic	Wednesday (AM)	42	1
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	1
	Friday (AM)	42	1
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	1
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	1

* 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 "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and "PM" service session refers to 2:00 pm to 5:00 pm.

(d)

The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17 (up to 31 January 2017)
Kowloon City Dental Clinic	0-18	158	49
	19-42	719	491
	43-60	1 336	1 066
	61 or above	2 964	2 757
Kwun Tong Dental Clinic*	0-18	88	71
	19-42	398	349
	43-60	942	933
	61 or above	2 600	2 214
Kennedy Town Community Complex Dental Clinic	0-18	112	102
	19-42	1 190	1 267
	43-60	1 578	1 606
	61 or above	3 025	2 798
Fanling Health Centre Dental Clinic	0-18	45	26
	19-42	287	244
	43-60	698	541
	61 or above	1 188	1 162
Mona Fong Dental Clinic	0-18	57	26
	19-42	249	223
	43-60	605	476
	61 or above	1 041	864
Tai Po Wong Siu Ching Dental Clinic	0-18	34	29
	19-42	261	192
	43-60	608	445
	61 or above	1 075	992
Tsuen Wan Dental Clinic#	0-18	123	122
	19-42	896	765
	43-60	1 916	1 707
	61 or above	4 258	3 592
Yan Oi Dental Clinic	0-18	24	18
	19-42	287	206
	43-60	519	447
	61 or above	1 241	1 111
Yuen Long Jockey Club Dental Clinic	0-18	77	76
	19-42	566	480
	43-60	1 221	1 047
	61 or above	1 905	1 718
Tai O Dental Clinic	0-18	1	0
	19-42	22	15
	43-60	23	14
	61 or above	51	46
Cheung Chau Dental Clinic	0-18	7	3
	19-42	35	22
	43-60	44	32
	61 or above	106	69

* 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.

(e)

The DH does not keep statistics on the number of cases of pain relief and tooth extraction conducted in GP sessions. The maximum number of cases that could be handled in each dental clinic with GP sessions in the financial years 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

Dental clinic with GP sessions	**Max. no. of cases that could be handled in GP sessions**	
	2015-16	**2016-17 (up to 31 January 2017)**
Kowloon City Dental Clinic	6 090	4 956
Kwun Tong Dental Clinic*	4 200	3 612
Kennedy Town Community Complex Dental Clinic	7 896	6 636
Fanling Health Centre Dental Clinic	2 500	2 050
Mona Fong Dental Clinic	2 142	1 764
Tai Po Wong Siu Ching Dental Clinic	2 142	1 764
Tsuen Wan Dental Clinic#	8 148	6 888
Yan Oi Dental Clinic	2 100	1 806
Yuen Long Jockey Club Dental Clinic	4 074	3 444
Tai O Dental Clinic	384	320
Cheung Chau Dental Clinic	384	320

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental 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. 4496)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

(a) Please set out in detail the primary care development in Hong Kong and the implementation of its policies and initiatives, the beneficiary groups as well as the total expenditures involved in the past 5 years.

(b) Please provide the total expenditures on the implementation of the Elderly Health Care Voucher Scheme, the numbers of elderly persons making voucher claims, and the percentages of the total population aged 70 such elderly persons making voucher claims account for in the past 5 years.

(c) Please provide the details of the integrated healthcare service to the elderly, the beneficiaries by age group, the percentages of the total population of the same age groups such beneficiary age groups account for, and the total expenditures on various services in the past 5 years.

(d) Please provide the details of the provision of promotive and preventive healthcare to primary and secondary school students, the beneficiaries by age group, the percentages of the total population of the same age groups such beneficiary age groups account for, and the total expenditures on various services in the past 5 years.

Asked by：Hon TIEN Puk-sun, Michael (Member Question No. 69)

Reply：

(a)

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:

(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 (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) 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)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in 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. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(iv) 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 (EHV Scheme), Colorectal Cancer Screening Pilot Programme and Outreach Dental Care Programme for the Elderly.

