

**Replies in written questions raised by Finance Committee Members
in examining the Estimates of Expenditure 2010-11**

**Controlling Officer : Director of Health
Head 37 - Department of Health**

Reply Serial No.	Question Serial No.	Name of Member	Programme
CSB036	1205	Hon. CHAN Hak-kan	Medical and Dental Treatment for Civil Servants
CSB037	1561	Hon. EU Yuet-mee, Audrey	Medical and Dental Treatment for Civil Servants
CSB038	1584	Hon. EU Yuet-mee, Audrey	Medical and Dental Treatment for Civil Servants
CSB039	0242	Hon. LAU Wong-fat	Medical and Dental Treatment for Civil Servants
CSB040	1530	Hon. LEE Kok-long, Joseph	Medical and Dental Treatment for Civil Servants
CSB041	2914	Hon. LEUNG Ka-lau	Medical and Dental Treatment for Civil Servants
CSB042	0478	Hon. LI Fung-ying	Medical and Dental Treatment for Civil Servants
CSB043	2015	Hon. PAN Pey-chyou	Medical and Dental Treatment for Civil Servants
CSB044	2931	Hon. PAN Pey-chyou	Medical and Dental Treatment for Civil Servants
CSB045	2626	Hon. SHEK Lai-him, Abraham	Medical and Dental Treatment for Civil Servants
FHB(H)001	0157	Hon. PAN Pey-chyou	Statutory Functions
FHB(H)002	0158	Hon. PAN Pey-chyou	Statutory Functions
FHB(H)003	0159	Hon. PAN Pey-chyou	Disease Prevention
FHB(H)004	0160	Hon. PAN Pey-chyou	Disease Prevention
FHB(H)005	0161	Hon. PAN Pey-chyou	Disease Prevention
FHB(H)010	0239	Hon. LAU Wong-fat	Personnel Management of Civil Servants Working in Hospital Authority

Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)011	0246	Hon. LAU Wong-fat	Health Promotion
FHB(H)012	0282	Hon. PAN Pey-chyou	Disease Prevention
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FHB(H)014	0284	Hon. PAN Pey-chyou	Disease Prevention
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FHB(H)017	1201	Hon. CHAN Hak-kan	Statutory Functions
FHB(H)018	1202	Hon. CHAN Hak-kan	Disease Prevention
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FHB(H)020	1204	Hon. CHAN Hak-kan	Disease Prevention
FHB(H)021	1206	Hon. CHAN Hak-kan	-
FHB(H)022	1207	Hon. CHAN Hak-kan	Disease Prevention
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FHB(H)024	1261	Hon. CHAN Hak-kan	Disease Prevention
FHB(H)025	1278	Hon. CHAN Hak-kan	Statutory Functions
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FHB(H)072	1452	Hon. CHEUNG Yu-yan, Tommy	Statutory Functions

Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)103	0752	Hon. LEE Kok-long, Joseph	Statutory Functions
FHB(H)104	0753	Hon. LEE Kok-long, Joseph	Statutory Functions
FHB(H)105	0754	Hon. LEE Kok-long, Joseph	Disease Prevention
FHB(H)106	1742	Hon. CHEUNG Man-kwong	Disease Prevention
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FHB(H)110	1787	Hon. CHEUNG Man-kwong	Disease Prevention, Health Promotion
FHB(H)111	1788	Hon. CHEUNG Man-kwong	Curative Care
FHB(H)112	1789	Hon. CHEUNG Man-kwong	Curative Care
FHB(H)124	1524	Hon. LEE Kok-long, Joseph	Disease Prevention
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FHB(H)126	1526	Hon. LEE Kok-long, Joseph	Disease Prevention
FHB(H)127	1527	Hon. LEE Kok-long, Joseph	Curative Care
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FHB(H)129	1529	Hon. LEE Kok-long, Joseph	Curative Care
FHB(H)130	1560	Hon. EU Yuet-mee, Audrey	Disease Prevention
FHB(H)131	1562	Hon. EU Yuet-mee, Audrey	Disease Prevention
FHB(H)132	1572	Hon. EU Yuet-mee, Audrey	Disease Prevention
FHB(H)133	1573	Hon. EU Yuet-mee, Audrey	Disease Prevention
FHB(H)134	1574	Hon. EU Yuet-mee, Audrey	Curative Care

Reply Serial No.	Question Serial No.	Name of Member	Programme
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FHB(H)136	1585	Hon. EU Yuet-mee, Audrey	Statutory Functions
FHB(H)137	1586	Hon. EU Yuet-mee, Audrey	Statutory Functions
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FHB(H)139	1588	Hon. EU Yuet-mee, Audrey	Statutory Functions
FHB(H)140	1597	Hon. EU Yuet-mee, Audrey	Curative Care
FHB(H)148	2171	Hon. CHEUNG Kwok-che	Disease Prevention
FHB(H)149	2172	Hon. CHEUNG Kwok-che	Disease Prevention
FHB(H)150	1902	Hon. EU Yuet-mee, Audrey	Health Promotion
FHB(H)151	1959	Hon. LAU Kin-yee, Miriam	Disease Prevention
FHB(H)152	1960	Hon. LAU Kin-yee, Miriam	Curative Care
FHB(H)154	0935	Hon. LI Wah-ming, Fred	-
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FHB(H)158	0939	Hon. LI Wah-ming, Fred	Disease Prevention
FHB(H)183	2320	Hon. WONG Kwok-hing	-
FHB(H)184	2321	Hon. WONG Kwok-hing	-
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FHB(H)187	2501	Hon. EU Yuet-mee, Audrey	All Programmes
FHB(H)188	2502	Hon. EU Yuet-mee, Audrey	All Programmes

Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)189	2511	Hon. CHAN Hak-kan	Disease Prevention
FHB(H)190	2710	Hon. IP Kwok-him	Health Promotion
FHB(H)191	2718	Hon. PAN Pey-chyou	Curative Care
FHB(H)192	2719	Hon. PAN Pey-chyou	Curative Care
FHB(H)225	3081	Hon. FUNG Kin-kee, Frederick	Disease Prevention
FHB(H)226	3082	Hon. FUNG Kin-kee, Frederick	Disease Prevention
FHB(H)227	3083	Hon. FUNG Kin-kee, Frederick	Health Promotion
FHB(H)228	3084	Hon. FUNG Kin-kee, Frederick	Disease Prevention
FHB(H)229	2901	Hon. LEUNG Ka-lau	-
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FHB(H)231	2912	Hon. LEUNG Ka-lau	Disease Prevention
SB163	1598	Hon. EU Yuet-mee, Audrey	Treatment of Drug Abusers
SB164	0331	Hon. LAU Kong-wah	Treatment of Drug Abusers
SB165	0332	Hon. LAU Kong-wah	Treatment of Drug Abusers
SB166	1603	Hon. LAU Kong-wah	Treatment of Drug Abusers
SB167	1604	Hon. LAU Kong-wah	Treatment of Drug Abusers

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB036

Question Serial No.

1205

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

Please list the number of cases and the amount for payment and reimbursement of medical fees and hospital charges for civil service eligible persons in the past three years (i.e. from 2007-08 to 2009-10).

Asked by: Hon. CHAN Hak-kan

Reply:

The number of cases and the amount for payment and reimbursement of medical fees and hospital charges incurred for civil service eligible persons in the past three years were as follows -

<u>Year</u>	<u>No. of cases</u>	<u>Amount (\$ million)</u>
2007-08	14 905	124.9
2008-09	22 384	171.6
2009-10 (Revised Estimate)	32 000	219.2

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB037

Question Serial No.

1561

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

The Administration mentioned in the 2009-10 Estimate that a new Families Clinic in the New Territories would be expected to commence operation before the end of 2009-10 and also committed in the 2010-11 Estimate that follow-up on the project would continue. Has the new clinic commenced operation? What are the actual/estimated numbers of attendance?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The new Families Clinic has commenced operation with effect from 1.3.2010 with two consultation rooms. The number of consultation rooms will be increased to six eventually. In the first week, the number of attendance was 242. At full capacity, the anticipated attendance is around 50 000 per year.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB038

Question Serial No.

1584

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

The revised financial provision for 2009-10 had increased by about 14.5% as compared with that for 2008-09. Nevertheless, the target under “appointment time for new dental cases within six months (%)” has dropped for three consecutive years to 73%. What are the reasons?

How could the Administration ensure that the provision increased by 21.6% in 2010-11 can improve the said target percentage to over 90%?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The appointment time for new dental cases within 6 months dropped below the target of 90% in 2008 and 2009 because of the increase in the number of new cases. Moreover, some clients chose to attend dental clinics in more convenient locations, resulting in longer waiting time for their first appointments.

The provision for 2010-11 is 21.6% higher than the revised estimate for 2009-10 for Programme (7) as a whole. In respect of dental treatment to civil servants, the provision for 2010-11 is 5.6% higher than the 2009-10 revised estimate. The additional provision has been earmarked for the operation of additional dental surgeries and procurement of specialised dental equipment to meet the increasing demand.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB039

Question Serial No.

0242

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

In 2010-11, there will be significant increase in the expenditure on Medical and Dental Treatment for Civil Servants by 21.6%. The Administration's explanation is that there is increasing demand. Has Department of Health assigned dedicated post(s) to monitor such expenditure in order to avoid abuse of public funds? If yes, what will be the expenditure involved?

Asked by: Hon. LAU Wong-fat

Reply:

As employer, the Government has a contractual obligation to provide medical and dental benefits to all civil service eligible persons. The provision of medical and dental treatment services by Department of Health to civil service eligible persons, including payment and reimbursement of medical fees and hospital charges, is based on established policies and guidelines. The monitoring of the provision of such services is part and parcel of the Programme area and hence the expenditure involved cannot be separately identified.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB040

Question Serial No.

1530

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

Under this Programme, there will be an increase of ten posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

A total of ten posts will be created to enhance specialised dental services, and strengthen the administrative and accounting support in the provision of dental services and in processing payment and reimbursement of medical fees and hospital charges.

Details of the posts are set out in the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Annex

<u>Major scope of responsibilities / Rank</u>	<u>Creation / Deletion</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Dental support		
Senior Dental Officer	3	2,943,000
Senior Dental Surgery Assistant	2	669,840
Dental Surgery Assistant	2	427,320
Administration support		
Executive Officer II	1	350,820
Accounting Officer I	1	529,860
Assistant Clerical Officer	4	757,680
Workman II	1	117,420
Offset by vacant posts	-4	-940,320
Net	10	4,855,620

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB041

Question Serial No.

2914

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

The “appointment time for new dental cases within six months (%)” dropped from 87% in 2008 to 73% in 2009, which is a considerable discrepancy from the target of over 90%. What are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The appointment time for new dental cases within 6 months dropped below the target of 90% in 2008 and 2009 because of the increase in the number of new cases. Moreover, some clients chose to attend dental clinics in more convenient locations, resulting in longer waiting time for their first appointments.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB042

Question Serial No.

0478

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

In 2009-10, the revised estimate of expenditure for this programme under Department of Health (DH) is \$677.2 million. In this connection, please provide breakdowns of the 2009-10 expenditure and estimated provision for 2010-11 by “Dental services provided by DH”, “Medical services provided by DH”, “Payment and reimbursement of medical fees” and “Payment and reimbursement of hospital charges”.

Asked by: Hon. LI Fung-ying

Reply:

The breakdown of the financial provision are as follows -

	<u>2009-10</u> <u>(revised estimate)</u>	<u>2010-11</u> <u>(estimate)</u>
	\$ million	\$ million
Dental services provided by DH	394.9	417.0
Medical services provided by DH	63.1	71.1
Payment and reimbursement of medical fees and hospital charges	219.2	335.4
	_____	_____
Total	<u>677.2</u>	<u>823.5</u>

For the purpose of estimates of expenditure, there is no further breakdown between “Payment and reimbursement of medical fees” and “Payment and reimbursement of hospital charges”.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB043

Question Serial No.

2015

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

- (a) In 2010-11, the estimated provision for Medical and Dental Treatment for Civil Servants is \$823.5 million, which is higher than the 2009-10 revised estimate of \$677.2 million and the 2008-09 expenditure of \$591.5 million. The increase is more than 20%. What are the reasons?
- (b) Besides, the Administration mentioned that there would be a net increase of 10 posts in 2010-11 to cope with operational needs. What would be the expenditure involved in terms of breakdown by ranks?

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) The estimated provision in 2010-11 is higher than the 2009-10 revised estimate due to the following reasons:
- increase in demand for payment and reimbursement of medical fees and hospital charges for civil service eligible persons;
 - increase in cash flow requirement for procurement of specialist equipment for dental clinics;
 - opening additional dental surgeries; and
 - operating a new Families Clinic.

(b) The details of the net increase of 10 posts are set out below:

<u>Rank</u>	<u>Creation /Deletion</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Dental Service		
Senior Dental Officer	3	2,943,000
Senior Dental Surgery Assistant	2	669,840
Dental Surgery Assistant	2	427,320
 Administration support		
Executive Officer II	1	350,820
Accounting Officer I	1	529,860
Assistant Clerical Officer	4	757,680
Workman II	1	117,420
Offset by vacant posts	-4	-940,320
Net	10	4,855,620

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB044

Question Serial No.

2931

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

The total financial provision for 2010–11 is estimated to be \$823.5 million which, when compared with the revised estimate of \$677.2 million for 2009–10, represents a substantial increase of 21.6%, due mainly to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges for civil servants and eligible persons. As such,

- (a) what is the basis for the Administration to assess the increase in such demand and the eventual decision on the level of increased expenditure?
- (b) what are the items in detail and the estimated expenditure involved in this substantially increased provision?

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) The expenditure on payment and reimbursement of medical fees and hospital charges is largely demand driven. Having regard to the trend of expenditure in recent years, an increase of \$116.2 million in the estimated expenditure is projected for the payment and reimbursement of medical fees and hospital charges in 2010-11 over the revised estimate for 2009-10.
- (b) The estimated provision in 2010-11 is higher than the 2009-10 revised estimate mainly due to the following reasons:
 - increase in demand for payment and reimbursement of medical fees and hospital charges for civil service eligible persons (\$116.2 million);
 - increase in cash flow requirement for procurement of specialist equipment for dental clinics (\$13.5 million) ; and
 - operating additional dental surgeries and a new Families Clinic (\$12.7 million).

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

Examination of Estimates of Expenditure 2010-11
**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION**

Reply Serial No.

CSB045

Question Serial No.

2626

Head: 37 – Department of Health

Subhead (No. & title):

Programme: (7) Medical and Dental Treatment for Civil Servants

Controlling Officer: Director of Health

Director of Bureau: Secretary for the Civil Service

Question:

According to the figures provided by the Department, the actual appointment time for new dental cases to eligible persons at dental clinics within 6 months was only 73% in 2009, far behind the targeted 90%. In this regard, what enhanced measures will the Department adopt to achieve the target in 2010?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The appointment time for new dental cases within 6 months dropped below the target of 90% in 2009 because of the increase in the number of new cases. Moreover, some clients chose to attend dental clinics in more convenient locations, resulting in longer waiting time for their first appointments. In 2010-11, additional provision has been earmarked for the operation of additional dental surgeries to meet the increasing demand.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 16 March 2010

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

FHB(H)001

Question Serial No.

0157

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Compared with the revised provision of \$366.3 million for 2009-10, the total financial provision for 2010-11 has substantially increased by 20.2% to \$440.3 million. This is mainly due to “the setting of standards for Chinese herbal medicines, strengthening the regulation of pharmaceutical products and proprietary Chinese medicines”. What are the details and the expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. The Department of Health has already developed standards for 60 herbs and will continue to develop the standards for another 140 by 2012.

Another additional provision of \$33.5 million has been earmarked in 2010-11 to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Measures to be included will be more stringent pre-market and post-market control of pharmaceutical products, and commencement of the remaining provisions under the Chinese Medicine Ordinance related to mandatory registration of proprietary Chinese medicines.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)002

Question Serial No.

0158

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the net increase of 81 posts in 2010-11, please advise this Committee on:

- (a) the estimated expenditures involved;
- (b) the ranks and spectrum of duties involved; and
- (c) how many of these posts are permanent in nature.

Asked by: Hon. PAN Pey-chyou

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created		Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)003

Question Serial No.

0159

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please advise this Committee on:

- a. the estimated expenditure involved in setting up the Office;
- b. the details of the work involved; and
- c. whether more staff will be employed. If yes, how many staff will be employed? What are the ranks and spectrum of duties of these posts? How many of them are permanent posts?

Asked by: Hon. PAN Pey-chyou

Reply:

(a), (b) and (c)

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature	_____
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)004

Question Serial No.

0160

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Information of the Administration shows that the attendance rates of new born babies in Maternal and Child Health Centres were low in both 2008 and 2009 because the parents of babies born here were not local residents. Please provide the number of new born babies for the past five years (i.e. from 2005 to 2009) in the table below.

