Replies in written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2011-12

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

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CSB050	0284	Hon. PAN Pey-chyou	Medical and Dental Treatment for Civil Servants
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Reply Serial No.	Question Serial No.	Name of Member	Programme
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FHB(H)101	0710	Hon. LAU Sau-shing, Patrick	Disease Prevention
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FHB(H)105	1953	Hon. CHEUNG Kwok-che	Disease Prevention
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Reply Serial No.	Question Serial No.	Name of Member	Programme
FHB(H)131	0980	Hon. LEUNG Ka-lau	-
FHB(H)132	0981	Hon. LEUNG Ka-lau	Curative Care
FHB(H)133	0983	Hon. LEUNG Ka-lau	Disease Prevention
FHB(H)134	2483	Hon. CHAN Hak-kan	Disease Prevention
FHB(H)135	2618	Hon. LI Fung-ying	Disease Prevention
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FHB(H)252	1185	Hon. PAN Pey-chyou	Disease Prevention
FHB(H)253	3397	Hon. LEONG Kah-kit, Alan	Rehabilitation
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FHB(H)257	3401	Hon. LEONG Kah-kit, Alan	Rehabilitation

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FHB(H)258	3402	Hon. LEONG Kah-kit, Alan	Rehabilitation
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FHB(H)264	1156	Hon. WONG Kwok-hing	-
FHB(H)265	1180	Hon. PAN Pey-chyou	Statutory Functions
FHB(H)266	1181	Hon. PAN Pey-chyou	Statutory Functions
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SB208	3405	Hon. LEONG Kah-kit, Alan	Treatment of Drug Abusers
SB209	3406	Hon. LEONG Kah-kit, Alan	Treatment of Drug Abusers
SB210	3407	Hon. LEONG Kah-kit, Alan	Treatment of Drug Abusers
S-CSB06	SV022	Hon. LI Fung-ying	Medical and Dental Treatment for Civil Servants
S-FHB(H)23	S144	Hon. CHAN Mo-po, Paul	Statutory Functions
S-FHB(H)24	S152	Hon. WONG Kwok-hing	Disease Prevention

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

CSB048

Question Serial No.

0862

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 Department of Health (DH) has set the target for the "appointment time for new dental cases within six months (%)" for civil servants to over 90%, but the percentages are 73% and 72% in 2009 and 2010 respectively. The planned percentage for 2011 will be increased to 80%. In this regard, would the Administration inform us-

(a) what measures will be taken by DH to increase the percentage?

(b) when will the Department plan to achieve the target for the "appointment time for new dental cases within six months (%)" for civil servants to over 90%?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Department of Health (DH) will set up additional general dental surgeries in 2011-12 to increase its service capacity. In addition, DH will encourage eligible persons who are waiting for their first dental appointment to attend those clinics that are less busy.

(b) With the implementation of the measures mentioned in (a) above, DH expects to gradually move towards the target of having over 90% of eligible persons to receive their first dental appointment within six months. However, it should be noted that the actual performance of the target is affected by the number of new cases seeking first dental appointments. DH will keep under review the overall demand of civil service eligible persons for dental service and continue to identify measures to improve the service provision.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15 March 2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

CSB049

Question Serial No.

2027

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, the revised estimate of expenditure for this programme under Department of Health (DH) is $764.6 million. In this connection, please provide breakdowns of the 2010-11 expenditure and estimated provision for 2011-12 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-

	2010-11 (Revised Estimate) $ million	2011-12 (Estimate) $ million
Dental services provided by DH	404.3	434.4
Medical services provided by DH	70.3	72.1
Payment and reimbursement of medical fees and hospital charges	290.0	380.0
Total	764.6	886.5

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 15 March 2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

CSB050

Question Serial No.

0284

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) Why is the revised estimate lower than the original estimate for 2010-11 by 7.2%?

(b) Why does the estimate for 2011-12 increase substantially by 15.9% over the revised estimate for 2010-11?

(c) In 2010-11, how many eligible persons applied for reimbursement of medical fees and hospital charges? How many of these applications were successful? What was the expenditure involved?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) The revised estimate for 2010-11 is lower than the original estimate mainly due to the following reasons –

  (i) lower than expected demand for payment and reimbursement of medical fees and hospital charges from eligible persons; and

  (ii) slippage in procurement of equipment for dental clinics.

(b) The provision for 2011-12 is higher than the revised estimate for 2010-11 mainly due to the following reasons -

  (i) meeting the anticipated increase in demand for payment and reimbursement of medical fees and hospital charges from eligible persons;

  (ii) meeting the cash flow requirement for procurement of equipment for dental clinics; and

  (iii) opening of additional dental surgeries.

(c) In 2010-11 (up to end of February), there were 36 403 applications for reimbursement of medical fees and hospital charges. Amongst these, 36 245 were approved, involving $241.6 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15 March 2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)005

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1291

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 a net increase of 65 posts to facilitate the implementation of new initiatives in 2011-12. What are the distribution of the newly created posts and the establishment involved? How many of them are involved in the registration of proprietary Chinese medicines?

Asked by: Hon. CHAN Hak-kan

Reply:

Details of the net increase of 65 posts under this Programme are at the Annex. There is no new post for the registration of proprietary Chinese medicines. Seven out of the 65 posts are for preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts under Programme 1 – Statutory Functions

Major scope of responsibilities / Rank	Number of posts to be created/deleted: Additional posts	Replacement of non-civil service contract positions	Regrading of posts	Total
Professional, enforcement and technical support				
Assistant Director of Health [Note 1]	1			1
Senior Medical & Health Officer	1			1
Medical & Health Officer	1			1
Chief Pharmacist [Note 1]	1			1
Senior Pharmacist [Note 2]	3			3
Pharmacist [Note 2]	16			16
Scientific Officer (Medical) [Note 2]	8			8
Nursing Officer	1			1
Registered Nurse	1			1
Overseer		1		1
Senior Foreman		2		2
Foreman		10		10
Administration Support				
Chief Executive Officer	1			1
Executive Officer II	2			2
Clerical Officer	2			2
Assistant Clerical Officer [Note 2]	7	3		10
Clerical Assistant	5			5
Office Assistant			-2	-2
Personal Secretary I	1			1
Total	**51**	**16**	**-2**	**65**

Note 1: Directorate posts

Note 2: Posts include one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one Assistant Clerical Officer for preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)006

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1292

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding child assessment centres, please provide the following information -

(a) according to Department of Health's developmental anomalies classification, list the number of children who attended and completed assessments in child assessment centres, and the median waiting time in the past three years (i.e. 2008-09 to 2010-11);

(b) what are the current staff establishment and expenditure of the above centres?

Asked by: Hon. CHAN Hak-kan

Reply:

(a) The numbers of newly diagnosed child developmental anomalies at the six child assessment centres during 2008-09 to 2010-11 are as follows–

Child developmental anomaly	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note : A child might have more than one developmental anomaly.

Nearly all new cases were seen within three weeks in the past three years. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the median, average and longest waiting time for assessment by child assessment centres are not readily available.

(b) The establishment of the Child Assessment Service (CAS) is as follows–

Grades	Number of posts
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Electrical Technician	2
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

The estimated expenditure for CAS for 2010-11 is $81.0 million.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)007

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1370

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 matters requiring special attention in 2011-12 regarding publicity and education programmes on smoking prevention and cessation, what are the respective annual expenditures in the past three years (i.e. 2008-09 to 2010-11)? How many clients utilised the smoking cessation service provided by the Department of Health (DH) in 2010? What were the respective percentages of adolescents aged under 18 and women among these clients? What was the cessation rate at one year after receiving the smoking cessation service?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

In respect of provision for smoking cessation service, the DH hotline handled 4 335 calls in 2008, 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 329 clients in 2008, 567 in 2009 and 597 in 2010. The smoking cessation rate one year after treatment was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

Commenced in January 2009, the TWGHs programme admitted 717 clients in the year. The smoking cessation rate for these clients one year after treatment was 40.3%. In 2010, TWGHs admitted another 1 288 clients, the quit rate for whom will be available in 2012.

A total of 1 008 clients registered for the POH pilot programme in 2010 which started operation in April. The quit rate for this cohort will be available in 2012.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)008

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1371

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 (TCO) in the past three years (i.e. from 2008-09 to 2010-11) respectively? What are the estimates of the staff establishment and expenditure of TCO in 2011-12?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provision of the TCO of the Department of Health in 2008-09, 2009-10, 2010-11 and 2011-12 are $45.5 million, $59.0 million, $63.2 million and $66.0 million respectively.

Please refer to the Annex for details of staffing of TCO in these four years. The staff turnover rates for TCO in 2008-09, 2009-10 and 2010-11 (up to 28 February 2011) were 31%, 17.3% and 11.2% respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)009

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1372

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 by types of premises in 2010.

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

In 2010, the Tobacco Control Office of the Department of Health issued 93 summonses and 7 952 fixed penalty notices (FPNs) for smoking offences. Another 128 summonses were issued for other offences under the Smoking (Public Health) Ordinance (e.g. willful obstruction, failure to produce identity document, etc).

Breakdown of the 93 summonses and 7 952 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	15	2 178
Shopping malls and shops	3	1 354
Food premises	1	708
Public pleasure grounds (including parks)	6	418
Markets	10	595
Other statutory no smoking areas	58	2 699
Total	93	7 952

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)010

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1373

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 were the numbers of complaints received, and operations and prosecutions conducted by the Tobacco Control Office in 2008, 2009 and 2010 respectively? What is the average time required for the completion of follow-up actions from the receipt of complaints in each year?

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, 2009 and 2010 were as follows-

	2008	**2009**	**2010**
Complaints received	15 321	17 399	17 089
Inspections conducted	13 302	17 627	23 623
Smoking offence			
- summonses issued	7 305	4 180	93
- fixed penalty notices issued	-	1 477	7 952
Other offences, e.g. willful obstruction, failure to produce identity document, etc.			
- summonses issued	123	118	128

Tobacco Control Inspectors normally initiate investigations within five to ten days of receipt of complaints. Straightforward 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 of a case is about ten working days.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)046

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0236

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's work on health promotion,

(a) it is observed that the number of smokers has increased despite the increase in tobacco duty in 2009. Has the Department looked into the reasons behind? Please provide possible explanations to this observation; and

(b) it is not clear whether the existing smoking prevention and cessation programmes are entirely effective. Would the Department be planning new initiatives, in addition to the further increase in tobacco duty, to bring about better results? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The Government's tobacco control policy seeks to contain the proliferation of tobacco use and protect the public from second-hand smoke as far as possible. We adopt a progressive and multi-pronged approach which includes promotion, education, legislation, enforcement, smoking cessation and taxation. The Administration assesses its tobacco control efforts by monitoring various statistics and indicators relating to tobacco control, such as smoking pattern and cigarette consumption in Hong Kong. Through progressive tobacco control efforts on various fronts taken since the early 1980s, smoking prevalence (proportion of daily smokers in the population aged 15 or above) gradually declined from 23.3% in 1982 to 12% in 2009-10. Cigarette consumption has also been on a general trend of decline.

No significant change in overall smoking prevalence has been observed in the two surveys on smoking pattern conducted by the Census and Statistics Department in December 2007 to March 2008 and in November 2009 to February 2010 at 11.8% and 12.0% respectively. However, the percentage of daily cigarette smokers in the younger age group of 15-29 has declined substantially from 8.9% to 8.0% between the two surveys. The average daily cigarette consumption has also declined from 13.9 to 13.7 sticks, while that of heavy smokers (those smoking more than 20 cigarettes daily) has declined from 33.9 to 28.5 sticks. This is in line with the findings of the World Health Organization that tobacco tax is an effective way to curb tobacco use, especially among young people and those people who are more price sensitive.

Another indication of the impact of the increase in tobacco duty was the number of calls handled by the Department of Health (DH) smoking cessation hotline. The number of calls received after announcement of increase in tobacco duty from February 26 to April 30 in 2009 was 6 135, a six-fold increase compared to the number received in the same period in 2008.

Since the increase in tobacco duty in the 2009 Budget, DH has significantly enhanced its resources for smoking cessation. Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional

smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services provided by DH are as follows-

Services	Clients served			Cessation rates		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)047

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0240

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:

How much resources have been earmarked for the "territory-wide oral health survey"? What is the estimated number of people to be randomly selected when conducting the study?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The Department of Health has earmarked $7.2 million in 2011-12 to conduct the territory-wide oral health survey. The estimated sample size of each selected index age group is:

Selected Index Age Group	Estimated Sample Size (Number of people)
5-year-old children	1 200
12-year-old children	1 132
35-44-year-old adults	525
65-74-year-old non-institutionalised elderly	525
Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres	1 520
Total	**4 902**

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)048

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0241

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 information on School Dental Care Service (SDCS) in the following format:

	2009-10	2010-11	2011-12 (Estimate)
Annual expenditure ($)			
Unit cost for each student ($)			
Total number of target students			
Number of participating students			
Total number of health care personnel responsible for SDCS			
Ratio of dental health care personnel to participating students			
Number of students requiring subsequent follow-ups after oral examination			
Percentage of students with healthy teeth against the overall number of participants (%)			

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The annual expenditure of the School Dental Care Service (SDCS) and the unit cost of service for each participating student in the financial years of 2009-10, 2010-11 and 2011-12 are as follows-

Financial Year	2009-10	2010-11 (Revised Estimate)	2011-12 (Estimate)
Annual expenditure ($ million)	189.2	192.3	227.2
Unit cost for each student ($)	717	757	814

Note: The increase in expenditure in 2011-12 is due to the replacement for dental units in school dental clinics.

Other requested information of SDCS in the service years of 2009-10, 2010-11 and 2011-12 are as follows-

Service Year [Note 1]	2009-10	2010-11 (Estimate)	2011-12 (Estimate)
Total number of target students	345 408	331 000	324 300
Number of participating students	328 308	315 000	308 000
Total number of health care personnel responsible for SDCS (dentists, dental therapists & dental surgery assistants)	332	331	327
Ratio of dental health care personnel to participating students	1 : 989	1 : 952	1 : 942
Number of students requiring subsequent follow-ups after oral examination	75 900	73 000	71 000
Percentage of students with healthy teeth against the overall number of participants	86%	86%	86%

Note 1: Service year refers to the period from 1 November of the current year to 31 October of the following year.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)049

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0242

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 provision of smoking prevention and cessation services, would the Administration advise -

(a) the annual expenditures in the past three years (i.e. 2008-09 to 2010-11);

(b) a breakdown of the number of clients attending smoking cessation clinics of the Department of Health (DH), the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) (pilot programme using traditional Chinese medicine) in the past three years (i.e. 2008-09 to 2010-11) by age group and gender;

(c) the cessation rate at one year after the above-mentioned smoking cessation programmes; and

(d) the number of enquiries received by smoking cessation hotline in the past three years (i.e. 2008-09 to 2010-11).

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

The statistics of clients enrolled in smoking cessation services provided by DH, TWGHs and POH are set out below:

	2008	2009		2010		
	DH	DH	TWGHs	DH	TWGHs	POH
Number of clients	329	567	717	597	1 288	1 008
Distribution by gender						
- male	83.3%	81.5%	75.5%	83.8%	70.3%	61.5%
- female	16.7%	18.5%	24.5%	16.2%	29.7%	38.5%
Distribution by age						
- ≦17	1.5%	0.4%	0.1%	0.2%	2.6%	0.0%
- 18-29	7.9%	7.4%	16.6%	5.7%	15.1%	11.1%
- 30-39	28.6%	29.5%	33.8%	33.2%	33.2%	29.8%
- 40-49	29.5%	30.0%	24.1%	27.3%	25.5%	30.0%
- 50-59	20.4%	21.3%	16.3%	20.8%	14.3%	19.5%
- ≧60	12.2%	11.5%	9.1%	12.9%	9.3%	9.6%

The smoking cessation rate at one year after treatment at DH clinics was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. The cessation rate for TWGHs clients admitted in 2009 at one year after treatment was 40.3%. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

The number of enquiries received by DH's smoking cessation hotline in Years 2008, 2009 and 2010 were 4 335, 15 500 and 13 880 respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)050

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0244

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 revised total estimate reduced by 22.5% as compared with the original total estimate for 2010-11 under Programme (2)?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The revised estimate for 2010-11 under Programme (2) is lower than the original estimate due mainly to the following reasons-

(a) lower than expected demand for claims under the subsidised vaccination schemes;

(b) lower than expected demand for claims under the health care voucher pilot scheme;

(c) price reduction of pneumococcal vaccines for children; and

(d) slippage in procurement of equipment.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)051

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0299

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:

As early as 2006, Fu Shan Public Mortuary had mistakenly released a body, resulting in the body of a 90-year old man claimed and cremated by the family of another deceased person. Last year, a serious negligence took place again in Fu Shan Public Mortuary, involving autopsy being wrongly conducted on a woman's body. The management of public mortuaries is a statutory function of the Department of Health though serious negligence kept taken place in Fu Shan Public Mortuary again and again. Please advise this Committee on -

(a) What are the annual management and operating expenses involved in public mortuaries?

(b) Has the Administration any plan to enhance the resources on staff training or recruitment of additional manpower, and establish a better compliance mechanism?

(c) Has the Administration set a target to assess the effectiveness of the improvement measures?

Asked by: Hon. CHAN Kin-por

Reply:

(a) The expenditures of public mortuaries form an integral part of the Forensic Pathology Service (FPS). The estimated expenditure for 2010-11 and the provision for 2011-12 of FPS are $39.1 million and $40.9 million, respectively.

(b) The Department of Health (DH) is committed to improving mortuary operations by allocating additional resources, including manpower in public mortuaries. Since 2006, additional posts comprising ten Mortuary Attendants, three Mortuary Officers and one Hospital Administrator II have been created. DH will continue to arrange staff of various ranks to attend customer service training and other relevant programmes for capacity building. Resources have also been allocated for continuous enhancement of the computer system to improve the operation and monitoring in all public mortuaries. Advice and consultancy have also been sought to review mortuary operations and help refine the quality management system. To ensure that public mortuaries comply with the requirements of the procedural guidelines, all operating public mortuaries are now preparing for ISO 9001:2008 Certification.

(c) To assess the effectiveness of improvement measures at public mortuaries, regular reviews are being conducted to ensure compliance with procedures and guidelines by staff in public mortuaries. Moreover, all operating public mortuaries are required to obtain the aforementioned ISO accreditation.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)052

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1398

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 Matters Requiring Special Attention in 2011-12 under the programme of Health Promotion, the Department of Health (DH) will continue to strengthen the publicity and education programmes and adopt a community approach on smoking prevention and cessation. The Financial Secretary also mentioned in Paragraph 161 of the 2011-12 Budget Speech that the Government would make greater effort to provide smoking cessation services. However, according to the Government's plan, the number of publicity/educational activities delivered by the Hong Kong Council on Smoking and Health (COSH) in 2011 will be 340, which is the same as in 2009 and 2010. Will the Administration advise:

(a) its strategy to enhance smoking cessation services as pledged;

(b) the estimated expenditure and establishment for the work of smoking cessation services in 2011, with a comparison with that in 2009 and 2010; and

(c) whether it has other means apart from COSH to promote smoking cessation in Hong Kong.

