Replies in written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2014-15

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

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FHB(H)350	5115	Hon. WU Chi-wai	Curative Care
CSB044	0624	Hon. POON Siu-ping	Medical and Dental Treatment for Civil Servants

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CSB 100	4252	Hon. KWOK Wai-keung	Medical and Dental Treatment for Civil Servants
CSB101	4791	Hon. TANG Ka-piu	Medical and Dental Treatment for Civil Servants
CSB102	4792	Hon. TANG Ka-piu	Medical and Dental Treatment for Civil Servants
CSB103	4794	Hon. TANG Ka-piu	Medical and Dental Treatment for Civil Servants
SB409	4205	Hon. KWOK Ka-ki	Treatment of Drug Abusers
SB410	4206	Hon. KWOK Ka-ki	Treatment of Drug Abusers

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1270)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 48):

1) Please list out the number of enforcement actions taken by the Tobacco Control Office (TCO) of the Department of Health, the number of prosecutions initiated, and the percentage of actions in which prosecutions were initiated in the past year.

2) Please list out the expenditure on enforcing laws on tobacco control in 2013-14 and the estimated expenditure on enforcing laws on tobacco control in 2014-15. Please also list the current staffing establishment of the TCO.

Asked by: Hon. CHAN Chi-chuen

Reply:

1) TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of inspections and prosecution initiated, including fixed penalty notices (FPNs)/ summonses issued by TCO in 2013 are as follows:

Inspections conducted		27 461
Number of prosecutions initiated (as a percentage of the total number of inspections conducted)		8 661 (31.5%)
FPNs issued (for smoking offences)		8 330
Summonses issued	for smoking offences	232
	for other offences (such as failure to produce identity document and willful obstruction)	99

2) The expenditure / provision for the enforcement duties undertaken by TCO is $39.1 million in 2014-15 estimate, against a revised estimate of $37.5 million in 2013-14. The staff establishment of TCO in 2013-14 is at **Annex**.

Annex

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	2
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	*107*
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	*10*
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	*22*
Total no. of staff:	**140**

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)191

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0638)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 163

Question (Member Question No. 36):

Regarding driving public health promotion programmes, please:

(a) list out the average weight of secondary and primary school students of various grades for the **past five years**;

(b) set out the problems of eating disorders (such as obesity, anorexia and malnutrition) in secondary and primary school students that came to the attention of the Administration in the **past five years**;

(c) advise on how would the Administration instil the concept of healthy eating and physical activity in the community through publicity and education. What are the manpower and expenditures involved?

Asked by: Hon. CHAN Han-pan

Reply:

a. According to the figures collated by the Student Health Service Centres (SHSCs) from students using their services, the average weights of students (in kg) in various grades in the past five school years are as follows -

	2008/09	2009/10[+]	2010/11	2011/12	2012/13
Primary 1	23.6	23.6	23.3	23.2	23.0
Primary 2	26.9	26.9	26.7	26.5	26.5
Primary 3	30.3	30.7	30.4	30.3	30.3
Primary 4	34.7	34.6	34.7	34.5	34.5
Primary 5	39.0	39.3	38.9	39.0	39.1
Primary 6	43.7	43.9	43.9	43.6	44.0
Secondary 1	47.9	48.2	48.4	48.4	48.3
Secondary 2	51.2	N/A	51.8	51.8	52.0
Secondary 3	53.6	N/A	53.9	54.1	54.4
Secondary 4	54.9	N/A	55.1	55.3	55.7
Secondary 5	55.7	N/A	56.1	56.1	56.4
Secondary 6	56.3	N/A	56.5	56.4	56.7
Secondary 7	55.7	N/A	56.2	56.3	59.8

[+] In school year 2009/10, Student Health Service had to take part in the Human Swine Influenza Vaccination Programme, therefore annual appointments were provided to students from Primary 1 to

Secondary 1 only.

b. The detection rates of students found to have overweight (including obese)* or wasting[#] who attended the SHSCs in the past five school years are as follows -

	2008/09	2009/10[+]	2010/11	2011/12	2012/13
Primary students - overweight	22.2%	22.2%	21.4%	20.9%	20.8%
Primary students - wasting	1.1%	1.3%	1.1%	1.2%	1.1%
Secondary students - overweight	17.7%	20.3%	18.7%	18.4%	19.1%
Secondary students - wasting	4.2%	3.4%	4.2%	4.7%	4.6%

* Overweight (including obese) is defined as weight > 120% of the median weight for height or BMI ≥ 25 for male students with height > 175 cm and for female students with height > 165 cm.

[#] Wasting is defined as weight < 80% of the median weight for height or BMI < 18.5 for male students with height > 175 cm and for female students with height > 165 cm.

[+] In school year 2009/10, Student Health Service had to take part in the Human Swine Influenza Vaccination Programme, therefore annual appointments were provided to Primary 1 to Secondary 1 students only.

c. The Department of Health (DH) has been promoting healthy eating and physical activity over the years using a life-course and setting-based approach. A summary of key action areas is presented below.

Advice on optimal infant and young child feeding, healthy eating and physical activity is provided to parents and caregivers of children at Maternal and Child Health Centres of the Family Health Service. Health education activities and health promotion materials on healthy lifestyle are provided for students at SHSCs and schools. Health messages are also disseminated to the public via various channels, including a series of health education resources, e-newsletters, websites, mass media and publicity activities.

An EatSmart@school.hk (ESS) Campaign with emphasis on promotion of healthy eating has been in place in primary schools since 2006/07 school year to combat childhood obesity and reduce children's risk of developing non-communicable diseases. Riding on the success of the ESS Campaign, DH launched the StartSmart@school.hk Campaign in January 2012 to promote healthy eating and physical activity among preschoolers across the territory with a view to preventing childhood obesity.

Addressing the workplace setting, DH launched the Health@work.hk Pilot Project in 2010 which called on employers and employees to join hands to create a supportive health-promoting working environment. The Project entered its second phase in 2012 with the aim of developing a sustainable and cost-effective model for application in the wider business community.

At the community level, DH launched the EatSmart@restaurant.hk Campaign in April 2008 to encourage and assist restaurants to provide dishes with more fruit and vegetables but less oil, salt and sugar. Another health promotion programme known as "I'm So Smart" Community Programme was launched in June 2012 to engage community partners to promote healthy eating and physical activity in the community. DH has also launched a media publicity campaign on central obesity to encourage members of the public to make wise choices for their health by adopting a healthy lifestyle.

Apart from the above, DH has also been supporting other government departments/bureaux and community organisations, including the Leisure and Cultural Services Department and the Education Bureau, to promote active living. Various health education resources, including guidelines, pamphlets, posters, exhibition boards, newsletters, Television and Radio Announcements in the Public Interest, pre-recorded telephone hotline messages, thematic websites and smart phone applications have been produced to support related health promotional activities.