(b)

The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers under the EHV Scheme and the amount of vouchers claimed in the past 5 years:

	2012	**2013**	**2014**	**2015**	**2016**
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	59%	67%	75%	79%	84%
Amount of vouchers claimed (in $'000)	163,219	314,704	597,539	906,327	1,070,558

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

(c)

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.

The expenditure for the EHS in the past 5 years is as below:

	2012-13 (Actual) $ million	2013-14 (Actual) $ million	2014-15 (Actual) $ million	2015-16 (Actual) $ million	2016-17 (Revised Estimate) $ million
EHCs	107.5	121.7	130.6	140.0	143.7
Public Health & Administration and VHTs	76.6	74.9	76.7	77.8	80.6
Total	184.1	196.6	207.3	217.8	224.3

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.

(d)

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.

The expenditure for the SHS in the past 5 years is as below:

Financial Year	$ million
2012-13 (Actual)	179.4
2013-14 (Actual)	183.9
2014-15 (Actual)	201.8
2015-16 (Actual)	210.1
2016-17 (Revised Estimate)	216.8

Students found to have specific health problems will be referred to the Special Assessment Centres or specialist clinics for further management. 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 total school students enrolled in SHSCs and the number of students participated in AHP in the past 5 years are as below:

School year	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Estimate)
No. of total school students enrolled in SHSCs	661 000	648 000	636 000	629 000	624 000
No. of students participated in AHP	81 000	79 000	75 000	69 000	Not yet available

The expenditure for the AHP in the past 5 years is as below:

Financial Year	$ million
2012-13 (Actual)	57.7
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Revised Estimate)	77.1

– End –

CONTROLLING OFFICER'S REPLY

(Question Serial No. 7173)

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 numbers of beneficiaries and the expenditures of the Outreach Dental Care Programme for the Elderly in the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 72)

Reply:

The Outreach Dental Care Programme for the Elderly (ODCP) was launched in October 2014. Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The ODCP served about 44 300 and 46 300 elders in the first (from October 2014 to September 2015) and second (from October 2015 to September 2016) service years respectively. Between October 2016 and January 2017, about 19 300 elders were served under the ODCP.

The financial provision for the ODCP in the past 3 years was as follows –

Financial Year	Amount $ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5802)

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:

Kowloon East is facing the problem of an ageing population and its demand for dental services is increasing. As mentioned in *Matters Requiring Special Attention* of the 2017-18 Estimates of the Food and Health Bureau (FHB), the FHB will continue to oversee the implementation of the Outreach Dental Care Programme for the Elderly (ODCP).

How many elderly persons are expected to benefit from the ODCP in different districts? What are the service coverage and expenditure of the ODCP? How do the figures compare with those of the past 3 financial years?

The number of Kowloon East residents benefited from the ODCP for the 2016-17 financial year was not provided. Are the figures available for this financial year? If so, how do they compare with those of the previous financial year? If not, why?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 61)

Reply:

Under the ODCP, a total of 22 outreach dental teams have been set up to provide free outreach dental services for elders in residential care homes / day care centres and similar facilities in 18 districts. Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. Between October 2014 and January 2017, about 66 500 elders were served. The ODCP served about 5 570 and 5 700 elders in Kowloon East in the first (from October 2014 to September 2015) and second (from October 2015 to September 2016) service years respectively. Between October 2016 and January 2017, about 1 500 elders in Kowloon East were served.

The financial provision for the ODCP in the past 3 financial years is as follows-

Financial Year	Amount $ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3916)

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) under this programme, please inform this Committee of:

1. the numbers of enrolment, the median waiting time for enrolment and the waiting time for first-time health assessment in the 18 EHCs from 2014 to 2017 respectively;

2. the numbers of attendances for first-time health assessment and non-first-time health assessment as well as the total number of attendances for health assessments in the 18 EHCs from 2014 to 2017 respectively; and

3. the numbers of attendances for medical consultation and the costs per attendance for medical consultation in the EHCs across the territory from 2014 to 2017 respectively.