	Both parents are local residents	Mother is non-local resident	Father is non-local resident	Both parents are non-local residents
2005				
2006				
2007				
2008				
2009				

Asked by: Hon. PAN Pey-chyou

Reply:

The Department of Health does not have the requested information. The birth statistics provided by Immigration Department and Census and Statistics Department may contain information which could be relevant -

Birth Statistics

Reference period	Total number of live births ⁽¹⁾	Number of live births born to Mainland women			
		whose spouses are Hong Kong permanent residents	whose spouses are not Hong Kong permanent residents ⁽²⁾	Others ⁽³⁾	Sub-total
2005	57 098	9 879	9 273	386	19 538
2006	65 626	9 438	16 044	650	26 132
2007	70 875	7 989	18 816	769	27 574
2008	78 822	7 228	25 269	1 068	33 565
2009 [#]	82 147	6 213	29 766	1 274	37 253

Notes: (1) The figures refer to the total number of live births born in Hong Kong in the reference period, counted by occurrence of the event, meaning births that actually took place in that reference period.

(2) The figures include Hong Kong non-permanent residents, i.e. persons from the Mainland who have resided in Hong Kong for less than seven years, and non-Hong Kong residents.

(3) This refers to Mainland mothers who chose not to provide the father's residential status during birth registration.

Provisional figures

Sources: Immigration Department and Census and Statistics Department

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)005

Question Serial No.

0161

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The 2010's estimate of "number of enrolment in Elderly Health Centres (EHCs)" in the indicator still remains at 38 500. Would the Government advise this Committee on -

- (a) the population of elders aged 65 or above in Hong Kong in the past five years (i.e. from 2005 to 2009);

	Mid-year population of elders aged 65 or above
2005	
2006	
2007	
2008	
2009	

- (b) the estimated population of elders aged 65 or above in Hong Kong in the coming five years (i.e. from 2010 to 2014);

	Mid-year population of elders aged 65 or above
2010	
2011	
2012	
2013	
2014	

- (c) the average expenditure required to serve each elder in EHC at present; and
- (d) whether more enrolments for Elderly Health Service will be added in the near future and the expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

- (a) From 2005 to 2009, the populations of elders aged 65 or above in Hong Kong were as follows-

	Mid-year population of elders aged 65 or above
2005	834 700
2006	852 100
2007	871 400
2008	879 600
2009	893 500

- (b) According to the population projections conducted by the Census and Statistics Department in 2007, the population of elders aged 65 or above from 2010 to 2014 are as follows-

	Mid-year population of elders aged 65 or above
2010	900 900
2011	919 200
2012	952 200
2013	989 000
2014	1 031 000

- (c) The average cost for health assessment for each member of EHC in 2009-10 was \$1,030.
- (d) Provision of highly subsidised primary health care by EHCs is not the most cost-effective and sustainable way to deliver services to elders in Hong Kong. The Government has no plan to expand EHCs at present. In fact, EHCs are not the only service provider to cater for the health care needs of the elderly. Other units of Department of Health, the Hospital Authority, community service organisations and private health care providers also provide services to the elderly. In addition, starting from 1 January 2009, the Government has launched a three-year Elderly Health Care Voucher Pilot Scheme. Under the Scheme, elders aged 70 or above are given five health care vouchers of \$50 each annually to partially subsidise their use of private health care services.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)010

Question Serial No.

0239

Head: 37 Department of Health

Subhead (No. & title):

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

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As the number of civil servants working in public hospitals will only decrease but not increase, with an actual number 3 128 in 2008 and 2 883 in 2009, and an estimated number of 2 702 in 2010, what is the total number of staff deployed to manage these civil servants? What is the establishment involved?

Asked by: Hon. LAU Wong-fat

Reply:

The Department of Health (DH) assumed the personnel management responsibility for civil servants working in the Hospital Authority (HA) in April 1999. With the number of civil servants working in the HA decreasing over the years, the number of staff supporting this programme has been gradually reduced from 42 in 1999-00 to 22 in 2009-10. The existing establishment of 22 comprises 19 administration staff in Hospital Staff Unit (HSU) and three staff at DH headquarters who provide support to this programme. The establishment in HSU is as follows-

<u>Rank</u>	<u>Number</u>
Chief Executive Officer	1
Senior Executive Officer	1
Executive Officer I	2
Senior Clerical Officer	1
Clerical Officer	4
Assistant Clerical Officer	6
Clerical Assistant	3
Office Assistant	1
Total	19

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)011

Question Serial No.

0246

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the coming year (i.e. 2010-11), the target number of health promoters to be trained exceeds 1 500, which is more than 30% smaller than the actual figure achieved in the previous year. What is the amount of expenditure saved as a result? How will the original manpower be redeployed?

Asked by: Hon. LAU Wong-fat

Reply:

The Department of Health (DH) sets a target to train about 1 500 health promoters every year to support health promotion work. The actual number of health promoters to be trained will vary depending on the nature and content of health promotion programmes to be implemented. For the year 2010-11, DH anticipates that about 2 200 health promoters will be trained mainly to organise healthy eating promotional activities in schools and restaurants. This number is roughly comparable to that of the previous year.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)012

Question Serial No.

0282

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the increased expenditure due to the Human Swine Influenza (HSI) Vaccination Programme in 2009-10, please provide the following information:

- (a) What is the amount of expenditure involved?
- (b) For which areas will the expenditure be used respectively? Please specify in detail with a list.
- (c) What is the number of HSI vaccines successfully administered against the number of vaccines purchased? What is the expenditure involved for the remaining vaccines?

Asked by: Hon. PAN Pey-chyou

Reply:

The provision for Human Swine Influenza Vaccination Programme for 2009-10 is as follows -

	<u>Amount</u> \$ million
Vaccine Cost	237.0
Injection Cost	62.5
Total	<u>299.5</u>

The Government has procured three million doses of human swine influenza vaccine at a cost of \$79 per dose. At the end of February 2010, about 180 000 doses have been administered to target groups.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)013

Question Serial No.

0283

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the continual launching of the three-year pilot scheme to provide health care vouchers to elderly aged 70 or above in 2010-11, please provide the following information -

- (a) Since the launching of the scheme, how many elders have participated? What was the expenditure involved?
- (b) What is the number of eligible elders? What percentage of eligible elders actually participated in the scheme?
- (c) If the age limit is lowered to 65, how many more elders will benefit? What will be the additional expenditure required?

Asked by: Hon. PAN Pey-chyou

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Financial implication of lowering eligible age and increasing voucher amount

If hypothetically the eligible age of 70 were to be lowered to 65 or 60 and the amount of vouchers for each elder were to be increased to \$500 or \$1,000, the financial implication would increase due to the increase in the number of eligible elders and increase in voucher reimbursement. The hypothetical annual expenditure for providing vouchers at different age limit and different voucher amount taking the year 2011 as an illustrative example is as follows –

Eligible Age	Annual expenditure at voucher amount of \$250 per elder per year (\$ million)	Annual expenditure at voucher amount of \$500 per elder per year (\$ million)	Annual expenditure at voucher amount of \$1,000 per elder per year (\$ million)
70 or above	171.0	341.9	683.8
65 or above	229.8	459.6	919.2
60 or above	332.7	665.4	1,330.8

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)014

Question Serial No.

0284

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Vaccination Office, please advise on the following:

- (a) What is the main scope of responsibilities of the Office?
- (b) What is the estimated expenditure involved?
- (c) Will it involve additional manpower? What are the details?
- (d) When will the Office be expected to commence operation?

Asked by: Hon. PAN Pey-chyou

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)015

Question Serial No.

0285

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the net increase of 81 posts in 2010-11 under this Programme, please provide the following information:

- (a) the estimated expenditures involved;
- (b) whether the 81 posts are permanent in nature and the ranks and spectrum of duties involved.

Asked by: Hon. PAN Pey-chyou

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created		Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)016

Question Serial No.

0286

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Department to adopt a community approach on smoking prevention and cessation during 2010-11, please advise on the following:

- (a) What are the details of the programme?
- (b) What is the estimated expenditure involved?
- (c) How will the Administration assess the effectiveness of the programme?
- (d) Please provide a breakdown of the number of smokers in the past five years (i.e. from 2005-06 to 2009-10) by gender and age group.

Asked by: Hon. PAN Pey-chyou

Reply:

In 2010-11, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counseling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

The provision for publicity and education programme on smoking prevention and cessation for 2010-11 will be \$57.4 million. DH will evaluate the effectiveness of its efforts through monitoring various performance indicators including utilisation of services and smoking cessation rate of the users.

Over the past five years, the Census and Statistics Department conducted two Thematic Household Surveys in 2005 and 2007-08. The numbers of smokers identified in the surveys by gender and age group were as follows-

Age	February – May 2005		December 2007 – March 2008	
	No. of smokers		No. of smokers	
	Male	Female	Male	Female
15-19	11 300	4 400	7 900	2 500
20-29	93 500	28 800	81 000	26 900
30-39	149 100	34 600	121 000	35 400
40-49	176 200	20 700	145 700	20 700
50-59	126 900	9 700	122 700	10 500
60 and over	122 000	16 100	92 600	9 900
Total	678 900	114 300	571 000	105 900

Note: Owing to rounding, there is a slight discrepancy between the sum of individual items and the total as shown in the table.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)017

Question Serial No.

1201

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

There will be a net increase of 81 posts under this programme in 2010-11. What are the establishment and expenditure involved? Please list the distribution of the newly created posts by function.

Asked by: Hon. CHAN Hak-kan

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created		Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)018

Question Serial No.

1202

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the scheme to provide health care vouchers to elderly aged 70 or above, please provide the following information -

- (a) the numbers of respective health care professionals and organisations which have participated in the Elderly Health Care Voucher Pilot Scheme (the Scheme) by 18 districts;
- (b) the number of health care professionals who have joined and withdrawn from the Scheme since its launching, as compared with the number of participants at the start of the Scheme;
- (c) the numbers of elders who have used the health care vouchers and the percentages against the total population, both by age groups; and
- (d) the number of elders who have already used up all their \$250 of vouchers in 2009.

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)019

Question Serial No.

1203

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The setting up of a Vaccination Office was mentioned in the Matters Requiring Special Attention in 2010-11. What are the staff establishment, expenditure and main functions of this Office? Please compare the Office proposed to be set up with the manpower currently responsible for implementing vaccination schemes/programmes.

Asked by: Hon. CHAN Hak-kan

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)020

Question Serial No.

1204

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The establishment of a Primary Care Office was mentioned in the Matters Requiring Special Attention in 2010-11. What are the staff establishment, expenditure and main functions of this Office?

Asked by: Hon. CHAN Hak-kan

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)021

Question Serial No.

1206

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

According to the establishment ceiling in 2010-11, the non-directorate posts will increase by 143 posts while the directorate posts by two posts. What are the functions and distribution of these newly created posts?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the 145 posts to be created in the Department of Health are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts in Department of Health in 2010-11

		<u>Number of posts to be created/deleted</u>		
<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>
<i>Programme 1 – Statutory Functions</i>				
Senior Medical & Health Officer	2			2
Medical & Health Officer	2			2
Senior Pharmacist	1			1
Pharmacist	11			11
Scientific Officer (Medical)	7			7
Senior Health Inspector	1			1
Health Inspector I/II	2			2
Medical Technologist	2			2
Senior Foreman		12		12
Foreman	2	18		20
Senior Executive Officer	1			1
Executive Officer I		5		5
Executive Officer II	1	2		3
Hospital Administrator II		3		3
Clerical Officer	1			1
Assistant Clerical Officer	3			3
Clerical Assistant	3			3
Workman II		2		2
<i>Programme 2 – Disease Prevention</i>				
* Assistant Director of Health	1			1
* Principal Medical & Health Officer	1			1
Senior Medical & Health Officer	4			4
Medical & Health Officer	5		-1	4
Nursing Officer	2			2
Registered Nurse	1			1
Scientific Officer (Medical)	2			2

<u>Number of posts to be created/deleted</u>				
<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>
Senior Systems Manager	1			1
Systems Manager	2			2
Analyst/Programmer I	2			2
Analyst/Programmer II	2			2
Senior Executive Officer	3		1	4
Executive Officer II	2			2
Accounting Officer I	1			1
Clerical Officer	1			1
Assistant Clerical Officer	4			4
Personal Secretary I	1			1
Workman II		11		11
<i>Programme 3 – Health Promotion</i>				
Workman II		2		2
<i>Programme 4 – Curative Care</i>				
Workman II		6		6
<i>Programme 5 – Rehabilitation</i>				
Registered Nurse			1	1
Enrolled Nurse			-1	-1
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>				
Senior Dental Officer	3			3
Senior Dental Surgery Assistant	1		1	2
Dental Surgery Assistant	2		-1	1
Dental Hygienist			-1	-1
Dental Technician II			-2	-2
Executive Officer II			1	1
Accounting Officer I	1			1
Assistant Clerical Officer	2		2	4
Workman II		1		1

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>
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Posts supporting more than one programme

Chief Nursing Officer			1	1
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Senior Nursing Officer			-1	-1
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Hospital Foreman			1	1
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Ganger			-1	-1
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Assistant Clerical Officer			1	1
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Clerical Assistant			-1	-1
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Total	83	62	0	145
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*Directorate posts

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

FHB(H)022

Question Serial No.

1207

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the annual expenditure on the Childhood Immunisation Programme, the number of new born babies participating in this programme and the proportion of the participants among new born babies in Hong Kong in the past four years (i.e. from 2006-07 to 2009-10).

Asked by: Hon. CHAN Hak-kan

Reply:

The vaccine costs for the Childhood Immunisation Programme (CIP) from 2006-07 to 2009-10 are as follows-

<u>Financial year</u>	<u>Amount</u> \$ million
2006-07	13.0
2007-08	24.4
2008-09	29.7
2009-10	108.1

The increase in the cost of vaccines in 2009-10 is mainly due to the introduction of pneumococcal vaccine in the CIP.

The number and proportion of new born babies participating in the CIP from 2006 to 2009 are as follows-

<u>Calendar year</u>	<u>Number of new born babies participated in CIP</u> <u>(proportion of participants among newborn babies in Hong Kong)</u>
2006	65 585 (>98%)
2007	70 570 (>98%)
2008	78 632 (>98%)
2009	81 830 (>98%)

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)023

Question Serial No.

1208

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the operation of Elderly Health Centres (EHCs), please advise on -

- (a) the current number of places, number of people on the enrolment waiting list and average waiting time of each Elderly Health Centre;
- (b) the current average unit cost for health assessment for each member; and
- (c) the current total provision for EHCs.

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) In 2009, the total number of elders who enrolled as members of EHCs was 38 500. There were about 13 000 elders on the enrolment waiting list. The median waiting time for enrolment was around 24 months.
- (b) In 2009-10, the average cost for each EHC member's health assessment was \$1,030.
- (c) The total expenditure of EHCs in 2009-10 was \$96.3 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)024

Question Serial No.

1261

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding novel influenza vaccination, pneumococcal vaccination and seasonal influenza vaccination, please advise this Committee on:

- (a) the groups of elderly and children eligible for free vaccination and the percentage of those already get vaccinated against the total number of people in the corresponding group; and
- (b) the cost of each dose of the above-mentioned three kinds of vaccines provided by the Government, as well as the current vaccines stock and their expiry date.

Asked by: Hon. CHAN Hak-kan

Reply:

The Government has put in place various vaccination programmes to provide free or subsidised vaccinations to eligible persons. Under these programmes, the number and percentage of elderly persons and children who received free or subsidised human swine influenza, seasonal influenza and pneumococcal vaccinations as at 28 February 2010 are as follows-

		Human swine influenza <u>vaccine</u>	Seasonal influenza <u>vaccine</u>
	Number of eligible <u>recipients</u>	Percentage of eligible recipients who had <u>received vaccination</u>	Percentage of eligible recipients who had <u>received vaccination</u>
Elders aged 65 or above (including elderly people living in residential care homes)	890 000	10.4%	38.1%
Children aged 6 months to below 6 years	380 000	5.2%	20.0%

	<u>Pneumococcal vaccine</u>	
	<u>Number of eligible recipients</u>	<u>Percentage of eligible recipients who had received vaccination</u>
Elders aged 65 or above (including elderly people living in residential care homes)	890 000	33.7%
Children born on or after 1 July 2009 (Childhood Immunisation Programme)	44 000	58.5%
Children born between 1 September 2007 and 30 June 2009 (Catch-up programme)	128 000	58.6%

The total number of doses of human swine influenza, seasonal influenza and pneumococcal vaccines procured by the Government, together with their unit costs and expiry dates are as follows -

<u>Vaccine</u>	<u>Total number of doses procured</u>	<u>Unit cost</u> \$	<u>Expiry date</u>	<u>Number of doses in stock (as at 28 February 2010)</u>
Human Swine Influenza vaccine	3 000 000	79.0	30 September 2010 (500 000 doses) 31 October 2010 (2 500 000 doses)	2 750 000
Seasonal influenza vaccine	400 000	28.9	31 May 2010 (38 600 doses) 30 June 2010 (112 400 doses) 31 July 2010 (184 000 doses) 31 August 2010 (65 000 doses)	115 000
23-valent pneumococcal polysaccharide vaccine (for elders)	250 000	99.0	31 May 2011	59 000
7-valent pneumococcal conjugate vaccine (for children)	349 000	450.0	31 March 2012	188 000

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)025

Question Serial No.