The expenditure on promotion of healthy eating and physical activity cannot be separately identified as it is absorbed as part of the overall expenditure for health promotion under DH.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0639)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 167 (if applicable)

Question (Member Question No. 37):

On personnel management of civil servants working in Hospital Authority (HA), please advise on:

(a) the ranks of the public hospital staff who chose to retain their civil servant status and are still working in HA and their establishment.

(b) the retirement situation of the said public hospital staff in the coming ten years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) A breakdown of the number of civil servants working in HA by rank and their establishment as at 1.4.2014 is at **Annex**.

(b) The numbers of civil servants working in HA predicted to retire at their normal retirement age in the next ten years are as follows -

Year	No. of retirees (projection)
2014-15	144
2015-16	134
2016-17	122
2017-18	128
2018-19	133
2019-20	146
2020-21	151
2021-22	153
2022-23	159
2023-24	138
Total	**1 408**

Annex

Civil Servants Working in the Hospital Authority
(as at 1.4.2014)

RANK	**Number of staff and establishment**
MEDICAL & HEALTH OFFICER GRADES	
Consultant D2	2
Consultant (Hospital Services)	5
Senior Medical & Health Officer	19
Associate Consultant	3
Medical & Health Officer	61
Sub-total	**90**
NURSING & ALLIED GRADES	
General Manager (Nursing)	1
Chief Nursing Officer	1
Senior Nursing Officer	17
Departmental Operations Manager	20
Ward Manager	88
Nurse Specialist	11
Nursing Officer	260
Nursing Officer (Education)	6
Registered Nurse	163
Senior Nursing Officer (Psychiatric)	5
Nursing Officer (Psychiatric)	82
Registered Nurse (Psychiatric)	60
Enrolled Nurse	59
Enrolled Nurse (Psychiatric)	81
Midwife	1
Sub-total	**855**

RANK	Number of staff and establishment
SUPPLEMENTARY MEDICAL GRADES	
Department Manager	13
Chief Dispenser	12
Senior Dispenser	81
Dispenser	154
Senior Medical Technologist	5
Medical Technologist	32
Medical Technologist (Hospital Services)	1
Medical Laboratory Technician I	4
Mould Laboratory Technologist	1
Senior Mould Laboratory Technician	1
Mould Laboratory Technician	2
Occupational Therapy Assistant	27
Pharmacist	5
Physicist	3
Senior Physiotherapist	5
Physiotherapist I	5
Prosthetist-Orthotist I	3
Senior Radiographer	15
Radiographer I	51
Scientific Officer (Medical)	4
Sub-total	**424**
HOSPITAL ADMINISTRATOR GRADE	
Senior Hospital Administrator	6
Hospital Administrator I	4
General Manager (Administrative Services)	3
Sub-total	**13**

RANK	Number of staff and establishment
OTHER DEPARTMENTAL GRADES	
Senior Artisan	2
Artisan	31
Cook	18
Darkroom Technician	11
Chief Electrical Technician	4
Senior Electrical Technician	1
Electrical Technician	8
Senior Foreman	1
Foreman	9
Chief Hospital Foreman	2
Senior Hospital Foreman	7
Hospital Foreman	12
Hostel Manager/Manageress	1
Laboratory Attendant	34
Laundry Manager	1
Laundry Worker	15
Linen Production Unit Supervisor	1
Mortuary Attendant	2
Operating Theatre Assistant	29
X-Ray Mechanic	3
Health Care Assistant	60
Operation Assistant II	1
Sub-total	**253**

RANK	**Number of staff and establishment**
MODEL SCALE I GRADES	
Ganger	2
Ward Attendant	75
Property Attendant	5
Workman I	10
Workman II	183
Sub-total	**275**
GENERAL GRADES	
Personal Secretary II	1
Telephone Operator	1
Sub-total	**2**
TOTAL	**1 912**

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0648)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 10):

Please provide information in respect of the following for the **past three years**:

(a) details of the actual number of inspections of all private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance.

(b) Why is that the number of inspections of registered nursing homes "not less than once" a year while the number of inspections of registered private hospital (including maternity homes) "not less than twice" a year? What are the circumstances that would result in the number of inspections to registered nursing homes to be "more than once" and the number of inspections to registered private hospital (including maternity homes) to be "more than twice"?

Asked by: Hon. CHAN Han-pan

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. The numbers of inspections to healthcare institutions registered under the Ordinance in the past three years are provided below:

	Number of inspections		
	2011	2012	2013
Private hospitals (including maternity homes)	134	106	126
Nursing Homes	112	131	139

(b) DH conducts inspections for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. In view of the complexity of hospital services, the target number of inspections set for private hospitals is higher than that for nursing homes.

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Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0649)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 128 Page 47 (if applicable)

Question (Member Question No. 11):

Please provide the following information in table form:

(a) the year when tobacco duty was increased by the Government for the last three times, the percentage of increase and the number of persons who had ceased smoking between each time;

(b) the types of diseases, number of patients and health expenditures related to smoking or second-hand smoking for the past ten years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) The table below shows the percentage increase in tobacco duty in 2001, 2009 and 2011 and smoking prevalence since 2007/08-

	2001*	**2007/8**	**2009***	**2010**	**2011***	**2012**
% increase in tobacco duty	5%	-	50%	-	41.5%	-
Daily smoking prevalence**	-	11.8%	-	11.1%	-	10.7%

* *Year with tobacco duty increase*

** *Source: Thematic Household Survey conducted by the Census and Statistics Department*

The smoking prevalence in 1982 was 23.3% .

(b) Regarding the number of deaths related to smoking and second hand smoke, the School of Public Health of the University of Hong Kong published a study report in 2006 on the estimated mortality figures and annual cost to tobacco-related diseases. The study reported that a total of 6 920 deaths (aged 35 and over) in Hong Kong in 1998 were caused by active smoking or second-hand smoke, in which 1 324 deaths were attributed to second-hand smoke. The results showed that the total annual cost of active and passive smoking in Hong Kong was $5.3 billion, which includes $2.6 billion for acute and chronic health care cost; $0.9 billion for long term care (mainly in nursing homes); and $1.8 billion for productivity losses.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0650)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161

Question (Member Question No. 12):

On providing genetic screening and counselling services, please advise on the following:

(a) Please list in table form the number of cases in which the Administration has assisted in genetic testing and timing of testing (e.g. pre-marriage, pre-pregnancy, gestation, postpartum) **for the past five years**.

(b) If the case is found to be not suitable for pregnancy after testing, how would the Administration handle it?

(c) Generally, what will be checked for in genetic testing provided by the Administration? How long will it take?

(d) At present, at what places are the testing being offered? Under what circumstances can members of the public go and use such testing?

Asked by: Hon. CHAN Han-pan

Reply:

(a) Over the past five years, the Clinical Genetic Service (CGS) of the Department of Health has provided a total of 7 048 genetic tests, including 149 tests for prenatal cases (i.e. testing for pregnant women).