Asked by: Hon WU Chi-wai (Member Question No. 82)

Reply:

1. The number of enrolments and median waiting time for enrolment at each of the 18 Elderly Health Centres (EHCs) for 2014 to 2016 are listed below. As the health assessment is conducted on the day of enrolment, the waiting time for first-time health assessment is the same as the waiting time for enrolment as a new member.

EHC		**2014**	**2015**	**2016***
Sai Ying Pun	No. of enrolments	2 177	2 288	2 310
	Median waiting time for first-time health assessment (Months)	30.5	30.0	6.0
Shau Kei Wan	No. of enrolments	2 213	2 224	2 205
	Median waiting time for first-time health assessment (Months)	24.9	23.5	2.4

Wan Chai	No. of enrolments	2 143	3 614	4 545
	Median waiting time for first-time health assessment (Months)	34.4	34.3	1.4
Aberdeen	No. of enrolments	2 164	2 182	2 148
	Median waiting time for first-time health assessment (Months)	16.2	14.5	4.3
Nam Shan	No. of enrolments	2 212	2 225	2 218
	Median waiting time for first-time health assessment (Months)	18.2	15.8	2.2
Lam Tin	No. of enrolments	2 220	2 220	2 223
	Median waiting time for first-time health assessment (Months)	15.0	12.0	4.0
Yau Ma Tei	No. of enrolments	2 162	2 216	2 254
	Median waiting time for first-time health assessment (Months)	32.9	34.2	7.6
San Po Kong	No. of enrolments	2 123	2 134	2 142
	Median waiting time for first-time health assessment (Months)	24.0	18.6	1.5
Kowloon City	No. of enrolments	2 211	2 211	2 210
	Median waiting time for first-time health assessment (Months)	31.4	34.4	8.5
Lek Yuen	No. of enrolments	2 129	3 541	2 550
	Median waiting time for first-time health assessment (Months)	21.9	4.5	8.7
Shek Wu Hui	No. of enrolments	2 155	2 162	2 144
	Median waiting time for first-time health assessment (Months)	14.3	16.4	7.9
Tseung Kwan O	No. of enrolments	2 136	2 136	3 471
	Median waiting time for first-time health assessment (Months)	27.0	29.0	2.8
Tai Po	No. of enrolments	2 122	2 124	2 124
	Median waiting time for first-time health assessment (Months)	22.4	16.3	3.8
Tung Chung	No. of enrolments	2 226	2 330	2 319
	Median waiting time for first-time health assessment (Months)	12.9	15.0	6.3

Tsuen Wan	No. of enrolments	2 114	2 116	2 516
	Median waiting time for first-time health assessment (Months)	15.8	17.8	12.0
Tuen Mun Wu Hong	No. of enrolments	2 127	2 149	2 208
	Median waiting time for first-time health assessment (Months)	17.3	15.8	11.3
Kwai Shing	No. of enrolments	2 221	2 310	2 277
	Median waiting time for first-time health assessment (Months)	13.7	7.0	1.5
Yuen Long	No. of enrolments	2 215	2 219	2 270
	Median waiting time for first-time health assessment (Months)	10.7	13.4	6.0
Total number of enrolments		**39 070**	**42 401**	**44 134**

* Provisional figures

2. The number of attendances for first-time health assessment, subsequent health assessment, and follow-up of results of the assessment at each of the 18 EHCs for 2014 to 2016 are as follows:

EHC		**2014**	**2015**	**2016***
Sai Ying Pun	First-time health assessment	162	698	642
	Subsequent health assessment	2 015	1 590	1 668
	follow-up for the results of the assessment	2 072	2 057	2 016
	Total	4 249	4 345	4 326
Shau Kei Wan	First-time health assessment	326	665	800
	Subsequent health assessment	1 887	1 559	1 405
	follow-up for the results of the assessment	2 326	2 396	2 430
	Total	4 539	4 620	4 635
Wan Chai	First-time health assessment	249	1 878	2 251
	Subsequent health assessment	1 894	1 736	2 294
	follow-up for the results of the assessment	2 105	2 991	4 606
	Total	4 248	6 605	9 151
Aberdeen	First-time health assessment	183	467	452
	Subsequent health assessment	1 981	1 715	1 696

	follow-up for the results of the assessment	2 102	2 137	2 074
	Total	4 266	4 319	4 222
Nam Shan	First-time health assessment	244	490	795
	Subsequent health assessment	1 968	1 735	1 423
	follow-up for the results of the assessment	2 549	2 521	2 704
	Total	4 761	4 746	4 922
Lam Tin	First-time health assessment	410	560	634
	Subsequent health assessment	1 810	1 660	1 589
	follow-up for the results of the assessment	1 998	2 034	1 957
	Total	4 218	4 254	4 180
Yau Ma Tei	First-time health assessment	128	487	930
	Subsequent health assessment	2 034	1 729	1 324
	follow-up for the results of the assessment	2 271	2 119	2 200
	Total	4 433	4 335	4 454
San Po Kong	First-time health assessment	168	550	640
	Subsequent health assessment	1 955	1 584	1 502
	follow-up for the results of the assessment	1 998	2 051	2 004
	Total	4 121	4 185	4 146
Kowloon City	First-time health assessment	104	554	537
	Subsequent health assessment	2 107	1 657	1 673
	follow-up for the results of the assessment	1 839	1 874	1 823
	Total	4 050	4 085	4 033
Lek Yuen	First-time health assessment	238	1 629	681
	Subsequent health assessment	1 891	1 912	1 869
	follow-up for the results of the assessment	1 516	3 025	2 094
	Total	3 645	6 566	4 644
Shek Wu Hui	First-time health assessment	210	450	716
	Subsequent health assessment	1 945	1 712	1 428
	follow-up for the results of the assessment	2 177	1 977	1 964
	Total	4 332	4 139	4 108
Tseung Kwan O	First-time health assessment	191	537	1 406

	Subsequent health assessment	1 945	1 599	2 065
	follow-up for the results of the assessment	1 966	2 016	3 414
	Total	4 102	4 152	6 885
Tai Po	First-time health assessment	278	581	729
	Subsequent health assessment	1 844	1 543	1 395
	follow-up for the results of the assessment	2 110	2 027	2 047
	Total	4 232	4 151	4 171
Tung Chung	First-time health assessment	244	461	731
	Subsequent health assessment	1 982	1 869	1 588
	follow-up for the results of the assessment	2 198	2 232	2 365
	Total	4 424	4 562	4 684
Tsuen Wan	First-time health assessment	396	520	1 032
	Subsequent health assessment	1 718	1 596	1 484
	follow-up for the results of the assessment	1 920	1 910	2 014
	Total	4 034	4 026	4 530
Tuen Mun Wu Hong	First-time health assessment	360	514	652
	Subsequent health assessment	1 767	1 635	1 556
	follow-up for the results of the assessment	2 756	2 321	2 408
	Total	4 883	4 470	4 616
Kwai Shing	First-time health assessment	371	620	551
	Subsequent health assessment	1 850	1 690	1 726
	follow-up for the results of the assessment	2 112	2 263	2 254
	Total	4 333	4 573	4 531
Yuen Long	First-time health assessment	275	420	739
	Subsequent health assessment	1 940	1 799	1 531
	follow-up for the results of the assessment	2 128	2 102	2 068
	Total	4 343	4 321	4 338
Total number of assessment and follow up		**77 213**	**82 454**	**86 576**

* 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.