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In 2011-12, TCO will continue its work on publicity, health education and promotional activities on tobacco control through TV and radio announcements in the 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 smoking habit.

In parallel, COSH will focus on promoting smoking cessation and a smoke-free living environment. It will conduct publicity campaigns 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. With the same baseline provision for 2009 and 2010 (when the expenditure for a one-off project targeting at Women is excluded), the output of COSH in terms of number of publicity/educational activities is also estimated to be at the same level for all three years.

In respect of provision for smoking cessation service, the DH hotline handled 4 335 calls in 2008, 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 329 clients in 2008, 567 in 2009 and 597 in 2010. The smoking cessation rate one year after treatment was 36.7% for clients admitted in 2008 and 29.2% for those in 2009. These cessation rates are comparable to those in overseas countries. The quit rate for the 2010 cohort will be available in 2012.

Commenced in January 2009, the TWGHs programme admitted 717 clients in the year. The smoking cessation rate for these clients one year after treatment was 40.3%. In 2010, TWGHs admitted another 1 288 clients, the quit rate for whom will be available in 2012.

A total of 1 008 clients registered for the POH pilot programme in 2010 which started operation in April. The quit rate for this cohort will be available in 2012.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)053

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1447

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 inspection of medicine traders, wholesalers and manufacturers (including that for proprietary Chinese medicines), would the Administration provide the following information-

(a) what is the responsible staffing establishment?

(b) how many non-compliance cases were found by the Administration in the past three years (i.e. 2008-09 to 2010-11) respectively?

(c) has the Department of Health revised the staffing establishment in response to the commencement of the provisions on the registration of proprietary Chinese medicines under the Chinese Medicine Ordinance?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

(a) The staffing establishment responsible for inspections of medicine traders, comprising retailers, wholesalers and manufacturers, are as follows-

	Inspections of western medicine traders	Inspections of Chinese medicine traders (including proprietary Chinese medicines)
Senior Pharmacist	4	2
Pharmacist	31	10
Scientific Officer (Medical)	1	0

(b) The numbers of court convicted cases handled by the Pharmacy and Poisons Board in 2008-09, 2009-10 and 2010-11 (up to February 2011) were 49, 76 and 68 respectively; and the court convicted cases handled by the Chinese Medicines Board for the same period were zero, three and three respectively.

(c) To strengthen the regulation of proprietary Chinese medicines (pCm) upon commencement of the provisions concerning registration of pCm under the Chinese Medicine Ordinance (Cap.549), 13 civil service posts (including one Senior Pharmacist, one Pharmacist, five Scientific Officers (Medical), two Medical Technologists, two Foremen, one Senior Executive Officer and one Clerical Assistant) were created in 2010-11 under the Department of Health.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)054

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1454

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 advise on the respective expenditure and staff establishment of the Tobacco Control Office (TCO) of the Department of Health (DH) in the three financial years from 2008-09 to 2010-11.

Has the Administration set aside resources to recruit additional staff to enforce the smoking ban in outdoor public transport facilities that came into effect on 1 December 2010? If yes, what are the details involved?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The expenditures of the TCO in 2008-09, 2009-10 and 2010-11 are $45.5 million, $59.0 million and $63.2 million respectively. Please refer to the Annex for details of staffing of TCO in these three years.

The number of TCO staff for carrying out frontline enforcement duties was increased from 85 in 2008-09 to 99 in 2009-10. To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 11 non-civil service contract positions will be converted to civil service posts in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)055

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1455

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 enforcing both the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, would the Administration list out the number of complaints received and the number of enforcement actions and prosecutions instituted by the Tobacco Control Office in the past three years (i.e. 2008-09 to 2010-11) by districts and premises?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The numbers of complaints received, inspections conducted and summonses and fixed penalty notices (FPNs) issued for smoking and other offences under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance by the Tobacco Control Office in 2008, 2009 and 2010 were as follows-

	2008	**2009**	**2010**
Complaints received	15 321	17 399	17 089
Inspections conducted	13 302	17 627	23 623
Smoking offence			
- summonses issued	7 305	4 180	93
- fixed penalty notices issued	-	1 477	7 952
Other offences, e.g. willful obstruction, failure to produce identity document, etc.			
- summonses issued	123	118	128

Breakdown of summonses/FPNs issued for smoking offences by types of premises in these three years is as follows-

Type of Premises where summonses or FPNs were issued	2008	2009		2010	
	Summonses	Summonses	FPNs	Summonses	FPNs
Amusement Game Centres	2 229	1 266	413	15	2 178
Shopping malls and shops	1 210	657	225	3	1 354
Food premises	1 247	581	186	1	708
Public pleasure grounds (including parks)	615	374	103	6	418
Markets	533	236	68	10	595
Other statutory no smoking areas	1 471	1 066	482	58	2 699
Total	7 305	4 180	1 477	93	7 952

Breakdown of summonses/FPNs issued for smoking offences by districts is as follows-

District	Summonses issued for smoking offence in 2008	2009		2010	
		Summonses issued for smoking offence	FPNs issued	Summonses issued for smoking offence	FPNs issued
Hong Kong Island	1 427	631	268	12	1 253
Kowloon	3 421	2 052	705	34	4 292
New Territories	2 457	1 497	504	47	2 407
Total	7 305	4 180	1 477	93	7 952

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)056

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1456

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 estimated that the number of primary school students who would participate in the Student Health Service in 2011 is 315 000. However, according to the Education Bureau, the estimated number of primary school students in the 2011-12 school year is 324 000 (refer to page 364 of Volume IA) (Head 156 - Government Secretariat: Education Bureau). Could the Administration account for the discrepancy between the two numbers?

Asked by: Hon. EU Yuet-mee, Audrey

Reply:

The estimated number of primary school students who would participate in the Student Health Service (SHS) in 2011 is the number of primary school students who have already enrolled in SHS at the beginning of the school year 2010-11. As participation in SHS is voluntary, the number of students enrolled in SHS may not be the same as the total number of primary school students in that school year.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)057

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

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:

Regarding the continual launching of the Elderly Health Care Voucher Pilot Scheme, please list out the number of elderly people who have used health care vouchers and the percentage of total number of elderly people within that age group; and the number of elderly people who have used up all their $250 of vouchers.

Asked by: Hon. CHAN Hak-kan

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly).

Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)058

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1568

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 provide information on the expenditures and manpower of the Tobacco Control Office (TCO) in the past three years (i.e. 2008-09 to 2010-11). 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 types of establishments involved? Has the Administration set aside resources to recruit more staff for TCO?

Asked by: Hon. CHAN Hak-kan

Reply:

The expenditures of TCO in 2008-09, 2009-10 and 2010-11 were $45.5 million, $59.0 million and $63.2 million respectively. Please refer to the Annex for details of staffing of TCO in these three years.

The number of TCO staff for carrying out frontline enforcement duties was increased from 85 in 2008-09 to 99 in 2009-10. To cope with the workload arising from enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, 11 non-civil service contract positions will be converted to civil service posts in 2011-12.

Breakdown of summonses and fixed penalty notices (FPN) issued in 2008, 2009 and 2010 for smoking offences by types of premises is as follows-

Type of Premises where summonses or FPNs were issued	**2008**	**2009**		**2010**	
	Summonses	**Summonses**	**FPNs**	**Summonses**	**FPNs**
Amusement Game Centres	2 229	1 266	413	15	2 178
Shopping malls and shops	1 210	657	225	3	1 354
Food premises	1 247	581	186	1	708
Public pleasure grounds (including parks)	615	374	103	6	418
Markets	533	236	68	10	595
Other statutory no smoking areas	1 471	1 066	482	58	2 699
Total	7 305	4 180	1 477	93	7 952

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Annex

Staffing of Tobacco Control Office

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)059

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1569

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 provision of smoking prevention and cessation services,

(a) please provide a breakdown on the number of smokers in the past three years (i.e. 2008-09 to 2010-11) by gender and age group.

(b) what were the number of enquiries, number of new cases handled by smoking cessation clinics of the Department of Health and the cessation rate of the smokers attended the clinics in the past three years (i.e. 2008-09 to 2010-11)?

(c) have resources been earmarked for setting up more smoking cessation clinics? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHAN Hak-kan

Reply:

The Government's tobacco control policy seeks to contain the proliferation of tobacco use and protect the public from second-hand smoke as far as possible. We adopt a progressive and multi-pronged approach which includes promotion, education, legislation, enforcement, smoking cessation and taxation. The Administration assesses its tobacco control efforts by monitoring various statistics and indicators relating to tobacco control, such as smoking pattern and cigarette consumption in Hong Kong. Through progressive tobacco control efforts on various fronts taken since the early 1980s, smoking prevalence (proportion of daily smokers in the population aged 15 or above) gradually declined from 23.3% in 1982 to 12% in 2009-10. Cigarette consumption has also been on a general trend of decline.

No significant change in overall smoking prevalence rate has been observed in the two surveys on smoking pattern conducted by the Census and Statistics Department in December 2007 to March 2008 and in November 2009 to February 2010 (at 11.8% and 12.0% respectively). However, the percentage of daily cigarette smokers in the younger age group of 15-29 has declined substantially from 8.9% to 8.0% between the two surveys. The average daily cigarette consumption has also declined from 13.9 to 13.7 sticks, while that of heavy smokers (those smoking more than 20 cigarettes daily) has declined from 33.9 to 28.5 sticks. This is in line with the findings of the World Health Organization that tobacco tax is an effective way to curb tobacco use, especially among young people and those people who are more price sensitive.

The numbers of smokers identified in the surveys by gender and age group were as follows-

Age	December 2007 – March 2008			November 2009 – February 2010		
	Male	Female	Overall	Male	Female	Overall
15-19	7 900 (3.5%)	2 500 (1.2%)	10 500 (2.4%)	6 100 (2.7%)	1 600 (0.8%)	7 700 (1.8%)
20-29	81 000 (18.4%)	26 900 (6.1%)	107 800 (12.2%)	72 400 (16.3%)	26 800 (5.8%)	99 200 (11.0%)
30-39	121 000 (25.7%)	35 400 (6.4%)	156 400 (15.3%)	121 000 (26.2%)	36 100 (6.6%)	157 100 (15.6%)
40-49	145 700 (24.2%)	20 700 (3.1%)	166 400 (13.2%)	147 600 (25.9%)	23 000 (3.6%)	170 600 (14.0%)
50-59	122 700 (24.2%)	10 500 (2.1%)	133 300 (13.2%)	141 400 (26.1%)	14 100 (2.6%)	155 500 (14.3%)
60 and over	92 600 (17.3%)	9 900 (1.7%)	102 500 (9.2%)	98 200 (17.0%)	10 300 (1.7%)	108 500 (9.1%)
Total	**571 000** (20.5%)	**105 900** (3.6%)	**676 900** (11.8%)	**586 800** (20.8%)	**112 000** (3.7%)	**698 700** (12.0%)

Notes: 1. Owing to rounding, there is a slight discrepancy between the sum of individual items and the total as shown in the table.

2. Figures in brackets show the rate of daily cigarette smokers as a percentage of all persons in the respective age and gender subgroups.

Since the increase in tobacco duty in the 2009 Budget, the Department of Health (DH) has significantly enhanced its resources for smoking cessation. Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services provided by DH are as follows-

Services	**Clients served**			**Cessation rates**		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the cessation services by NGOs including TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)060

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1574

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 Elderly Health Care Voucher Pilot Scheme (the Scheme) -

(a) please list out the numbers of respective healthcare professionals and organisations which have participated in the Scheme by 18 districts.

(b) since the implementation of the Scheme, how many healthcare professionals and organisations have withdrawn from or joined the Scheme? What were the reasons?

(c) how many complaints involving the Scheme has the Administration received? What were the categories of complaint contents? To date, how many investigations have been completed?

(d) how many healthcare professionals and organisations 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 Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)061

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0361

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:

(a) Would the Administration please provide the expenditure and staff establishment of the Tobacco Control Office (TCO) of the Department of Health (DH) in 2010-11?

(b) In 2011-12, what is the detailed estimate of TCO? Have resources been set aside to enhance the health education and smoking cessation service, strengthen the staff establishment and take forward more tasks?

(c) In the past three years, how many people have successfully quitted smoking under various programmes of TCO?

(d) It is mentioned in the Budget Highlights that $26 million will be allocated to strengthen tobacco control. Please advise on the estimated provision allocated to the "health education and smoking cessation service" of TCO. In the past year, the manpower involved was less then ten people. What tasks will be specifically dealt with this year? Is there any service indicators and evaluation of effectiveness?

(e) At present, what is the percentage of the expenditure on tobacco control against the tobacco duty of more than $3 billion? Would the Administration consider establishing a substantive standard for allocating a specified portion of the tobacco duty to the tasks related to smoking cessation?

Asked by: Hon. LEUNG LAU Yau-fun, Sophie

Reply:

The staffing provision for TCO is at Annex 1. In respect of enforcement work, DH created in 2010-11 four civil service posts and converted 37 non-civil service contract (NCSC) positions to civil service posts. Conversion of a further 11 NCSC positions will be done in 2011-12. To enhance smoking cessation services, DH created in 2010-11 six NCSC positions (two included under "Administrative and General Support" and four under "Health Education and Smoking Cessation" as per Annex 1).

The expenditures / provision of tobacco control activities managed by TCO from 2008-09 to 2011-12 breakdown by types of activities are at Annex 2.

The 2010-11 Revised Estimate under Programme 1 for enforcement of legislation relating to tobacco control is $33.9 million, of which $3 million relating to the designation of no-smoking areas at public transport facilities (PTFs) will lapse in 2011-12. The 2011-12 Estimate of $36.6 million under Programme 1 has included a new allocation of $5 million (part of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) to support the installation and maintenance of signage for no-smoking areas at PTFs. It should be noted that the above provision does not cover enforcement activities performed by other government departments as enforcement agencies.

As for health promotion under Programme 3, it should also be noted that various DH Services other than TCO do contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million (balance of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Leveraging community efforts, DH has entered into funding and service agreements with the Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) in providing additional smoking cessation sessions, education for the public, training for health care professionals and research projects. Key statistics of smoking cessation services are as follows:

Services	**Clients served**			**Cessation rates**		
	2008	**2009**	**2010**	**2008**	**2009**	**2010**
DH (hotline enquiries)	4 335	15 500	13 880	N/A	N/A	N/A
DH (clinic attendance)	329	567	597	36.7%	29.2%	N/A
TWGHs Programme (started in January 2009)	N/A	717	1 288	N/A	40.3%	N/A
POH Programme (started in April 2010)	N/A	N/A	1 008	N/A	N/A	N/A

N/A: not available

The above cessation rates at one year after treatment are comparable to those in overseas countries.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In accordance with the Public Finance Ordinance, any moneys raised or received for the purposes of the Government shall form part of the general revenue. The allocation for smoking cessation services will be made taking into account the actual requirements and priorities of different policy initiatives.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex 1

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)062

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0529

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 pledge of DH's dermatology clinics is that over 90% of the new skin cases should be seen within 12 weeks.

- What were the reasons for the figure in 2010 being dropped further from 65% in 2009 to 56 % in 2010?
- What was the average waiting time for a new dermatology appointment?
- Are there any measures to rectify the current situation?

Asked by: Hon. CHAN Wai-yip, Albert

Reply:

The change in waiting time for new dermatology appointment was attributed mainly to the increasing demand for service and high departure and turnover rate of doctors, which was probably due to high demand for dermatology service in the private sector. The median waiting time for new dermatology appointment was less than 12 weeks.

The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)063

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1629

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 low participation rates for maternal and child health programme in 2009 and 2010 because babies born here have non-local parents, would the Administration please fill in the following table for newborns in the past five years-

Year	Both parents are local residents		Mother is non-local resident		Father is non-local resident		Both parents are non-local residents	
	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals	Born in private hospitals	Born in public hospitals
2006								
2007								
2008								
2009								
2010								

Asked by: Hon. IP Wai-ming

Reply:

The Department of Health does not have the requested information. The birth statistics provided by the Immigration Department and the Census and Statistics Department are as follows-

Year	Number of registered live births born in Hong Kong (HK)[4]	Registered live births born to local women*			Registered live births born to Mainland mothers					
		Number	Public hospitals (%)[2]	Private hospitals (%)[2]	whose spouses are HK permanent residents	whose spouses are not HK permanent residents	Others[1]	Sub-total	Public hospitals (%)[2]	Private hospitals (%)[2]
2006	65 195	39 063	-	-	9 438	16 044	650	26 132	-	-
2007	70 394	42 820	71%	29%	7 989	18 816	769	27 574	33%	67%
2008	78 751	45 186	68%	32%	7 228	25 269	1 068	33 565	32%	68%
2009	82 906	45 653	69%	31%	6 213	29 766	1 274	37 253	28%	72%
2010[3]	88 200	47 552	68%	32%	6 169	32 653	1 826	40 648	26%	74%

Note: (1) Mainland mothers who had not provided details about the resident status of babies' fathers.

(2) Relevant statistics for 2006 or before is not available in the Census and Statistics Department.

(3) Provisional figures.

* Including the number of registered live births born to non-HK resident women other than Mainland mothers.

(4) Figures are provided based on the date of registration of newborns with the Immigration Department.

Sources: Census & Statistics Department and Immigration Department

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)064

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1645

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

In 2011-12, the Department of Health will increase 125 non-directorate posts. What are the justifications for such an increase? What is the actual expenditure involved? Please also provide a breakdown for the 125 posts including their ranks and salaries, and distribution of these posts?