1278

Head: 37 Department of HealthSubhead (No. & title):Programme: (1) Statutory FunctionsControlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

Please advise on the respective expenditure and manpower of Tobacco Control Office (TCO) in the three financial years from 2007-08 to 2009-10. How many staff are responsible for frontline inspection and prosecution duties respectively? What was the total number of prosecutions during these periods? What were the establishments involved?

Has the Administration set aside resources to recruit more staff so as to continue to enforce both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance? If yes, what is the additional expenditure involved?

Asked by: Hon. CHAN Hak-kanReply:

The expenditure of the Tobacco Control Office (TCO) of the Department of Health in 2007-08, 2008-09 and 2009-10 are \$45.2 million, \$45.5 million and \$44.5 million respectively. Please refer to the Annex for details of staffing of TCO in these three years. The numbers of TCO staff for carrying out frontline enforcement duties are 78, 85 and 99 in 2007-08, 2008-09 and 2009-10 respectively.

Breakdown of the summonses and fixed penalty notices (FPNs) issued in the past three years for smoking offences by types of premises is as follows-

Type of premises where summonses/ FPNs were issued	Number of Summonses/FPN for Smoking Offences			
	2007	2008	2009	
			Summons	FPN
Amusement Game Centres	1 117	2 229	1 266	413
Shopping malls and shops	670	1 210	657	225
Food premises	522	1 247	581	186
Public pleasure grounds (including parks)	301	615	374	103
Markets	355	533	236	68
Other statutory no smoking areas	815	1 471	1 066	482
Total	3 780	7 305	4 180	1 477

For other offences under the Smoking (Public Health) Ordinance, the numbers of summonses issued in 2007, 2008 and 2009 were 54, 123 and 118 respectively.

To cope with the additional workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, four civil service posts will be created and 37 non-civil service contract positions will be converted to civil service posts in 2010-11. The provision for carrying out enforcement duties by TCO in 2010-11 will be increased to \$30.0 million, from a revised estimate of \$27.5 million in 2009-10.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

Staffing of Tobacco Control Office

Rank	2007-08	2008-09	2009-10
<u>Head, TCO</u>			
Principal Medical & Health Officer	1	1	1
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	2	2
Superintendent of Police/ Chief Inspector of Police/ Police Sergeant	7	7	5
Tobacco Control Inspector	78	85	67
Senior Executive Officer/ Executive Officer	0	0	5
Overseer/ Senior Foreman/ Foreman	0	0	27
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	1
Nursing Officer/ Registered Nurse	2	2	3
Research Officer/ Scientific Officer (Medical)	1	1	1
Health Promotion Officer/ Hospital Administrator II	4	4	4
<u>Administrative and Logistics Support</u>			
Senior Executive Officer/ Executive Officer/ Administrative Assistant	4	5	4
Clerical Officer/ Clerical Assistant/ Project Assistant/ General Worker	13	13	14
Motor Driver	1	1	1
Total no. of staff:	116	124	137

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

FHB(H)026

Question Serial No.

1279

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of smoking prevention and cessation,

- (a) What was the average utilisation rate of the smoking cessation hotline in the past three years, (i.e. 2007, 2008 and 2009)? What was the cessation rate among those who sought help?
- (b) What new and enhanced smoking cessation counselling services for smokers will be provided by the Administration in 2010-11? Will these services target at specific groups (like the adolescents or women)? What is the expenditure involved?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) In the past three years, the average number of calls received by the Department of Health (DH) Smoking Cessation Hotline was 8 584 per year. The average smoking cessation rate for patients at one year after treatment during this period was 33.6%, which was comparable to the performance in overseas countries.

(b) The publicity and education programme on smoking prevention and cessation covers those services delivered by the Tobacco Control Office (TCO) of DH, the Hong Kong Council on Smoking and Health (COSH), the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH). The provision for 2010-11 will be \$57.4 million.

In 2010-11, TCO will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, COSH will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with TWGHs for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services. To cultivate a smoke-free culture among young people, smoke-free educational programmes will be organised in collaboration with

primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

DH will also enter into a funding and service agreement with POH for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)027

Question Serial No.

1280

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the management of public mortuaries, please provide the following information -

- (a) List the average, maximum and minimum utilisation rate of each public mortuary in 2009.
- (b) The numbers of body compartments in each public mortuary, current and planned for.
- (c) Has any provision been earmarked for enhancing the professional standard of public mortuary staff? If yes, what will be the expenditure involved? What are the details?

Asked by: Hon. CHAN Hak-kan

Reply:

- (a) The utilisation rates of public mortuaries in active operation for the year 2009 are as follows -

Mortuary	Utilisation Rates		
	Maximum	Minimum	Average
Fu Shan Public Mortuary	128.0%	51.8%	84.9%
Kwai Chung Public Mortuary	101.8%	52.7%	71.7%
Victoria Public Mortuary	95.7%	24.3%	64.7%

When the usage of the above mortuaries reaches its maximum capacity, the Kowloon Public Mortuary will be opened to accommodate bodies from the above mortuaries.

- (b) The existing body storage capacities in various operating mortuaries are as follows -

Fu Shan Public Mortuary: 168

Kwai Chung Public Mortuary: 220

Victoria Public Mortuary: 70

The storage capacity of Fu Shan Public Mortuary will be increased by 48 compartments in 2010-11.

- (c) Among the 17 professional staff of public mortuaries, 11 have obtained specialist qualification in pathology or forensic pathology. Professional staff would continue to receive in-service training to enhance their professional standard. As the expenditure on enhancing the professional standard of mortuary staff forms an integral part of the overall training budget of the Department of Health, it is not separately identifiable.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)068

Question Serial No.

0522

Head: 37 Department of HealthSubhead (No. & title):Programme: (4) Curative CareControlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

Please provide the following information concerning each dental clinic in the past three years (2007-08, 2008-09 and 2009-10 (for the months with data)):

- What is the maximum number of people (non-civil servants) who can be provided with pain relief and extraction services in each session (or what is the maximum number of disc that can be allocated in each session)?
- How many people (non-civil servants) on average can receive treatment in each session?
- What is the age distribution of the people seeking dental treatment?
- How many are recipients of Comprehensive Social Security Assistance?

Asked by: Hon. CHEUNG Kwok-cheReply:

- The Department of Health provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years of 2007-08, 2008-09 and 2009-10, the maximum number of disc allocated per GP session is as follows –

	Service session	Max. no. of discs allocated per session		
		2007-08	2008-09	2009-10
Dental clinics with GP sessions				
Lee Kee Government Dental Clinic	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic ^{Note 1}	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM) ^{Note 2}	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) ^{Note 2}	42	42	42
	Friday (AM) ^{Note 2}	42	42	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32	32	32

- (b) In financial years 2007-08, 2008-09 and 2009-10, the average number of attendances per GP session is as follows –

	Service session	Average no. of attendances per session		
		2007-08	2008-09	2009-10 (up to January 2010)
Dental clinic with GP sessions				
Lee Kee Government Dental Clinic	Monday (AM)	80	81	76
	Thursday (AM)	40	40	38
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	80	81	78
Western Dental Clinic / Kennedy Town Community Complex Dental Clinic ^{Note 1}	Monday (AM)	41	45	52
	Friday (AM)	41	45	52
Fanling Health Centre Dental Clinic	Tuesday (AM)	45	47	50
Mona Fong Dental Clinic	Thursday (PM)	33	36	36
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	40	40	41
Tsuen Wan Dental Clinic	Tuesday (AM)	80	82	81
	Friday (AM)	80	82	81
Yan Oi Dental Clinic	Wednesday (AM) ^{Note 2}	40	40	41
Yuen Long Jockey Club Dental Clinic	Tuesday (AM) ^{Note 2}	40	40	40
	Friday (AM) ^{Note 2}	40	40	40
Tai O Dental Clinic	2 nd Thursday (AM) of each month	11	10	9
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	21	22	22

Note 1: Western Dental Clinic was closed in January 2008 and the GP session was relocated to Kennedy Town Community Complex Dental Clinic.

Note 2: The service session of Yan Oi Dental Clinic and Yuen Long Jockey Club Dental Clinic were changed from PM session to AM session with effect from 1st June 2009.

- (c) The breakdown by age group for the number of attendances in 2007-08, 2008-09 and 2009-10 is as follows –

Age Group	% Distribution of Attendances by age group		
	2007-08	2008-09	2009-10 (up to January 2010)
0-18	2.9%	2.5%	3.0%
19-42	13.6%	13.2%	14.4%
43-60	29.9%	30.2%	30.3%
61-85 and above	53.6%	54.1%	52.3%

- (d) The government dental clinics do not collect information on whether the attendees are recipients of Comprehensive Social Security Assistance or not. Relevant figure is not available.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)069

Question Serial No.

1363

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the annual expenditures on the publicity and education programmes on smoking prevention and cessation respectively in the past three years (i.e. 2007-08 to 2009-10)? How many clients utilised the smoking cessation service provided by the Department of Health in 2009? What was the percentage of adolescents aged under 18 and women among these clients? What was the cessation rate at one year after the smoking cessation programme?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures for publicity and education programme on smoking prevention and cessation in 2007-08, 2008-09 and 2009-10 are \$35.1 million, \$35.8 million and \$34.5 million respectively.

In 2009, a total of 567 clients attended smoking cessation clinics of the Department of Health (DH). Adolescents aged 18 or below accounted for 0.4% and women accounted for 18.5% of the clients. The smoking cessation rate for patients at one year after treatment in 2009 was 36.7% which was comparable to the performance in overseas countries.

To further strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals (TWGHs) for the provision of community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. In 2009, a total of 717 clients attended the TWGHs smoking cessation clinics. Adolescents aged 18 or below accounted for 0.1% and women accounted for 24.5% of the clients. The smoking cessation rate for TWGHs patients at one year after treatment in 2009 would not be available until the end of 2010.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)070

Question Serial No.

1450

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the staff establishment, turnover rates and expenditures of the Tobacco Control Office in 2008-09 and 2009-10 respectively? What are the estimates of the staff establishment and expenditures in 2010-11?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditure / provision of the Tobacco Control Office (TCO) of the Department of Health in 2008-09, 2009-10 and 2010-11 are \$45.5 million, \$44.5 million and \$58.5 million respectively. Please refer to the Annex for details of staffing of TCO in these three years. The staff turnover rate for TCO in 2008-09 was 31%. With the first phase implementation of conversion of non-civil service contract positions to civil service posts in 2009-10, the staff turnover rate has dropped to 15.7% (up to 28 February 2010).

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11 Estimate
<u>Head, TCO</u>			
Principal Medical & Health Officer	1	1	1
<u>Enforcement</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Superintendent of Police/ Chief Inspector of Police/ Police Sergeant	7	5	5
Tobacco Control Inspector	85	67	30
Senior Executive Officer/ Executive Officer	0	5	12
Overseer/ Senior Foreman/ Foreman	0	27	57
<u>Health Education and Smoking Cessation</u>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Nursing Officer/ Registered Nurse	2	3	3
Research Officer/ Scientific Officer (Medical)	1	1	1
Health Promotion Officer/ Hospital Administrator II	4	4	4
<u>Administrative and Logistics Support</u>			
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4
Clerical Officer/ Clerical Assistant/ Project Assistant/ General Worker	13	14	18
Motor Driver	1	1	1
Total no. of staff:	124	137	141

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

FHB(H)071

Question Serial No.

1451

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list out the number of prosecution summonses issued by the Tobacco Control Office in 2009 by types of premises.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2009, the Tobacco Control Office of the Department of Health issued 4 180 summonses and 1 477 fixed penalty notices (FPNs) for smoking offences. Another 118 summonses were issued for other offences under the Smoking (Public Health) Ordinance. Breakdown of the 4 180 summonses and 1 477 FPNs for smoking offences by types of premises is as follows-

Type of Premises where summonses or FPNs were issued	Number of Summonses	Number of FPNs
Amusement Game Centres	1 266	413
Shopping malls and shops	657	225
Food premises	581	186
Public pleasure grounds (including parks)	374	103
Markets	236	68
Other statutory no smoking areas	1 066	482
Total	4 180	1 477

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)072

Question Serial No.

1452

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the number of complaints received, and operations and prosecutions conducted by the Tobacco Control Office respectively in 2008 and 2009? What is the average time used to complete follow-up actions upon receipt of complaints?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The numbers of complaints received, inspections conducted and summonses and fixed penalty notices issued by the Tobacco Control Office in 2008 and 2009 were as follows-

	2008	2009
Complaints received	15 321	17 399
Inspections conducted	13 302	17 627
Summonses issued	7 428	4 298
Fixed penalty notices issued	-	1 477 (since 1 September 2009)

Tobacco Control Inspectors will normally initiate investigations within five to ten days of receipt of complaints. Some straight-forward cases could be resolved within one or two days while investigations of more complex complaints might take several weeks. The average time taken for completing investigation for a case is about ten working days.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)103

Question Serial No.

0752

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the plan to set standards for Chinese herbal medicines and strengthen the regulation of pharmaceutical products and proprietary Chinese medicines, please provide the respective work details, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines. The Department of Health has already developed standards for 60 herbs and will continue to develop the standards for another 140 by 2012. An addition of five non-civil service contract positions will be created to take the task forward.

An additional provision of \$33.5 million has been earmarked in 2010-11 to strengthen the regulation of pharmaceutical products and proprietary Chinese medicines. Measures to be included will be more stringent pre-market and post-market control of pharmaceutical products, and commencement of the remaining provisions under the Chinese Medicine Ordinance related to mandatory registration of proprietary Chinese medicines. One Senior Pharmacist, 11 Pharmacists, six Scientific Officers (Medical), two Medical Technologists and seven general and departmental grades posts will be created.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)104

Question Serial No.

0753

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of 81 posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created		Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)105

Question Serial No.

0754

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there is a year-on-year increase in the number of laboratory tests relating to public health by comparing the actual numbers of the past three years. Why is the estimated number of this year (2010) decreased by 325 000 as compared with that of last year (2009)? Please account for the reasons and the effect on public health.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

There was an increase of 320 000 laboratory tests relating to public health in 2009 as compared with that of 2008 due to the human swine influenza (HSI) pandemic. It is estimated that the number of laboratory tests in 2010 will resume to the normal level similar to that in 2008. This accounts for the decrease in the number of tests by 325 000 and should not have any adverse effect on public health.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)106

Question Serial No.

1742

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Why is the estimated number of secondary school students participating in the Student Health Service in 2010 greatly reduced as compared with the actual number in 2009?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The number of secondary school students participating in Student Health Service is estimated to be reduced in year 2010 as compared with that of 2009 because some resources have been redeployed since 21 December 2009 to launch the Human Swine Influenza Vaccination Programme for children aged between six months and less than six years.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)107

Question Serial No.

1743

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

From 2007-08 to 2009-10, how many cases had been referred to specialised services in Department of Health or Hospital Authority by Student Health Service and for what diseases?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The number of cases referred by Student Health Service to the Department of Health or Hospital Authority specialists was around 15 000 in 2007-08 and 17 000 in 2008-09. The figure for 2009-10 is not yet available. The referrals were mainly for obesity, scoliosis and phimosis.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)108

Question Serial No.

1744

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What are the number of attendances and age distribution of participants in each woman health centre of Department of Health?

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2009, the numbers of attendances in the three Woman Health Centres are as follows -

<u>Centre</u>	<u>Number of attendances</u>
Chai Wan Woman Health Centre	7 829
Lam Tin Woman Health Centre	9 518
Tuen Mun Woman Health Centre	10 801
Total number of attendances:	28 148

The age distribution of women enrolled is as follows -

<u>Age (years)</u>	<u>Percentage of total (%)</u>
<25	0.5
25-29	1.4
30-34	2.8
35-39	5.2
40-44	9.0
45-49	14.6
50-54	24.6
55-59	25.6
60-64	16.2
>64	0.1

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)109

Question Serial No.

1745

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the 2010-11 Estimate, what are the respective work, manpower and expenditure involved in strengthening the registration and licensing control of pharmaceutical products?