3. The attendance for medical consultation at each of the 18 EHCs from 2014 to 2016 are as follows:

EHC	2014	2015	2016*
Sai Ying Pun	4 046	3 648	3 149
Shau Kei Wan	4 289	4 517	4 613
Wan Chai	4 852	5 220	8 089
Aberdeen	6 059	5 915	6 075
Nam Shan	4 466	4 295	4 997
Lam Tin	4 026	3 753	3 851
Yau Ma Tei	4 320	3 861	3 929
San Po Kong	5 085	5 238	5 210
Kowloon City	4 371	4 440	4 636
Lek Yuen	5 489	5 488	5 286
Shek Wu Hui	7 997	8 012	7 577
Tseung Kwan O	5 837	5 623	6 655
Tai Po	5 691	5 439	5 914
Tung Chung	3 786	3 343	3 166
Tsuen Wan	5 830	6 008	5 903
Tuen Mun Wu Hong	4 998	4 880	4 783
Kwai Shing	3 773	3 565	3 204
Yuen Long	4 163	3 950	3 248
Total	**89 078**	**87 195**	**90 285**

* Provisional figures

The cost per attendance for medical consultation from 2014-15 to 2016-17 are listed below:

Financial Year	Cost per Attendance for Medical Consultation ($)
2014-15	495
2015-16	515
2016-17	535

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3917)

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, please inform this Committee of:

1) the utilisation rates, numbers of attendances, maximum daily service capacities for each dentist and costs per case of dental services in respect of the government dental clinics under the Department of Health in 2015-16 and 2016-17;

2) the service sessions, maximum numbers of discs available per service session and numbers of dentists in respect of the government dental clinics with general public sessions in 2015-16 and 2016-17; and

3) the numbers of service recipients, broken down by age group, in respect of the dental clinics per year.

Asked by: Hon WU Chi-wai (Member Question No.83)

Reply:

(1) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The DH also provides public dental services through its Oral Maxillofacial Surgery and Dental Units (OMS&DUs) in 7 public hospitals, which provide specialist dental treatment to hospital in-patients, groups with special oral

healthcare needs and dental emergency on referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

The maximum number of service provided by each dentist at individual GP sessions, as well as the overall utilization rate and the total number of attendance in GP sessions of each dental clinic in 2015-16 and 2016-17(up to 31 January 2017) are as follows –

Dental clinic with GP sessions	**Max. no. of service provided by each dentist per session**	**Total no. of attendances**		**Overall utilization rate in %**	
		2015-16	**2016-17 (up to 31 January 2017)**	**2015-16**	**2016-17 (up to 31 January 2017)**
Kowloon City Dental Clinic	42	5 177	4 363	85.1	88.2
Kwun Tong Dental Clinic*	42	4 028	3 567	95.6	98.7
Kennedy Town Community Complex Dental Clinic	42	5 905	5 773	74.8	86.9
Fanling Health Centre Dental Clinic	50	2 218	1 973	88.5	96.4
Mona Fong Dental Clinic	42	1 952	1 589	91.1	90.4
Tai Po Wong Siu Ching Dental Clinic	42	1 978	1 658	92.4	94.1
Tsuen Wan Dental Clinic#	42	7 193	6 186	88.3	90.5
Yan Oi Dental Clinic	42	2 071	1 782	98.5	98.6
Yuen Long Jockey Club Dental Clinic	42	3 769	3 321	92.4	96.4
Tai O Dental Clinic	32	97	75	25.3	23.4

Cheung Chau Dental Clinic	32	192	126	50.0	39.4

* 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 attendances in OMS&DUs for public under the DH in 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

	2015-16	**2016-17 (up to 31 January 2017)**
Attendance	55 796	49 346

All consultation appointments in the OMS&DUs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

(2) In 2015-16 and 2016-17, the service session, the maximum number of discs allocated to and number of dentists for GP sessions for each dental clinic are as follows –

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session@**	**Number of dentist(s) for GP session**
Kowloon City Dental Clinic	Monday (AM)	84	2
	Thursday (AM)	42	1
Kwun Tong Dental Clinic*	Wednesday (AM)	84	2
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	2
	Friday (AM)	84	2
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	1
Mona Fong Dental Clinic	Thursday (PM)	42	1
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	2
	Friday (AM)	84	2
Yan Oi Dental Clinic	Wednesday (AM)	42	1
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	1
	Friday (AM)	42	1
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	1

Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	1

* 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 number of disc allocated per session at individual dental clinics remain the same in 2015-16 and 2016-17.