Asked by: Hon. SHEK Lai-him, Abraham

Reply:

The total annual recurrent staff costs for the net 125 posts are calculated at $59.6 million. The justifications, distribution, ranks and salaries of the net increase of 125 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Non-Directorate Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions		
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs		
Senior Pharmacist	2	1,993,440
Pharmacist	14	9,347,520
Scientific Officer (Medical)	5	3,338,400
Chief Executive Officer	1	996,720
Executive Officer II	2	705,600
Clerical Officer	2	611,040
Assistant Clerical Officer	5	952,500
Clerical Assistant	4	594,240
Personal Secretary I	1	305,520
Sub-total:	*36*	*18,844,980*
(b) Enhancing the capacity for regulation of private healthcare institutions		
Senior Medical & Health Officer	1	996,720
Medical & Health Officer	1	762,120
Nursing Officer	1	508,920
Registered Nurse	1	320,820
Assistant Clerical Officer	1	190,500
Clerical Assistant	1	148,560
Sub-total:	*6*	*2,927,640*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines		
Senior Pharmacist	1	996,720
Pharmacist	2	1,335,360
Scientific Officer (Medical)	3	2,003,040
Assistant Clerical Officer	1	190,500
Sub-total:	*7*	*4,525,620*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control		
Overseer	1	291,060
Senior Foreman	2	455,760
Foreman	8	1,437,600
Assistant Clerical Officer	3	571,500
Sub-total:	*14*	*2,755,920*

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(e) Conversion of non-civil service contract positions to civil service posts for port health control		
Foreman	2	359,400
Sub-total:	*2*	*359,400*
(f) Offsetting deletion		
Office Assistant	-2	-261,840
Sub-total:	*-2*	*-261,840*
Total (Programme 1):	***63***	***29,151,720***

Programme 2 – Disease Prevention

(a) Implementing the universal screening of Group B Streptococcus under the antenatal shared-care programme of the Hospital Authority and Department of Health		
Medical & Health Officer	3	2,286,360
Registered Nurse	3	962,460
Medical Laboratory Technician II	2	502,800
Sub-total:	*8*	*3,751,620*
(b) Improving child-care services and support for families and children in need		
Medical & Health Officer	4	3,048,480
Registered Nurse	17	5,453,940
Speech Therapist	2	846,960
Sub-total:	*23*	*9,349,380*
(c) Lapse of time-limited posts for the introduction of Pneumococcal Conjugate Vaccine in the Childhood Immunisation Programme		
Senior Executive Officer	-1	-730,680
Executive Officer II	-1	-352,800
Accounting Officer I	-1	-532,800
Assistant Clerical Officer	-1	-190,500
Sub-total:	*-4*	*-1,806,780*
(d) Conversion of non-civil service contract positions to civil service posts for the implementation of the Comprehensive Child Development Service		
Registered Nurse	7	2,245,740
Clerical Assistant	2	297,120
Sub-total:	*9*	*2,542,860*

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(e) Regrading		
Medical & Health Officer	1	762,120
Scientific Officer (Medical)	1	667,680
Registered Nurse	1	320,820
Medical Technologist	3	1,598,400
Medical Laboratory Technician II	3	754,200
Senior Clinical Psychologist	1	996,720
Clinical Psychologist	-1	-667,680
Senior Occupational Therapist	1	667,680
Occupational Therapist I	-1	-508,920
Senior Systems Manager	1	996,720
Accounting Officer I	-2	-1,065,600
Statistical Officer II/ Student Statistical Officer	2	377,040
Assistant Clerical Officer	-1	-190,500
Office Assistant	-1	-130,920
Sub-total:	*8*	*4,577,760*
Total (Programme 2):	***44***	***18,414,840***
Programme 4 – Curative Care		
(a) Regrading and offsetting deletion		
Radiographer II	1	305,520
Radiographic Technician	-1	-202,260
Office Assistant	-3	-392,760
Darkroom Technician	-1	-158,340
Total (Programme 4):	***-4***	***-447,840***
Programme 7 – Medical and Dental Treatment for Civil Servants		
(a) Enhancing general dental services for civil service eligible persons		
Dental Officer	9	6,285,060
Senior Dental Surgery Assistant	1	336,780
Dental Surgery Assistant	9	1,933,740
Assistant Clerical Officer	1	190,500
Clerical Assistant	2	297,120
Assistant Supplies Officer	1	291,060
Workman II	1	118,080
Sub-total:	*24*	*9,452,340*

Major scope of responsibilities / Rank	Number of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(b) Offsetting deletion		
Office Assistant	-2	-261,840
Sub-total:	*-2*	*-261,840*
Total (Programme 7):	***22***	***9,190,500***
Posts supporting more than one Programme		
(a) Regrading		
Scientific Officer(Medical)	1	667,680
Executive Officer I	1	532,800
Executive Officer II	1	352,800
Hospital Administrator I	2	1,065,600
Hospital Administrator II	-2	-673,560
Senior Treasury Accountant	1	996,720
Treasury Accountant	1	698,340
Senior Clerical Officer	1	404,520
Assistant Clerical Officer	1	190,500
Office Assistant	-1	-130,920
Typist	-2	-297,120
Property Attendant	-4	-511,440
Total (across Programmes):	***0***	***3,295,920***
Total (Overall):	**125**	**59,605,140**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)100

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0561

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 a breakdown of the number of participants in different vaccination schemes in the past two years (i.e. 2009-10 to 2010-11) by the various types of vaccines. What were the percentages of the number of participants against the number of people in the corresponding age groups? What was the total expenditure involved?

Asked by: Hon. CHAN Hak-kan

Reply:

The vaccination programmes administered by the Department of Health (DH) in 2009-10 and 2010-11 include:

(a) Childhood Immunisation Programme (CIP), which protects against ten childhood infectious diseases;
(b) Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;
(c) Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years; and
(d) Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above.

In addition, DH administered the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) in 2009-10.

The statistics on vaccinations under the programmes are detailed at the Annex. It should be noted that many target group members may have received vaccination outside the Government's vaccination schemes and hence not reflected in the statistics.

The expenditures on vaccine costs and reimbursement of vaccination subsidies for the above vaccination programmes in 2009-10 and 2010-11 are $445.2 million and $153.0 million respectively.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Vaccinations provided under Childhood Immunisation Programme (CIP) by Maternal and Child Health Centres, School Immunisation Team and Student Health Service of Department of Health

Vaccines	Age of vaccination	2009	2010
		No. of doses*	
BCG	Newborn	478	480
HBV	Newborn; 1 and 6 months	106 907	110 199
PCV	2, 4 and 6 months; 1 year	24 267	182 557
DTaP-IPV	2, 4 and 6 months; 1.5 year; primary one	217 795	230 959
MMR	1 year; primary one	116 036	113 184
dTap-IPV	Primary 6	70 869	63 859
PCV (Catch-up programme)	For children born between 1 September 2007 and 30 June 2009 inclusive	95 772	39 470

* Includes mop-up vaccinations

Note:

The proportion of newborns that participated in CIP was >98% in 2009 and 2010.

The coverage rates of MMR, DTaP-IPV, dTap-IPV and HBV vaccines in primary school students were 99% in 2009 and 2010.

Abbreviations

BCG: Bacillus Calmette-Guérin Vaccine

HBV: Hepatitis B Vaccine

PCV: Pneumococcal Conjugate Vaccine

DTaP-IPV: combined Diphtheria, Tetanus, acellular Pertussis and Inactivated Poliovirus Vaccine

MMR: combined measles, mumps and rubella vaccine

dTap-IPV: Diphtheria, Tetanus, acellular Pertussis (reduced dose) & Inactivated Poliovirus Vaccine

Seasonal influenza vaccination provided under the Government Vaccination Programme (GVP), Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and Elderly Vaccination Subsidy Scheme (EVSS)

Target groups	Vaccination programme	2009-10		2010-11 (as at 6 Mar 2011)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	6 662	20.3%	3 828	12.0%
	CIVSS	70 639		47 686	
Elderly aged 65 or above	GVP	207 970	38.4%	170 627	30.5%
	EVSS	133 952		108 900	
Others (not categorised by age)*	GVP	71 679	-	48 050	-
Total:		**490 902**	**-**	**379 091**	-

* This category includes persons with chronic illness who are on Comprehensive Social Security Allowance (CSSA), some long-stay Hospital Authority in-patients who have chronic illness, long-stay residents of institutions for the disabled, health care workers in public sector and residential care homes, pregnant women receiving CSSA, poultry workers or staff who may be involved in the poultry culling operations as well as pig farmers and pig-slaughtering industry personnel.

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme	2009-10		2010-11 (as at 6 Mar 2011)	
		No. of recipients	Percentage of population in the age group	No. of recipients^	Percentage of population in the age group△
Elderly aged 65 or above*	GVP	192 721	34.1%	14 671	36.0%
	EVSS	110 586		12 117	
Total:		**303 307**	**34.1%**	**26 788**	**36.0%**

* Elders aged 65 or above do not require repeated pneumococcal vaccination.

^ Refers to new recipients in 2010-11 only.

△ Based on the accumulated number of recipients

Human swine influenza vaccinations provided under the Human Swine Influenza Vaccination Programme (HSIVP) and Human Swine Influenza Vaccination Subsidy Scheme (HSIVSS) in 2009-10

Target groups	Vaccination programme	2009-10	
		No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	HSIVP	13 210	5.4 %
	HSIVSS	7 124	
Persons aged 65 years or above	HSIVP	85 810	11.1 %
	HSIVSS	18 929	
Others (not categorised by age)*	HSIVP	50 628	-
	HSIVSS	3 656	
Total:		**179 357**	**-**

* This category includes persons with chronic illness, pregnant women, health care workers and pig farmers and pig-slaughtering industry personnel.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)101

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0710

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 Budget proposes that a further $1 billion to be allocated for the extension of the Elderly Health Care Voucher Pilot Scheme (the Scheme) for three years. Elderly citizens aged 70 or above will each be offered a subsidy of $500 for their use of private primary healthcare services. In this regard, please provide the following information –

(a) How many elders are expected to be benefited per year by the further allocation of $1 billion? What is the percentage of this annual subsidy of $500 against the total average healthcare expenses paid by these elders per year? How much will the amount of expenditure on public health services be reduced accordingly?

(b) If the proposed annual subsidy is $250, what will be the estimated number of elderly people who can participate in the Scheme? If the subsidy of health care vouchers is increased to an annual amount of $1,000, what will be the estimated additional expenditure? What will the percentage of this subsidy against the total average healthcare expenses paid by elderly people aged 70 per year be?

(c) How many additional posts will the Administration require to meet the operational needs of the Scheme and what will be the additional expenditure involved? Will the additional expenditure be covered by the further provision of $1 billion?

Asked by: Hon. LAU Sau-shing, Patrick

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;

(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare

service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows –

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)102

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0719

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) since the implementation of the Scheme till present, has the Administration compiled statistics on the number of times that in general the elderly people take to use up the five health care vouchers? Please list the related figures by "one time, two times, three times, four times and five times".

(b) it is mentioned in paragraph 150 of the Budget Speech that the Government will double the value of health care vouchers to $500. Would the Administration please advise how the $500 is calculated as sufficient for an elder to seek medical treatment for one year?

(c) at present, elderly people aged 65 are already eligible for a number of social welfare benefits. Why only the elderly people aged 70 or above are exempted from the means test of the Scheme? Would the Administration consider extending the Scheme to cover elders aged 65 or above so that they can get the vouchers without being means tested?

(d) if the health care voucher is increased to $1,000 and the eligibility criterion is relaxed to allow elderly people aged 65 or above to claim the vouchers without being means tested, what will be the related additional annual expenditure against the original estimate?

Asked by: Hon. LEUNG Mei-fun, Priscilla

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

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Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

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Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

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(as at 31 December 2010)

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Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)103

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0741

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, would the Administration please advise on -

(1) the number of private clinics accepting health care vouchers as payment.

(2) the total number of private clinics in Hong Kong.

(3) the percentage of private clinics accepting health care vouchers against the total number of private clinics in Hong Kong.

(4) whether the reasons for refusal to accept health care vouchers as payment by private clinics has been examined. If yes, what is the conclusion? If no, would such examination be considered?

(5) what follow-up measures will be taken if the examination as mentioned in (4) above has been conducted?

Asked by: Hon. WONG Yuk-man

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

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Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)104

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1850

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 number of various sexually transmitted infections in the past three years (i.e. 2008-09 to 2010-11) and the expenditures spent on the treatment of these diseases, with a breakdown by age group and gender.

Asked by: Hon. CHAN Hak-kan

Reply:

The age and gender distribution for the five most common sexually transmitted infections seen at the Department of Health (DH) Social Hygiene Service, namely non-gonococcal urethritis/non-specific genital infection, genital warts, gonorrhoea, syphilis, and genital herpes for the past three years is appended below:

	2008		2009		2010 (Jan – Sep)	
Age	Male	Female	Male	Female	Male	Female
below 15	12	8	2	2	0	12
15-19	312	356	208	320	84	204
20-29	1 940	920	2 024	1 126	1 182	726
30-39	1 648	1 272	1 972	1 366	1 257	1 071
40 and above	3 792	1 580	3 496	1 216	2 142	1 035
Total	**7 704**	**4 136**	**7 702**	**4 030**	**4 665**	**3 048**

The annual expenditures on treatment for patients with sexually transmitted diseases in the past three years are as follows-

Financial Year	Amount $ million
2008-09	54.2
2009-10	53.0
2010-11 (Revised Estimate)	66.3

The number of HIV cases, breakdown by gender and age groups, under the voluntary and anonymous HIV/AIDS reporting system in the past three years is as follows-

Sex	2008	2009	2010
Male	349	309	281
Female	86	87	108
Total	**435**	**396**	**389**

Age at HIV reporting	2008	2009	2010
below 10	0	2	3
10 – 19	2	5	4
20 – 29	108	95	82
30 – 39	155	140	149
40 – 49	91	97	99
50 – 59	48	30	31
60 – 69	16	15	14
70 and above	13	11	7
Unknown	2	1	0
Total	**435**	**396**	**389**

The annual expenditures on treatment for HIV patients in the past three years are as follows-

Financial Year	Amount $ million
2008-09	133.1
2009-10	146.6
2010-11 (Revised Estimate)	174.0

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)105

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1953

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:

It is estimated that the attendances for family planning service in 2011 will not increase, maintaining at the level of 128 000.

(a) What are the reasons for no increase in the estimated attendances?

(b) Does the Administration have any measure to promote the service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of family planning service in Hong Kong, and the attendance is demand-driven with no pre-set quota. Other service providers include notably the Family Planning Association of Hong Kong. Furthermore, a wide variety of easily accessible and affordable contraceptive methods are available in the private sector.

(b) DH promotes family planning service to the public through various channels, including website and information leaflets. Information of the service is also included in the service handbook prepared by the Home Affairs Department for new arrivals from the Mainland. Besides, service information is also available in maternal and child health centres under DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)106

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1954

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:

It is estimated that the attendances for cervical screening service in 2011 will not increase, maintaining at the level of 99 000.

(a) What are the reasons for no increase in the estimated attendances?

(b) Does the Administration have any measure to promote the service? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of cervical cancer screening service in Hong Kong, and the attendance is demand-driven with no pre-set quota. Other providers include the Family Planning Association of Hong Kong and the private sector.

(b) DH continues to publicise its cervical cancer screening service to the public through its website and information leaflets. Details of the service are included in the service handbook prepared by the Home Affairs Department for new arrivals from the Mainland. Besides, clients attending antenatal, postnatal and child health services in DH's maternal & child health centres are also informed of the service.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)107

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1955

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:

It is estimated that the number of enrolment and the number of attendances for woman health service in 2011 will not increase, maintaining at the level of 19 000 and 36 000 respectively.

(a) What are the reasons for no increase in the estimated numbers of enrolment and attendances?

(b) Does the Administration have any measure to promote the service so as to boost the number of users? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) is one of the many providers of woman health service in Hong Kong. The number of attendance is demand-driven. Other service providers are available such as the Family Planning Association of Hong Kong, as well as private hospitals and clinics.

(b) DH promotes woman health service through various channels, including websites and information leaflets. The leaflets are distributed by the Integrated Family Service Centres of the Social Welfare Department, non-governmental organisations, and various women organisations. Besides, service information is also available in maternal and child health centres under DH.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)108

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1974

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:

The Department of Health has allocated a lot of resources to smoking prevention and cessation. Compared with smoking, alcoholism is equally harmful to health. Does the Administration have any plans to educate adolescents and the public on the hazards of alcoholism and set up facilities for the treatment of alcoholics? If yes, when will they be carried out? If no, what are the reasons?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The Department of Health (DH) educates the public about alcohol-related harm through printed materials, telephone education hotline, websites and electronic publications. In addition, DH's Student Health Service provides health education on drinking to students by conducting "Junior Health Pioneer Workshop" for primary school students and the Adolescent Health Programme for secondary school students. The aim is to increase students' knowledge on harmful effects of smoking, drug abuse and drinking, as well as refusal skills.

For treatment, the Hospital Authority provides multidisciplinary health service, including psychiatry, clinical psychology, nursing and occupational therapy, to people with alcohol problem.

In October 2008, DH developed "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" which outlined principles and key elements for implementation of a strategy to prevent and control non-communicable diseases, including how to reduce alcohol-related harm. The Secretary for Food and Health chairs a high-level Steering Committee, with representatives from the Government, public and private sectors, academia and professional bodies, industry and other key partners. The Committee considers and makes recommendations on actions for prevention of alcohol-related harm in Hong Kong.

We will continue to work with relevant parties with a view to reducing alcohol-related harm and preventing underage drinking in the coming years.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)125

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0861

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 Department of Health indicated that "the number of secondary school students participating in the Student Health Service (SHS) was lower in 2010 because the service for secondary two (S2) to secondary seven (S7) students was suspended in 2010 for the redeployment of manpower for the Human Swine Influenza vaccination". In this connection, would the Administration advise on -

(a) the number of students affected after the service concerned was suspended;

(b) the number of staff involved in the redeployment for the vaccination programme; and

(c) the indicators, figures and formulae based on which the above redeployment of manpower was decided.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) As participation in the Student Health Service (SHS) is voluntary, we could not estimate the number of students affected after the suspension of the service. According to the figure provided by the Education Bureau, the number of secondary two to secondary seven students in the school year 2009/10 was 405 551.

(b) A total of 27 doctors, 152 nurses, 49 workers, 51 clerks and 49 health surveillance assistants (HSA) in SHS were redeployed for the Human Swine Influenza Vaccination Programme for 2.5 months during which the SHS centres still provided follow-up services for primary one to secondary seven students.

(c) The redeployment of manpower was required for setting up 120 vaccination stations in 15 SHS centres. For each centre, 1-2 doctors, 2-3 nurses were required for supervision and checking of injections and 4-5 clerks/HSA were required for registration. Each vaccination station was manned by one nurse and two workers/HSA would provide support to three vaccination stations.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)126

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2195

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 smoking cessation service of the Department of Health (DH), please advise:

(a) the number of cases seeking assistance from smoking cessation clinics of DH before and after the increase in tobacco duty last time (i.e. 2009-10);

(b) the expenditures on smoking cessation service of DH in the past three years (i.e. 2008-09 to 2010-11); and

(c) the resources to be allocated to take forward smoking cessation service in DH in 2011-12.

Asked by: Hon. CHAN Hak-kan

Reply:

In the year immediately prior to the last tobacco duty increase in February 2009 (i.e. 2008), there were 329 clients who attended DH smoking cessation clinics. In 2009, the number of persons seeking smoking cessation service was 1 284, comprising 567 clients in DH clinics and 717 clients in clinics in Tung Wah Group of Hospitals (TWGHs). It is also worth noting that in 2009, DH smoking cessation hotline received 15 500 calls, which was more than three times the total number of calls (4 335) received in 2008.