Asked by: Hon. CHEUNG Man-kwong

Reply:

In 2010-11, an additional provision of \$16.2 million has been earmarked to strengthen the regulation of pharmaceutical products. The measures will provide more stringent pre-market and post-market control of pharmaceutical products. Ten Pharmacists, one Scientific Officer (Medical) and three general grades posts will be created to provide additional professional and administrative support.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)110

Question Serial No.

1787

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention
(3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

For the school years from 2007-08 to 2010-11, what were the work plans, staffing and expenditures for providing sex education to primary and secondary school students?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The Student Health Service (SHS) of the Department of Health provides sex education for primary and secondary students. Student Health Service Centres provide attending primary school students with health education on puberty. The outreach Adolescent Health Programme of SHS delivers sex education workshops to secondary school students on contraception, prevention of sexually transmitted diseases, risks of promiscuity, sexual harassment and relationship between love and sex in their schools. The provision of sex education to primary and secondary school students is part and parcel of the SHS and hence the expenditure involved cannot be separately identified.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)111

Question Serial No.

1788

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) The appointment time for new dermatology cases within 12 weeks in 2008 and 2009 are far below the target. What are the respective number, ranks and years of service of the dermatologists and nurses who left the service from 2008 to 2010?
- (b) What are the forthcoming improvement measures to close the gap between new dermatology cases and the target or even to achieve the target?

Asked by: Hon. CHEUNG Man-kwong

Reply:

The following table shows the respective number, ranks and years of service of doctors and nurses who left the Social Hygiene Service (Soc Hyg) from 2008 to 2010 (upto Mar 2010):

<u>Rank</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
	Number of staff (year of service in Soc Hyg)	Number of staff (year of service in Soc Hyg)	Number of staff (year of service in Soc Hyg)
Consultant	0	1 (>10)	0
Senior Medical Officer	0	1 (>10)	0
Medical Officer	2 (<10)	3 (<10)	1 (<10)
Contract Doctor	4 (<10)	1 (<10)	0
Nursing Officer	2 (>10)	0	0
Registered Nurse	3 (>10)	7 (>10)	0
	1 (<10)	3 (<10)	
Enrolled Nurse	4 (>10)	1 (<10)	0

The Department of Health will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment and internal deployment of doctors and nurses.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

FHB(H)112

Question Serial No.

1789

Head: 37 Department of HealthSubhead (No. & title):Programme: (4) Curative CareControlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

In 2010-11, regarding the provision of dental service to patients with special oral healthcare needs or emergency, please provide details of the target clients, service providing units, service quota and the expenditure involved respectively.

Asked by: Hon. CHEUNG Man-kwongReply:

In 2010-11, the Department of Health (DH) provides specialist dental treatment to hospital in-patients, patients with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery and Dental Units of seven public hospitals. Patients who are medically compromised, such as having conditions prone to infection and bleeding, physically or mentally incapacitated or those who have facial deformities are regarded as "patients with special oral healthcare needs". Patients who have dental pain and trauma are regarded as "dental emergency". The service is provided on referral and there is no set quota. The following are the seven public hospitals with Oral Maxillofacial Surgery and Dental Units-

- (i) Pamela Youde Nethersole Eastern Hospital
- (ii) Queen Mary Hospital
- (iii) Queen Elizabeth Hospital
- (iv) North District Hospital
- (v) Princess Margaret Hospital
- (vi) Prince of Wales Hospital
- (vii) Tuen Mun Hospital

Also, the DH provides free emergency dental services to the public through general public sessions (GP sessions) at 11 government dental clinics. The service providing units and quotas are as follows-

Dental clinics with GP sessions	Service session	No. of discs allocation per session
Lee Kee Government Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84
	Friday (AM)	84

Dental clinics with GP sessions	Service session	No. of discs allocation per session
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 st Friday (AM) of each month	32

In 2010-11, the provision for dental service under Programme 4 “Curative Care” is \$43.1 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)124

Question Serial No.

1524

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Vaccination Office, please provide details of the programme, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service of School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)125

Question Serial No.

1525

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please provide details of the programme, estimated manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)126

Question Serial No.

1526

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of 46 posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The increase of 46 posts to be created under the permanent establishment of the Department of Health under Programme (2) will mainly involve –

- (a) creation of 35 posts for strengthening support in development of electronic health records infrastructure, setting up of a Vaccination Office for implementing various vaccination schemes / programmes, and establishment of a Primary Care Office to co-ordinate and take forward strategies to enhance primary care for better disease prevention and control; and
- (b) creation of 11 Workman II posts for conversion of non-civil service contract positions in various services.

Details of the 46 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts under Programme 2 in 2010-2011

Major scope of responsibilities / Rank	Number of posts to be created/deleted			Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions	Regrading of posts		
Service Head					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Professional and technical support					
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Administration support					
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
Total	35	11	0	46	23,274,060

*Directorate posts

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

FHB(H)127

Question Serial No.

1527

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this programme, only 65% of new dermatology cases are seen within 12 weeks. Please advise the Committee whether the Administration has allocated additional resources in 2010-11 to improve the service. If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

An additional \$1.2 million will be allocated to the dermatology service in 2010-11. Furthermore, replacement of contract doctors by civil servants in the dermatology service in 2009 may reduce the turnover rate of doctors in the coming years. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH. Service demand and waiting time are monitored closely and resources are deployed to the most needed patients through a triage system to ensure that all suspected skin cancer referrals are to be seen within two weeks.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)128

Question Serial No.

1528

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there is a year-on-year increase in the number of attendances of hospital patients for dental treatment by comparing the numbers of the past three years. Why is the estimated attendance of this year (2010) the same as that of last year (2009)? Please account for the reasons and the effect on patients seeking dental treatment.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The attendance of 2010 is only an estimate. The Hospital Dental Unit will continue to provide specialist treatment to hospital in-patients, patients with special oral healthcare needs and dental emergency cases.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)129

Question Serial No.

1529

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, there will be an increase of six posts in the Department of Health in 2010-11. Please provide details of the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Six Workman II posts are proposed to be created under Programme (4) in 2010-11 for conversion of non-civil service contract positions to provide general support in clinics and Pharmaceutical Manufacturing Unit. The annual recurrent cost of the six posts is \$0.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)130

Question Serial No.

1560

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Pilot Scheme (the Scheme), please provide the following information -

- (a) tabulate the respective health care organisations/professionals which have participated in the Scheme and their numbers, and the numbers of those which/who have enrolled and then withdrawn;
- (b) the reasons for the withdrawal of the health care organisations/professionals; whether the Administration has allocated additional resources to resolve the above reasons in order to attract more service providers;
- (c) the numbers of eligible elders who have claimed and not claimed any vouchers by age groups, these as percentages of the total population, the numbers of vouchers used, claimed but not yet used, and the total number of unclaimed vouchers; and
- (d) the implementation of any review of and improvement measures for the Scheme in 2010-11 for the target of promoting primary health care services. If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)131

Question Serial No.

1562

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the establishment of a Primary Care Office, please provide the expenditure involved, staff establishment, targets of the actions/measures involved in the programme and their details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Following the broad public support during the first-stage public consultation on health care reform in 2008, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health has put forward a set of recommendations to enhance primary care in Hong Kong. These include-

- (i) developing conceptual models and clinical protocols for primary care;
- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols, to enhance primary care services in the community.

Based on these recommendations, the Government has earmarked a total of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11) to implement a series of pilot projects to enhance primary care, including –

- (1) \$254 million for strengthening the support for chronic disease patients;
- (2) \$65 million for setting up community health centres or network; and
- (3) \$80 million for enhancing primary dental services and oral health promotion programmes in collaboration with the dental profession, particularly those for the elderly in need.

We are working out the implementation details of the above pilot projects, including their scale, manpower requirement, and participation arrangements.

In addition to the above, starting from August 2009, the Government has already launched, through the Hospital Authority (HA), a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings. These include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, helping chronic disease patients improve their self-care skills through enhanced education, etc.

In order to support the development of primary care in Hong Kong and co-ordinate the implementation of various programmes to enhance primary care, the Government has planned to set up a Primary Care Office (PCO) in 2010-11. The PCO will be responsible for supporting the WGPC for the strategic planning, implementation and overall co-ordination of long-term development of primary care, so as to improve health of the population and to strengthen disease prevention and control. It will be set up under the Department of Health (DH) and comprise staff of relevant expertise including those from DH, HA and the Food and Health Bureau.

Out of the \$226 million earmarked for the PCO for the period 2010-11 to 2012-13, about \$194 million is earmarked for implementing specific tasks relating to primary care development, including developing primary care conceptual models and preventive protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care delivery models, supporting research on primary care, improving primary care related training and capacity building in collaboration with health care professionals, etc. It will also coordinate and monitor the progress of all the pilot projects mentioned above, and continuously work with independent assessment bodies to evaluate the arrangements and effectiveness of the projects during the pilot period.

The PCO will involve an initial setup of 19 civil service posts, comprising Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff, breakdown of which is at Annex. The Head of the PCO will be pitched at the Assistant Director of Health (D2) rank, underpinned by a Principal Medical and Health Officer (D1). We will seek the Finance Committee's approval in due course to create the two directorate posts later. We have earmarked about \$9 million in 2010-11 for these civil service posts. In addition, about \$6 million in 2010-11 has been earmarked for secondment of staff from HA (e.g. Medical and Health Officers, Scientific Officer (Medical), Nursing Officer) with relevant expertise in the provision and development of primary care and other related tasks such as the development of clinical protocols.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

Proposed Civil Service Staffing Complement for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health	1
Principal Medical & Health Officer	1
Senior Medical & Health Officer	2
Medical & Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I*	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer*	1
Total	19

*Existing posts in the Food and Health Bureau. All other posts are new posts to be created under the Department of Health.

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

FHB(H)132

Question Serial No.

1572

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the expenditure and staff establishment involved and the details of the plan for setting up a Vaccination Office.

Is the Office set up to cope with and implement all the vaccination schemes/programmes in Hong Kong? If not, please provide the relevant information of the plan expected to be carried out and explain the reasons for selective implementation of the schemes/programmes.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Vaccination Office is responsible for the planning, implementation and evaluation of various vaccination programmes and subsidy schemes including the Government Vaccination Programme, Childhood Influenza Vaccination Subsidy Scheme, Elderly Vaccination Subsidy Scheme as well as Human Swine Influenza Vaccination Programme and Subsidy Scheme. Its main tasks include liaising and coordinating with different service providers, handling enrolment applications and processing reimbursement claims of private doctors, monitoring vaccination uptake and compiling relevant statistics, conducting audit checks, organising publicity programmes, operating hotline service, as well as reviewing and evaluating the vaccination programmes and subsidy schemes. It does not cover the Childhood Immunisation Programme of the Family Health Service or School Immunisation Teams.

In 2010-11, seven new posts are planned for creation including one Senior Medical and Health Officer, one Registered Nurse, one Senior Executive Officer, one Executive Officer II, two Assistant Clerical Officers and one Accounting Officer I. In addition, three time-limited posts including one Senior Medical and Health Officer and two Medical and Health Officers will be required for strategic development of various vaccination programmes as well as implementation and review of overall operational plans.

The Vaccination Office will be set up in 2010-11 and the estimated expenditure involved is \$15.7 million.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)133

Question Serial No.

1573

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

As for the Human Swine Influenza (HSI) Vaccination Programme, please provide the vaccination statistics of the five target groups and non-target groups of the population as to date by months in chronological order, and the percentage of each target group against the total targeted population.

How will the Government make use of the resources to monitor and handle the cases of adverse reactions due to vaccination? If the number of people receiving HSI vaccination continues to drop due to the worries over adverse reactions cases, will the Government allocate additional resources to encourage each targeted group and the public to receive the vaccination? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

As at 8 March 2010, about 170 800 persons under the target groups have received human swine influenza (HSI) vaccines. The breakdown on the number of recipients by target group and the respective coverage rates are as follows-

	Total estimated population	Number of recipients					Cumulative Percentage
		<u>Dec 2009</u>	<u>Jan 2010</u>	<u>Feb 2010</u>	<u>Mar 2010</u> (up to 8 Mar)	<u>Total</u> (as at 8 Mar 2010)	
Elderly aged 65 or above (including elderly people living in residential care homes)	890 000	36 000	45 000	11 300	1 600	93 900	10.6%
Persons aged under 65 with chronic illnesses	570 000	14 800	20 500	6 300	600	42 200	7.4%
Pregnant women #	-	700	700	50*	10*	1 460	-
Health care workers	150 000	4 600	6 800	1 200	200	12 800	8.5%
Children aged between 6 months and less than 6 years△	380 000	10 100	8 900	800	100	19 900	5.2%
Pig farmers and pig-slaughtering industry personnel	1 550*	300	200	2*	3*	505	32.6%
Total:	1 991 550	66 500	82 100	19 700	2 500	170 800	8.6%

(The figures in the above table are rounded to the nearest hundreds except those marked with *)

The population of eligible pregnant women at a given point of time is subject to considerable uncertainty and variation. [The number of women who gave birth in 2009 was 82 906.]

△ Children need to receive two doses.

There are no available statistics on the number of non-target group persons who received HSI vaccination at their own cost in private sector.

The Department of Health (DH) has put in place a surveillance system for serious adverse events following HSI vaccination. Each reported event will be investigated to ascertain its nature and possible relationship with vaccination. An Expert Group has also been set up to review reports of serious adverse events following HSI vaccination.

DH and Expert Group members meet the press regularly to address public concern on vaccine safety. So far, HSI vaccination is not associated with an unusual increase in serious adverse events. DH will continue to conduct territory-wide publicity campaigns to promote HSI vaccination among target group members.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)134

Question Serial No.

1574

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide the number of reported HIV cases, newly confirmed cases, actual cumulative cases and death rate for the most recent three years (i.e. from 2007 to 2009).

Would the Administration allocate additional resources for HIV/AIDS to augment the treatment, laboratory and preventive services to be provided in 2010-11? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The number of HIV and AIDS cases under the voluntary and anonymous HIV/AIDS reporting system in 2007, 2008 and 2009, and their cumulative total as at 2009 are as follows-

	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>Cumulative total as at 2009</u>
HIV cases	414	435	396	4 443
HIV cases developing AIDS	79	96	76	1 106

It is difficult to ascertain an accurate number of deaths among HIV infected persons at a particular point of time, partly due to the fact that a considerable number of them have left Hong Kong. Moreover, some deaths among HIV infected persons may be attributed to causes other than HIV.

An additional amount of \$12.0 million has been earmarked to augment treatment and laboratory testing services to HIV patients in 2010-11. The extra expenditure is mainly related to drug cost of antiretroviral therapy for people infected with HIV / AIDS.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)135

Question Serial No.

1583

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the target of “achieving a high participation rate of new born babies attending Maternal and Child Health Centres (MCHCs)”, please provide the participation rates of new born babies whose mothers are non-local residents and those born to local mothers respectively in the past three years (i.e. from 2007 to 2009). What were the reasons for not attending MCHCs in the two groups?

How would the Administration plan to attract more mothers to take their babies to MCHCs in order to achieve the target rate of 90%?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

In 2007, 83% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 90.5% and 66.5% respectively.

In 2008, 78% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 90.3% and 57.7% respectively.

In 2009, 74% of new born babies attended MCHCs. The participation rates of new born babies whose mothers are local versus non-local residents were 91.5% and 52.0% respectively.

About 10% of local mothers choose to attend other service providers in Hong Kong. A significant proportion of mothers who are non-local residents would leave Hong Kong soon after delivery and hence their new borns would not attend MCHCs.

Department of Health (DH) has produced an information kit for postnatal mothers, covering a range of health information, including advice on care of the new born, the need for immunisation and how to access maternal and child health services provided by DH. The kit is made available to all postnatal mothers in both public and private hospitals.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)136

Question Serial No.

1585

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

One of the Administration's Matters Requiring Special Attention in 2010-11 will be to speed up the setting of standards for Chinese herbal medicines commonly used in Hong Kong. What will be the details and the estimated expenditure involved? Will there be newly created posts involved? If yes, please give an account of the details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

An additional provision of \$32.6 million has been earmarked in 2010-11 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. The Department of Health has already developed standards for 60 herbs and will continue to develop another 140 by 2012. An addition of five non-civil service contract positions will be created to take the task forward.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)137

Question Serial No.

1586

Head: 37 Department of Health

Subhead (No. & title):

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the net increase of 81 posts in 2010-11, please provide details of the ranks, remunerations and job nature of the posts involved.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The increase of 81 posts to be created under the permanent establishment of the Department of Health under Programme (1) will involve-

- (i) creation of 39 posts for strengthening support in port health control, tobacco control, and regulation of pharmaceutical products, proprietary Chinese medicines and medical device, and
- (ii) creation of 42 posts for conversion of non-civil service contract positions to permanent established posts in various services.