Year	Total no. of genetic tests	No. of tests for prenatal cases
2009	1 057	27
2010	1 017	23
2011	1 323	37
2012	1 890	33
2013	1 761	29
Total	**7 048**	**149**

(b) If a client or her foetus is diagnosed to have a genetic disease, the CGS will provide genetic counselling, so as to offer the client and her partner ample information about the genetic disease diagnosed, including symptoms, severity, availability of effective treatment, mode of inheritance, risk to future pregnancies, risk of occurrence of the disease within the family, and the means of prevention. The client will then decide herself whether to plan for pregnancy or whether to continue with an existing pregnancy.

(c) The genetic tests for chromosomal or genetic conditions provided by the CGS are customised according to the specific clinical features of the client. The time required by the CGS to complete a genetic test depends on the complexity of the techniques involved and the urgency of the particular case. For prenatal cases or other urgent cases, tests are usually completed within one to two weeks. For non-urgent cases, tests are usually completed within four months.

(d) For prenatal cases, the Prenatal Diagnostic and Counselling Service of Tsan Yuk Hospital under the Hospital Authority is the major service provider of genetic testing. Genetic tests for other cases are mainly managed by the CGS. We understand that the University of Hong Kong and the Chinese University of Hong Kong both have started to provide genetic services recently. Individuals who wish to receive genetic services may seek advice from his/her family doctor for a referral.

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Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0651)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question (Member Question No. 13):

Regarding the provision of dental service to the special needs group, please advise on the following:

(a) Please set out in table form the number of hospital patients, emergency cases and patients with special oral healthcare needs in dental clinics of the Department of Health (DH) **for the past three years** respectively.

(b) What is the median waiting time of patients with special oral healthcare needs for DH's dental service?

(c) Apart from DH's dental clinics, has the Administration provided other oral healthcare or care services for the special needs group?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The numbers of hospital patients, emergency cases and patients with special oral healthcare needs in dental clinics of the Department of Health (DH) in 2011, 2012 and 2013 were as follows:

	2011 (Actual)	2012 (Actual)	2013 (Actual)
No. of attendances of hospital patients	56 101	54 554	55 818
No. of attendances of dental clinics emergency treatment	39 722	40 516	40 373
No. of patients of special needs group	10 130	10 086	10 677

For hospital patients and emergency cases in dental clinics of DH, only statistics on the number of attendances are kept and the figures for the number of patients are not readily available.

(b) The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners. All consultation appointments in the OMS&DUs would be triaged according to the urgency and nature of dental conditions. OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within two weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital would also be conducted within one working day. The waiting time for elective consultation in the OMS&DUs ranges from 34 months to 47 months. The median waiting time of patients with special oral healthcare needs is not available.

(c) The School Dental Care Service (SDCS) of the DH also provides annual dental check-up and basic preventive and restorative dental treatment to all primary school students. In addition, starting from the 2013-14 school year, the Government has further stepped up the support measures for students with intellectual disability and/or physical disability (such as cerebral palsy) by allowing these students, who attend special schools participating in the SDCS, to continue to enjoy the dental services under the SDCS irrespective of which grades they are in until they reach the age of 18. If necessary, the SDCS would refer these students to the OMS&DU for further dental treatment.

Apart from the SDCS, in order to promote good oral health for the mild and moderate intellectual disabled children in special schools, the Oral Health Education Unit (OHEU) of the DH is conducting the "Dandelion Oral Care Action" oral health promotion programme. The OHEU collaborates with schools and parents to take care of the oral health of this group of children, and teach them the correct toothbrushing and flossing techniques. It is expected that the children could clean their own teeth independently when they leave school. Currently, there are 28 special schools participating in the programme.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0652)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 14):

Regarding child assessment centres, please advise on:

(a) the median waiting time for appointment of new cases;

(b) the median waiting time for assessment of new cases, as well as the average assessment hours in general;

(c) the median waiting time for assessment report of new cases.

Asked by: Hon. CHAN Han-pan

Reply:

(a) From 2011-12 to 2013-14, nearly all new cases were seen within three weeks.

(b) Assessments for about 90% of newly registered cases were completed within six months in 2013. The Department of Health has not compiled statistics on the median waiting time for assessment of new cases.

Assessment time for each client ranges from about one to four hours, depending on the nature of assessment required and the professional disciplines involved.

(c) A summary report of the assessment will be given to the parents concerned at the end of the assessment session. Comprehensive medical reports of the children will be provided within four weeks to those parents who have made applications for such reports to the Child Assessment Service (CAS). Moreover, upon request by the parents concerned and with their consent as well as having regard to the individual circumstances and needs of the child, the CAS will send a detailed assessment report to the relevant educational psychologist or to the relevant professionals of the rehabilitation service unit to which the case has been referred within eight weeks.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0654)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 16):

Regarding the Elderly Health Care Voucher Scheme ("the Scheme"), please:

(a) set out in table form the scope of application of the vouchers (such as dental services, body check etc.) **since the launch of the Scheme**;

(b) advise on the number of applicants each year **since the launch of the Scheme**. How many persons were unable to use up all vouchers each year or retained them for use in the following year? How many vouchers have expired?

Asked by: Hon. CHAN Han-pan

Reply:

(a) Under the Scheme, local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists. A breakdown of the voucher claim transactions by the enrolled healthcare service providers since the launch of the Scheme on 1 January 2009 is as follows:

Healthcare professionals	Total number of voucher claim transactions (up to end-December 2013)
Medical Practitioners	3 332 418
Chinese Medicine Practitioners	425 475
Dentists	85 136
Occupational Therapists	322
Physiotherapists	14 396
Medical Laboratory Technologists	4 307
Radiographers	3 889

Healthcare professionals	Total number of voucher claim transactions (up to end-December 2013)
Nurses	1 620
Chiropractors	1 940
Optometrists	4 200
Total:	3 873 703

(b) Since the launch of the Scheme in January 2009, the number of eligible elders who had made use of vouchers and among them those who had unspent vouchers carried forward for use in the following year are provided as follows:

As at 31 Dec of the year	Cumulative number of eligible elders who had made use of vouchers	Number of eligible elders with unspent vouchers
2009	190 000	67 000
2010	300 000	168 000
2011	387 000	235 000
2012	471 000	328 000
2013	556 000	439 000

At present, eligible elders can accumulate any unspent vouchers for use in subsequent years, subject to a financial ceiling of $3,000. As at January 2014, among the elders enrolled in the eHealth System, about 337 000 vouchers (or $16.85 million in voucher value) in excess of the financial ceiling were forfeited. Upon the increase of the annual voucher amount from $1,000 to $2,000 this year, the financial ceiling on unspent vouchers will be adjusted from $3,000 to $4,000.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0655)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 164 (if applicable)

Question (Member Question No. 18):

Regarding the two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals subvented by the Department of Health, please advise on the following:

(a) list out the establishment and number of healthcare staff, including Chinese medicine practitioners, nurses, auxiliary nurses, dispensers etc. of the two Chinese Medicine Clinics for the past three years.

(b) the number of attendances of the two Chinese Medicine Clinics in the past three years. What are the illnesses and specialties involved?

(c) the median waiting time for consultation for patients attending the two Chinese Medicine Clinics in the past three years.