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of DH from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management

and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)127

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2431

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, it is mentioned that the Administration will "conduct a territory-wide oral health survey to continuously monitor the oral health status of the population". Would the Administration inform this Committee of the specific details of the above survey and the expenditure and staff establishment involved?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Department of Health (DH) will conduct the territory-wide oral health surveys (OHS) in 2011-12 to monitor the community's oral health condition. It will cover the following target groups:

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The OHS will involve questionnaire interviews and clinical examinations. It will be conducted during May 2011 to February 2012. The participants will be selected by random sampling. Clinical examinations will be carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations will be carried out using criteria recommended by the World Health Organization. Information will be collected through questionnaires, such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life.

DH has earmarked $7.2 million in 2011-12 to conduct the OHS. Dental Officer (DO) and Dental Surgery Assistant (DSA) will be involved in conducting the survey. An estimation of about 103 man-months of DO and 69 man-months of DSA will be required in 2011-12.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)128

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2432

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 paragraph 150 of the Budget Speech, it was mentioned that "the Government launched the three-year Elderly Health Care Voucher Pilot Scheme in January 2009. Under the Pilot Scheme, elderly citizens aged 70 or above are each offered health care vouchers of $250 annually to subsidise their use of private primary healthcare services. Having completed the interim review of the Pilot Scheme, we propose to extend the Pilot Scheme for another three years, double the value of health care vouchers to $500 per person per year, and strengthen the monitoring of voucher utilisation under the Pilot Scheme. I will allocate $1 billion to implement this proposal. The Secretary for Food and Health will announce the review report and detailed proposal in due course." Would the Administration inform this Committee -

(a) as it has been pointed out that the participation rate of elderly people is relatively low, has the Administration any strategy to increase the participation rate of elders?

(b) would the Administration consider lowering the age of eligibility for receiving health care vouchers to elderly people aged 60, so that elderly people aged 60 or above can receive the subsidy?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)129

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2433

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 stated in the Analysis of Financial and Staffing Provision that "provision for 2011-12 is $88.3 million (21.3%) higher than the revised estimate for 2010-11. This is mainly due to additional provision for expanding Pharmaceutical Service to meet increasing drug regulatory needs; expediting the setting of standards for Chinese herbal medicines; introducing mandatory Good Manufacturing Practice requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm; enhancing the capacity for regulation of private healthcare institutions including hospitals in support of development of private hospitals and healthcare industry; and the net increase of 65 posts in 2011-12 to meet operational needs." Would the Administration advise this Committee on what duties and service areas are involved in the net increase of 65 posts as mentioned above?

Asked by: Hon. FUNG Kin-kee, Frederick

Reply:

Details of the net 65 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Programme 1 – Statutory Functions	
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs	
Head of office /	
Assistant Director of Health [Note]	1
Professional support /	
Chief Pharmacist [Note]	1
Senior Pharmacist	2
Pharmacist	14
Scientific Officer (Medical)	5
Administrative and general support /	
Chief Executive Officer	1
Executive Officer II	2
Clerical Officer	2
Assistant Clerical Officer	5
Clerical Assistant	4
Personal Secretary I	1
Sub-total:	*38*
(b) Enhancing the capacity for regulation of private healthcare institutions	
Medical support /	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Nursing support /	
Nursing Officer	1
Registered Nurse	1
Administrative and general support /	
Assistant Clerical Officer	1
Clerical Assistant	1
Sub-total:	*6*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines	
Professional support /	
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	3

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Administrative and general support /	
Assistant Clerical Officer	1
Sub-total:	*7*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control	
Enforcement /	
Overseer	1
Senior Foreman	2
Foreman	8
Administrative and general support /	
Assistant Clerical Officer	3
Sub-total:	*14*
(e) Conversion of non-civil service contract positions to civil service posts for port health control	
Enforcement /	
Foreman	2
Sub-total:	*2*
(f) Offsetting deletion	
Administrative and general support /	
Office Assistant	-2
Sub-total:	*-2*
Total :	***65***

Note: Directorate posts

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)130

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0979

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:

The Department of Health (DH) indicated that it would "expand the Pharmaceutical Service in order to meet increasing drug regulatory needs". Would the Administration advise on the details of the relevant expansion plan, the expenditure involved, manpower required and their ranks?

Asked by: Hon. LEUNG Ka-lau

Reply:

In 2011-12, $27.8 million will be allocated to DH to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist, 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)131

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0980

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health plans to increase 125 non-directorate posts in 2011-12. Please provide information on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

Details of the net increase of 125 posts are at the Annex.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Non-Directorate Posts in Department of Health in 2011-12

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme 1 – Statutory Functions			
Pharmaceutical Service	**Professional support /**		
	Senior Pharmacist	2	1,993,440
	Pharmacist	14	9,347,520
	Scientific Officer (Medical)	5	3,338,400
	Administrative and general support /		
	Chief Executive Officer	1	996,720
	Executive Officer II	2	705,600
	Personal Secretary I	1	305,520
	Clerical Officer	2	611,040
	Assistant Clerical Officer	5	952,500
	Clerical Assistant	4	594,240
Office for Registration of Health Care Institutions	**Medical support /**		
	Senior Medical & Health Officer	1	996,720
	Medical & Health Officer	1	762,120
	Nursing support /		
	Nursing Officer	1	508,920
	Registered Nurse	1	320,820
	Administrative and general support /		
	Assistant Clerical Officer	1	190,500
	Clerical Assistant	1	148,560
Chinese Medicine Division	**Professional Support /**		
	Senior Pharmacist	1	996,720

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Pharmacist	2	1,335,360
	Scientific Officer (Medical)	3	2,003,040
	Administrative and general support /		
	Assistant Clerical Officer	1	190,500
Tobacco Control Office	**Enforcement /**		
	Overseer	1	291,060
	Senior Foreman	2	455,760
	Foreman	8	1,437,600
	Administrative and general support /		
	Assistant Clerical Officer	3	571,500
Port Health Office	**Enforcement /**		
	Foreman	2	359,400
	Administrative and general support /		
	Office Assistant	-1	-130,920
Radiation Health Unit	**Administrative and general support /**		
	Office Assistant	-1	-130,920
Sub-total:		***63***	***29,151,720***
Programme 2 – Disease Prevention			
Family Health Service	**Medical support /**		
	Medical & Health Officer	7	5,334,840
	Nursing support /		
	Registered Nurse	27	8,662,140
	Professional support /		
	Speech Therapist	2	846,960
	Administrative and general support /		
	Clerical Assistant	2	297,120

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Public Health Laboratory Services Branch	**Technical support /**		
	Medical Technologist	2	1,065,600
	Medical Laboratory Technician II	5	1,257,000
Programme Management and Professional Development Branch	**Technical support /**		
	Senior Systems Manager	1	996,720
	Administrative and general support /		
	Senior Executive Officer	-1	-730,680
	Executive Officer II	-1	-352,800
	Assistant Clerical Officer	-1	-190,500
Finance and Supplies Division	**Administrative and general support /**		
	Accounting Officer I	-3	-1,598,400
	Assistant Clerical Officer	-1	-190,500
Non-communicable Disease Division	**Professional support /**		
	Scientific Officer (Medical)	1	667,680
Clinical Genetic Service	**Medical support /**		
	Medical & Health Officer	1	762,120
	Nursing support /		
	Registered Nurse	1	320,820
	Technical support /		
	Medical Technologist	1	532,800
Elderly Health Service	**Professional support /**		
	Senior Clinical Psychologist	1	996,720
	Clinical Psychologist	-1	-667,680
	Senior Occupational Therapist	1	667,680
	Occupational Therapist I	-1	-508,920

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Administrative and general support /		
Communicable Disease Division	Statistical Officer II/Student Statistical Officer	2	377,040
Student Health Service	**Administrative and general support /**		
	Office Assistant	-1	-130,920
Sub-total:		***44***	***18,414,840***
Programme 4 – Curative Care			
Tuberculosis and Chest Service	**Technical support /**		
	Radiographer II	1	305,520
	Radiographic Technician	-1	-202,260
	Darkroom Technician	-1	-158,340
	Administrative and general support /		
	Office Assistant	-2	-261,840
Dental Service	**Administrative and general support /**		
	Office Assistant	-1	-130,920
Sub-total:		***-4***	***-447,840***
Programme 7 – Medical and Dental Treatment for Civil Servants			
Dental Service	**Dental/Para-dental support /**		
	Dental Officer	9	6,285,060
	Senior Dental Surgery Assistant	1	336,780
	Dental Surgery Assistant	9	1,933,740
	Administrative and general support /		
	Assistant Supplies Officer	1	291,060
	Assistant Clerical Officer	1	190,500
	Clerical Assistant	2	297,120

Service	Function / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Office Assistant	-2	-261,840
	Workman II	1	118,080
Sub-total:		***22***	***9,190,500***
Posts supporting more than one programme			
Principal Medical & Health Officer(3)'s Office	**Professional support /**		
	Scientific Officer (Medical)	1	667,680
Departmental Administration Section	**Administrative and general support /**		
	Executive Officer I	1	532,800
	Executive Officer II	1	352,800
	Senior Clerical Officer	1	404,520
	Assistant Clerical Officer	1	190,500
	Typist	-2	-297,120
Clinic Administration and Planning Section	**Administrative and general support /**		
	Hospital Administrator I	2	1,065,600
	Hospital Administrator II	-2	-673,560
	Office Assistant	-1	-130,920
	Property Attendant	-4	-511,440
Finance and Supplies Division	**Administrative and general support /**		
	Senior Treasury Accountant	1	996,720
Internal Audit Section	**Administrative and general support /**		
	Treasury Accountant	1	698,340
Sub-total:		***0***	***3,295,920***
Total :		**125**	**59,605,140**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)132

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0981

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:

One of its key performance measures of curative services provided by the Department of Health (DH) is "appointment time for new dermatology cases within 12 weeks (% of cases)". The target is set to be over 90% while the percentages were 65% and 56% in 2009 and 2010 respectively and it is expected that the percentage will remain unchanged at 56% in 2011. Meanwhile, the attendances at dermatology outpatient clinics decreased from 253 500 in 2009 to 252 700 in 2010. It is now expected that the figure in the coming year will remain unchanged. In this connection, would the authority concerned advise on:

(a) the resources allocated to dermatology specialised service by DH in the past two years;

(b) the resources planned to be allocated to dermatology specialised service by DH in the coming year; and

(c) regarding the persistent failure to achieve the target of "appointment time for new dermatology cases within 12 weeks (% of cases)" for years, has the Administration made other arrangement for this? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

The expenditure for dermatology service in 2009-10 is $111.0 million and the financial provisions for 2010-11 and 2011-12 are $113.3 million and $112.0 million respectively.

The change in waiting time for new dermatology appointment was attributed mainly to the increasing demand for service and high departure and turnover rate of doctors, which was probably due to high demand for dermatology service in the private sector. The median waiting time for new dermatology appointment was less than 12 weeks.

The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)133

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

0983

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:

Oral health directly affects one's quality of life. The Department of Health mentioned that it would "conduct a territory-wide oral health survey to continuously monitor the oral health status of the population" this year. In this connection, would the Department advise on-

(a) the details of the survey concerned, its date of implementation, expenditure involved, manpower required and their ranks; and

(b) if School Dental Care Service is extended, will the service be extended from primary schools to secondary schools and universities? What is the expenditure involved?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The Department of Health (DH) will conduct the territory-wide oral health surveys (OHS) in 2011-12 to monitor the community's oral health condition. It will cover the following target groups-

(i) 5-year-old children
(ii) 12-year-old children
(iii) 35-44-year-old adults
(iv) 65-74-year-old non-institutionalised elderly
(v) Elderly 65 years old and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres

The OHS will involve questionnaire interviews and clinical examinations. It will be conducted during May 2011 to February 2012. The participants will be selected by random sampling. Clinical examinations will be carried out by trained and calibrated DH dentists at kindergartens, secondary schools, homes, elderly institutions and care centres to collect data such as tooth and periodontal status, treatment needs and oral hygiene status. The examinations will be carried out using criteria recommended by the World Health Organization. Information will be collected through questionnaires, such as socio-demographic background, participants' oral health habits, knowledge and attitude, dental utilisation pattern, dietary habits, perceived treatment needs, motivators and barriers to the oral care seeking behaviour, and oral health related quality of life.

DH has earmarked $7.2 million in 2011-12 to conduct the OHS. Dental Officer (DO) and Dental Surgery Assistant (DSA) will be involved in conducting the survey. An estimation of about 103 man-months of DO and 69 man-months of DSA will be required.

(b) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. The School Dental Care Service provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. There are other educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" for the secondary and university students.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)134

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2483

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:

Due to an increase in the percentage of babies born here who have non-Hong Kong resident parents and that this group of babies may not stay on in Hong Kong, the participation rates of "new born babies attending maternal and child health centres (MCHCs)" in 2009 and 2010 were around 76%, lower than the target rate of 90% set by the Department of Health (DH). In this connection, has DH considered adjusting the target rate and redeploying resources to provide other services in MCHCs?

Asked by: Hon. CHAN Hak-kan

Reply:

The actual and estimated participation rates of newborn babies attending Maternal and Child Health Centres (MCHCs) are lower than the target because a considerable proportion of newborn babies were delivered by mothers who were non-Hong Kong residents and they tended to leave Hong Kong soon after giving birth. Although in terms of percentage, the participation rates of newborns who attended MCHCs were below 90% in both 2009 and 2010, the numbers of newborns registered at MCHCs had actually increased because of the increase in birth rates. In fact, the participation rate of babies born to local mothers was 90% in 2010.

The rising birth rates also increased the use of maternal health services. In addition, MCHCs also provide family planning and cervical cancer screening services for the clients.

The Department of Health will continue to monitor the situation and consider the need to revise the target participation rate of new born babies attending MCHCs and to redeploy resources to meet service demand when required.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)135

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2618

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 Department of Health established the Primary Care Office (PCO) in September 2010. Please list out PCO's progress since its establishment and its 2011-12 work plan.

Asked by: Hon. LI Fung-ying

Reply:

Enhancing primary care was one of the proposals put forward in the Healthcare Reform Consultation Document "Your Health, Your Life" and received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008. In 2009, the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health formulated framework recommendations on enhancing primary care in Hong Kong, including –

(a) developing primary care conceptual models and reference frameworks;

(b) setting up and promoting a Primary Care Directory; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects.

Based on WGPC's recommendations, the Government has allocated additional funding for implementing various initiatives in line with the Government's primary care development strategy. These include a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme, various vaccination subsidy schemes, establishment of community health centres (CHCs) and networks, enhancement of primary dental care and oral health promotion, implementation of research projects on primary care, enhancement of primary care related training and capacity building in collaboration with healthcare professionals, etc.

In September 2010, a Primary Care Office (PCO) was set up in the Department of Health to provide support to the Food and Health Bureau on policy formulation and strategy development on primary care, and co-ordinate the development of better primary care services in Hong Kong. The latest progress and the work plan are as follows –

(a) A web-based version of the Primary Care Development Strategy Document was published in December 2010. PCO will launch a territory-wide "Primary Care Campaign" in partnership with healthcare professionals starting from March 2011 to introduce the Government's primary care development strategy and initiatives to the general public.

(b) A web-based version of reference frameworks for diabetes mellitus and hypertension care in primary care settings was published in January 2011. Development of primary care conceptual models and reference frameworks for the elderly and children will start in 2011-12.

(c) Enrolment of doctors and dentists in the respective sub-directories of Primary Care Directory started in December 2010. The Directory will be launched in March 2011 to help the public identify primary care practitioners who can cater for their individual needs. We will start developing a sub-directory of Chinese medicine practitioners in 2011-12. The sub-directories of nurses and other allied health professionals will be developed at a later stage.

(d) Various pilot projects based on different CHC-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations and universities are being explored. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. We will continue to plan CHC pilot projects in consultation with the relevant stakeholders.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)136

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

2619

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

It is estimated by the Department of Health (DH) that the directorate posts and the non-directorate posts will increase by two posts and 125 posts respectively in 2011-12. In this connection, please provide the following information-

(a) Please list out the distribution of the posts to be deleted and created under each Programme in terms of ranks, functions and offices.

(b) Please list out the establishment and strength of each rank in DH in 2010-11 and the estimated figures in 2011-12.

Asked by: Hon. LI Fung-ying

Reply:

(a) Details of the net increase of two directorate and 125 non-directorate posts are at Annex A.