Details of the 81 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created		Total	Annual recurrent cost of civil service posts (\$)
	Additional posts	Replacement of non-civil service contract positions		
Professional, enforcement and technical support				
Senior Medical & Health Officer	2		2	1,962,000
Medical & Health Officer	2		2	1,500,240
Senior Pharmacist	1		1	981,000
Pharmacist	11		11	7,228,980
Scientific Officer (Medical)	7		7	4,600,260
Executive Officer I		5	5	2,649,300
Executive Officer II		2	2	701,640
Senior Foreman		12	12	2,719,440
Foreman	2	18	20	3,573,600
Medical Technologist	2		2	1,059,720
Senior Health Inspector	1		1	554,760
Health Inspector I/II	2		2	744,720
Administration support				
Hospital Administrator II		3	3	1,052,460
Senior Executive Officer	1		1	719,160
Executive Officer II	1		1	350,820
Clerical Officer	1		1	303,840
Assistant Clerical Officer	3		3	568,260
Clerical Assistant	3		3	443,160
Workman II		2	2	234,840
Total	39	42	81	31,948,200

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

FHB(H)138

Question Serial No.

1587

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned that the Administration will continue to enforce both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance in 2010-11. Please provide the number of complaints received and the number of enforcement actions and prosecutions instituted by the Tobacco Control Office, and the respective expenditures in the past three calendar years (i.e. from 2007 to 2009).

What is the estimated expenditure for carrying out duties related to tobacco control in 2010-11? Please provide relevant details.

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of complaints received, inspections conducted, and summons and fixed penalty notices issued by the Tobacco Control Office in 2007, 2008 and 2009 are as follows-

	2007	2008	2009
Complaints received	17 981	15 321	17 399
Inspections conducted	13 691	13 302	17 627
Summons issued	3 834	7 428	4 298
Fixed penalty notices issued	-	-	1 477
			(since 1 September 2009)

The expenditure/ provision of the Tobacco Control Office (TCO) of the Department of Health for carrying out enforcement duties in 2007-08, 2008-09 and 2009-10 are \$20.3 million, \$23.1 million and \$27.5 million respectively.

The provision for carrying out enforcement duties by TCO in 2010-11 will be increased to \$30 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

FHB(H)139

Question Serial No.

1588

Head: 37 Department of HealthSubhead (No. & title):Programme: (1) Statutory FunctionsControlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

Please provide figures on the utilisation, manpower and expenditures of each public mortuary as well as those on capacity overwhelmed (if applicable) for the past three years (i.e. from 2007-08 to 2009-10). Will the Administration allocate more resources to improve the service? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, AudreyReply:

The utilisation rates of public mortuaries in active operation are as follows -

Mortuary	Average Utilisation Rates		
	2007	2008	2009
Fu Shan Public Mortuary	72.9%	82.3%	84.9%
Kwai Chung Public Mortuary	66.0%	70.6%	71.7%
Victoria Public Mortuary	54.6%	67.8%	64.7%

When the usage of the above mortuaries reaches its maximum capacity, the Kowloon Public Mortuary will be opened to accommodate bodies from the above mortuaries. The number of days when individual mortuary's usage reached its maximum capacity is as follows -

Mortuary	Number of days when the capacity of the mortuary was exceeded		
	2007	2008	2009
Fu Shan Public Mortuary	7	31	40
Kwai Chung Public Mortuary	0	24	1
Victoria Public Mortuary	0	1	0

The staff establishment of the three public mortuaries is as follows -

Mortuary	Number of posts as at		
	31.3.2008	31.3.2009	31.3.2010
Fu Shan Public Mortuary	22	23	23
Kwai Chung Public Mortuary	25	27	27
Victoria Public Mortuary	18	19	19
Total	65	69	69

The expenditures of public mortuaries form an integral part of the Forensic Pathology Service. For 2007-08, 2008-09 and 2009-10, the expenditures of the Forensic Pathology Service were \$38.0 million, \$42.0 million and \$38.1 million respectively. The provision for Forensic Pathology Service for 2010-11 is \$38.6 million. The increase in expenditure in 2008-09 was to cover the costs for various improvements measures, including enhancement of storage capacity, upgrading of laboratory equipment, and renovation work. The renovation works are to be continued in 2010-11.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)140

Question Serial No.

1597

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It was mentioned by the Administration in the financial year of 2009-10 that an additional allocation of \$4 million would be provided to enhance dermatology service. However, only 65% of new dermatology cases are seen within 12 weeks, which is 25 % below the target. Has the Government planned to deploy and/or allocate additional resources to improve the service? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

An additional \$1.2 million will be allocated to the dermatology service in 2010-11. Furthermore, replacement of contract doctors by civil servants in the dermatology service in 2009 may reduce the turnover rate of doctors in the coming years. The Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH. Service demand and waiting time are monitored closely and resources are deployed to the most needed patients through a triage system to ensure that all suspected skin cancer referrals are to be seen within two weeks.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)148

Question Serial No.

2171

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Administration has launched the Elderly Health Care Voucher Pilot Scheme (the Scheme) on 1 January 2009. The participation rate in the past year (i.e. 2009-10) was very low. Would the Administration inform this Committee of the financial provision earmarked for the Scheme in 2010-11?

Asked by: Hon. CHEUNG Kwok-che

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)149

Question Serial No.

2172

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

At present, the service provided by Elderly Health Centres (EHCs) is insufficient. Elders in many districts can only receive health assessment service once after having waited for an average of two years. The continued aging of the population will greatly increase the demand for EHC service. Could the Administration advise this Committee why there is no increase in the number of EHC quotas in 2010-11?

Asked by: Hon. CHEUNG Kwok-che

Reply:

Provision of highly subsidised primary health care by EHCs is not the most cost-effective and sustainable way to deliver service to elders in Hong Kong. Government has no plan to expand EHCs at present. In fact, EHCs are not the only service provider to cater for the health care needs of elders. Other units of Department of Health, Hospital Authority, community service organisations and private health care providers also provide services to the elders. In addition, since 1 January 2009, Government has launched a three-year Elderly Health Care Voucher Pilot Scheme. Under the Scheme, elders aged 70 or above are given five health care vouchers of \$50 each annually to partially subsidise their use of private health care services.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)150

Question Serial No.

1902

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the 2009-10 Estimates, the Administration stated that there had been an increase in the number of reported HIV cases over recent years. However, AIDS counselling attendances and utilisation of AIDS telephone enquiry service persistently dropped from the actual of 3 700 and 17 000 in 2007 to the actual of 2 620 and 14 400 in 2009 respectively. Would service providers please explain the reasons for the decreasing trend of the distribution in service demand?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

There has been an increase in the number of reported HIV cases over recent years. As a result, the Department of Health (DH) experienced an upsurge on the utilisation of HIV/AIDS voluntary counselling and testing services through its AIDS telephone enquiry service and AIDS counselling attendances in 2007. In response to the HIV epidemic, the Council for the AIDS Trust Fund (ATF) has been providing extra funding to non-governmental organisations (NGOs) to scale up provision of HIV counselling and testing services with DH providing training and technical support to the concerned NGOs. The respective indicators in 2008 and 2009 reflected a changing distribution in service demand from various providers. The number of testing cum counselling services provided by NGOs under ATF funding increased from 2 472 in 2006 to 5 911 (139%) and 8 348 (238%) in 2007 and 2008 respectively. The statistics for 2009 are pending.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)151

Question Serial No.

1959

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The territory-wide electronic health record infrastructure advocated for development by the Government not only can improve progressively the territory-wide medical records system of the public patients, but also can save unnecessary medical laboratory tests and time. What specific measures does the Department of Health have to encourage public participation and what is the expenditure involved for these measures?

Asked by: Hon. LAU Kin-ye, Miriam

Reply:

A provision of \$28.7 million recurrent resources for 2010-11 has been earmarked to the Electronic Health Record (eHR) Management Team in the Department of Health (DH) to develop a dedicated information technology system, a clinical information management system, and a centralised immunisation record system; and to upgrade the existing electronic database of pharmaceutical products. The initiatives of DH are an integral part of the territory-wide eHR Programme to be implemented by the Food and Health Bureau with participation from various stakeholders including the Hospital Authority, DH, and private health care providers for the use of the community on a voluntary basis.

Signature _____

Name in block letters Dr PY LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)152

Question Serial No.

1960

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

There were reports that a significant number of experienced nurses left service, affecting the quality of nursing care in specialist outpatient clinics. What specific measures does Department of Health (DH) have to resolve the problem of manpower shortage and what is the estimated expenditure? Will increasing the number of training places in nursing schools be considered or implementing measures to encourage and attract interested young people to join the nursing discipline?

Asked by: Hon. LAU Kin-ye, Miriam

Reply:

Since the resumption of recruitment of civil servants by Government in March 2008, DH has conducted three rounds of recruitment exercise for Registered Nurses (RNs). The nursing manpower in DH has been in full strength since the start of the 2009-10. The establishment of posts at RN grade rose from 1 030 in April 2009 to 1 079 in September 2009. Vacancies arising from wastage of staff could be filled according to established recruitment procedures. As the number of experienced nurses who left DH in the past year was not significant, the quality of nursing care in specialist centres of DH should not be affected.

The Government constantly assesses the manpower situation of health care professionals, including nurses. It is expected that 1 400 nurses will graduate in 2010 and the number of nurse graduates will increase to 2 150 in 2012. To enhance the supply of nurses, the Administration has earmarked additional funding of \$21.2 million to the Hospital Authority to provide 650 nurse training places in 2010-11. Meanwhile, the University Grants Committee (UGC) has provided 40 and 50 additional places respectively for nursing programmes at degree and sub-degree levels in the 2009/10 academic year compared with that in the 2008/09 academic year. The UGC will also provide 60 additional senior year places for nursing undergraduate programmes starting from the 2010/11 academic year. The Administration will continue to assess the demand and supply of nurses in Hong Kong to facilitate manpower planning.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)154

Question Serial No.

0935

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please list the change in the number and salary expenditures of directorate and non-directorate posts in the past five years (i.e. from 2005-06 to 2009-10);
- (b) In 2010-11, two directorate posts and 143 non-directorate posts will be created in the Department of Health. Please provide the ranks of the posts to be newly created, annual expenditure involved and reasons for the creation of new posts.

Asked by: Hon. LI Wah-ming, Fred

Reply:

- (a) Please see Annex A for details.
- (b) Please see Annex B for details.

A total of 83 additional posts are to be created for strengthening support in port health control, tobacco control, regulation of pharmaceutical products, proprietary Chinese medicines and medical device; development of electronic health records infrastructure; setting up of the Vaccination Office for implementing various vaccination schemes / programmes; establishment of the Primary Care Office to co-ordinate and take forward strategies to enhance primary care for better disease prevention and control; enhancement of specialised dental services for civil service eligible persons; and strengthening the accounting support in processing payment and reimbursement of medical fees and hospital charges.

Another 62 posts are to be created for conversion of non-civil service contract positions.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Establishment change of the Department of Health in 2005-06 to 2009-10

(a) Year	(b) Directorate	(c) Non-directorate	(d) Posts to accommodate general grades officers working in General Out-patient Clinics of the Hospital Authority (HA)	(e) Total	(f) Changes	(g) Salary cost in the year (Excluding staff working in HA in column (d)) \$million
2005-06	57	4 822	100	4 979		1,774.6
2006-07	57	4 800	77	4 934	-45	1,753.8
2007-08	57	4 874	69	5 000	+66	1,837.7
2008-09	57	5 258	55	5 370	+370	1,998.6
2009-10	57	5 430	17	5 504	+134	2,136.0

Creation and Deletion of Posts in DH in 2010-2011

<u>Number of posts to be created/deleted</u>					
<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
<i>Programme 1 – Statutory Functions</i>					
Senior Medical & Health Officer	2			2	1,962,000
Medical & Health Officer	2			2	1,500,240
Senior Pharmacist	1			1	981,000
Pharmacist	11			11	7,228,980
Scientific Officer (Medical)	7			7	4,600,260
Senior Health Inspector	1			1	554,760
Health Inspector I/II	2			2	744,720
Medical Technologist	2			2	1,059,720
Senior Foreman		12		12	2,719,440
Foreman	2	18		20	3,573,600
Senior Executive Officer	1			1	719,160
Executive Officer I		5		5	2,649,300
Executive Officer II	1	2		3	1,052,460
Hospital Administrator II		3		3	1,052,460
Clerical Officer	1			1	303,840
Assistant Clerical Officer	3			3	568,260
Clerical Assistant	3			3	443,160
Workman II		2		2	234,840
<i>Programme 2 – Disease Prevention</i>					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
<i>Programme 3 – Health Promotion</i>					
Workman II		2		2	234,840
<i>Programme 4 – Curative Care</i>					
Workman II		6		6	704,520
<i>Programme 5 – Rehabilitation</i>					
Registered Nurse			1	1	319,020
Enrolled Nurse			-1	-1	-250,020
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>					
Senior Dental Officer	3			3	2,943,000
Senior Dental Surgery Assistant	1		1	2	669,840
Dental Surgery Assistant	2		-1	1	213,660
Dental Hygienist			-1	-1	-226,620
Dental Technician II			-2	-2	-500,040
Executive Officer II			1	1	350,820

Number of posts to be created/deleted

<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
Accounting Officer I	1			1	529,860
Assistant Clerical Officer	2		2	4	757,680
Workman II		1		1	117,420

Posts supporting more than one programme

Chief Nursing Officer			1	1	816,180
Senior Nursing Officer			-1	-1	-657,180
Hospital Foreman			1	1	178,680
Ganger			-1	-1	-127,140
Assistant Clerical Officer			1	1	189,420
Clerical Assistant			-1	-1	-147,720

Total	83	62	0	145	61,338,480
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*Directorate posts

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

FHB(H)155

Question Serial No.

0936

Head: 37 Department of Health Subhead (No. & title): 000 Operational expenses,
700 General non-recurrent

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please provide a breakdown of the recurrent and non-recurrent expenditure of each Programme of the Department of Health in 2010-11, as well as the annual change in recurrent expenditure, non-recurrent expenditure and total financial provision in the past five years (i.e. from 2005-06 to 2009-10).

Asked by: Hon. LI Wah-ming, Fred

Reply:

A breakdown of the financial provision for 2010-11 by Programme is as follows -

Programme	<u>Recurrent Expenditure</u> \$ million	<u>Non-recurrent Expenditure</u> \$ million
(1) Statutory Functions	433.9	4.0
(2) Disease Prevention	1,794.9	276.5
(3) Health Promotion	285.6	-
(4) Curative Care	644.4	-
(5) Rehabilitation	80.1	-
(6) Treatment of Drug Abusers	130.1	-
(7) Medical and Dental Treatment for Civil Servants	809.7	-
(8) Personnel Management of Civil Servants Working in Hospital Authority	6.9	-
Total	<u>4,185.6</u>	<u>280.5</u>

The changes in recurrent expenditure and non-recurrent expenditure from 2005-06 to 2009-10 were as follows -

	<u>Recurrent Expenditure</u>		<u>Non-Recurrent Expenditure</u>	
	Amount \$ million	Increase/ (Decrease) over Last Year \$ million	Amount \$ million	Increase/ (Decrease) over Last Year \$ million
2005-06	2,742.9	(62.5)	88.3	71.3
2006-07	2,815.3	72.4	130.5	42.2
2007-08	3,001.7	186.4	48.2	(82.3)
2008-09	3,301.3	299.6	27.0	(21.2)
2009-10 (Revised Estimate)	3,827.3	526.0	700.7	673.7

The changes in total financial provision from 2005-06 to 2009-10 were as follows -

	<u>Total Financial Provision</u>	
	Amount \$ million	Increase/ (Decrease) over Last Year \$ million
2005-06	2,820.4	(80.5)
2006-07	3,062.0	241.6
2007-08	3,077.6	15.6
2008-09	3,344.2	266.6
2009-10	4,120.7	776.5

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)156

Question Serial No.

0937

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the expenditures and number of cases handled by the service provider offering treatment for patients with sexually transmitted infections (STIs), with a breakdown by gender and age group, in the past three years (i.e. from 2007-08 to 2009-10). What are the numbers of non-Hong Kong residents treated and the expenditure involved?

Asked by: Hon. LI Wah-ming, Fred

Reply:

The Department of Health operates seven Social Hygiene Clinics (SHC) and one Integrated Treatment Centre (ITC) in Social Hygiene Service to provide service to patients with sexually transmitted infections (STIs).