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its two general outpatient clinics, i.e. Kwong Wah Hospital Chinese Medicine General Outpatient Clinic (KCGC) and Tung Wah Hospital Chinese Medicine General Outpatient Clinic (TCGC). The establishments of the two Chinese Medicine Clinics for 2011, 2012 and 2013 respectively are set out below:

	2011		2012		2013	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Chinese Medicine Practitioner (Bone-setting Service)	3	1	3	1	3	1
Chinese Medicine Practitioner (Herbalist Service)	1	1	1	1	1	1
Herbalist Assistant	5	2	5	2	5	2
Clerk	1	1	1	1	1	1
Workman II	2	2	1	2	0	1
General Service Assistant	1	0	2	0	3	1
Total	13	7	13	7	13	7

(b) KCGC and TCGC provide free bone-setting and herbalist services for the public. The annual numbers of attendances of the two Chinese Medicine Clinics for these services in 2011, 2012 and 2013 respectively are set out below:

	2011		2012		2013	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Bone-setting service*	274 050	54 863	310 642	59 034	313 087	58 096
Herbalist service	6 244	5 428	6 813	4 359	13 421	7 191
Total	280 294	60 291	317 455	63 393	326 508	65 287

* The number of attendances for bone-setting service includes those patients obtaining herbal paste from the clinics without consultation.

(c) To make an appointment for medical consultation with the Chinese medicine practitioner at KCGC or TCGC, each patient needs to get a chit, either for the morning or afternoon consultation session, from the auto-machine or the counter at the two clinics. If all the time slots of that day have already been allocated, the patient then has to return to the clinic on another day and get an appointment following the same procedures. The daily numbers of chits offered by the two Chinese Medicine Clinics are as follows:

	Daily number of chits offered	
	KCGC	TCGC
Bone-setting service	240	80
Herbalist service	35	35
Herbal paste	No limit	No limit

In view of the above, it is difficult to estimate the median waiting time for consultation for patients attending the two Chinese Medicine Clinics in the past three years.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0656)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169

Question (Member Question No. 19):

Regarding the vaccination subsidy programmes (the programmes), please answer the following –

a) please list out the number of participants in respective groups under the programmes, since launching of the programmes;
b) the number of vaccines procured each year under the scheme and the additional number of vaccines procured for the peak periods for seasonal influenza ; and
c) how many vaccines have been disposed due to overstocking or expiry ?

Asked by: Hon. CHAN Han-pan

Reply:

(a) The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide pneumococcal and influenza vaccination to eligible groups –

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

The statistics on the number of people in respective groups who have received vaccination through the aforementioned programme/schemes are detailed at the Annex.

(b) The following figures are the quantities of seasonal influenza vaccines that the government procured under Government Vaccination Programme since the recent three years:

Year	Number of doses
2011-12	300 000
2012-13	285 000
2013-14	285 000

(c) Unused seasonal influenza vaccines are not used in the following year. Unused and expired vaccines are arranged for disposal by phases, in accordance with established procedures and arrangement. There is time lag between vaccine expiry date and the actual disposal date. About 28 000 doses expired in 2012 and 13 000 doses expired in 2013 will be disposed by DH.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0976)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 23):

Would the Administration advise on the following:

(1) What were the expenditure, their functions and staff establishment of the Public Health Section, the Chinese Medicines Section, the Chinese Medicine Council Secretariat, the Chinese Medicines Information and Research Section and the Chinese Medicine Development Committee Secretariat under the Assistant Director of Health (Traditional Chinese Medicine) in the past three years respectively?

(2) Would the Administration state specifically what were the amount of expenditure and manpower of the above sections and secretariats used on public relations and external liaison matters in the past three years?

Asked by: Hon. CHAN Han-pan

Reply:

(1) The Chinese Medicine Division (CMD) of the Department of Health was set up in 1997. The CMD has set up a total of five sections over the past years with the following functions-

Public Health Section
Managing adverse incidents and health promotion relating to Chinese medicine (CM), collaborating with local and international partners for promoting CM, supporting the work of the World Health Organization Collaborating Centre for Traditional Medicine (WHO CC for TM).

Chinese Medicines Section
Implementing and enforcing the Chinese Medicine Ordinance (Cap. 549) (CMO) through licensing of Chinese medicines traders and registration of proprietary Chinese medicines.

Chinese Medicine Council Secretariat
Providing support to the Chinese Medicine Council of Hong Kong, which is a statutory body established under the CMO to implement various regulatory measures for CM practice and Chinese medicines.

Chinese Medicines Information and Research Section
Developing the Hong Kong Chinese Materia Medica Standards (HKCMMS), which are reference standards for commonly used Chinese herbal medicines in Hong Kong.

Chinese Medicine Development Committee (CMDC) Secretariat

Providing support to the CMDC, which is an advisory body set up in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of CM in Hong Kong.

The expenditure and staff establishment to support the above functions in the past three financial years are as follows -

Financial Year	Total Expenditure Including Staff Cost ($ million)	Staff Establishment (Grade)
2011-12	138.4	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 33 General Grades Officers
2012-13	128.6	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 51 General Grades Officers
2013-14	116.2 (revised estimate)	2 Medical and Health Officers 25 Pharmacists 13 Scientific Officers (Medical) 4 Foremen 52 General Grades Officers

(2) Major part of the CMD's efforts on public relations and external liaison matters in the past three years was to support the international development of traditional medicine, including the designation of the CMD as the WHO CC for TM in Hong Kong. Relevant work included organising international meetings and training workshops, as well as developing and disseminating the reports "WHO Traditional Medicine Strategy (2014-23)" and "Regional Strategy for Traditional Medicine in the Western Pacific (2011-20)".

The CMD has also endeavored to enhance the standard of CM practice and promote the safe use of CM. To help the general public gain better understanding about CM, the CMD has been organising health promotion activities, including a roving exhibition across the 18 districts.

Since the above publicity and liaison works have been absorbed by the existing manpower and provision in the CMD, breakdowns of relevant expenditure and manpower are not available.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1756)

Head:	(37) Department of Health
Subhead (No. & title):	(-) Not Specified
Programme:	(8) Personnel Management of Civil Servants Working in Hospital Authority
Controlling Officer:	Director of Health (Dr. Constance CHAN)
Director of Bureau:	Secretary for Food and Health
This question originates from:	Estimates on Expenditure Volume I Page 168 (if applicable)

Question (Member Question No. 30):

Programme (8) indicates that the number of civil servants working in the Hospital Authority (HA) will decrease from 2 297 in 2012 to the estimated 1 912 in 2014. In this connection, would the Administration inform this Committee the details of the wastage of staff, including wastage figures, the type of posts concerned and the reasons for wastage? Has the Administration explored whether the staff wastage will have any significant implication on the work of relevant sections in the Department of Health and the HA? Does the Administration have any plan to recruit staff to fill the vacancies?