(b) Details of the projected establishment as at 31.3.2011 and 31.3.2012 and the actual strength as at 1.3.2011 are at Annex B. As the strength position for 2011-12 will depend on the progress of recruitment exercises and intake of candidates, the information is thus not available at the present moment.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Creation and Deletion of Posts in Department of Health in 2011-12

Service	Function / Rank	No. of posts to be created/deleted
Programme 1 – Statutory Functions		
Pharmaceutical Service	**Head office /**	
	Assistant Director of Health [Note]	1
	Professional support /	
	Chief Pharmacist [Note]	1
	Senior Pharmacist	2
	Pharmacist	14
	Scientific Officer (Medical)	5
	Administrative and general support /	
	Chief Executive Officer	1
	Executive Officer II	2
	Personal Secretary I	1
	Clerical Officer	2
	Assistant Clerical Officer	5
	Clerical Assistant	4
Office for Registration of Health Care Institutions	**Medical support /**	
	Senior Medical & Health Officer	1
	Medical & Health Officer	1
	Nursing support /	
	Nursing Officer	1
	Registered Nurse	1
	Administrative and general support /	
	Assistant Clerical Officer	1
	Clerical Assistant	1
Chinese Medicine Division	**Professional Support /**	
	Senior Pharmacist	1
	Pharmacist	2
	Scientific Officer (Medical)	3
	Administrative and general support /	
	Assistant Clerical Officer	1
Tobacco Control Office	**Enforcement /**	
	Overseer	1
	Senior Foreman	2
	Foreman	8
	Administrative and general support /	
	Assistant Clerical Officer	3
Port Health Office	**Enforcement /**	
	Foreman	2
	Administrative and general support /	
	Office Assistant	-1

Service	Function / Rank	No. of posts to be created/deleted
Radiation Health Unit	**Administrative and general support /**	
	Office Assistant	-1
Sub-total:		***65***
Programme 2 – Disease Prevention		
Family Health Service	**Medical support /**	
	Medical & Health Officer	7
	Nursing support /	
	Registered Nurse	27
	Professional support /	
	Speech Therapist	2
	Administrative and general support /	
	Clerical Assistant	2
Public Health Laboratory Services Branch	**Technical support /**	
	Medical Technologist	2
	Medical Laboratory Technician II	5
Programme Management and Professional Development Branch	**Technical support /**	
	Senior Systems Manager	1
	Administrative and general support /	
	Senior Executive Officer	-1
	Executive Officer II	-1
	Assistant Clerical Officer	-1
Finance and Supplies Division	**Administrative and general support /**	
	Accounting Officer I	-3
	Assistant Clerical Officer	-1
Non-communicable Disease Division	**Professional support /**	
	Scientific Officer (Medical)	1
Clinical Genetic Service	**Medical support /**	
	Medical & Health Officer	1
	Nursing support /	
	Registered Nurse	1
	Technical support /	
	Medical Technologist	1
Elderly Health Service	**Professional support /**	
	Senior Clinical Psychologist	1
	Clinical Psychologist	-1
	Senior Occupational Therapist	1
	Occupational Therapist I	-1
Communicable Disease Division	**Administrative and general support /**	
	Statistical Officer II/Student Statistical Officer	2
Student Health Service	**Administrative and general support /**	
	Office Assistant	-1
Sub-total:		***44***

Service	Function / Rank	No. of posts to be created/deleted
Programme 4 – Curative Care		
Tuberculosis and Chest Service	**Technical support /**	
	Radiographer II	1
	Radiographic Technician	-1
	Darkroom Technician	-1
	Administrative and general support /	
	Office Assistant	-2
Dental Service	**Administrative and general support /**	
	Office Assistant	-1
Sub-total:		***-4***
Programme 7 – Medical and Dental Treatment for Civil Servants		
Dental Service	**Dental/Para-dental support /**	
	Dental Officer	9
	Senior Dental Surgery Assistant	1
	Dental Surgery Assistant	9
	Administrative and general support /	
	Assistant Supplies Officer	1
	Assistant Clerical Officer	1
	Clerical Assistant	2
	Office Assistant	-2
	Workman II	1
Sub-total:		***22***
Posts supporting more than one programme		
Principal Medical & Health Officer(3)'s Office	**Professional support /**	
	Scientific Officer (Medical)	1
Departmental Administration Section	**Administrative and general support /**	
	Executive Officer I	1
	Executive Officer II	1
	Senior Clerical Officer	1
	Assistant Clerical Officer	1
	Typist	-2
Clinic Administration and Planning Section	**Administrative and general support /**	
	Hospital Administrator I	2
	Hospital Administrator II	-2
	Office Assistant	-1
	Property Attendant	-4
Finance and Supplies Division	**Administrative and general support /**	
	Senior Treasury Accountant	1
Internal Audit Section	**Administrative and general support /**	
	Treasury Accountant	1
Sub-total:		***0***
Total :		**127**

Note: Directorate posts

Annex B

Projected Establishment and Strength of Department of Health

Rank	Projected establishment as at 31.3.2011	Strength as at 1.3.2011	Projected establishment as at 31.3.2012
Director of Health	1	1	1
Deputy Director of Health	1	1	1
Assistant Director of Health	6	5	7
Consultant	20	20	20
Principal Medical & Health Officer	13	13	13
Senior Medical & Health Officer	120	95	121
Medical & Health Officer	311	327	320
Controller, Centre for Health Protection	1	2	1
Dental Consultant	9	8	9
Principal Dental Officer	1	1	1
Senior Dental Officer	54	48	54
Dental Officer	199	199	208
Chief Pharmacist	1	1	2
Senior Pharmacist	11	9	14
Pharmacist	69	75	85
Scientific Officer (Medical)	65	63	75
Principal Nursing Officer	1	1	1
Chief Nursing Officer	3	2	3
Senior Nursing Officer	19	18	19
Nursing Officer	291	271	292
Registered Nurse	768	792	797
Enrolled Nurse	198	192	198
Senior Inoculator	4	4	4
Inoculator	28	28	28
Midwife	5	4	5
Dental Hygienist	11	10	11
Dental Inspector	1	1	1
Senior Dental Surgery Assistant	47	43	48
Dental Surgery Assistant	232	234	241
Senior Dental Technologist	1	1	1
Dental Technologist	2	2	2
Dental Technician I	36	33	36
Dental Technician II	8	9	8
Tutor Dental Therapist	2	2	2
Senior Dental Therapist	28	26	28
Dental Therapist	272	264	272
Chief Medical Technologist	1	1	1
Senior Medical Technologist	18	16	18
Medical Technologist	92	90	95
Medical Laboratory Technician I	18	18	18
Medical Laboratory Technician II	124	124	129
Chief Dispenser	3	0	3
Senior Dispenser	20	17	20
Dispenser	37	38	37
Senior Radiographer	3	3	3
Radiographer I	13	13	13
Radiographer II	21	19	22
Radiographic Technician	5	4	4
Senior Clinical Psychologist	1	1	2
Clinical Psychologist	29	28	28

Senior Dietitian	1	1	1
Dietitian	13	13	13
Senior Occupational Therapist	0	0	1
Occupational Therapist I	14	14	13
Senior Physiotherapist	1	0	1
Physiotherapist I	12	13	12
Optometrist	12	12	12
Senior Physicist	2	2	2
Physicist	9	9	9
Speech Therapist	9	9	11
Orthoptist I	4	3	4
Orthoptist II	0	1	0
Occupational Hygienist/Assistant Occupational Hygienist	2	2	2
Electrical Technician	4	4	4
Overseer	3	3	4
Senior Foreman	22	22	24
Foreman	68	70	78
Senior Hospital Foreman	3	3	3
Hospital Foreman	8	7	8
Mortuary Officer	7	7	7
Mortuary Technician	3	3	3
Mortuary Attendant	28	27	28
Senior Electronics Engineer	2	1	2
Electronics Engineer/Assistant Electronics Engineer	0	4	0
Senior Health Inspector	3	2	3
Health Inspector I/II	20	20	20
Social Work Officer	1	1	1
Assistant Social Work Officer	3	3	3
Superintendent of Police	1	1	1
Chief Inspector of Police	2	2	2
Police Sergeant	4	4	4
Land Surveyor/Assistant Land Surveyor	0	1	0
Senior Systems Manager	1	1	2
Systems Manager	5	5	5
Analyst/Programmer I	5	6	5
Analyst/Programmer II	4	1	4
Computer Operator I	2	2	2
Administrative Officer Staff Grade C	1	1	1
Senior Administrative Officer	1	0	1
Administrative Officer	0	1	0
Senior Principal Executive Officer	1	1	1
Principal Executive Officer	2	2	2
Chief Executive Officer	6	6	7
Senior Executive Officer	42	34	41
Executive Officer I	60	57	61
Executive Officer II	59	47	61
Chief Hospital Administrator	1	1	1
Senior Hospital Administrator	10	6	10
Hospital Administrator I	12	11	14
Hospital Administrator II	27	32	25
Chief Treasury Accountant	1	1	1
Senior Treasury Accountant	1	1	2
Treasury Accountant	4	5	5
Senior Accounting Officer	2	1	2
Accounting Officer I	7	5	4

Accounting Officer II	7	7	7
Senior Statistician	1	1	1
Statistician	4	4	4
Statistical Officer I	9	9	9
Statistical Officer II/Student Statistical Officer	38	39	40
Chief Information Officer	1	1	1
Senior Information Officer	2	1	2
Information Officer	3	1	3
Senior Official Languages Officer	1	1	1
Official Languages Officer I	2	2	2
Official Languages Officer II	3	3	3
Calligraphist	1	1	1
Librarian	3	3	3
Senior Clerical Officer	14	13	15
Clerical Officer	96	84	98
Assistant Clerical Officer	380	310	390
Clerical Assistant	504	496	513
Office Assistant	65	52	56
Confidential Assistant	3	3	3
Senior Personal Secretary	2	1	2
Personal Secretary I	24	23	25
Personal Secretary II	20	22	20
Supervisor of Typing Services	0	1	0
Senior Typist	0	1	0
Typist	4	8	2
Telephone Operator	2	2	2
Senior Supplies Officer	1	1	1
Supplies Officer	2	2	2
Assistant Supplies Officer	2	2	3
Supplies Supervisor I	5	4	5
Supplies Supervisor II	17	17	17
Supplies Assistant	14	15	14
Supplies Attendant	4	4	4
Senior Training Officer	1	1	1
Training Officer I	1	1	1
Transport Services Officer II	1	1	1
Motor Driver	55	58	55
Photographer I	3	3	3
Artisan	10	9	10
Darkroom Technician	13	9	12
Laboratory Attendant	61	61	61
Ganger	1	1	1
Property Attendant	34	33	30
Workman I	5	2	5
Workman II	474	402	475
Total :	**5 632**	**5 383**	**5 759**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3674

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 Hong Kong, incidents involving the sale of counterfeit pharmaceutical products by a number of pharmacies occurred again in 2010, directly affecting public health. Why does the Administration not increase the number of inspections of retail drug premises in the indicator this year so as to combat the sale of counterfeit pharmaceutical products by unscrupulous businessmen?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

For compliance checking on licensees, such as inspections on transaction records, storage conditions and labelling of pharmaceutical products, pharmacist inspectors of the Department of Health (DH) have enhanced unannounced inspections and test purchases at the retail level since 2009.

Whenever there are findings or intelligence suggestive of sale of counterfeit medicines, DH will inform the Customs and Excise Department for their investigation or joint operations.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3675

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:

Concerning the quality of healthcare institutions, would the Administration allocate additional resources to increase the number of inspections of nursing homes and establish an accreditation programme to improve the quality of healthcare institutions? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality.

As the registration authority, DH monitors the performance of nursing homes, issues licences, conducts inspections and investigates adverse events and complaints. Nursing homes are also encouraged to participate in accreditation programmes for quality assurance and continuous service improvement.

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including nursing homes. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3676

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 requires that the elderly health care vouchers be used for preventive and curative services. However, the Administration has not taken into consideration that elderly people commonly have eye problems. Would the Administration consider extending the scope of use of the health care vouchers to cover eye examinations, so as to encourage elderly people to receive regular eye examinations for prevention in order to decrease the need to treat eye diseases in the future? Also, would consideration be given to allow optometrists to directly refer persons in need to receive treatment in public hospitals? If yes, what are the details? If not, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Care Voucher Scheme (the Pilot Scheme) was launched on 1 January 2009 as a three-year pilot scheme, under which elderly people aged 70 or above are given five health care vouchers of $50 each annually as a partial subsidy to encourage them to seek private primary healthcare services. By providing partial subsidies, the Pilot Scheme offers additional choices for the elderly on top of the existing public healthcare services available to them. There is no reduction in public healthcare services as a result of the implementation of the Pilot Scheme.

Vouchers can be used on health care services which could be preventive care, management of acute episodic condition, follow up or monitoring of long term conditions, and rehabilitation. Examinations of the eyes are covered by the Scheme as long as they are provided by health care service providers enrolled under the Scheme.

Interim Review

We have completed an interim review of the Pilot Scheme recently, published its report on the Health Care Voucher website (http://www.hcv.gov.hk/eng/resources_corner.htm), and presented to the LegCo Panel on Health Services on 14 March 2011. Having regard to the findings of the interim review, we propose:

(i) extending the Pilot Scheme for another three years starting from 1 January 2012;
(ii) doubling the voucher amount from $250 to $500 per year per eligible elderly person;
(iii) allowing unspent balance of health care vouchers under the current pilot period to be carried forward into the next pilot period;
(iv) improving the monitoring of health care voucher uses and operation of the Pilot Scheme by enhancing the data-capturing functions of the electronic voucher system (the eHealth System); and
(v) allowing optometrists with Part I registration under the Supplementary Medical Professions Ordinance (Cap. 359) to participate in the Pilot Scheme.

We do not propose any other changes to other rules of the Pilot Scheme including age eligibility (i.e. aged 70 or above) for the extended pilot period. Further review of the Pilot Scheme will assess whether and if so how these rules may need to be changed for better achievement of the objectives of the Pilot Scheme.

Based on the projection of eligible elderly population and doubling the voucher amount from $250 to $500, an additional funding of $1,032.6 million is estimated to be required for the extended pilot period, excluding the costs for administering the extended pilot scheme.

Enrolment of service providers

A total of 2 736 healthcare professionals, involving 3 438 places of practice, were enrolled in the Pilot Scheme as at end December 2010. 1 783 service providers joined the Pilot Scheme on the day of launching on 1 January 2009. Since then up to 31 December 2010, 1 158 providers have newly enrolled, 3 disqualified (2 medical practitioners and 1 Chinese medicine practitioner) and 202 withdrawn from the Pilot Scheme (122 medical practitioners, 34 Chinese medicine practitioners, 30 dentists, 9 physiotherapists, 4 chiropractors and 3 nurses).

Most who withdrew from the Pilot Scheme did not give reasons, and the most commonly cited reason among those who did was change in places of practice at which they work. A breakdown of places of practice by profession and district is at Annex A. A study by the Chinese University of Hong Kong indicated that the most common reasons for service providers not to enroll in the Pilot Scheme were: (a) elderly patients not being their main clientele; (b) claim procedures were complex; and (c) no computer in clinics.

Over the past two years, the Department of Health (DH) has made a series of changes to simplify and streamline the claim procedures, including most recently providing SmartID Card Readers to service providers so that elderly people can claim vouchers using their SmartID Card thereby minimising manual inputs into the eHealth System. DH will continue to monitor the operation of the Pilot Scheme and introduce improvement measures as and when appropriate.

Participation of elderly people

As at end December 2010, 385 657 eligible elderly people (57% out of 683 800 eligible elderly population) have registered under the Pilot Scheme. Among them, 300 292 (45%) have made claims, involving 852 721 transactions, 2 136 630 vouchers and $106 million subsidy amount. The registration and claim rates are higher than other public-private partnership in healthcare services in general.

DH has been promoting the Pilot Scheme through announcements in the public interest on television and radio, pamphlets, posters, website and DVDs. A campaign was also mounted to assist elderly people to make registration. DH will continue to monitor the situation and further enhance promotional activities when necessary. Following the interim review, DH will also step up promotion among healthcare providers.

By end December 2010, 131 801 elderly people registered under the Pilot Scheme have used up all their entitled vouchers for the first two years of the pilot period, with the number of transactions ranging from one to ten, while 253 856 elderly people registered have a total of 1 639 520 vouchers remaining in their accounts. A breakdown of these accounts by number of transactions and vouchers remaining is at Annex B.

Monitoring of claims and handling of complaints

DH routinely monitors claim transactions through the eHealth System, checks claims and examines service records through inspection of service providers, and checks with voucher recipients through contacting them when necessary. Targeted investigations are also carried out on suspicious transactions and complaints. Any irregularities detected would be followed up and rectified. In case of proven abuses, the healthcare service providers concerned will be removed from the Pilot Scheme. Where suspected fraud is involved, the case will be reported to the Police for investigation.

Up to end of December 2010, DH has received a total of 15 complaints or reported cases under the Pilot Scheme, and has completed investigation. Six cases involved refusal to provide services to the enrolled

elderly and nine were related to wrong claims. As at December 2010, two medical practitioners and one Chinese medicine practitioner have been disqualified from the Pilot Scheme.

Information provided by healthcare providers

The eHealth System currently captures general information on the type of healthcare services provided and the amount of voucher used for payment for the services as supplied by the healthcare providers. Participating healthcare service providers are not required to provide how much they charge elderly people on top of the amount of vouchers claimed (in other words, the co-payment made out of pocket by the elderly). Information on the total expenditure incurred by the elderly in primary healthcare services involving the use of vouchers is therefore not available. One of the proposals arising from the interim review is to capture more specific information on healthcare services provided and the co-payment charged by the providers to the elderly, so as to improve monitoring of voucher use and operation of the Pilot Scheme.

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 elderly person were to be increased to $500 or $1,000, the financial implication would increase due to the increase in the number of eligible elderly people and increase in voucher reimbursement. The hypothetical annual commitment for providing vouchers at different age limit and different voucher amount taking the year 2012 as an illustrative example is as follows -

Eligible Age	Annual commitment at voucher amount of $250 per elderly person per year ($ million)	Annual commitment at voucher amount of $500 per elderly person per year ($ million)	Annual commitment at voucher amount of $1,000 per elderly person per year ($ million)
70 or above	172.1	344.2	688.4
65 or above	238.1	476.1	952.2
60 or above	346.2	692.3	1,384.6

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex A

Location of Places of Practice of Healthcare Professionals Enrolled in the Elderly Health Care Voucher Pilot Scheme
(as at 31 December 2010)

Profession / District	Western Medicine Doctors	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Chiropractors	Nurses		Total
									Enrolled Nurses	Registered Nurses	
Central & Western	120	84	29	3	26	3	4	9	1	2	281
Eastern	131	35	28	2	11	0	0	0	0	0	207
Southern	37	27	7	0	3	0	0	0	0	0	74
Wan Chai	93	86	24	4	26	1	0	0	1	6	241
Kowloon City	118	29	12	2	20	0	0	0	0	14	195
Kwun Tong	160	78	34	3	10	10	11	1	3	16	326
Sham Shui Po	71	50	7	3	11	3	1	0	0	0	146
Wong Tai Sin	73	62	10	0	2	0	0	0	0	0	147
Yau Tsim Mong	234	148	46	11	72	10	8	8	3	9	549
North	49	33	5	0	1	1	0	0	0	0	89
Sai Kung	91	23	7	0	4	3	3	0	0	0	131
Sha Tin	93	39	20	1	13	0	0	1	1	2	170
Tai Po	68	53	13	2	4	2	2	0	2	13	159
Kwai Tsing	86	30	13	2	8	0	0	0	1	1	141
Tsuen Wan	117	53	10	4	14	4	5	4	1	3	215
Tuen Mun	85	71	6	3	5	0	1	0	0	0	171
Yuen Long	95	44	9	0	5	0	0	0	0	1	154
Islands	32	6	1	0	3	0	0	0	0	0	42
Total	**1 753**	**951**	**281**	**40**	**238**	**37**	**35**	**23**	**13**	**67**	**3 438**

Note: Information on the total number of places of practice operated by members of the nine categories of healthcare professional in the private sector is not available.

Annex B

Number of transactions made by eligible elderly people in using up their entitled vouchers
(as at 31 December 2010)

No. of transactions	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	9 084	22 149	23 777	35 485	22 165	12 800	2 950	1 637	671	1 083	131 801

Number of vouchers remaining by eligible elderly people
(as at 31 December 2010)

No. of vouchers remaining	1	2	3	4	5	6	7	8	9	10	Total
No. of eligible elderly people	15 741	18 000	12 393	15 896	51 437	19 195	19 159	17 582	4 638	79 815	253 856

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3677

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:

To address to the rate of new dermatology cases to be seen within 12 weeks, the Administration stated last year that an additional $1.2 million would be allocated to the dermatology service in 2010-11. Furthermore, it also stated that the replacement of contract doctors by civil servants in the dermatology service might reduce the turnover rate of doctors in coming years. However, the appointment time for new dermatology cases within 12 weeks is still set at 56% in the estimate for this year. Has the Administration conducted a review on the effectiveness of the relevant measures? How does the Administration solve the problem? In addition, would the Administration set aside resources to recruit more nurses and doctors for dermatology outpatient clinics? Please provide the details and schedule.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Additional funding was allocated to the dermatology service in 2010-11 to recruit doctors to reduce the backlog of patients. Civil service posts have also been created to replace contract doctor posts since 2009. As at the end of 2010, all doctors in the service are appointed on civil service terms. This has helped reduce the number of doctors leaving the Social Hygiene Service. The Department of Health (DH) endeavors to fill vacancies arising from staff departure through recruitment of new doctors and redeployment within DH. Furthermore, the dermatology clinics have implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority to ensure that they will be seen by doctors without delay.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3678

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:

Dental care is part of primary health care. Would the Administration allocate additional resources to extend current dental service of the Department of Health, particularly to provide dental care and treatment to the elders, including services such as extraction and denture? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. The Department of Health (DH) has been allocating resources primarily to promotion and preventive efforts. DH also provides free emergency dental services to the public at 11 government dental clinics.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, who are disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses of dental treatment, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction. Under the Elderly Health Care Voucher Pilot Scheme launched since 2009, all elderly people aged 70 or above can make use of the vouchers to access dental services in private dental clinics and dental clinics run by non-governmental organisations (NGOs). As announced in this year's Budget, the Pilot Scheme will be extended for three years from 2012 to 2014 and the amount of voucher for each elder will be doubled to $500 per year.