The number of attendances for STIs in Social Hygiene Service in the past three years, breakdown by sex, is-

<u>Sex</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Male	93 083	78 654	69 980
Female	32 648	30 405	28 448

While the age profile for all attendances in Social Hygiene Service is not available, the age distribution for the five commonest STIs, namely, syphilis, genital wart, gonorrhoea, genital herpes and non-gonococcal urethritis/non-specific genital infection for the past three years is appended below:

<u>Age</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Below 15	16	20	6
15-19	483	668	567
20-29	2 804	2 860	3 528
30-39	3 632	2 920	3 516
40 and above	5 379	5 372	5 109

The total number of attendances and number of attendances by non-Hong Kong residents for management of STIs in Social Hygiene Service in the past three years is as follows-

<u>Calendar year</u>	<u>No. of attendances by non-Hong Kong residents</u>	<u>Total no. of attendances</u>
2007	825	125 731
2008	849	109 059
2009	884	98 428

The expenditure under Social Hygiene Service on STIs for Hong Kong and non-Hong Kong residents cannot be separately identified. The overall annual expenditure in the past three years is as follows-

<u>Financial year</u>	<u>Amount</u> \$ million
2007-08	56.1
2008-09	54.2
2009-10 (Revised Estimate)	66.9

Signature	_____
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	17.3.2010

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

FHB(H)157

Question Serial No.

0938

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the total annual expenditure of Elderly Health Centres (EHCs) and the average annual expenditure for each centre, the number of elders enrolled, the utilisation rate, the number of elders who had health assessment, the average waiting time for health assessment, the cost per health assessment and the percentage of cost charged to the elders in the past two years (i.e. from 2008-09 to 2009-10).

Asked by: Hon. LI Wah-ming, Fred

Reply:

For 2008-09 and 2009-10, the total expenditure of EHCs were \$92.4 million and \$96.3 million and the average operating expenditure of each EHC were \$5.1 million and \$5.4 million respectively. The total numbers of elders who enrolled as members of EHCs and received health assessment in 2008 and 2009 were 38 000 and 38 500 and the overall utilisation rates were 99.9% and 99.5% respectively. The median waiting time for health assessment was around 30 months in 2008 and 24 months in 2009. The average cost of health assessment for each member of EHC was \$1,040 and \$1,030 in 2008-09 and 2009-10 respectively, each with about 90% subsidy.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)158

Question Serial No.

0939

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please list the utilisation rates of Maternal and Child Health Centres (MCHCs) and Woman Health Centres (WHCs) in the past two years (i.e. from 2008-09 to 2009-10) and the overall utilisation rates of MCHCs and WHCs.
- (b) For 2009-10, please provide, with a breakdown by centre, the number of women who had received woman health service and medical examination in WHCs and MCHCs, the costs for health examination by WHCs and MCHCs. How much subsidy is provided for each woman who received the service?

Asked by: Hon. LI Wah-ming, Fred

Reply:

- (a) Woman health services are provided in the three WHCs and ten MCHCs. In 2008 and 2009, the utilisation rates of woman health service in individual WHCs and the ten MCHCs were -

Centre	Utilisation rate (%)	
	2008	2009
Chai Wan Woman Health Centre	80	78
Lam Tin Woman Health Centre	100	92
Tuen Mun Woman Health Centre	89	93
Ap Lei Chau MCHC	72	70
Fanling MCHC	110	94
Lek Yuen MCHC	79	96
Ma On Shan MCHC	65	62
Sai Ying Pun MCHC	33	36
South Kwai Chung MCHC	67	75
Tseung Kwan O Po Ning Road MCHC	54	61
Tsing Yi MCHC	61	65
Wang Tau Hom MCHC	58	73
West Kowloon MCHC	63	60

The overall utilisation rates of woman health service at the above centres in 2008 and 2009 were -

Centre	Overall Utilisation Rate (%)	
	2008	2009
Woman Health Centres	90	88
Maternal and Child Health Centres	70	75

In 2008 and 2009, the utilisation rates for the Cervical Screening Programme in individual MCHCs were -

Centre	Utilisation rate (%)	
	2008	2009
Anne Black MCHC	68	76
Ap Lei Chau MCHC	67	72
Chai Wan MCHC	58	68
Cheung Chau MCHC	66	71
East Kowloon MCHC	54	63
Fanling MCHC	87	89
Hung Hom MCHC	55	65
Lam Tin MCHC	82	79
Lek Yuen MCHC	91	90
Ma On Shan MCHC	77	75
Madam Yung Fung Shee MCHC	81	80
Maurine Grantham MCHC	79	82
Mui Wo MCHC	98	55
Ngau Tau Kok MCHC	78	85
North Kwai Chung MCHC	62	76
Robert Black MCHC	43	54
Sai Wan Ho MCHC	66	75
Sai Ying Pun MCHC	44	52
South Kwai Chung MCHC	63	70
Tang Chi Ngong MCHC	52	59
Tin Shui Wai MCHC	79	81
Tseung Kwan O Po Ning Road MCHC	77	81
Tsing Yi MCHC	53	58
Tuen Mun Wu Hong MCHC	83	76
Tung Chung MCHC	60	66
Wang Tau Hom MCHC	30	47
West Kowloon MCHC	87	88
Wong Siu Ching MCHC	89	94
Wu York Yu MCHC	66	69
Yan Oi MCHC	78	83
Yaumatei MCHC	83	83
Overall utilisation rate	73	77

Utilisation rates were not available for other services of MCHCs as there was no preset quota. The provision of these services is adjusted according to the fluctuation in demand.

- (b) In 2009, the numbers of women enrolled for woman health service in individual centres were -

Centre	Number of enrolment
Chai Wan Woman Health Centre	4 800
Lam Tin Woman Health Centre	5 560
Tuen Mun Woman Health Centre	5 690
Ap Lei Chau MCHC	230
Fanling MCHC	430
Lek Yuen MCHC	1 150
Ma On Shan MCHC	430
Sai Ying Pun MCHC	80
South Kwai Chung MCHC	180
Tseung Kwan O Po Ning Road MCHC	230
Tsing Yi MCHC	160
Wang Tau Hom MCHC	210
West Kowloon MCHC	210
Total	19 360

In 2009-10, the unit cost for each woman enrolled for woman health service was \$1,045 and the subsidy level was about 70%.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)183

Question Serial No.

2320

Head: 37 Department of Health

Subhead (No. & title): 000
Operational
expenses

Programme:Controlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

- (a) Please provide details of “non-civil service contract staff” employed for provision of service:

	2010-11	2009-10	2008-09	2007-08
Number of non-civil service contract staff	()	()	()	()
Total salary expenditure for non-civil service contract staff	()	()	()	()
Number of non-civil service contract staff converting to civil service				
Number of non-civil service contract staff who have a chance of converting to permanent employment but failed in the common recruitment examination	()	()	()	()
Percentage of non-civil service contract staff against the overall staff of the department	()	()	()	()

() Annual change

- (b) Please list the period of employment of non-civil service contract staff from 2007-08 to 2010-11 in the table below:

Period of employment	Number of staff in 2010-11	Number of staff in 2009-10	Number of staff in 2008-09	Number of staff in 2007-08
Six months to one year	()	()	()	()
One to three years	()	()	()	()
Three to five years	()	()	()	()
Five to ten years	()	()	()	()
Ten to fifteen years	()	()	()	()

() Annual change

- (c) In the coming three years (i.e. from 2010-11 to 2012-13), how many non-civil service contract staff can be converted to civil service posts for permanent employment?

Asked by: Hon. WONG Kwok-hing

Reply:

- (a) The number of non-civil service contract (NCSC) staff engaged by the Department of Health (DH) since the financial year 2007-08 ¹ are as follows-

	2009-10 ²	2008-09	2007-08
Number of NCSC staff at year end	1,272 ³ (+21.6%)	1,046 (-11.7)	1,184 (+4.4)
Total salary expenditure for NCSC staff (\$million)	161.0 (N/A) ⁴	191.6 (-15.8%)	227.5 (+14.3%)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the respective year)	15 (-89.9%)	149 (-20.3%)	187 (N/A)
Number of NCSC staff who failed in civil service recruitment in DH excluding those who did not meet short-listing criteria (for recruitment conducted by DH in the respective year)	9 (-90.9%)	99 (+371.4%)	21 (N/A)
Percentage of NCSC staff against the overall staff number in the department as at 31.3.08, 31.3.09 and 1.2.10 respectively.	19.4 % (+12.7%)	17.2% (-13.1%)	19.8% (+2.5%)

- Figures for 2010-11 are not available.
- Figures for 2009-10 were as at February 2010.
- The increase was mainly attributable to the engagement of some 340 NCSC staff on a time-limited basis (up to August 2010 at the latest) in relation to human swine influenza and massive vaccination programmes.
- Comparison with previous year is not applicable as the expenditure did not reflect full year cost.

- (b) The service period of NCSC staff in DH since the financial year 2007-08 ⁵ are as follows-

Period of employment	Number of staff in 2009-10 ⁶	Number of staff in 2008-09	Number of staff in 2007-08
Less than 0.5 year	160 (+6.7%)	150 (+51.5%)	99 (-9.2%)
0.5 year – less than 1 year	333 (+184.6%)	117 (-47.5%)	223 (+16.1%)
1 year – less than 3 years	338 (-4.0%)	352 (-26.4%)	478 (-7.7%)
3 years – less than 5 years	284 (+5.2%)	270 (+52.5%)	177 (+12%)
5 years – less than 10 years	146 (-6.4%)	156 (-24.3%)	206 (+31.2%)
10 years – less than 15 years	11 (+1000%)	1 (+0%)	1 (NA)

- Figures for 2010-11 are not available.
- Figures for 2009-10 were as at February 2010.

- (c) The civil service recruitment policy is that civil service vacancies are filled through an open, fair and competitive recruitment process. All qualified persons (including NCSC staff) can apply for the vacancies and will be selected on the basis of merits.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)184

Question Serial No.

2321

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

- (a) Please provide the following details on the use of outsourced services (including property management, security, cleansing, telecommunication technology, statistics, etc...[except for architectural services]) -

	2010-11	2009-10	2008-09	2007-08
Number of contracts of outsourced services	()	()	()	()
Total amount of the contracts of outsourced services	()	()	()	()
Total number of staff employed under contracts of outsourced services	()	()	()	()
Number of posts under contracts of outsourced services replaced by civil servants	()	()	()	()

() Annual change

- (b) In the coming three years (i.e. from 2010-11 to 2012-13), how many posts under contracts of outsourced services are expected to be replaced by permanent civil servants?

Asked by: Hon. WONG Kwok-hing

Reply:

(a) Details are as follows -

	2010-11	2009-10		2008-09		2007-08	
Number of contracts of outsourced services	Not available at this stage depending on the results of tenders	80	(-4.8%)	84	(13.5%)	74	(27.6%)
Total amount of the contracts of outsourced services (\$ million)		51.3	(19.9%)	42.8	(21.2%)	35.3	(75.6%)
Total number of staff employed under contracts of outsourced services		325	(64.1%)	198	(15.1%)	172	(31.3%)
Number of posts under contracts of outsourced services replaced by civil servants		0	(0%)	0	(0%)	0	(0%)

() Annual Change

The increase in the total number of staff employed under contracts of outsourced services in 2009-10 was mainly attributable to the additional health screening services in relation to the outbreak of human swine influenza.

(b) It is Government policy to outsource services as far as it is practicable. It is not envisaged that posts under contracts of outsourced services will be replaced by civil servants.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

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

FHB(H)185

Question Serial No.

2322

Head: 37 Department of HealthSubhead (No. & title): 000
Operational
expensesProgramme:Controlling Officer: Director of HealthDirector of Bureau: Secretary for Food and HealthQuestion:

- (a) Please provide details of temporary staff employed and expected to be employed for provision of service from 2007-08 to 2009-10:

	2010-11	2009-10	2008-09	2007-08
Number of temporary staff employed	()	()	()	()
Total salary expenditure for temporary staff employed	()	()	()	()
Percentage of temporary staff employed against the overall staff of the department	()	()	()	()

() *Annual change*

- (b) Please list the period of employment of the temporary staff employed and expected to be employed from 2007-08 to 2009-10:

Period of employment	Number of staff in 2010-11	Number of staff in 2009-10	Number of staff in 2008-09	Number of staff in 2007-08
Six months	()	()	()	()
One year	()	()	()	()
Two years	()	()	()	()
Three years	()	()	()	()
Three years or above	()	()	()	()

() *Annual change*Asked by: Hon. WONG Kwok-hing

Reply:

- (a) Temporary staff in the Department of Health (DH) are part-time non-civil service staff employed on a need basis. The employment of temporary staff in DH since the financial year 2007-08 ¹ is as follows-

	2009-10 ²	2008-09	2007-08
Number of temporary staff employed	257 ¹ (+9.4%)	235 (-6.4%)	251 (+22.4%)
Total salary expenditure for temporary staff employed (\$million)	15.8 (N/A) ³	16.7 (+36.9%)	12.2 (+62.7%)
Percentage of temporary staff employed against the overall staff of the department ⁴	3.9% (0%)	3.9% (-7.1%)	4.2% (+20.9%)

1. Figures for 2010-11 are not available.
2. Figures for 2009-10 were as at February 2010.
3. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.
4. Since temporary staff are engaged on a need basis only, they are not included in the total number of staff in DH.

- (b) The years of service of temporary staff in DH since the financial year 2007-08 ⁵ are as follows-

Period of employment	Number of staff in 2009-10 ⁶	Number of staff in 2008-09	Number of staff in 2007-08
Less than 0.5 year	60 (+100%)	30 (-51.6%)	62 (+55%)
0.5 year – less than 1 year	18 (+20%)	15 (0%)	15 (+200%)
1 year – less than 2 years	20 (-37.5%)	32 (-3%)	33 (+37.5%)
2 years – less than 3 years	25 (-7.4%)	27 (+42.1%)	19 (-70.3%)
3 years and above	134 (+2.3%)	131 (+7.4%)	122 (+69.4%)

5. Figures for 2010-11 are not available.
6. Figures for 2009-10 were as at February 2010.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)186

Question Serial No.

2323

Head: 37 Department of Health Subhead (No. & title): 000
Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Please list the information concerning services provided by employment agencies appointed by the Department from 2006-07 to 2009-10:

- (a) the number of agency contracts;
- (b) the sum and period of each contract under each employment agency;
- (c) the number of workers and their duties under each agency contract;
- (d) the (both monthly and daily) salaries of workers under each agency contract;
- (e) the change in the numbers of employment agencies, contracts, staff employed and total expenditures in that year as compared with those in the previous year;
- (f) if more than one agency is appointed to supply workers in that year, the number of contracts obtained by each employment agency, the total contract sum and the number of workers supplied;
- (g) the highest, lowest and median salaries of workers supplied by each employment agency;
- (h) the number of workers supplied by the employment agencies against the total number of staff of the Department in that year; and
- (i) the expenditures on employment agencies against the expenditures of the Department.

Asked by: Hon. WONG Kwok-hing

Reply:

Details of agency contracts under Department of Health (DH) during 2006-07, 2007-08, 2008-09 and 2009-10 are shown in the table at below:

	2006-07	2007-08	2008-09	2009-10
No. of Agencies and % of change	10	12 (+20.0%)	16 (+33.3%)	18 (+12.5%)
No. of contracts per agency	1 - 2 contracts	1 - 9 contracts	1 - 8 contracts	1 - 12 contracts
Contract sum per agency (\$ million)	0.17 – 1.14	0.07 – 1.69	0.08 – 4.77	0.48 – 7.3
Length of contracts	3 - 12 months	3 - 31 months	3 - 13 months	3 - 16 months
No. of agency workers under each agency	1 - 17 workers	1 - 17 workers	1 - 16 workers	1 - 31 workers
Types of duties	Ancillary service, general office support, research and promotional duties			
Salary level of Agency Workers	<p>The contracts with employment agencies have specified the service fee charged by the agencies in providing agency workers. We do not specify the wages of agency workers, except with regard to the wages of non-skilled workers. Hence we are unable to provide the information requested.</p> <p>As for non-skilled workers, in compliance with the mandatory requirement on wage rates for government service contract introduced by the Administration since May 2004, the agencies have offered monthly wages, or the equivalent wage rates, to non-skilled workers, which are no less than the average monthly wages for the relevant industry/occupation as published in the latest “Census and Statistics Department’s Quarterly Report of Wage and Payroll Statistics”, at the time when providing their quotations.</p>			
Total no. of contracts and % of change	12	24 (+100%)	32 (+33.3%)	58 (+81.3%)
Total no. of agency workers and % of change	122	127 (+4.1%)	220 (+73.2%)	323(+46.8%)
Agency worker to total DH staff *	2.1%	2.1%	3.6%	4.9%
Total amount of contract sum (\$ million) and % of change	6.4	8.3 (+29.7%)	16.1 (+94.0%)	30.6 (+90.1%)
Total contract sum to total expenditure of DH	0.2%	0.3%	0.5%	0.7%

*The percentage of agency workers as compared with total DH staff is for a specific date only (i.e. 31.3.07, 31.3.08, 31.3.09 and 30.9.09) and is not representative of the situation for the concerned financial year.