Asked by: Hon. CHAN Kin-por

Reply:

The number of civil servants working in HA will decrease from 2 297 in 2012 to the estimated figure of 1 912 in 2014. The estimated reduction of 385 civil servants during the period is due to natural wastage including retirement. A breakdown of the staff concerned by rank is at **Annex**. HA will cover the loss of this anticipated capacity through internal redeployment and/or by recruitment of new staff on HA terms of employment to ensure that its service would not be affected. The above staff wastage has no implication on the work of the Department of Health.

Annex

Wastage Figures of Civil Servants working in the Hospital Authority in 2012-13 and 2013-14

RANK	Staff Wastage		Total
	2012-13	2013-14	
MEDICAL & HEALTH OFFICER GRADES			
Consultant (D2)	0	1	**1**
Senior Medical & Health Officer	2	2	**4**
Medical & Health Officer	2	0	**2**
Sub-total	**4**	**3**	**7**
NURSING & ALLIED GRADES			
Senior Nursing Officer	2	1	**3**
Departmental Operations Manager	3	0	**3**
Ward Manager	10	13	**23**
Nurse Specialist	2	0	**2**
Nursing Officer	29	18	**47**
Registered Nurse	15	7	**22**
Nursing Officer (Psychiatric)	2	3	**5**
Registered Nurse (Psychiatric)	5	3	**8**
Enrolled Nurse	15	6	**21**
Enrolled Nurse (Psychiatric)	6	6	**12**
Sub-total	**89**	**57**	**146**
SUPPLEMENTARY MEDICAL GRADES			
Department Manager	1	2	**3**
Senior Dispenser	1	7	**8**
Dispenser	7	0	**7**
Senior Medical Technologist	0	1	**1**
Medical Technologist	0	1	**1**
Associate Medical Technologist	0	1	**1**
Mould Laboratory Technician	0	1	**1**
Occupational Therapy Assistant	5	7	**12**
Pharmacist	0	1	**1**
Senior Radiographer	0	1	**1**
Sub-total	**14**	**22**	**36**
HOSPITAL ADMINISTRATOR GRADE			
Senior Hospital Administrator	2	0	**2**
Sub-total	**2**	**0**	**2**

RANK	Staff Wastage		Total
	2012-13	2013-14	
OTHER DEPARTMENTAL GRADES			
Artisan	6	6	**12**
Cook	5	3	**8**
Darkroom Technician	0	3	**3**
Senior Foreman	0	1	**1**
Foreman	1	0	**1**
Chief Hospital Foreman	0	1	**1**
Senior Hospital Foreman	0	2	**2**
Hospital Foreman	2	3	**5**
Laboratory Attendant	3	4	**7**
Laundry Worker	3	3	**6**
Machinist	1	0	**1**
Mortuary Attendant	1	1	**2**
Operating Theatre Assistant	1	3	**4**
Health Care Assistant	16	11	**27**
Sub-total	**39**	**41**	**80**
MODEL SCALE I GRADES			
Barber	0	2	**2**
Ganger	1	1	**2**
Ward Attendant	20	12	**32**
Property Attendant	5	2	**7**
Workman I	4	1	**5**
Workman II	34	30	**64**
Sub-total	**64**	**48**	**112**
GENERAL GRADES			
Telephone Operator	1	0	**1**
Motor Driver	1	0	**1**
Sub-total	**2**	**0**	**2**
Total	**214**	**171**	**385**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1057)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 10):

Over the years, the physical environment of existing Elderly Health Centres (EHCs) has been enhanced and upgraded by the Government through renovation, relocation and/or expansion to improve accessibility and facilitate smoother work flow. However, the Government has no plan to expand the service of the EHCs. With ageing population in Hong Kong, there will be an increasing demand for the service of the EHCs by the elderly. Please advise on the following:

1. Based on the fact that there are at present 18 districts in the territory, list out by district the number of elderly people waiting for the service of the EHCs.
2. What is the average waiting time (in months) for the service of the EHCs in each district in 2012 and 2013? Please list out the details by year and district.
3. List out by district the number of elderly people who died while waiting for the service.
4. At present, each EHC has a permanent establishment of one doctor and two to three nurses. With ageing population in Hong Kong, there will be an increasing demand for the service of the EHCs by the elderly. Will the Government allocate additional resources to increase the manpower of healthcare professionals at the EHCs in order to cope with the service demand and shorten the waiting time by the elderly? If yes, how will the measures be implemented? If no, what are the reasons?

Asked by: Hon. CHEUNG Kwok-che

Reply:

1. The numbers of elders on the waiting list for the 18 Elderly Health Centers (EHCs) are listed below :

EHC	Number of elders on the waiting list (as at December 2013)
Sai Ying Pun	965
Shau Kei Wan	1 196
Wan Chai	1 760
Aberdeen	463
Nam Shan	880
Lam Tin	533

EHC	Number of elders on the waiting list (as at December 2013)
Yau Ma Tei	997
San Po Kong	347
Kowloon City	746
Lek Yuen	1 426
Shek Wu Hui	340
Tseung Kwan O	1 228
Tai Po	713
Tung Chung	832
Tsuen Wan	973
Tuen Mun Wu Hong	946
Kwai Shing	465
Yuen Long	331

2. The median waiting times (in months) for the 18 EHCs in 2012 and 2013 are listed below :

EHC	Year 2012	Year 2013
Sai Ying Pun	13.4	22.8
Shau Kei Wan	14.4	21.5
Wan Chai	25.8	27.8
Aberdeen	6.7	11.5
Nam Shan	16.2	17.3
Lam Tin	4.6	11.1
Yau Ma Tei	23.7	25.4
San Po Kong	10.0	15.9
Kowloon City	16.4	23.4
Lek Yuen	36.2	22.8
Shek Wu Hui	9.9	10.8
Tseung Kwan O	14.5	20.5
Tai Po	21.9	28.6
Tung Chung	9.5	10.4
Tsuen Wan	11.3	12.7
Tuen Mun Wu Hong	9.9	15.0
Kwai Shing	6.5	10.4
Yuen Long	7.5	8.7

3. The Elderly Health Service does not have information on the number of elders who died while waiting for enrolling as members of the EHCs.

4. To enhance the service of EHCs, a provision of $3.3 million in 2014-15 has been earmarked for creating a clinical team, following by a provision of $6.5 million in a full year from 2015-16 and onwards for creating another clinical team in 2015-16. Each clinical team will consist of one doctor, three nurses and two clerical staff. It is anticipated that each clinical team will handle an additional 2 125 enrolments for health assessment and an additional 9 500 attendances for health assessment or consultation each year.