In addition, the Government will launch a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments. The Government expect that 17 NGOs will participate in the Pilot Project providing more than 100 000 attendance through 27 outreach teams benefiting some 80 000 elderly in RCHEs and DEs over the three-year pilot period. The total amount of subvention to the NGOs for the three-year Pilot Project, to be funded by the Food and Health Bureau under Head 140, is estimated to be about $88 million. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 21.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3679

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, the provision for 2011-12 which is $88.3 million higher than the revised estimate for 2010-11 will be used for -

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs;

(b) expediting the setting of standards for Chinese herbal medicines;

(c) introducing mandatory Good Manufacturing Practice requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm; and

(d) enhancing the capacity for regulation of private healthcare institutions including hospitals.

Please advise on the details of the above initiatives, and manpower and resources involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the initiatives, and manpower and resources involved are as follows-

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs

In 2011-12, $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

(b) expediting the setting of standards for Chinese herbal medicines

An additional provision of $12.7 million will be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is also to be finished in 2012. No civil service post will be created for this initiative in 2011-12.

(c) introducing mandatory Good Manufacturing Practice (GMP) requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm

An additional provision of $6.1 million will be allocated in 2011-12 to introduce GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. Seven posts, namely one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one general grade posts will need to be created in 2011-12.

(d) enhancing the capacity for regulation of private healthcare institutions, including hospitals

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including hospitals and nursing homes. Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), DH registers private hospitals and nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality. As registration authority, DH monitors the compliance of licenced private hospitals and nursing homes through site inspection and investigation of adverse events and complaints. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3882

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:

Regarding the target figures in paragraph 20 of the Brief Description under this Programme, the Administration has not raised the number of attendances of hospital patients for dental treatment in 2011-12. Please advise on:

(a) the reasons for not raising the number of attendances;

(b) in the form of a table the number of attendances for dental scaling, extraction, filling, bridge, root canal treatment, denture and other services provided by the Administration; and

(c) whether the Administration has any measures in the next five financial years (2011-12 to 2015-16) to raise the number of attendances of hospital patients for dental treatment? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The Department of Health (DH) provides specialist oral maxillofacial surgery and dental treatment to hospital in-patients, patients with special oral health care needs and dental emergency in the Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of seven public hospitals. The provision of specialist dental care service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners. The utilisation of the service is demand-driven. We do not anticipate a substantial increase in the number of referrals and hence the number of attendances of hospital patients in 2011-12.

(b) We do not have the breakdown of attendances for different types of dental treatments.

(c) In the next five financial years (2011-12 to 2015-16), DH will keep under review the overall demand of specialist oral maxillofacial surgery and dental service in the OMS&DUs.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1098

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:

(a) Would the Department of Health (DH) please advise on the manpower for the enforcement of the statutory functions under the Smoking (Public Health) Ordinance (Cap. 371) and Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) in 2011-12? What is the expenditure involved?

(b) Regarding the manpower mentioned in (a) above, how many staff are responsible for frontline inspection and prosecution duties?

(c) Compared to last financial year, whether the manpower and expenditures mentioned in (a) and (b) above have been increased or decreased. What are the underlying reasons and rationale?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The staffing provision for Tobacco Control Office (TCO) is at the Annex. In respect of enforcement work, DH created in 2010-11 four civil service posts and converted 37 non-civil service contract (NCSC) positions to civil service posts. Conversion of a further 11 NCSC positions will be done in 2011-12. The number of frontline enforcement staff is 99 in 2010-11 and 2011-12.

The 2010-11 Revised Estimate under Programme 1 for enforcement of legislation relating to tobacco control is $33.9 million, of which $3 million relating to the designation of no-smoking areas at public transport facilities (PTFs) will lapse in 2011-12. The 2011-12 Estimate of $36.6 million under Programme 1 has included a new allocation of $5 million (part of the $26 million mentioned in the Budget Highlights for strengthening tobacco control) to support the installation and maintenance of signage for no-smoking areas at PTFs. It should be noted that the above provision does not cover enforcement activities performed by other government departments as enforcement agencies.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Staffing of Tobacco Control Office of the Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1099

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:

(a) Please advise on the manpower for the implementation of smoking prevention and cessation in 2011-12 financial year. What is the expenditure involved?

(b) Compared to last financial year, please advise whether the manpower and expenditures mentioned in (a) above have increased or decreased. What are the underlying reasons and rationale?

(c) Have the manpower and expenditure mentioned in (a) above increased accordingly to assist smokers to quit smoking after the increase of tobacco duty this year?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The staffing provision for Tobacco Control Office (TCO) is at Annex 1. To enhance smoking cessation services, Department of Health (DH) created in 2010-11 six non-civil service contract positions (two included under "Administrative and General Support" and four under "Health Education and Smoking Cessation" as per Annex 1).

The expenditures / provision of tobacco control activities managed by TCO from 2008-09 to 2011-12 breakdown by types of activities are at Annex 2. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for health care professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex 1

Staffing of Tobacco Control Office of Department of Health

Rank	2008-09	2009-10	2010-11	2011-12 Estimate
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	2	2	2	2
Police Officer	7	5	5	5
Tobacco Control Inspector	85	67	30	19
Overseer/ Senior Foreman/ Foreman	0	27	57	68
Senior Executive Officer/ Executive Officer	0	5	12	12
Sub-total	*95*	*107*	*107*	*107*
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer/ Contract Doctor	1	1	2	2
Research Officer/ Scientific Officer (Medical)	1	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	2	3	4	4
Health Promotion Officer/ Hospital Administrator II	4	4	6	6
Sub-total	*9*	*10*	*14*	*14*
Administrative and General Support				
Senior Executive Officer/ Executive Officer/ Administrative Assistant	5	4	4	4
Clerical and support staff	13	14	20	20
Motor Driver	1	1	1	1
Sub-total	*19*	*19*	*25*	*25*
Total no. of staff:	**124**	**137**	**147**	**147**

Annex 2

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1100

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:

(a) It is mentioned in Matters Requiring Special Attention in 2011-12 that the Department will "continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation". Please list out the contents of the major programmes involved and the amount of related expenditures.

(b) Compared to last financial year, whether the expenditures mentioned in (a) above have increased or decreased. What are the underlying reasons and rationale?

(c) Have the expenditures mentioned in (a) above increased accordingly to assist smokers to quit smoking after the increase of tobacco duty this year?

Asked by: Hon. CHENG Kar-foo, Andrew

Reply:

The expenditures / provision of tobacco control activities managed by Tobacco Control Office (TCO) of Department of Health (DH) from 2008-09 to 2011-12 breakdown by types of activities are shown in Annex. It should be noted that various DH Services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's Services, such expenditure could not be separately identified and included in Programme 3.

The resources for smoking prevention and cessation related activities in DH have been increasing over the years, and an additional funding of $21 million has been earmarked in 2011-12 for enhancement of smoking prevention and cessation services as part of primary care.

Apart from DH, the Hospital Authority (HA) also provides smoking cessation service. A total of $19.6 million in funding for HA in 2011-12 has been earmarked for enhancement of HA's smoking cessation service in the primary care setting. As it forms an integral part of the overall service provision of HA, a breakdown of the expenditure on the service in 2010-11 is not available.

In respect of provision for smoking cessation service, the DH hotline handled 15 500 calls in 2009 and 13 880 calls in 2010.

The enrolment in DH smoking cessation clinics was 567 in 2009 for whom the smoking cessation rate at one year after treatment was 29.2% which is comparable to those in overseas countries. In 2010, there were 597 clients utilising the service, the cessation rate for whom will be available in 2012.

To strengthen its efforts on smoking prevention and cessation, DH has entered into separate funding and service agreements with Tung Wah Group of Hospitals (TWGH) in 2009 and Pok Oi Hospital (POH) in

2010. The programmes cover a comprehensive range of activities and services including smoking cessation service, education for the public and research projects.

The TWGH programme admitted 717 clients in 2009, with smoking cessation rate at one year after treatment at 40.3%. In 2010, the programme admitted 1 288 clients, the cessation rate for whom will be available in 2012.

The POH programme started operation in April 2010 and admitted 1 008 clients, the cessation rate for whom will be available in 2012.

Looking ahead, DH will further strengthen the efforts on smoking prevention and cessation using the increased resources in 2011-12. These will include scaling up the existing cessation services by TWGHs and POH, enhancing cessation service for youths, conducting research on smoking related issues, as well as providing training for healthcare professionals in provision of smoking cessation service in the community. HA will also provide smoking cessation service in 2011-12 targeting chronic disease patients who are smokers using the chronic care model in primary care setting. The focus is to improve disease management and complication prevention through smoking cessation interventions including face-to-face behavioral support, telephone counselling, and pharmacotherapy.

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Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Expenditures / Provision of the Department of Health

	2008-09 ($ million)	2009-10 ($ million)	2010-11 Revised Estimate ($ million)	2011-12 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	23.1	30.8	33.9	36.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	35.8	44.5	57.5	55.7
(a) General health education and promotion of smoking cessation				
TCO	*22.4*	*28.2*	*23.2*	*23.3*
Subvention: Council on Smoking and Health (COSH) – Publicity	*10.9*	*12.6*	*13.2*	*11.3*
(b) Provision for smoking cessation services				
TCO			*6.1*	*6.1*
Subvention to Tung Wah Group of Hospitals (TWGHs) – Smoking cessation programme	*2.5*	*3.7*	*11.0*	*11.0*
Subvention to Pok Oi Hospital (POH) – Smoking cessation programme using acupuncture			*4.0*	*4.0*
Additional Provision for Smoking Cessation Service				
Programme 2: Disease Prevention Note1	-	-	-	21.0
Additional provision for publicity programme on smoking cessation				*3.5*
Smoking cessation services targeting at special groups including youths				*6.5*
Additional provision for subvention to NGOs for smoking cessation services				*8.0*
Enhanced provision in research and training on smoking cessation and related issues				*3.0*
Total	**58.9**	**75.3**	**91.4**	**113.3**

Note 1: The Primary Care Office (PCO) has a provision of $88 million in 2011-12, including $21 million under Programme 2 set aside for smoking cessation service. The focus of the work of PCO in each year would depend on the strategy and plan for primary care development.

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1183

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 the indicator "primary school children participating in the School Dental Care Service", the number of participants decreased from the actual of 347 000 in 2009 to the estimate of 315 000 in 2011. In this regard, please advise on:

(a) the reasons for the estimated decrease in the number of participants;

(b) the estimated expenditure involved;

(c) whether the decrease in the number of participants leads to a reduction in the expenditure? If yes, would the Administration consider redeploying the expenditure savings for extending the Dental Care Service to secondary school students? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-hing

Reply:

(a) The reduction in the actual number of participants in 2009 and the estimated number of participants in 2011 in the School Dental Care Service (SDCS) was mainly due to the decrease in the number of primary school children.

(b) The annual expenditure of SDCS in the financial years of 2009-10, 2010-11 and 2011-12 are as follows-

Financial Year	2009-10	2010-11 (Revised Estimate)	2011-12 (Estimate)
Annual expenditure ($ million)	189.2	192.3	227.2

(c) The higher estimated provision in 2011-12 is mainly due to the replacement of dental units in school dental clinics. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. SDCS provides preventive and basic dental care, including an annual dental examination, and oral health education for participating school children. There are other educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" for the secondary school students.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1184

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 indicator "number of enrolment in Elderly Health Centres (EHCs)" remaining at 38 500, please advise on-

(a) the population of elders in Hong Kong aged 65 or above in the past five years;

	Mid-year population of elders aged 65 or above
2006	
2007	
2008	
2009	
2010	

(b) the estimated population of elders in Hong Kong aged 65 or above in the coming five years;

	Mid-year population of elders aged 65 or above
2011	
2012	
2013	
2014	
2015	

(c) the average expenditure required to serve each elder in EHC at present; and

(d) whether more enrolments will be added in 2011-12? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. PAN Pey-chyou

Reply:

(a) The population of elders in Hong Kong aged 65 or above from 2006 to 2010 as estimated by the Census and Statistics Department was as follows-

	Mid-year population of elders aged 65 or above
2006	852 100
2007	871 400
2008	879 600
2009	893 500
2010	912 100

(b) According to the population projections conducted by the Census and Statistics Department, the estimated population of elders in Hong Kong aged 65 or above from 2011 to 2015 are as follows-

	Mid-year population of elders aged 65 or above
2011	937 700
2012	974 500
2013	1 015 000
2014	1 061 100
2015	1 114 600

(c) The expenditure required to serve each elder covers health assessment and any follow-up services needed. Such expenditure varies according to individual needs. For the health assessment only, the average cost for each member in 2010-11 was $1,030. The revised estimate for EHCs in 2010-11 was $96.8 million.

(d) EHCs were first established in 1998 as a pilot model for providing primary healthcare services especially preventive care services for the elderly, among other healthcare providers in the community including other units of the Department of Health, the Hospital Authority, non-governmental organisations, private medical practitioners and other private healthcare providers. The Government has no plan to expand the service at EHCs at this juncture.

Instead, the Government is implementing a primary care development strategy aiming at enhancing the primary care for the whole population. Under the strategy, the Government has been devising primary care models and frameworks for specific chronic diseases and population groups including the elderly age group, and taking forward various pilot initiatives and projects for delivering enhanced primary care services accordingly. One of the initiatives is the Elderly Health Care Voucher Pilot Scheme launched since January 2009, which will be extended to 2012-2014 with voucher amount doubled to $500 for each elderly aged 70 or above annually to subsidise their use of private healthcare services. Alongside the extended period and increased voucher amount, the Government will promote the provision and use of preventive care by the elderly making reference to the model and experience of the EHCs.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1185

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 indicator "number of attendances for health assessment and medical consultation at elderly health centres (EHCs)" remaining at 175 000, please provide the following information-

(a) a breakdown of the number of attendances for health assessment and medical consultation at each EHC in the past five years; and

(b) a breakdown of the number of attendances by disease categories in the past five years.

Asked by: Hon. PAN Pey-chyou

Reply:

(a) From 2006 to 2010, the attendances for health assessment and consultation at each EHC were as follows-

	Attendances for health assessment and consultation				
Year	**2006**	**2007**	**2008**	**2009**	**2010**
Aberdeen EHC	11 509	11 548	11 378	11 342	10 956
Kowloon City EHC	9 449	9 309	8 919	9 230	9 549
Kwai Shing EHC	10 045	8 527	8 248	8 307	8 147
Lam Tin EHC	10 086	8 998	9 285	9 289	9 324
Lek Yuen EHC	11 112	10 847	10 708	11 083	10 813
Nam Shan EHC	9 641	9 189	8 504	8 564	8 823
Sai Ying Pun EHC	9 788	9 896	9 755	9 744	10 307
San Po Kong EHC	10 682	9 799	9 778	9 816	9 791
Shau Kei Wan EHC	9 916	9 551	9 333	8 080	9 139
Shek Wu Hui EHC	13 339	13 082	12 103	12 260	12 894
Tai Po EHC	10 691	10 612	10 308	10 440	10 095
Tseung Kwan O EHC	11 079	11 353	11 172	11 184	10 619
Tsuen Wan EHC	11 694	11 538	10 639	10 647	10 334
Tuen Mun Wu Hong EHC	11 090	10 791	10 293	9 879	9 638
Tung Chung EHC	5 646	7 499	7 883	8 126	8 268
Wan Chai EHC	10 881	10 675	9 717	8 780	9 015
Yau Ma Tei EHC	11 332	10 564	9 878	9 378	9 278
Yuen Long EHC	8 187	8 084	7 956	8 256	8 325

(b) We do not have the statistics as requested.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3397

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

(a) The revised estimate for Rehabilitation in 2010-11 was 1.1% higher than the original estimate for 2010-11. Would the Administration advise on the reasons for the increase? Was enhancement of service or manpower involved? If yes, what were the enhanced service and manpower?

(b) The estimate for 2011-12 is 1.6% higher than the revised estimate for 2010-11. Would the Administration advise on the reasons for the increase? What are the items that cause the increase in estimate?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

(a) The revised estimate for 2010-11 is higher than the original estimate mainly due to the effect of pay rise.

(b) The provision for 2011-12 is higher than the revised estimate for 2010-11 mainly due to the purchase of additional clinical tools and replacement of minor plant and equipment.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3398

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Could the Administration please list out the number of children on the waiting list of Government's child assessment centres, the number of children who have received assessment and the number of children assessed to have developmental disabilities in the past three years, and provide breakdowns by developmental problems of children?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of referrals received and assessments conducted at Government's six child assessment centres during 2008-09 to 2010-11 (provisional figures) are as follows-

	2008-09	2009-10	2010-11 (provisional figures)
Number of new cases referred to Child Assessment Centres	6 714	7 480	8 581
Number of assessments	24 111	32 039	34 180

The numbers of newly diagnosed child developmental problems at the six child assessment centres during 2008-09 to 2010-11 are as follows-

Child developmental problem	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note: A child might have more than one developmental problem.

Nearly all newly registered cases were seen within three weeks and the comprehensive assessments for over 90% of these new cases were completed within six months from registration in the past three years.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3399

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Could the Administration advise on the median, average and the longest waiting time for new cases of child assessment centres in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Nearly all new cases were seen within three weeks in the past three years. Assessments for over 90% of newly registered cases were completed within six months in the past three years. Statistics on the median, average and longest waiting time for assessment by child assessment centres are not readily available.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3400

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Could the Administration advise on the staffing establishment of child assessment centres? What types of professional staff are involved? What types of healthcare staff are involved? Please list out the posts of professional and healthcare staff respectively.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The establishment of the Child Assessment Service is as follows –

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	15
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	25
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	16
Occupational Therapist I	6
Physiotherapist I	5
Optometrist	2
Speech Therapist	9
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	10
Clerical Assistant	16
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**128**

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3401

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

For children who have rehabilitation plans formulated after developmental diagnosis, could the Administration advise whether follow-up service will be provided accordingly by staff of the centres? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by child developmental anomalies.