DH also hires IT support services through OGCIO bulk contracts. The numbers of agency workers under these contracts are 58, 60, 66 and 76 in 2006-07, 2007-08, 2008-09 and 2009-10 respectively.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 18.3.2010 _____

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

FHB(H)187

Question Serial No.

2501

Head: 37 Department of Health

Subhead (No. & title):

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding consultations conducted for the purpose of policy formulation and evaluation under all Programmes, please provide the relevant information in the following format –

For consultations which funds have been allocated in 2009-10, please provide the information in the following format –

Name of Consultation/ Content	Revised Estimate (\$)	Progress of consultation (under planning/ in progress / completed)	Form of consultation (e.g. collection of written submissions, consultation forums, focus groups), number of consultations, names of parties consulted, number of people consulted	Administration's follow-up on consultation results and progress (if any)	If the consultation is completed, has it been released to the public? If yes, through what channels? If no, what are the reasons?
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Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Consultation with stakeholders is part of the development and evaluation of various health programmes and will be conducted as and when necessary. Funding for conducting consultation for the purpose of policy formulation and evaluation will be absorbed in the allocation of the relevant services and cannot be identified separately.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)188

Question Serial No.

2502

Head: 37 Department of Health

Subhead (No. & title):

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding consultations to be conducted for the purpose of policy formulation and evaluation under all Programmes, please provide the relevant information in the following format –

Are resources reserved for conducting consultations in 2010-11? If yes, please provide the following information -

Name of Consultation/Content	Expenditure (\$)	Progress of consultation (under planning / in progress / completed)	Form of consultation (e.g. collection of written submissions, consultation forums, focus groups), number of consultations, names of parties consulted, number of people consulted	If the consultation is scheduled for completion in the 2010-11 financial year, will the outcome be released to the public? If no, what are the reasons?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

Consultation with stakeholders is part of the development and evaluation of various health programmes and will be conducted as and when necessary. Funding for conducting consultation for the purpose of policy formulation and evaluation will be absorbed in the allocation of the relevant services and cannot be identified separately.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)189

Question Serial No.

2511

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding Matters Requiring Special Attention in 2010-11, concerning the continual launching of the Elderly Health Care Voucher Pilot Scheme (the Scheme),

- (a) since the launching of the Scheme, how many complaints have the Administration received? What were the contents of the complaints by category? To date, how many investigations have been completed?
- (b) how many staff has the Administration deployed to handle the complaints, investigations and inspection work respectively? How much time was required to complete the investigations after the receipt of complaints? Would deploying more manpower to shorten the processing time be considered?
- (c) please list the number of health care service providers who have been disqualified from the Scheme so far? To which medical professions do they belong? What were the reasons for de-listing?

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)190

Question Serial No.

2710

Head: 37 Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In view of the increasing problem of adolescent smoking, has the Administration allocated additional resources to prevent adolescents from smoking addiction and help them quit smoking in the financial year of 2010-11? In addition, will the Administration launch new services to prevent adolescents from smoking and help them quit smoking?

Asked by: Hon. IP Kwok-him

Reply:

The provision for publicity and education programme on smoking prevention and cessation in 2010-11 will be increased to \$57.4 million, from a revised estimate of 34.5 million in 2009-10. The resources devoted to prevention and cessation of tobacco use among youths are absorbed within the provision.

In 2010-11, the Tobacco Control Office (TCO) of the Department of Health (DH) will strengthen publicity, health education and promotional activities on tobacco control through TV and radio announcements of public interest, giant outdoor advertisements, internet, hotline, campaigns, on-line games, health education materials and seminars. The aim of these activities is to encourage smokers to quit smoking and prevent people from picking up the smoking habit.

In parallel, the Hong Kong Council on Smoking and Health (COSH) will focus its efforts on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns including production of a new announcement of public interest to encourage smokers to quit smoking and garner public support for a smoke-free Hong Kong. COSH will also continue its education and publicity efforts at kindergartens, and primary and secondary schools through health talks and theatre programmes. The aim is to educate students on the hazards of smoking as well as how to resist the temptation of smoking and support a smoke-free environment.

To strengthen its efforts on smoking prevention and cessation, DH has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services. To cultivate a smoke-free culture among young people, smoke-free educational programmes will be organised in collaboration with primary and secondary school principals and parents. There will also be tailor-made smoking cessation programmes for young smokers.

DH will also enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 18.3.2010

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

FHB(H)191

Question Serial No.

2718

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The target regarding the appointment time for new dermatology cases was not achieved because a number of experienced doctors had left the service. According to the Estimates of Expenditure 2009-10, such a problem had already occurred in 2009-10. The Administration, in replying the question on Estimates of Expenditure 2009-10, stated that "the Department of Health (DH) will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment within the DH." (Reply Serial No. FHB(H)028) In this respect,

- (a) how will the Administration explain on the unresolved problem of the impact arising from doctors leaving the service, resulting in the persistent failure to achieve the target of "the appointment time for new dermatology cases"?
- (b) what is the turnover rate of the doctors of DH? How will the Administration solve the problem of doctors' wastage? What is the estimated expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

The turnover and wastage rate of doctors in Social Hygiene Service of the Department of Health (DH) is illustrated in the following table:

<u>Year (Calendar year)</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>
Number of doctors in Social Hygiene Service (as at 1 April) [A]	31	28	30
Number of doctors who left or transferred out of the service [B]	4	6	5
Wastage rate [B]/[A] x 100%	12.9%	21.4%	16.7%

DH has recruited new doctors on civil service terms from 2009-10 onwards. This is expected to have a positive effect on the wastage and turnover rate of doctors in Social Hygiene Service, leading to gradual improvement in waiting time for new dermatology appointment in the coming years. Furthermore, DH will endeavour to fill vacancies arising from staff wastage as soon as possible through recruitment of new doctors and internal deployment of suitable doctors within DH.

The financial provision for dermatology service for 2009-10 and 2010-11 is \$107.6 million and \$108.8 million respectively.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)192

Question Serial No.

2719

Head: 37 Department of Health

Subhead (No. & title):

Programme: (4) Curative Care

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under the Indicator of "BCG vaccinations given to new born babies", the figure increases from the actual of 78 000 doses in 2008 to the actual of 82 000 doses in 2009.

- (a) What is the expenditure involved in the additional required number of vaccinations?
- (b) Is it necessary to increase manpower to meet the additional required number of vaccinations? If yes, what are the expenditure and details involved? If not, what are the reasons for not increasing manpower?

Asked by: Hon. PAN Pey-chyou

Reply:

The increase in expenditure is mainly due to increased use of BCG vaccine. The additional expenditure involved is about \$23,840.

BCG vaccination to new born babies was mainly administered by Hospital Authority's hospitals using their existing manpower resources and by private hospitals.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

FHB(H)225

Question Serial No.

3081

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The brief for this Programme mentions that “the Student Health Service for secondary two to secondary seven students will be suspended in 2010 for the redeployment of manpower for the Human Swine Influenza (HSI) vaccination”. Would the Administration inform this Committee whether possible adverse effects on the health of students of such a measure have been taken into account? Have considerations been given to continue to provide such service through deployment of internal resources or with additional provision?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

Student Health Service (SHS) Centres of the Department of Health have been providing free human swine influenza (HSI) vaccination service to children between the age of 6 months and less than 6 years who are Hong Kong residents since the commencement of the HSI vaccination programme on 21 December 2009. Regular service to secondary two to secondary seven students has been suspended in order to redeploy necessary manpower resources for the HSI vaccination programme. Such suspension of service should not have any adverse effects on the health of these students as students requiring follow-up for their various health problems could still attend SHS Centres as scheduled.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)226

Question Serial No.

3082

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In the light of a private Chinese medicine practitioner who had enrolled in the Health Care Voucher Scheme being removed due to improper claims, could the Administration inform this Committee of the number of cases and complaints related to improper claims having been received since the launching of the Scheme, the mechanisms to ensure proper claim by service providers and to assist them to understand comprehensively the procedures for claiming and using the vouchers?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

FHB(H)227

Question Serial No.

3083

Head: 37 - Department of Health

Subhead (No. & title):

Programme: (3) Health Promotion

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the financial provision for the subvented sector in estimate of 2010-11 increases substantially by 47.0% from the original estimate of 2009-10. This is mainly due to additional provision for reinforcing the provision of smoking cessation services, promoting a healthy lifestyle for reducing people's reliance on health care services in the long term and the net increase of two posts in 2010-11 to meet operational needs. Please provide the amount and details of the additional items of expenditure.

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The provision for subvented sector in 2010-11 is higher than the 2009-10 original estimates by \$14.2 million. It is mainly because of additional provision of \$10 million for enhancing smoking cessation services as explained in paragraphs 2 and 3 below.

To strengthen its efforts on smoking prevention and cessation, the Department of Health (DH) has entered into a funding and service agreement with the Tung Wah Group of Hospitals for the provision of a community-based smoking cessation programme from January 2009. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public, training for health care professionals and research projects. The programme will be enhanced in 2010-11 with a total of five centres (increased from four) operating throughout the territory to provide free smoking cessation services.

DH will enter into a funding and service agreement with Pok Oi Hospital (POH) for the provision of a one-year smoking cessation pilot programme using traditional Chinese medicine with effect from 1 April 2010. The programme covers a comprehensive range of activities and services including smoking cessation service, education for the public and research projects. Free smoking cessation service including counselling and acupuncture will be provided by POH Chinese medicine practitioners in ten mobile treatment clinics which serve 48 locations at different districts. A Chinese Medicine Community Health Care Centre will be established to support these mobile clinics.

The balance of \$4.2 million increase in provision for the subvented sector is attributable to implementation of non-recurrent projects in 2010-11.

The additional provision of \$14.2 million does not include the provision for a net increase of two posts in 2010-11 which will be created under government sector of this programme. Two Workman II posts are proposed to be created to replace two non-civil service contract positions to provide general support in the Central Health Education Unit and Oral Health Education Unit.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

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

FHB(H)228

Question Serial No.

3084

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In Matters Requiring Special Attention in the 2010-11 Estimates, the Administration indicated that it was going to “continue to implement the three-year pilot scheme to provide health care vouchers for elderly (aged 70 or above)”. Would the Administration inform this Committee whether consideration would be given to lower the age of elders applying for the health care vouchers to 65 and allocate more resources to increase the amount in the health care vouchers?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Scheme) was launched on 1 January 2009 as a three-year pilot scheme to provide elders aged 70 or above with five health care vouchers of \$50 each annually as a partial subsidy for using private primary care services in the community that most suit their needs.

Number of enrolled practices

The number of health care practices enrolled under the Scheme was 3 248 as at end February 2010, up from 2 116 when the Scheme was launched on 1 January 2009. A breakdown of enrolled practices as at end February 2010 by profession and district is at Annex A. The Department of Health (DH) will continue to monitor the enrolment of service providers and promote for participation in the Scheme.

Between 1 January 2009 and end February 2010, 1 274 practices have newly enrolled in the Scheme, while 142 practices have withdrawn (87 in Western medicine, 22 in Chinese medicine, 25 in dentistry, 3 in physiotherapy, 4 in chiropractic and 1 in nursing). Among those withdrawn, most have not provided reasons for their withdrawal. For those who have, change in practices at which they work in is the most common reason.

Number of enrolled elders

As at end February 2010, 308 646 eligible elders have participated in the Scheme, constituting 46% of about 670 000 eligible elders aged 70 years or above in 2010. Among them, 215 705 (32% of eligible elders) have made a total of 467 728 voucher claims for 1 123 122 vouchers in total (involving a total amount of \$56.2 million). DH will continue to monitor the participation of elders and promote for participation in the Scheme.

Usage of vouchers

Elders can use the vouchers starting from the year they turn 70 years old. Unused vouchers can be accumulated until the Scheme has ended. By end 2009, 122 883 elders (18% of eligible elders) have used up all their entitled vouchers in 2009. A breakdown of the number of vouchers used in each claim in 2009 is as follows –

<u>No. of vouchers claimed in each claim episode</u>	<u>No. of claim episodes</u>	<u>% of claim episodes</u>
1	93 531	27
2	144 549	42
3	59 718	17
4	14 706	4
5	36 370	10
Total :	348 874	100%

Information on usage of vouchers by different age groups is at Annex B.

Complaints and improper claims

To ensure that vouchers are properly claimed by the service providers, DH routinely monitors claim transactions through the electronic voucher system, checks claims and examines service records through inspection of service providers, and check with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. In addition, DH has conducted briefing sessions and distributed guidelines via mail, email and website to service providers on procedures for making voucher claims for the elders and conditions for reimbursement.

Up to end February 2010, DH has received a total of ten complaints under the Scheme. Six complaints involved refusal to provide services to elders enrolled under the Scheme and four involved improper claims. The Health Care Voucher Unit of DH is responsible for the implementation of the Scheme including investigating complaints against and conducting inspection of service providers. The time required for completing the investigation depends on the complexity of individual cases. In general, investigation is expected to be completed within two weeks after receiving the complaint. As at end February 2010, investigation on seven out of the ten complaints has been completed.

A service provider will be disqualified from the Scheme if (i) the Government is of the reasonable opinion that he has failed to provide health care services in a professional manner or is otherwise found to have committed professional misconduct or malpractice; or (ii) the service provider or his employing organisation fails to comply with any provision of the agreement under the Scheme or with any direction or requirement given by the Government or Director of Health in relation to the Scheme. As at February 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Scheme.

Expenditure related to the Scheme

The Government has earmarked a total of \$573.2 million for the three-year pilot Scheme, of which \$505.3 million is budgeted for reimbursing vouchers (\$168.6 million in 2010-11). For the implementation of the Scheme, the Food and Health Bureau and DH have incurred up to end February 2010 actual capital expenditure of \$20.9 million for system development and maintenance and other capital and setting up works, and actual operating expenditure of \$62.0 million, comprising \$49.2 million for reimbursement of vouchers, \$12.1 million for staffing expenses and \$0.7 million for other operating expenses. The expenditure for reimbursement of vouchers is less than the amount of vouchers claimed because vouchers are reimbursed monthly in arrears.

Review of the Scheme

As undertaken, the Administration will conduct an interim review in 2010 and a full review after the three-year pilot period. The reviews will assess the effectiveness of the Scheme and its operational arrangements including its scope, and also consider the suggestions to adjust the age limit and revise the voucher amount. The Administration will also conduct surveys to gather feedback from both elders and health care providers. As stated in the 2010-11 Budget Speech, the Financial Secretary will provide the necessary resources subject to the review findings.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 19.3.2010

Location of Practices of Health Care Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 28 February 2010)

Profession District	Western Medicine Doctor	Chinese Medicine Practitioner	Dentist	Occupational Therapist	Physiotherapist	Medical Laboratory Technologist	Radiographer	Chiropractor	Enrolled Nurse	Registered Nurse	Total
Central & Western	127	83	32	3	36	3	4	9	2	3	302
Eastern	125	29	23	2	14	0	0	0	0	2	195
Southern	38	26	4	0	3	0	0	0	0	0	71
Wan Chai	87	75	30	4	27	1	0	0	1	4	229
Kowloon City	116	30	11	0	18	0	0	0	0	0	175
Kwun Tong	137	75	31	3	8	10	11	1	3	16	295
Sham Shui Po	72	45	7	3	10	3	1	0	0	0	141
Wong Tai Sin	75	52	10	0	3	0	0	0	0	0	140
Yau Tsim Mong	217	141	49	5	78	10	8	6	3	25	542
North	45	24	5	0	1	1	0	0	0	0	76
Sai Kung	88	21	7	0	5	3	3	0	0	0	127
Sha Tin	84	28	24	0	20	0	0	1	1	2	160
Tai Po	60	48	12	1	3	2	2	0	2	11	141
Kwai Tsing	82	29	13	0	8	0	0	0	1	1	134
Tsuen Wan	111	46	8	4	15	4	5	1	1	4	199
Tuen Mun	81	60	6	0	3	0	1	0	0	0	151
Yuen Long	93	25	8	0	6	0	0	0	0	1	133
Islands	27	4	1	0	5	0	0	0	0	0	37
Total	1 665	841	281	25	263	37	35	18	14	69	3 248

Utilisation of Health Care Vouchers by Age Group of Eligible Elders
(as at 28 February 2010)

Age group	No. of eligible elders in 2010	No. of elders with voucher accounts [% of eligible elders]	No. of elders without voucher accounts [% of eligible elders]	No. of vouchers used
70-74	230 300	84 709 [37%]	145 591 [63%]	306 087
75-79	199 500	91 699 [46%]	107 801 [54%]	369 280
80-84	132 200	68 314 [52%]	63 886 [48%]	259 747
≥85	112 300	63 924 [57%]	48 376 [43%]	188 008
Total	674 300	308 646 [46%]	365 654 [54%]	1 123 122

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

Reply Serial No.