(3) The number of attendance in GP sessions by age groups for each dental clinic in 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

Dental clinic with GP sessions	**Age group**	**Attendance in 2015-16**	**Attendance in 2016-17 (up to 31 January 2017)**
Kowloon City Dental Clinic	0-18	158	49
	19-42	719	491
	43-60	1 336	1 066
	61 or above	2 964	2 757
Kwun Tong Dental Clinic*	0-18	88	71
	19-42	398	349
	43-60	942	933
	61 or above	2 600	2 214
Kennedy Town Community Complex Dental Clinic	0-18	112	102
	19-42	1 190	1 267
	43-60	1 578	1 606
	61 or above	3 025	2 798
Fanling Health Centre Dental Clinic	0-18	45	26
	19-42	287	244
	43-60	698	541
	61 or above	1 188	1 162
Mona Fong Dental Clinic	0-18	57	26
	19-42	249	223
	43-60	605	476
	61 or above	1 041	864
Tai Po Wong Siu Ching Dental Clinic	0-18	34	29
	19-42	261	192
	43-60	608	445
	61 or above	1 075	992
Tsuen Wan Dental Clinic#	0-18	123	122
	19-42	896	765
	43-60	1 916	1 707
	61 or above	4 258	3 592
Yan Oi Dental Clinic	0-18	24	18
	19-42	287	206

	43-60	519	447
	61 or above	1 241	1 111
Yuen Long Jockey Club Dental Clinic	0-18	77	76
	19-42	566	480
	43-60	1 221	1 047
	61 or above	1 905	1 718

Tai O Dental Clinic	0-18	1	0
	19-42	22	15
	43-60	23	14
	61 or above	51	46
Cheung Chau Dental Clinic	0-18	7	3
	19-42	35	22
	43-60	44	32
	61 or above	106	69

* 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. 3918)

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 set out the names of the subvented organisations and their respective amounts of subvention received in 2014-15, 2015-16 and 2016-17.

Asked by: Hon WU Chi-wai (Member Question No. 84)

Reply:

The Department of Health subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2014-15, 2015-16 and 2016-17 as listed below:

Organisations / Programmes subvented by the Department of Health	**2014-15 (Actual) ($ million)**	**2015-16 (Actual) ($ million)**	**2016-17 (Revised Estimate) ($ million)**
Programme (2) : Disease Prevention			
The Family Planning Association of Hong Kong	48.4	52.1	54.9
Elderly Health Assessment Pilot Programme [Note 1]	2.8	4.4	- (Note 2)
Outreach Dental Care Programme for the Elderly [Note 3]	12.2	29.9	39.9
Programme (3) : Health Promotion			
Hong Kong St. John Ambulance	14.5	15.2	15.9

Organisations / Programmes subvented by the Department of Health	2014-15 (Actual) ($ million)	2015-16 (Actual) ($ million)	2016-17 (Revised Estimate) ($ million)
Hong Kong Red Cross	1.2	1.3	1.3
Hong Kong Council on Smoking and Health	24.3	22.4	22.8
Tung Wah Group of Hospitals – Smoking Cessation Programme	37.0	39.1	41.5
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.8	7.3	7.6
Po Leung Kuk – School-based Smoking Prevention Programme / School-based Kindergarten Smoking Prevention Programme	2.0	2.2	2.0
Lok Sin Tong – Smoking Cessation Programme in Workplace	1.9	2.3	2.4
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.6
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.3	2.3
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	1.5	2.3	1.9
Programme (4) : Curative Care			
Tung Wah Group of Hospitals	3.2	3.3	3.4