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Child Assessment Service (CAS) provides comprehensive diagnosis, rehabilitation plan, interim child and family support, as well as review of evaluation to children suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support.

CAS has a multi-disciplinary group of healthcare and professional staff, comprising paediatricians, public health nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. A team approach is adopted and hence a breakdown of the manpower involved in the provision of follow-up service is not available.

Statistics on the average and longest follow-up period by developmental anomaly are not readily available.

The numbers of newly diagnosed child developmental problems cases at the six child assessment centres from 2008-09 to 2010-11 are as follows-

Child developmental problem	2008-09	2009-10	2010-11 (provisional figures)
Attention problem / disorder	1 341	1 798	2 201
Autistic spectrum disorder	1 130	1 537	1 894
Borderline developmental delay	1 494	1 731	2 007
Dyslexia and mathematics learning disorder	710	784	688
Hearing impairment (moderate to profound grade)	72	79	64
Language delay / disorder and speech problem	2 096	2 378	2 534
Significant developmental delay / mental retardation	1 016	1 049	1 133
Visual impairment (blind or low vision)	39	35	53

Note: A child might have more than one developmental problem.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3402

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Would the Administration advise on the numbers of parents and children who gained support through counselling, talks and support groups provided by the centres in the past three years? What are the percentages of the above parents and children against the numbers of parents and children who sought help?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of families receiving interim support service, including counselling, health talk and support group, provided by the Child Assessment Service (CAS) and their respective percentages compared to the total number of families referred to CAS in 2008 - 2010 are as follows-

	2008	2009	2010
Number of families receiving interim support services in CAS (percentage compared to the total number of families referred to CAS)	3 269 (49.9%)	2 790 (38.7%)	5 543 (65.9%)

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3403

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Could the Administration provide a breakdown of the numbers of children who were assessed to have the needs for appropriate pre-school and school placement for training, remedial and special education in the past three years?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The numbers of cases referred to pre-school and school placement for training, remedial and special education in 2008, 2009 and 2010 were 6 428, 8 400 and 9 487 respectively. Case statistics by support service are not available.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3404

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

The actual attendances at child assessment centres in 2010 was 32 300, which was far more than the actual attendances of 26 200 in 2009. Would the Administration advise on the reasons?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

Attendances at child assessment centres has increased from 26 200 in 2009 to 32 300 in 2010 due to the increased referrals to child assessment centres in 2010 and the launch of the Developmental Training Programme for parents in April 2010. 150 workshops were organised for parents and drew 3 294 attendances in 2010.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1154

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:

Regarding the employment of non-civil service contract (NCSC) staff, please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of NCSC staff	( )	( )	( )	( )
Details of NCSC staff posts				
Expenditure on the salaries of NCSC staff	( )	( )	( )	( )
Monthly salary range of NCSC staff				
• $30,001 or above	( )	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )	( )
• $5,000 or below	( )	( )	( )	( )
• number of staff with salary below $5,824	( )	( )	( )	( )
• number of staff with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of NCSC staff				
• 5 years or above	( )	( )	( )	( )
• 3 to 5 years	( )	( )	( )	( )
• 1 to 3 years	( )	( )	( )	( )
• less than 1 year	( )	( )	( )	( )

Number of NCSC staff successfully turning into civil servants	( )	( )	( )	( )
Number of NCSC staff failing to turn into civil servants	( )	( )	( )	( )
Percentage of NCSC staff in the total number of staff in the department	( )	( )	( )	( )
Percentage of staff costs on NCSC staff in the total staff costs in the department	( )	( )	( )	( )
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )	( ) ( )	( ) ( )	( ) ( )
Number of NCSC staff on 5-day week Number of NCSC staff on 6-day week	( ) ( )	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding non-civil service contract (NCSC) staff engaged by the Department of Health (DH) since the financial year 2008-09 [1] is tabulated below:

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
Number of NCSC staff	844 (-28.7%)	1 183 (+11.6%)	1 060 (N/A)
Details of NCSC staff posts	Please see Annex		
Expenditure on the salaries of NCSC staff ($million)	88.2 [2] (N/A) [2]	187.6 (-2.1%)	191.6 (N/A)
Monthly salary range of NCSC staff			
• $30,001 or above	57 (-6.6%)	61 (-30.7%)	88 (N/A)
• $16,001 to $30,000	44 (-47.0%)	83 (+27.7%)	65 (N/A)
• $8,001 to $16,000	675 (-30.3%)	969 (+16.6%)	831 (N/A)

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
• $6,501 to $8,000	68 (-2.9%)	70 (-7.9%)	76 (N/A)
• $5,001 to $6,500	0	0	0
• $5,000 or below	0	0	0
• Monthly salary less than $5,824	0	0	0
• Monthly salary between $5,824 and $6,500	0	0	0
Length of service of NCSC staff			
• 5 years or above	289 (+78.4%)	162 (+1.3%)	160 (N/A)
• 3 to less than 5 years	222 (-21.6%)	283 (+4.8%)	270 (N/A)
• 1 to less than 3 years	278 (-22.8%)	360 (-0.8%)	363 (N/A)
• Less than 1 year	55 (-85.4%)	378 (+41.6%)	267 (N/A)
Number of civil servants appointed who were previously NCSC staff in DH (for recruitment conducted by DH in the respective year)	2 (-96.6%)	59 (-65.5%)	171 (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)	13 (-71.1%)	45 (-54.5%)	99 (N/A)
Percentage of NCSC staff in the total number of staff in the department	13.3% (-26.1%)	18.0% (+5.9%)	17.0% (N/A)
Percentage of salary expenditure for NCSC staff in the total salary expenditure for staff in the department	5.0% (-37.5%)	8.0% (-8.0%)	8.7% (N/A)
• Number of NCSC staff with conditioned hours including meal break (i.e. whose terms of employment including pay, meal breaks, etc is a total package for the service rendered)	263 (-33.4%)	395 (-14.1%)	460 (N/A)
• Number of NCSC staff with conditioned hours excluding meal break	581 (-26.3%)	788 (+31.3%)	600 (N/A)

	2010-11 (as at 31.12.10)	2009-10 (as at 31.3.10)	2008-09 (as at 31.3.09)
• Number of NCSC staff on 5-day week	282 (N/A)	No record [4]	No record [4]
• Number of NCSC staff with other work pattern [3]	562 (N/A)	No record [4]	No record [4]

Figures in ( ) denote year-on-year changes

Notes:
1. Figures for 2011-12 are not available.
2. Comparison with previous year is not applicable as the expenditure did not reflect full year cost.
3. Other work patterns include 5.5 days work per week, alternate Saturday off and other shift patterns.
4. No record is kept regarding the work pattern of individual NCSC staff in 2008-09 and 2009-10.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

NCSC Positions in DH as at 31.3.2009

Job Title	No.
Administrative Assistant	25
Assistant Chinese Medicine Officer	4
Assistant Information Technology Officer	1
Assistant Manager	11
Assistant Tobacco Control Inspector I	17
Assistant Tobacco Control Inspector II	39
Assistant Translator	1
Audiologist	1
Chinese Medicine Assistant	23
Chinese Medicine Officer	2
Community Development Officer	1
Contract Accounting Manager	3
Contract Accounting Officer	2
Contract Auditor	1
Contract Dentist (Orthodontics)	1
Contract Dietitian	1
Contract Doctor	16
Contract Doctor (Special Duties)	1
Contract Environmental Hygienist	1
Contract Inoculator	7
Contract Liaison Officer	5
Contract Nurse	1
Contract Physicist	1
Contract Physiotherapist	1
Contract Senior Information Technology Manager	2
Contract Social Worker	6
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	70
HIV Physician	1
Health Programme Assistant	11
Health Programme Attendant	1
Health Promotion Officer	7
Health Surveillance Assistant	499
Health Surveillance Officer	3
Health Surveillance Supervisor	41
Laboratory Assistant	3
Manager	4
Media & Marketing Manager	1
Mortuary Assistant	2

Mortuary Helper	6
Project Assistant	77
Project Assistant (Pharmaceutical Service)	2
Project Officer (Chinese Medicines)	1
Registered Pharmacist	9
Registration Assistant	18
Registration Supervisor	26
Research Assistant	19
Research Officer	39
Senior General Worker	1
Senior Tobacco Control Inspector I	3
Senior Tobacco Control Inspector II	2
Service Administrator	1
Tobacco Control Inspector I	7
Tobacco Control Inspector II	10
Translator	1
Part-time Contract Dentist (Orthodontics)	1
Part-time Contract Doctor	1
Part-time Contract Doctor (Special Duties)	7
Part-time Contract Senior Doctor	3
Part-time Manager	3
Total :	1 060

NCSC Positions in DH as at 31.3.2010

Job Title	No.
Administrative Assistant	29
Assistant Chinese Medicine Officer	3
Assistant Information Technology Officer	1
Assistant Manager	15
Assistant Tobacco Control Inspector I	20
Assistant Tobacco Control Inspector II	6
Chinese Medicine Assistant	22
Chinese Medicine Officer	3
Contract Accounting Manager	4
Contract Accounting Officer	1
Contract Auditor	1
Contract Dentist (Orthodontics)	1
Contract Dietitian	1
Contract Doctor	12
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Enrolled Nurse	2
Contract Inoculator	15
Contract Liaison Officer	4
Contract Medical Laboratory Technician	2
Contract Nurse	24
Contract Senior Information Technology Manager	2
Contract Social Worker	4
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	66
HIV Physician	1
Health Programme Assistant	11
Health Programme Attendant	1
Health Promotion Officer	4
Health Surveillance Assistant	698
Health Surveillance Supervisor	45
Laboratory Assistant	2
Manager	3
Media & Marketing Manager	1
Mortuary Helper	2
Project Assistant	62
Project Assistant (Pharmaceutical Service)	1
Project Officer (Chinese Medicines)	2
Registered Pharmacist	19

Registration Assistant	14
Registration Supervisor	19
Research Assistant	13
Research Officer	10
Senior General Worker	1
Senior Tobacco Control Inspector I	5
Service Administrator	1
Tobacco Control Inspector I	7
Tobacco Control Inspector II	2
Part-time Contract Dentist (Orthodontics)	2
Part-time Contract Doctor	2
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Part-time Manager	1
Total :	1 183

NCSC Positions in DH as at 31.12.2010

Job Title	No.
Administrative Assistant	22
Advisor	1
Assistant Information Technology Officer	1
Assistant Manager	9
Assistant Tobacco Control Inspector I	16
Chinese Medicine Assistant	24
Chinese Medicine Officer	3
Contract Accounting Manager	3
Contract Accounting Officer	1
Contract Auditor	1
Contract Dentist (Endodontics)	1
Contract Dentist (Orthodontics)	3
Contract Doctor	12
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Liaison Officer	2
Contract Nurse	1
Contract Senior Information Technology Manager	2
Contract Social Worker	4
Darkroom Assistant	3
Dental Workshop Helper	3
General Worker	64
Health Programme Assistant	8
Health Programme Attendant	1
Health Promotion Officer	2
Health Surveillance Assistant	497
Health Surveillance Supervisor	17
Manager	3
Media & Marketing Manager	1
Project Assistant	51
Project Officer (Chinese Medicines)	2
Registered Pharmacist	16
Registration Assistant	13
Registration Supervisor	15
Research Assistant	9
Research Officer	11
Senior General Worker	1
Senior Tobacco Control Inspector I	2
Service Administrator	1
Tobacco Control Inspector I	3

Part-time Contract Dentist (Orthodontics)	2
Part-time Contract Doctor	2
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Senior Doctor	1
Part-time Manager	1
Total :	844

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1155

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:

Regarding the employment of "agency workers", please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of agency contracts	( )	( )	( )	( )
Contract sum paid to each agency	( )	( )	( )	( )
Total amount of commission paid to each agency	( )	( )	( )	( )
Length of contract for each agency	( )	( )	( )	( )
Number of agency workers	( )	( )	( )	( )
Details of posts held by agency workers	( )	( )	( )	( )
Monthly salary range of agency workers				
- $30,001 or above	( )	( )	( )	( )
- $16,001 to $30,000	( )	( )	( )	( )
- $8,001 to $16,000	( )	( )	( )	( )
- $6,501 to $8,000	( )	( )	( )	( )
- $5,001 to $6,500	( )	( )	( )	( )
- $5,000 or below	( )	( )	( )	( )
- number of workers with salary below $5,824	( )	( )	( )	( )
- number of workers with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of agency workers				
- 5 years or above	( )	( )	( )	( )
- 3 to 5 years	( )	( )	( )	( )
- 1 to 3 years	( )	( )	( )	( )
- less than 1 year	( )	( )	( )	( )
Percentage of agency workers in the total number of staff in the department	( )	( )	( )	( )

Percentage of amount paid to agencies in the total departmental staff cost	( )	( )	( )	( )
Number of workers with paid meal break	( )	( )	( )	( )
Number of workers without paid meal break	( )	( )	( )	( )
Number of workers on 5-day week	( )	( )	( )	( )
Number of workers on 6-day week	( )	( )	( )	( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) since the financial year 2008-09[1] is tabulated below:

	2010-11 (as at 30.9.2010)	2009-10 (as at 31.3.2010)	2008-09 (as at 31.3.2009)
Number of agency contracts	73 (-2.7%)	75 (+134.4%)	32 (N/A)
Contract sum paid to each agency ($million)	0.11 to 9.01	0.16 to 13.27	0.07 to 3.71
Total amount of commission paid to each agency	Commission of agency contractors has not been specified in quotation documents/contracts. We do not have such information.		
Length of service period for each agency	1 to 6 months	1 to 12 months	1 to 12 months
Number of agency workers	317 (-25.1%)	423 (+92.3%)	220 (N/A)
Details of posts held by agency workers	Agency workers are temporary manpower deployed to fulfill short-term urgent service needs. No specific posts are assigned to them.		
Monthly salary range of agency workers			
- $30,001 or above	0	0	0
- $16,001 to $30,000	1	0	0
- $8,001 to $16,000	8	0	0
- $6,501 to $8,000	175	118	0
- Between $5,824 to $6,500	0	0	13
- Below $5,824	0	38	89
- $5,000 or below	0	0	0

	2010-11 (as at 30.9.2010)	2009-10 (as at 31.3.2010)	2008-09 (as at 31.3.2009)
- Salary records not available[2]	133	267	118
Length of service of agency workers - 5 years or above - 3 to 5 years - 1 to 3 years - Less than 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.		
Percentage of agency workers in the total number of staff in the Department	5.0% (-23.1%)	6.5% (+80.6%)	3.6% (N/A)
Percentage of amount paid to agencies in the total salary expenditure for staff in the Department	1.9% (-5.0%)	2.0% (+150.0%)	0.8% (N/A)
Number of agency workers with or without paid meal breaks	We do not keep information on whether agency workers have paid meal breaks. It is determined by the employment contract between agency workers and their employment agencies.		
Number of agency workers on 5-days week	205	No record[4]	No record[4]
Number of agency workers with other work patterns[3]	112	No record[4]	No record[4]

Figures in ( ) denote year-on-year changes

DH also hires IT support services through Office of the Government Chief Information Officer bulk contracts. The numbers of agency workers under these contracts are 97, 83 and 66 in 2010-11, 2009-10 and 2008-09 respectively.

Notes:

1. Figures for 2011-12 are not available.

2. Records of salary level of non-skilled agency workers for the period of 2008-09, 2009-10 and 2010-11 and agency workers engaged after April 2010 are kept according to mandatory wage requirements issued by the Administration.

3. Other work patterns include 5.5 days per week, alternate Saturday off and other shift patterns.

4. No record is kept regarding work pattern of agency workers in 2008-09 and 2009-10.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1156

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:

Regarding the employment of "outsourced workers", please provide the following information:

	2011-12	2010-11	2009-10	2008-09
Number of outsourced service contracts	( )	( )	( )	( )
Total amount paid to outsourced service providers	( )	( )	( )	( )
Length of contract for each outsourced service provider	( )	( )	( )	( )
Number of workers engaged through outsourced service providers	( )	( )	( )	( )
Details of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)	( )	( )	( )	( )
Monthly salary range of outsourced workers				
• $30,001 or above	( )	( )	( )	( )
• $16,001 to $30,000	( )	( )	( )	( )
• $8,001 to $16,000	( )	( )	( )	( )
• $6,501 to $8,000	( )	( )	( )	( )
• $5,001 to $6,500	( )	( )	( )	( )
• $5,000 or below	( )	( )	( )	( )
• number of workers with salary below $5,824	( )	( )	( )	( )
• number of workers with salary between $5,824 and $6,500	( )	( )	( )	( )
Length of service of outsourced workers				
• 5 years or above	( )	( )	( )	( )
• 3 to 5 years	( )	( )	( )	( )
• 1 to 3 years	( )	( )	( )	( )

• less than 1 year	( )	( )	( )	( )
Percentage of outsourced workers in the total number of staff in the department	( )	( )	( )	( )
Percentage of amount paid to outsourced service providers in the total departmental staff cost	( )	( )	( )	( )
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )	( ) ( )	( ) ( )	( ) ( )
Number of workers on 5-day week Number of workers on 6-day week	( ) ( )	( ) ( )	( ) ( )	( ) ( )

Figures in ( ) denote year-on-year changes

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the employment of "outsourced workers" is tabulated below-

	2011-12	2010-11	2009-10	2008-09
Number of outsourced service contracts	Not available at this stage as it depends on the results of tenders.	117 (+46.3%)	80 (-4.8%)	84 (N/A)
Total amount paid to outsourced service providers		$35.6 million (-30.6%)	$51.3 million (+19.9%)	$42.8 million (N/A)
Length of service period for each outsourced service provider		1-6 months : 46 7-12 months : 71	1-6 months : 35 7-12 months : 45	1-6 months : 42 7-12 months: 42
Number of workers engaged through outsourced service providers		Full-time : 194 (-34.2%) Part-time : 30[2] (0%)	Full-time : 295[1] (+71.5%) Part-time : 30[2] (+15.4%)	Full-time: 172 (N/A) Part-time : 26[2] (N/A)
Details of posts held by outsourced workers (e.g. customer service, property management, security, cleaning, information technology, etc.)		• Security : 66 • Cleaning : 74 • Gardening : 1 • Information Technology : 11 • Health Screening : 72	• Security : 66 • Cleaning : 41 • Gardening : 1 • Information Technology : 34 • Health Screening : 171 • Others: 12	• Security : 66 • Cleaning : 37 • Gardening: 1 • Information Technology: 35 • Health Screening : 59

	2011-12	2010-11	2009-10	2008-09
Monthly salary range of outsourced workers	Not available at this stage as it depends on the results of tenders.			
• $30,001 or above		6	3	4
• $16,001 to $30,000		5	5	4
• $8,001 to $16,000		0	0	0
• $6,501 to $8,000		51	49	49
• $5,001 to $6,500		62	31	31
• $5,000 or below		Part-time : 28[2]	Part-time : 28[2]	Part-time : 24[2]
• number of workers with unspecified salaries		72	209	86
• number of workers with salary below $5,824		68 Part-time : 16[2]	39 Part-time : 16[2]	35 Part-time : 16[2]
• number of workers with salary between $5,824 and $6,500		6	4	4
Length of service of outsourced workers • 5 years or above • 3 to 5 years • 1 to 3 years • less than 1 year		We do not keep information on years of service of outsourced workers. The outsourced service providers may arrange different employees or arrange replacement workers to work for the Department during the contract period for different reasons.		
Percentage of outsourced workers in the total number of staff in the department		3.5% (-28.6%)	4.9% (+53.1%)	3.2% (N/A)
Percentage of amount paid to outsourced service providers in the total staff salary expenditure in the Department		1.5% (-31.8%)	2.2% (+15.8 %)	1.9% (N/A)
Number of workers with paid meal break Number of workers without paid meal break		We do not keep information on whether outsourced workers have paid meal breaks. It is determined by the employment contract between outsourced workers and outsourced service providers.		
Number of workers on 5-day week		22 (+46.7 %)	15 (0%)	15 (N/A)

	2011-12	2010-11	2009-10	2008-09
Number of workers on 6-day week	Not available at this stage as it depends on the results of tenders.	52 (0%)	52 (0%)	52 (N/A)
Number of workers on other work patterns (including 5.5-day week, alternative Saturday off and other shift patterns)		78 (+59.2%)	49 (+8.9%)	45 (N/A)
Number of workers whose work pattern is not specified in the contracts		72 (-65.6%)	209 (+143.0%)	86 (N/A)

Figures in ( ) denote year-on-year changes

Notes:

1. 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.
2. Part-time workers refer to those who work five or less hours per day, and/or less than five days per week.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1180

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:

The total financial provision for 2011-12 is estimated to be $502.6 million which, when compared with the revised estimate of $414.3 million for 2010-11, represents an increase of 21.3%

(a) What are the reasons for the increase in the estimated total provision?