FHB(H)229

Question Serial No.

2901

Head: 37 Department of Health

Subhead (No. & title): 000 Operational expenses

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health plans to increase 143 non-directorate posts and two directorate posts in 2010-11. Please provide information on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the 145 posts are at the Annex.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Creation and Deletion of Posts in Department of Health in 2010-11

<u>Number of posts to be created/deleted</u>				Annual recurrent cost of civil service posts (\$)	
<u>Major scope of responsibilities / Rank</u>	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>	<u>Total</u>	
<i>Programme 1 – Statutory Functions</i>					
Senior Medical & Health Officer	2			2	1,962,000
Medical & Health Officer	2			2	1,500,240
Senior Pharmacist	1			1	981,000
Pharmacist	11			11	7,228,980
Scientific Officer (Medical)	7			7	4,600,260
Senior Health Inspector	1			1	554,760
Health Inspector I/II	2			2	744,720
Medical Technologist	2			2	1,059,720
Senior Foreman		12		12	2,719,440
Foreman	2	18		20	3,573,600
Senior Executive Officer	1			1	719,160
Executive Officer I		5		5	2,649,300
Executive Officer II	1	2		3	1,052,460
Hospital Administrator II		3		3	1,052,460
Clerical Officer	1			1	303,840
Assistant Clerical Officer	3			3	568,260
Clerical Assistant	3			3	443,160
Workman II		2		2	234,840
<i>Programme 2 – Disease Prevention</i>					
* Assistant Director of Health	1			1	1,479,480
* Principal Medical & Health Officer	1			1	1,245,600
Senior Medical & Health Officer	4			4	3,924,000
Medical & Health Officer	5		-1	4	3,000,480
Nursing Officer	2			2	1,012,200

<u>Major scope of responsibilities / Rank</u>	<u>Number of posts to be created/deleted</u>			<u>Total</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>		
Registered Nurse	1			1	319,020
Scientific Officer (Medical)	2			2	1,314,360
Senior Systems Manager	1			1	981,000
Systems Manager	2			2	1,438,320
Analyst/Programmer I	2			2	1,059,720
Analyst/Programmer II	2			2	734,760
Senior Executive Officer	3		1	4	2,876,640
Executive Officer II	2			2	701,640
Accounting Officer I	1			1	529,860
Clerical Officer	1			1	303,840
Assistant Clerical Officer	4			4	757,680
Personal Secretary I	1			1	303,840
Workman II		11		11	1,291,620
<i>Programme 3 – Health Promotion</i>					
Workman II		2		2	234,840
<i>Programme 4 – Curative Care</i>					
Workman II		6		6	704,520
<i>Programme 5 – Rehabilitation</i>					
Registered Nurse			1	1	319,020
Enrolled Nurse			-1	-1	-250,020
<i>Programme 7 – Medical and Dental Treatment for Civil Servants</i>					
Senior Dental Officer	3			3	2,943,000
Senior Dental Surgery Assistant	1		1	2	669,840
Dental Surgery Assistant	2		-1	1	213,660
Dental Hygienist			-1	-1	-226,620
Dental Technician II			-2	-2	-500,040
Executive Officer II			1	1	350,820

Major scope of responsibilities / Rank	<u>Number of posts to be created/deleted</u>			<u>Total</u>	Annual recurrent cost of civil service posts (\$)
	<u>Additional posts</u>	<u>Replacement of non-civil service contract positions</u>	<u>Regrading of posts</u>		
Accounting Officer I	1			1	529,860
Assistant Clerical Officer	2		2	4	757,680
Workman II		1		1	117,420
<i>Posts supporting more than one programme</i>					
Chief Nursing Officer			1	1	816,180
Senior Nursing Officer			-1	-1	-657,180
Hospital Foreman			1	1	178,680
Ganger			-1	-1	-127,140
Assistant Clerical Officer			1	1	189,420
Clerical Assistant			-1	-1	-147,720
Total	83	62	0	145	61,338,480

*Directorate posts

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

FHB(H)230

Question Serial No.

2902

Head: 37 Department of Health

Subhead (No. & title):

Programme: All Programmes

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2010-11, has the Administration reserved funding for conducting research for the purpose of policy formulation and evaluation? If yes, please provide the following information -

In-house studies/name of responsible organisation (if any)	Research topic	Scope	Expenditure (\$)	Progress of study (under planning/ in progress/ completed)	If the study is scheduled for completion in the 2010-11 financial year, will the study report be released to the public? If yes, through what channels? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

Research for the purpose of policy formation and evaluation is an integral part in the planning-implementation-evaluation cycle for various health programmes. The Department of Health will conduct research as and when necessary. Funds involved will be absorbed in the allocation of the relevant services and cannot be separately identified.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

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

FHB(H)231

Question Serial No.

2912

Head: 37 Department of Health

Subhead (No. & title):

Programme: (2) Disease Prevention

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

What were the vaccines procured annually by the Government in the past three years (i.e. from 2007-08 to 2009-10)? What were the expenditures and manpower involved in respect of each type of vaccines? What were the respective numbers of doses of vaccines left and disposed of annually and the expenses involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

The names and numbers of various vaccines procured annually by the Department of Health (DH) in the past three years (i.e. from 2007-08 to 2009-10) and the expenditures are in Annex 1 to Annex 3.

The manpower involved in the procurement of all drugs, including vaccines, in the past three years was one Pharmacist and two Dispensers.

The figures below show the number of doses of various vaccines disposed of by DH:

Year of Disposal	Name of vaccine	Number of doses	Expenditure (\$)
2007-08	Nil	Nil	Nil
2008-09	Seasonal Influenza Vaccine	16 324	648,004
	Diphtheria, Tetanus and Pertusis Vaccine	32 340	146,694
	Rabies Vaccine	66	10,890
2009-10	Diphtheria, Tetanus and Pertusis Vaccine	80 660	365,874
	Seasonal Influenza Vaccine	28 837	961,137
	Diphtheria & Tetanus Vaccine (Children)	150 150	650,150

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 18.3.2010

Vaccines procured by the Department of Health in 2007-08

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 700	186,000
Hepatitis A Vaccine (Adult)	2 200	248,600
Hepatitis A Vaccine (Paediatric)	340	27,200
Hepatitis B Vaccine (Adult)	450	9,045
Hepatitis B Vaccine (Paediatric)	141 900	1,518,330
Rabies Vaccine	700	115,850
Seasonal Influenza Vaccine	302 000	10,140,000
Injectable Poliomyelitis Inactivated Vaccine	1 000	70,000
Tetanus Vaccine	270 000	985,500
Japanese Encephalities Vaccine	100	4,600
Meningococcal Quadrivalent Vaccine	500	102,500
Yellow Fever Vaccine	1 000	220,000
BCG Vaccine	155 000	818,685
Measles, Mumps & Rubella (MMR) Vaccine	125 321	3,975,921
Diphtheria, Tetanus, Pertusis and Polio Vaccine	209 895	17,946,069
Diphtheria & Tetanus Vaccine (Adult) (booster for primary 6 students)	44 000	140,800
Total:	<u>1 257 106</u>	<u>36,509,100</u>

Vaccines procured by the Department of Health in 2008-09

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 800	192,850
Hepatitis A Vaccine (Adult)	3 200	361,600
Hepatitis A Vaccine (Paediatric)	230	19,550
Hepatitis B Vaccine (Adult)	590	11,796
Hepatitis B Vaccine (Paediatric)	141 300	1,486,476
Rabies Vaccine	600	99,300
Seasonal Influenza Vaccine	325 400	9,859,230
Injectable Poliomyelitis Inactivated Vaccine	726	50,820
Tetanus Vaccine	405 000	1,478,250
Japanese Encephalities Vaccine	20 200	1,616,000
Meningococcal Quadrivalent Vaccine	1 500	307,500
Yellow Fever Vaccine	3 100	682,000
BCG Vaccine	182 500	947,843
Measles, Mumps & Rubella (MMR) Vaccine	120 918	3,748,458
Diphtheria, Tetanus, Pertusis and Polio Vaccine	222 905	17,892,375
Diphtheria, Tetanus, Pertusis and Polio Vaccine (Booster Dose)	40 430	5,619,770
Total:	<u>1 471 399</u>	<u>44,373,818</u>

Vaccines procured by the Department of Health in 2009-10

Name of Vaccine	Number of doses procured	Expenditure (\$)
Typhoid Fever Vaccine	2 000	137,750
Hepatitis A Vaccine (Adult)	3 600	295,200
Hepatitis A Vaccine (Paediatric)	100	8,500
Hepatitis B Vaccine (Adult)	350	6,930
Hepatitis B Vaccine (Paediatric)	150 980	1,570,196
Rabies Vaccine	900	148,950
Seasonal Influenza Vaccine	333 000	9,623,700
Injectable Poliomyelitis Inactivated Vaccine	806	56,420
Tetanus Vaccine	525 000	1,842,150
Japanese Encephalities Vaccine	10 200	851,700
Meningococcal Quadrivalent Vaccine	500	132,500
Yellow Fever Vaccine	2 700	634,500
Human Swine Influenza (HSI) Vaccine	3 000 000	237,000,000
Pneumococcal 23 Valent Vaccine	221 053	21,884,247
BCG Vaccine	130 000	774,930
Measles, Mumps & Rubella (MMR) Vaccine	119 280	4,437,477
Diphtheria, Tetanus, Pertusis and Polio Vaccine	213 042	16,064,466
Diphtheria, Tetanus, Pertusis and Polio Vaccine (Booster Dose)	64 812	9,008,868
Pneumococcal Vaccine, 7 Valent	169 450	76,252,500
Total:	<u>4 947 773</u>	<u>380,730,984</u>

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

SB163

Question Serial No.

1598

Head: 37 Department of Health

Subhead (No. & title):

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health

Director of Bureau: Secretary for Security

Question:

Regarding the additional provision for two drug treatment and rehabilitation centres for young male drug abusers, please provide details of the services currently provided by the relevant centres and the additional services to be provided after the increase of the provision. What are the reasons for allocating additional provision to the rehabilitation services for male drug abusers only? Would the Administration consider enhancing drug treatment and rehabilitation services for female drug abusers as well?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health (DH) subvents three organisations to operate six drug treatment and rehabilitation centres (DTRCs).

The two DTRCs operated by the Caritas Hong Kong and the Hong Kong Christian Service (each with 20 places) serve young male drug abusers who are predominantly psychotropic substance abusers (PSAs). DH supports their immediate plans to increase capacity by eight and ten places respectively in 2010-11.

The third organisation subvented by DH is the Society for the Aid and Rehabilitation of Drug Abusers. It operates four DTRCs, two of which cater for female drug abusers. In the light of the prevalence of psychotropic substance abuse in recent years, a review is being conducted to consider the feasibility and arrangement for reprioritisation on its existing resources in order to expand its capacity to serve more psychotropic substance abusers and more effective management of such resources. We will consider scope for enhancing the capacity for female drug abusers in this context, taking into account any physical constraints, among other things.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 17.3.2010

**CONTROLLING OFFICER'S REPLY TO
INITIAL WRITTEN QUESTION****SB164**

Question Serial No.

0331

Head: 37 Department of HealthSubhead (No. & title):Programme: (6) Treatment of Drug AbusersControlling Officer: Director of HealthDirector of Bureau: Secretary for SecurityQuestion:

Please list the subvented items and number of places for drug rehabilitation provided by each subvented organisation, and the amount of subvention and operating cost of each item and place in the past two years and this financial year (i.e. from 2008-09 to 2010-11).

Asked by: Hon. LAU Kong-wahReply:

The Department of Health subvents three organisations as follows –

Organisations	No. of places in Drug Treatment and Rehabilitation Centres (DTRCs)	Other services	2008-09 (Actual) \$ million	2009-10 (Revised Estimate) \$ million	2010-11 (Estimate) \$ million
Society for the Aid and Rehabilitation of Drug Abusers (SARDA)	402 (in four DTRCs)	Counselling service for participants in Methadone Treatment Programme	76.7	78.2 (Note 1)	78.2 (Note 1)
Caritas Hong Kong	20	Nil	5.0	5.3	8.6 (Note 2)
Hong Kong Christian Service	20	Out-patient service	5.2	5.3	7.6 (Note 3)
Contingencies			0	1.5	1.9
Total			86.9	90.3	96.3

Note 1: Provisions include capital items of \$2.0 million for 2009-10 and \$0.7 million for 2010-11.

Note 2: Provisions include the requirement for increasing the number of places to 28 and capital items of \$2.3 million.

Note 3: Provisions include the requirement for increasing the number of places to 30.

We do not have further detailed breakdown of the finances of each programme. An accounting template is under development to facilitate future financial reporting of the service programmes of SARDA. Subject to necessary adjustments, we will consider extending the use of accounting template to other operating agencies.

Signature	_____
Name in block letters	_____ Dr P Y LAM _____
Post Title	_____ Director of Health _____
Date	_____ 17.3.2010 _____

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

SB165

Question Serial No.

0332

Head: 37 Department of Health

Subhead (No. & title):

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health

Director of Bureau: Secretary for Security

Question:

Under this Programme, has any internal assessment or review, inter alia, been made on the work and effectiveness of the treatment of drug abusers under the subvented items or subvented organisations? What is the result of the assessment or review?

Asked by: Hon. LAU Kong-wah

Reply:

The Department of Health (DH) subvents three non-government organisations to operate six drug treatment and rehabilitation centres (DTRCs).

The Society for the Aid and Rehabilitation of Drug Abusers operates four DTRCs with a capacity of 402 places. In light of the prevalence of psychotropic substance abuse in recent years, a review is being conducted to consider the feasibility and arrangement for re-prioritisation of its existing resources in order to expand its capacity to serve more psychotropic substance abusers (PSAs) and more effective management of such resources.

The other two DTRCs (each with 20 places) are operated by the Caritas Hong Kong and the Hong Kong Christian Service respectively. Similarly, in view of the change in clientele from opiate drug abusers to predominantly PSAs, we are looking into appropriate resource requirements and performance measurements for the treatment and rehabilitation of PSAs.

From a policy perspective, the Narcotics Division, in conjunction with departments concerned and after consultation with the anti-drug sector, launched a pilot Service Information System (SIS) in 2006 to collect detailed service information and to compile a set of output / outcome indicators, in a bid to better measure the effectiveness of the programmes. Five DTRCs (including three from the three organisations DH subvents) participated in the pilot SIS. A review is underway. Subject to the findings and necessary adjustments, we plan to extend SIS to all subvented DTRCs and promote voluntary adoption by non-subvented DTRCs as far as possible to facilitate continuous service improvement.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

SB166

Question Serial No.

1603

Head: 37 Department of Health

Subhead (No. & title):

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health

Director of Bureau: Secretary for Security

Question:

Please list the number of residential places for drug rehabilitation, related drug treatment programmes and the operating cost for each place and item in each Government organisation for the past two years and this financial year (i.e. from 2008-09 to 2010-11).

Asked by: Hon. LAU Kong-wah

Reply:

Department of Health (DH) operates a non-residential Methadone Treatment Programme for opiate users. The expenditures/provisions from 2008-09 to 2010-11 could be found in the following-

<u>Financial Year</u>	<u>Amount</u> \$ million
2008-09	39.5
2009-10	36.8
2010-11	36.8

As regards residential drug treatment and rehabilitation, DH does not operate its own services, but provides subvention to three non-governmental organisations instead to operate six drug treatment and rehabilitation centres.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010

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

SB167

Question Serial No.

1604

Head: 37 Department of Health

Subhead (No. & title):

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health

Director of Bureau: Secretary for Security

Question:

Has any internal assessment or review been made on the work and effectiveness of the treatment of drug abusers under the management of drug abuse programme by each governmental organisation? What is the result of the assessment or review?

Asked by: Hon. LAU Kong-wah

Reply:

In 1999, the work of the Methadone Treatment Programme (MTP) under Department of Health (DH) was reviewed by the Action Committee Against Narcotics. The exercise confirmed that the MTP fulfilled its declared objectives and was effective in helping drug dependent persons to sustain their employment and social life, as well as helping society to reduce instances of drug overdose, drug-related deaths and even spread of blood-borne diseases.

DH has also reviewed the utilisation and performance of MTP services according to recommendations in Director of Audit's Report No. 50. Hong Kong MTP is recognised by the United Nations Office on Drugs and Crime and the Joint United Nations Programme on HIV/AIDS as a model for other countries. Following Government's overall anti-drug policy and priorities, DH will continue to monitor the utilisation and changes in service needs in order to adjust MTP services accordingly.

Signature _____

Name in block letters _____ Dr P Y LAM

Post Title _____ Director of Health

Date _____ 17.3.2010