   Besides, to facilitate early identification of risk factors as well as promote healthy ageing, the Government launched the Elderly Health Assessment Pilot Programme (the Pilot Programme) in July 2013 in collaboration with nine non-governmental organisations (NGOs) to provide voluntary, protocol-based, subsidised health assessment to 10 000 elders aged 70 or above over a two-year period. The health assessment seeks to identify elders' risk factors (including lifestyle practices) and diseases so that they can be managed in a timely and targeted manner. Through collaboration with NGOs, the Pilot Programme facilitates better use of healthcare resources in the public and NGO sectors. It helps encourage NGOs to provide preventive services in the community so that the pressure of public sector in providing relevant services to the elderly may be alleviated.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1066)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 46):

Regarding child assessment centres of the Department of Health, would the Administration please advise on:

(a) the annual number of new cases confirmed as autistic spectrum disorder in children aged 2 to 6 at the six child assessment centres for 2010-11 to 2013-14 respectively;

(b) the annual number of children diagnosed with developmental disabilities through child assessment service for 2012-13 to 2013-14. Please set out the details by types of developmental disabilities.

Asked by: Hon. CHEUNG Kwok-che

Reply:

(a) The numbers of Autistic Spectrum Disorder (ASD) cases newly diagnosed at the six child assessment centres for 2010-11 to 2013-14 are as follows –

	2010-11	2011-12	2012-13	2013-14 (provisional figure)
Autistic Spectrum Disorder (below 6 years old)	1 441	1 369	1 307	1 259

(b) The numbers of newly diagnosed cases of developmental conditions for 2012-13 and 2013-14 are as follows –

Developmental conditions	**Number of cases**	
	2012-13	**2013-14 (provisional figure)**
Attention Problem / Disorders	2 218	2 347
Autistic Spectrum Disorder	1 545	1 455
Borderline Developmental Delay	1 897	1 914
Developmental Motor Coordination Problems / Disorders	1 790	1 936
Dyslexia and Mathematics Learning Disorder	509	468
Hearing loss (moderate to profound grade)	95	91
Language Delay / Disorders and Speech Problems	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	49	55
Significant Developmental Delay / Mental Retardation	1 080	1 224
Visual Impairment (Blind or Low Vision)	41	41

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

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3280)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 273):

Please provide the following information, broken down by government dental clinic, for the past three years (2011-12, 2012-13 and 2013-14 (for months with available data)).

(1) The maximum number of persons (non-civil servants) who could be provided with pain relief and extraction services per session on average, and the actual number of persons (non-civil servants) receiving treatment per session on average.

(2) The age distribution of attendees.

(3) The number of attendees who were Comprehensive Social Security Assistance recipients.

Asked by: Hon. CHEUNG Kwok-che

Reply:

(1) The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In financial years 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session**		
		2011-12	**2012-13**	**2013-14** ***(as at January 2014)***
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84
	Friday (AM)	84	84	84

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42
	Friday (AM)	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32

In financial years 2011-12, 2012-13 and 2013-14, the average numbers of attendances per GP session are as follows:

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	75	78	81
	Thursday (AM)	38	39	41
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			61
	Thursday (AM)			31
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	81	82	82
Kennedy Town Community Complex Dental Clinic	Monday (AM)	52	53	56
	Friday (AM)	52	53	56
Fanling Health Centre Dental Clinic	Tuesday (AM)	45	47	57
Mona Fong Dental Clinic	Thursday (PM)	39	38	38
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	39	39	40
Tsuen Wan Dental Clinic	Tuesday (AM)	81	82	80
	Friday (AM)	81	82	80
Yan Oi Dental Clinic	Wednesday (AM)	42	41	41

Dental clinic with GP sessions	Service session	Average no. of attendances per session		
		2011-12	**2012-13**	**2013-14** ***(as at January 2014)***
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	40	40	40
	Friday (AM)	40	40	40
Tai O Dental Clinic	2nd Thursday (AM) of each month	11	12	15
Cheung Chau Dental Clinic	1st Friday (AM) of each month	21	19	21

(2) In the financial years 2011-12, 2012-13 and 2013-14, the breakdown by age groups for the number of attendances of GP sessions is as follows:

	% Distribution of attendances by age group		
Age group	**2011-12**	**2012-13**	**2013-14** ***(as at January 2014)***
0-18	2.3%	2.2%	2.1%
19-42	13.8%	13.7%	13.4%
43-60	29.5%	29.2%	28.8%
61 or above	54.4%	54.9%	55.7%

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

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0090)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 163 (if applicable)

Question (Member Question No. 34):

Regarding publicity and education programmes on smoking prevention and cessation, what were the respective annual expenditures in the past three years (i.e. 2011-12 to 2013-14)? How many clients utilised the smoking cessation service provided by the Department of Health (DH) in 2012 and 2013 respectively? What were the respective percentages of adolescents aged under 18 and women among these clients? What were the cessation rates at one year after receiving the smoking cessation service?

Asked by: Hon. CHEUNG Yu-yan, Tommy

Reply:

The expenditures / provisions of tobacco control activities managed by the Tobacco Control Office (TCO) of DH from 2011-12 to 2013-14, broken down by types of activities, are shown at **Annex.** Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as these services form an integral part of the respective DH's services, such expenditure is included in Programme 3 and could not be separately identified.

Relevant statistics on the smoking cessation services provided by DH are as below -

	2012	2013
Smoking Cessation Hotline enquiries (no. of calls received)	13 262	13 079
Clinic attendance	108	81
% of women clients	17.6%	6.2%
% of adolescent clients aged under 18	9.3%	0%
Smoking cessation rate at one year after treatment (*Note*)	33.9%*	Not yet available

* *Note: This smoking cessation rate at one year after treatment was comparable to that in overseas countries*.

To provide service for adolescent smokers, DH has collaborated with the School of Nursing of the University of Hong Kong to operate a youth-oriented quit-line 'Youth Quitline'. The Youth Quitline offers smoking cessation telephone counselling service to youth smokers aged 25 or below. The Youth Quitline has handled 399 and 814 calls in 2012 and 2013.

DH subvents Tung Wah Group of Hospitals (TWGHs) and Pok Oi Hospital (POH) to provide community-based smoking cessation services, education for the public, training for health care professionals and conduct research projects. Relevant statistics are as below -

	TWGHS		POH	
	2012	**2013**	**2012**	**2013**
Smoking cessation services (no. of clients served)	2 538	3 698	1 524	1094
Smoking cessation rate at one year after treatment	36.2%	Not yet available	24.0%	Not yet available
Attendance at health education and promotion activities	12 244	25 613	8 160	16 578

Annex

Expenditures of the Department of Health on Tobacco Control

	2011-12 ($ million)	**2012-13** ($ million)	**2013-14 Revised Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	40.1	39.6	37.5
Health Education and Smoking Cessation			
Programme 3: Health Promotion	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation			
TCO	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*14.9*	*20.7*	*22.0*
Sub-total	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation services and related services to Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk	*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong		*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service			*2.6*
Subvention to Life Education Activity Programme			*1.3*
Sub-total	***28.0***	***35.6***	***49.9***
Total	**112.7**	**142.2**	**153.2**

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2606)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 3)

1. Regarding enforcing laws on tobacco control, please set out the number of prosecutions instituted against persons smoking in the no smoking areas for 2012-13 and 2013-14 respectively.

2. Please set out the actual and revised expenditures as well as the estimated provision of the Tobacco Control Office (TCO) for 2012-13, 2013-14 and 2014-15.