(b) What are the items in detail and the estimated expenditure involved in the increased provision?

Asked by: Hon. PAN Pey-chyou

Reply:

The provision for 2011-12 will be higher than the revised estimate for 2010-11 mainly due to additional provision for implementing the following initiatives -

(a) expanding Pharmaceutical Service to meet increasing drug regulatory needs

In 2011-12, $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

(b) expediting the setting of standards for Chinese herbal medicines

An additional provision of $12.7 million will be allocated in 2011-12 to expedite the setting of standards for Chinese herbal medicines commonly used in Hong Kong. Standards for 60 herbs have already been developed. Research work for another 36 herbs has been completed and that on the remaining 104 herbs is also to be finished in 2012. No civil service post will be created for this initiative in 2011-12.

(c) introducing mandatory Good Manufacturing Practice (GMP) requirements for manufacturing of proprietary Chinese medicines (pCm) and implementing a pharmacovigilance programme for pCm

An additional provision of $6.1 million will be allocated in 2011-12 to introduce GMP requirements for the manufacturing of pCm and implement a pharmacovigilance programme for pCm. Guidelines on GMP have been developed and training will be provided to facilitate the trade to attain GMP standards. Seven posts, namely one Senior Pharmacist, two Pharmacist, three Scientific Officer (Medical) and one general grade posts will need to be created in 2011-12.

(d) enhancing the capacity for regulation of private healthcare institutions, including hospitals

An additional provision of $3.7 million has been earmarked in 2011-12 to enhance DH's capacity in the regulation of private healthcare institutions, including hospitals and nursing homes. Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap 165), DH registers private hospitals and nursing homes subject to conditions on accommodation, staffing and equipment. A Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes was issued by DH to set out the standards of good practice with a view to protecting patient safety and ensuring service quality. As registration authority, DH monitors the compliance of licenced private hospitals and nursing homes through site inspection and investigation of adverse events and complaints. Six posts including one Senior Medical and Health Officer, one Medical and Health Officer, one Nursing Officer, one Registered Nurse and two general grade posts will be created in 2011-12.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1181

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 65 posts in 2011-12 to meet operational needs, please advise on-

(a) the estimated expenditure 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:

(a) The total annual recurrent staff costs for the net increase of 65 posts are calculated at $31.9 million.

(b) Details of the net 65 posts are at the Annex.

(c) All posts involved are permanent posts.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Annex

Creation and Deletion of Posts in Department of Health in 2011-12

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Programme 1 – Statutory Functions	
(a) Establishing a dedicated office to strengthen the capacity of the pharmaceutical service in the regulation of drugs	
Head of office /	
Assistant Director of Health [Note]	1
Professional support /	
Chief Pharmacist [Note]	1
Senior Pharmacist	2
Pharmacist	14
Scientific Officer (Medical)	5
Administrative and general support /	
Chief Executive Officer	1
Executive Officer II	2
Clerical Officer	2
Assistant Clerical Officer	5
Clerical Assistant	4
Personal Secretary I	1
Sub-total:	*38*
(b) Enhancing the capacity for regulation of private healthcare institutions	
Medical support /	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Nursing support /	
Nursing Officer	1
Registered Nurse	1
Administrative and general support /	
Assistant Clerical Officer	1
Clerical Assistant	1
Sub-total:	*6*
(c) Implementing preparatory work for introducing mandatory Good Manufacturing Practice for proprietary Chinese medicines	
Professional support /	
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	3

Major scope of responsibilities / Rank	Number of posts to be created/deleted
Administrative and general support /	
Assistant Clerical Officer	1
Sub-total:	*7*
(d) Conversion of non-civil service contract positions to civil service posts for tobacco control	
Enforcement /	
Overseer	1
Senior Foreman	2
Foreman	8
Administrative and general support /	
Assistant Clerical Officer	3
Sub-total:	*14*
(e) Conversion of non-civil service contract positions to civil service posts for port health control	
Enforcement /	
Foreman	2
Sub-total:	*2*
(f) Offsetting deletion	
Administrative and general support /	
Office Assistant	-2
Sub-total:	*-2*
Total :	***65***

Note: Directorate posts

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

1182

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 expansion of Pharmaceutical Service", please advise-

(a) on the relevant details;

(b) on the estimated expenditure involved;

(c) whether additional staff will be employed for the expansion? If yes, what are the details? What is the estimated expenditure involved? If no, what are the reasons?

(d) if there is a need to employ additional staff, whether priority will be given to former pharmacists or dispensers of the Department of Health (DH) who are now working in the Hospital Authority so that they can be transferred back to DH?

Asked by: Hon. PAN Pey-chyou

Reply:

In 2011-12, a total of $27.8 million will be allocated to the Department of Health (DH) to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist and 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

The newly created posts will be filled in accordance with established Government recruitment and promotion procedures.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Question Serial No.

3195

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

Programme:

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

Question:

Regarding the estimates of expenditure of the Information Technology Management Unit (ITMU) of the Department,

(a) what is the estimated expenditure for 2011-12? What is the change compared with the actual expenditure for 2010-11? What account for this change in expenditure?

(b) what specific initiatives will be involved in the estimates of expenditure for 2011-12? Which are ongoing and which are new initiatives respectively? What will be the staff number, cost and implementation timetable of each initiative? Among the staff involved, how many of them will be civil servants, non-civil service contract staff and staff of outsourced services respectively?

(c) whether funds have been reserved for promoting electronic civic participation and public sector information access? If yes, what are the specific details, including the titles and particulars of the initiatives, the manpower and cost involved, and the implementation timetable? If not, what are the reasons and will consideration be given to introducing the initiatives in the future?

(d) what are the permanent establishment and the number of existing staff and vacancies of the ITMU? Is manpower expected to increase in the coming year? If yes, how many additional posts will be created? What ranks will be involved? Will they be permanent posts? Will they be appointed on civil service terms? If there will be no increase in manpower, what are the reasons?

(e) has there been any comprehensive review of the effectiveness of the ITMU? If yes, what are the results and the specific improvement measures involved? If not, what are the reasons and will a review be conducted in the future?

Asked by: Hon. TAM Wai-ho, Samson

Reply:

(a) The provision for the ITMU for 2010-11 and 2011-12 are $56.2 million and $59.6 million, respectively. An increase of $3.4 million in 2011-12 will be provided for the implementation of "Departmental Endpoint Security System", enhancement of DH database on registered drugs, development of a new drug inventory and dispensary system for DH clinics, development of tracking system for application for import/export licenses of registered and unregistered drugs, and movement of unregistered drugs in Hong Kong.

(b) The projects for 2011-12 will be as follows–

New Projects		Number of staff			Estimated expenditure $ million	Implementation schedule
		Civil Servant	Non Civil Service Contract Staff	Outsourcing Staff		
(i)	System support and maintenance of Departmental Endpoint Security System	0	0	1	0.6	2011-12
(ii)	Enhancement of the DH Drug Database System	0	0	1	0.7	2012-13
(iii)	Development of a New Pharmaceuticals Inventory and Dispensary System	0	0	1	0.7	2012-13
(iv)	Pharmaceuticals License Application and Movement Monitoring System	0	0	3	1.4	2013-14

Ongoing Projects		Number of staff			Estimated expenditure (including maintenance on hardware and software) $ million
		Civil Servant	Non Civil Service Contract Staff	Outsourcing Staff	
(v)	Support and maintenance of in-house IT systems - Methadone Treatment Information System, Child Health Service System, Public Mortuary Information System.	3	0	13	8.8
(vi)	System support, maintenance and enhancements for IT systems in Student Health Service	5	0	7	8.8
(vii)	Support and maintenance of IT infrastructure and security projects	0	1	6	6.4
(viii)	Implementation of Health Portal System	1	0	6	6.3
(ix)	Support, maintenance and upgrade of Departmental mailing system	2	0	5	5.3
(x)	Support and maintenance of Laboratory Information System	0	0	2	8.8
(xi)	Support and maintenance of Public Health Information System	0	0	1	11.8

(c) To support the initiatives related to e-engagement and opening up of public sector information, DH has provided a designated web page on GovHK portal for the public to search information on registered drugs in Hong Kong. The expenditure is absorbed in the existing maintenance support on the IT infrastructure and cannot be identified.

(d) The establishment, strength and vacancy of ITMU as at 1 March 2011 are as follows–

Rank	Establishment	Strength	Vacancy
Systems Manager	3	3	0
Analyst Programmer I	3	3	0
Analyst Programmer II	1	0	1
Computer Operator I	2	2	0
Executive Officer I	1	1	0
Clerical Officer	1	1	0
Total:	11	10	1

In addition, one contract staff and 40 outsourcing IT staff are employed to provide project management service, support and maintenance for the on-going projects in 2010-11. Six additional outsourcing IT staff will be employed to support new projects in 2011-12.

(e) DH conducts review of ITMU and formulates the Departmental IT Plan every three years. Based on the latest review, it was concluded that the IT security and protection of sensitive data should be enhanced. As such, funding has been allocated for the development of "Departmental Endpoint Security System" which will be implemented in 2011.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 20.3.2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

SB208

Question Serial No.

3405

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:

(a) The estimate for the Government sector in 2011-12 will be 3.3% higher than the revised estimate for 2010-11. Could the Administration advise on the reasons for the increase? What are the items that will cause the increase in estimate?

(b) The revised estimate for the subvented sector in 2010-11 is 4.9% lower than the original estimate for 2010-11. Could the Administration advise on the reasons for the decrease? What are the items that cause the decrease in estimate?

(c) The estimate for the subvented sector in 2011-12 will be 2.9% higher than the revised estimate for 2010-11. Could the Administration advise on the reasons for the increase? What are the items that will cause the increase in estimate?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

(a) The increase in the estimate for 2011-12 is due to anticipated increase in doctor consultation sessions of the Methadone programme and minor enhancement of its information system.

(b) The decrease in the revised estimate for the subvented sector is mainly due to the fact that the increase in the capacity of the Hong Kong Christian Service Jockey Club Lodge of Rising Sun (LRS) and Caritas Wong Yiu Nam Centre (WYNC) only took effect from 1 August and 1 November 2010 respectively. In addition, the salary expenditure of the Society for the Aid and Rehabilitation of Drug Abusers (SARDA) is less than estimated due to staff wastage and consequential vacancies.

(c) The increase in the estimate for the subvented sector for 2011-12 is mainly due to the full-year effect of the increase in the capacity of LRS and WYNC and the possible filling of vacancies arising from staff wastage of SARDA.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

SB209

Question Serial No.

3406

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 three voluntary agencies subvented by the Department of Health, namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas and the Hong Kong Christian Service (HKCS), what is their respective median, average and the longest waiting time? What are the numbers of people on their waiting lists? What are their service capacities per year? What are their numbers of residential places?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

The Department of Health subvents three organisations, viz. SARDA, Caritas and Hong Kong Christian Service (HKCS), to operate six drug treatment and rehabilitation centres (DTRCs). They are Adult Female Rehabilitation Centre (AFRC), Au Tau Youth Centre (ATYC), Shek Kwu Chau Treatment and Rehabilitation Centre (SKC) and Sister Aquinas Memorial Women's Treatment Centre (WTC) of SARDA; Wong Yiu Nam Centre (WYNC) of Caritas; and Jockey Club Lodge of Rising Sun (LRS) of HKCS.

The waiting time for admission in 2010 and the number of clients on the waiting list as at 31 December 2010 of each of these DTRCs are set out below:

Subvented organisation	DTRC	No. of beds	Waiting time for admission (weeks)			Number of clients on the waiting list
			Median	Average	Maximum	
SARDA	AFRC	24	1.3	1.4	1.7	0
	ATYC	20	4	5	6	4
	SKC	316	0	0	0	0
	WTC	42	6.7	7.4	8	7
Caritas	WYNC	28	3	3.7	10	5
HKCS	LRS	30	8	8.6	12.9	23

DTRCs have different treatment and rehabilitation programmes. The duration of drug abusers' stay varies according to their different needs, backgrounds and circumstances. It is therefore difficult to determine the number of drug abusers who can be served by a particular DTRC within a year.

Signature _____

Name in block letters Dr P Y LAM

Post Title Director of Health

Date 15.3.2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO INITIAL WRITTEN QUESTION

Reply Serial No.

SB210

Question Serial No.

3407

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:

Could the Administration advise on the estimated number of drug abusers currently in Hong Kong? How many need drug treatment service? What is the proportion of the number of residential places provided by the Department of Health and subvented organisations to the number of drug abusers?

Asked by: Hon. LEONG Kah-kit, Alan

Reply:

According to the Central Registry of Drug Abuse (CRDA), a voluntary reporting system which records those abusers who have come into contact with and been reported by the reporting agencies, the number of reported drug abusers in 2010 was 12 420 [Note].

The Department of Health (DH) provides residential drug treatment and rehabilitation services through subventing non-governmental organisations. The organisations involved are the Society for the Aid and Rehabilitation of Drug Abusers, Caritas and Hong Kong Christian Service. There is a total of 460 places in six drug treatment and rehabilitation centres run by them. In 2010, they have altogether admitted 1 770 residents.

DH also directly operates 20 methadone clinics. In 2010, the number of drug abusers registered with methadone clinics was about 8 400.

[Note:] CRDA records information of drug abusers who have come into contact with and been reported by reporting agencies, including law enforcement departments, treatment and welfare agencies, and hospitals. It is not the intention of CRDA to ascertain the exact size of the drug abusing population in Hong Kong, but statistics derived from it reflect the trends of drug abuse and are important pointers for policy making.

Signature	
Name in block letters	Dr P Y LAM
Post Title	Director of Health
Date	15.3.2011

Examination of Estimates of Expenditure 2011-12

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Reply Serial No.

S-CSB06

Question Serial No.

SV022

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 provide a breakdown of the financial provision for 2010-11 for "Payment and reimbursement of medical fees" and "Payment and reimbursement of hospital charges" by various reimbursement items (e.g. drugs, medical items and treatment).

Asked by: Hon. LI Fung-ying

Reply:

For the purpose of estimates of expenditure, there is no breakdown for "Payment and reimbursement of medical fees" and "Payment and reimbursement of hospital charges" by reimbursement items.

However, a breakdown of the actual expenditure for 2010-11 (up to end of February) is as follows -

		Expenditure $ million
(a)	Drugs	161.1
(b)	Medical equipment and treatment	62.6
(c)	Medical tests and imaging services	12.6
(d)	Hospital maintenance fees	2.7
(e)	Others (e.g. medical expenses for officers on duty outside Hong Kong)	2.6
	Total	**241.6**

Signature _____

Name in block letters Dr Thomas TSANG

Post Title Acting Director of Health

Date 30 March 2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

S-FHB(H)23

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S144

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 dedicated office on drugs to be established by the Department of Health (DH), what will be the Government's estimated expenditure and staffing establishment in 2011-12 and its specific work plan for the coming year?

Asked by: Hon. CHAN Mo-po, Paul

Reply:

In 2011-12, $27.8 million will be allocated to DH to establish a dedicated drug office to strengthen various existing regulatory activities, comprising pharmacovigilance; import/export, manufacture, wholesale and retail licensing; inspection; surveillance and complaint investigation. In addition, new areas like risk assessment and risk communication will be introduced to enhance control on pharmaceutical products for better public health protection.

An Assistant Director of Health, a Chief Pharmacist, two Senior Pharmacist, 14 Pharmacist, five Scientific Officer (Medical) and 15 general grade posts will need to be created.

Signature _____

Name in block letters Dr Thomas TSANG

Post Title Acting Director of Health

Date 29.3.2011

Examination of Estimates of Expenditure 2011-12

Reply Serial No.

S-FHB(H)24

CONTROLLING OFFICER'S REPLY TO SUPPLEMENTARY QUESTION

Question Serial No.

S152

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 problem of non-availability of dental care services for secondary students, how shall the Government resolve it? What are the proposals and the timetable for handling the problem?

Asked by: Hon. WONG Kwok-hing

Reply:

The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. Educational and promotional activities such as the "Teens Teeth" programme and the annual "Love Teeth Campaign" are organised by the Department of Health (DH) for secondary school students. Free emergency dental services are currently provided to members of the public through the 11 government dental clinics under DH. Dental treatment services in general where needed are available through private dentists at largely affordable charges.

The Food and Health Bureau (FHB) has formed the Task Force on Primary Dental Care and Oral Health formed under the Working Group of Primary Care since December 2010 to, among other things, provide advice on initiatives to promote and enhance primary dental care and oral health. It comprises members from the dental profession, academics, patient groups, Hospital Authority and representatives from FHB, DH and Social Welfare Department. The Task Force has advised that priority should be given to improving oral health of and dental care for needy elderly. The Government will thus launch a pilot project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes or receiving services in day care centres with outreach primary dental care and oral health care services. The Task Force will further consider the oral health status and dental care needs of the different population groups including secondary school students with a view to advising on feasible strategies to improve their oral health.

Signature _____

Name in block letters Dr Thomas TSANG

Post Title Acting Director of Health

Date 29.3.2011