Organisations / Programmes subvented by the Department of Health	2014-15 (Actual) ($ million)	2015-16 (Actual) ($ million)	2016-17 (Revised Estimate) ($ million)
– Chinese Medicine General Outpatient Clinics			
Programme (6) : Treatment of Drug Abusers			
The Society for the Aid and Rehabilitation of Drug Abusers	92.9	99.0	101.0
Caritas Hong Kong	6.9	7.4	7.6
Hong Kong Christian Service	8.7	9.4	9.5

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) The Hong Kong Tuberculosis, Chest & Heart Diseases Association, (vi) H.K.S.K.H. Lady MacLehose Centre, (vii) Pok Oi Hospital, (viii) Project Concern Hong Kong, (ix) TWGHs Dental Services Limited, (x) Yan Chai Hospital, and (xi) Yan Oi Tong.

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5402)

Head: (48) Government Laboratory

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

Programme: (2) Advisory and Investigative Services

Controlling Officer: Government Chemist (Dr SIN Wai-mei)

Director of Bureau: Secretary for Food and Health

Question:

As for statutory testing undertaken by the Government Laboratory, it is mentioned that the Government Laboratory will "provide analytical and advisory support to the Department of Health for the formulation and development of Hong Kong Chinese Materia Medica Standards (HKCMMS) for Chinese herbal medicines commonly used in Hong Kong." In this regard, would the Government advise this Committee of the operational expenditure and estimated emolument expenditure in the past 3 years and the estimate for 2017-18, the progress or timetable of the specific work in 2017-18, and the establishment and ranks of the officers responsible for the work? Whether the HKCMMS are developed in collaboration with places adopting similar traditional medicine practice (including the Mainland, Taiwan, Korea, Japan, etc.) to ensure its harmonisation with international standards? If yes, what is the current situation? If no, what are the reasons?

Asked by: Hon YIU Chung-yim (Member Question No. 136)

Reply:

To strengthen the analytical and advisory support to the Department of Health (DH) on the development of the Hong Kong Chinese Materia Medica Standards (HKCMMS) for Chinese herbal medicines commonly used in Hong Kong, a special workforce involving 12 civil service posts, viz. 1 Senior Chemist, 3 Chemists, 1 Science Laboratory Technologist, 3 Science Laboratory Technicians I, 3 Science Laboratory Technicians II and 1 Laboratory Attendant, was established in 2015-16. The support mainly includes developing and maintaining protocols for safety tests contained in the HKCMMS as well as verifying analytical methods developed by the participating research institutes for the testing of Chinese Materia Medica (CMM). In 2017-18, the Government Laboratory will continue the research project with a target of setting reference standards for around 28 CMM. The operational and emolument expenditures for the past 2 years and those estimated for 2017-18 are summarised in Tables 1 and 2 respectively. Separate breakdown

of the expenditure involved for 2014-15 are not available as the service was provided by both non-civil service contract staff and civil servants who were also handling other duties at the same time.

Table 1 Operational Expenditure

2015-16 (Actual)	2016-17 (Revised estimate)	2017-18 (Estimate)
$8.3 million	$8.4 million	$8.2 million

Table 2 Emolument Expenditure

2015-16 (Actual)	2016-17 (Revised estimate)	2017-18 (Estimate)
$7.3 million	$7.6 million	$7.6 million

An International Advisory Board (IAB) was established by the DH to give advice on the development of the HKCMMS. The IAB consists of renowned experts from the Mainland and overseas (including Australia, Austria, Canada, Germany, Japan, Thailand, United Kingdom and United States), in addition to local experts. The IAB also reviewed and endorsed the research work of the HKCMMS project to ensure its harmonisation with the international standards. Moreover, the DH promotes the harmonisation of Chinese medicines standards in the international arena via platforms such as the Western Pacific Regional Forum for the Harmonisation of Herbal Medicines and International Regulatory Cooperation for Herbal Medicines.

- End -