3. Please set out the staff establishment of TCO for 2012-13, 2013-14 and 2014-15.

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The numbers of fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) in 2012 and 2013 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

	2012	2013
FPNs issued (for smoking offences)	8 019	8 330
Summonses issued (for smoking offences)	179	232
Total	**8 198**	**8 562**

2. The expenditures / provisions of the Department of Health on tobacco control in 2012-13, 2013-14 and 2014-15 are shown at **Annex 1**.

3. The staff establishment of TCO in 2012-13, 2013-14 and 2014-15 are shown at **Annex 2**.

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2012-13 Actual ($ million)	**2013-14 Revised Estimate** ($ million)	**2014-15 Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	39.6	37.5	39.1
Health Education and Smoking Cessation			
Programme 3: Health Promotion	102.6	115.7	117.9
(a) General health education and promotion of smoking cessation			
TCO	*46.3*	*43.8*	*45.9*
Subvention: Council on Smoking and Health	*20.7*	*22.0*	*21.2*
Sub-total	***67.0***	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*26.5*	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*6.0*	*7.3*	*7.8*
Subvention to Po Leung Kuk	*1.7*	*2.1*	*2.0*
Subvention to Lok Sin Tong	*1.4*	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service		*2.6*	*2.6*
Subvention to Life Education Activity Programme		*1.3*	*2.3*
Sub-total	***35.6***	***49.9***	***50.8***
Total	**142.2**	**153.2**	**157.0**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2012-13	2013-14	2014-15 Estimate
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Land Surveyor	1	1	1
Police Officer	5	5	5
Tobacco Control Inspector	0	0	0
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
Sub-total	***107***	***107***	***107***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	1	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	3	3
Hospital Administrator II/ Health Promotion Officer	6	4	4
Sub-total	***14***	***10***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	19	17	17
Motor Driver	1	1	1
Sub-total	***24***	***22***	***22***
Total no. of staff:	**146**	**140**	**140**

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. **FHB(H) 208**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2607)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 4):

1. Regarding the launch of "Outreach Dental Care Programme for the Elderly" as a regular programme, what is the estimated expenditure for 2014-15?

2. In 2014-15, how many outreach teams will be able to start the services under the Programme? What are the service districts and the number of residential care homes involved?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. We have earmarked a provision of $25.1 million in 2014-15 for launching the Outreach Dental Care Programme for the Elderly (ODCP).

2. In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach teams from 13 non-governmental organisations (NGOs) have been set up since and they provide basic dental services to elders in about 740 RCHEs and DEs (as at end-February 2014).

   Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the Outreach Pilot Project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. In addition, the pool of beneficiaries will be expanded to cover elders in similar health conditions, including those residing in the infirmary units under the Hospital Authority and nursing homes registered with the Department of Health. We are finalising the implementation details of ODCP for launching the Programme later this year.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2608)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question (Member Question No. 5):

1. On enhancing primary care services, please set out the actual and revised expenditures as well as the estimated provision on primary care services for 2012-13, 2013-14 and 2014-15.

Asked by: Hon. HO Chun-yan, Albert

Reply:

Enhancing primary care was one of the service reform proposals introduced during the first-stage public consultation on healthcare reform in 2008 which received broad public support. Under the direction of the Working Group on Primary Care, the Food and Health Bureau promulgated the "Primary Care Development Strategy Document" in 2010, setting out the following major strategies on enhancing primary care in Hong Kong -

(a) developing primary care conceptual models and reference frameworks for specific diseases and population groups;

(b) developing a Primary Care Directory to promote the family doctor concept and a multi-disciplinary approach in enhancing primary care; and

(c) devising feasible service models to deliver community-based primary care services through appropriate pilot projects, including establishing community health centres/networks.

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The financial provision for PCO is $88 million respectively in 2012-13, 2013-14 and 2014-15. Other divisions of DH have been implementing projects and initiatives seeking to enhance primary care in Hong Kong. However, as these services form an integral part of the respective DH's services, such expenditure could not be separately identified.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)210

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2609)

Head: (37) Department of Health

Subhead(No. & title): (661) Minor plant, vehicles and equipment (block vote)

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 172 (if applicable)

Question(Member Question No. 7):

Regarding Subhead 661, the estimated expenditure for 2014-15 represents an increase of more than $27 million over the revised estimate for 2013-14. Please set out respectively the names of the minor plant, vehicles and equipment which have to be acquired/replaced in 2014-15 and the expenditures involved.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The minor plant, vehicles and equipment which have to be acquired/replaced in 2014-15 are as follows-

	Amount $ million
(A) Minor plant	
- Air conditioning systems	12.6
- Electrical installations	9.3
- Lifts and escalators	2.4
- Fire services, pumping installations and others	2.0
Sub-total (A)	26.3
(B) Minor equipment	
- Equipment for Dental Service (such as dental units and accessories, X-ray systems and accessories, etc.)	20.2
- Equipment for Public Health Laboratory Service (such as sterilisers, automated systems for pathogen identification, etc.)	12.0
- Mobile refrigerated mortuary units for Forensic Pathology Service	6.1
- Genetic analyser for Clinical Genetic Service	1.7
- Mobile radiological emergency consequence assessment system for Radiation Health Unit	1.2
- Other minor equipment for various Services	3.1
Sub-total (B)	44.3
Total (A) + (B)	70.6

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2613)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 11):

Please list out the number of enrolment and the average waiting time in each of the 18 Elderly Health Centres respectively.

Asked by: Hon. HO Chun-yan, Albert

Reply:

The numbers of enrolment and the median waiting times (in months) for Elderly Health Centres (EHCs) are listed below:

EHC	Number of enrolment (as at December 2013)	Median waiting time (months)
Sai Ying Pun	2 120	22.8
Shau Kei Wan	2 196	21.5
Wan Chai	2 156	27.8
Aberdeen	2 124	11.5
Nam Shan	2 193	17.3
Lam Tin	2 218	11.1
Yau Ma Tei	2 079	25.4
San Po Kong	2 121	15.9
Kowloon City	2 193	23.4
Lek Yuen	2 121	22.8
Shek Wu Hui	2 119	10.8
Tseung Kwan O	2 136	20.5
Tai Po	2 125	28.6
Tung Chung	2 224	10.4
Tsuen Wan	2 092	12.7
Tuen Mun Wu Hong	2 109	15.0
Kwai Shing	2 212	10.4
Yuen Long	2 198	8.7

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2614)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 164 (if applicable)

Question (Member Question No. 12):

1. Regarding the two Chinese Medicine Clinics of the Tung Wah Group of Hospitals subvented by the Department of Health, what are the amounts of subvention for 2012-13, 2013-14 and 2014-15 respectively?

2. What is the basis for determining the amount of subvention?

Asked by: Hon. HO Chun-yan, Albert

Reply:

1. The Department of Health subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its two general outpatient clinics, namely the Kwong Wah Hospital Chinese Medicine General Outpatient Clinic and the Tung Wah Hospital Chinese Medicine General Outpatient Clinic. The amounts of subvention for these two clinics for 2012-13, 2013-14 and 2014-15 are as follows -

Financial Year	Amount ($ million)
2012-13 (Actual)	3.0
2013-14 (Revised Estimate)	3.1
2014-15 (Estimate)	3.2

2. The amount of subvention to these two Clinics is determined with a view to allowing them to provide their services to patients free of charge.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2615)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 6):

Regarding the use of elderly health care vouchers, please provide the frequency of use by the following categories:

	2012	2013
Medical Practitioner		
Chinese Medicine Practitioner		
Dentist		
Chiropractor		
Registered and Enrolled Nurse		
Physiotherapist		
Occupational Therapist		
Radiographer		
Medical Laboratory Technologist		
Optometrist		

Asked by: Hon. HO Chun-yan, Albert

Reply:

The annual number of voucher claim transactions broken down by types of healthcare professionals in 2012 and 2013 is provided below:

Healthcare professionals	2012	2013
Medical Practitioners	812 872	1 229 078
Chinese Medicine Practitioners	98 189	190 017
Dentists	19 239	36 783
Occupational Therapists	101	79
Physiotherapists	3 058	6 922
Medical Laboratory Technologists	935	1 941
Radiographers	867	1 507
Nurses	334	317
Chiropractors	377	823
Optometrists	1 228	2 972
Total:	937 200	1 470 439

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2355)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 161 (if applicable)

Question (Member Question No. 37):

In view of the recent influenza A (H7N9) virus outbreak in some regions in the Mainland as well as the sporadic cases in Hong Kong, would the Administration please advise this Committee on the following:

(1) Has the Administration assessed the risks of an outbreak of the influenza virus in Hong Kong and whether a financial provision is required for conducting researches on the relevant antibodies and vaccines? If yes, what are the details; if no, what are the reasons?

(2) In case there is an outbreak of the influenza virus and other epidemic viruses in Hong Kong, what is the Administration's emergency response plan? How shall the financial resources be deployed to provide all-round protection and comprehensive education for the public?

Asked by: Hon. LAM Kin-fung, Jeffrey

Reply:

(1) The Centre for Health Protection of the Department of Health has put in place surveillance mechanisms to monitor both local and global epidemiological situation and trends of influenza, and has regularly assessed the risk of outbreak of novel influenza in Hong Kong.

The Administration also has established a mechanism to coordinate the health and medical research (including researches on flu vaccines) conducted by locally-based academics, researchers, and healthcare practitioners from the public and private sectors, where the funding applications for health and medical researches would be processed by the Health and Medical Research Fund.

(2) The Administration has promulgated the "Preparedness Plan for Influenza Pandemic 2012", which sets out the response measures under three response levels, namely Alert, Serious and Emergency. The plan is an updated version based mainly on the framework of the previous plan having regard to experience in recent years including the human swine influenza pandemic in 2009. The related expenditure is absorbed within existing resources.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0465)

Head: (37) Department of Health

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

Programme: (3) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160 (if applicable)

Question (Member Question No. 33):

Under this Programme, regarding the registration applications from healthcare professionals processed, please advise on the types and numbers of applications and the average processing time of each application. Besides, the number of applications in 2014 is expected to increase by 300 compared to 2013. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2013, the Department of Health processed about 5 200 applications for registration from healthcare professionals. The types and numbers of applications, and the average time required for approval are as follows:-

Healthcare Profession	**No. of applications for registration processed in 2013**	**Average time required for approval**
Chiropractors	13	2 - 3 months
Dental Hygienists (Enrolled)	23	1 – 2 months
Dentists	72	
- *Full registration*	*(59)*	2 - 3 weeks
- *Specialist registration*	*(13)*	2 - 3 months
Medical Practitioners	1 220	
- *Full registration*	*(274)*	1 day
- *Provisional registration*	*(299)*	2 - 3 weeks
- *Limited registration*	*(192)*	2 weeks
- *Temporary registration*	*(102)*	2 weeks
- *Specialist registration*	*(353)*	2 - 3 months
Midwives	94	1 week

Healthcare Profession	No. of applications for registration processed in 2013	Average time required for approval
Nurses (Registered and Enrolled)	2 479	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	164	1 week
Registered Chinese Medicine Practitioners	272	30 days
Supplementary Healthcare Profession Practitioners - *Medical Laboratory Technologists* - *Occupational Therapists* - *Optometrists* - *Physiotherapists* - *Radiographers*	868	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 205	

The registration applications have to be processed according to the legislations governing the respective healthcare professions, and to be approved by the relevant statutory boards/councils or registrars. The time required for granting approval for registration applications from different healthcare professions varies given the different approval procedures involved.

The department expects that there would be 5 500 registration applications in 2014, representing a 5.7% increase as compared with those of last year. The department will absorb the additional workload by flexible redeployment of manpower resources.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)216

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0466)

Head: (37) Department of Health

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

Programme: (4) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 35):

Under this Programme, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 139 in 2013. Please advise on the average number of inspections for each nursing home.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. In 2013, a total of 139 inspections to nursing homes were conducted. The average number of inspections for each nursing home is 2.5.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)217

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0467)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 34):

Under this Programme, the number of inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 126 in 2013. Please advise on the average number of inspections for each private hospital and maternity home.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. In 2013, a total of 126 inspections to private hospitals (including maternity homes) were conducted. The average number of inspections for each private hospital and maternity home is 6.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0468)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 36):

Under this Programme, the number of attendances for health assessment and medical consultation at Elderly Health Centres has remained unchanged for many years. Comparing the figure of 2013 to that of 2012, there was only an increase of 100. Has the Administration set any target for the service and what is the current waiting time?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The number of attendances for health assessment and medical consultation at Elderly Health Centres (EHCs) is determined by the service capacity of EHCs. The total number of enrolment for elderly health services was about 38 600 in 2013. The median waiting time for enrolling as member of an EHC varies between EHCs, ranging from 8.7 months to 28.6 months in 2013.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0469)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 37):

Under this Programme, attendances at health education activities organised by Elderly Health Centres and Visiting Health Teams in 2013 increased substantially as compared with that in 2012, and it is estimated that attendances in 2014 will remain at the same level as in 2013. Does the Administration have sufficient manpower to cope with the work? If no, will the Government allocate additional resources and manpower for the work? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Elderly Health Service, comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), was established in 1998 to provide primary healthcare services, especially preventive care services, for the elderly and their carers. Health education activities of various modalities, ranging from individual counselling to support groups and seminars are organised by EHCs and VHTs as appropriate. The target groups served by EHCs are elders aged 65 and above who have enrolled as members and their carers, whereas VHTs outreach to elders in the community and Residential Care Homes for the Elderly (RCHEs), and their carers. In order to cater for the growing ageing population as well as increasing training needs for carers working in RCHEs, more large-scale training activities were organised by VHTs in 2013, resulting in an increase of 2% in attendance in such health education activities.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0470)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 38):

Under this Programme, the number of laboratory tests relating to public health has been increasing substantially. In this regard, has the Department of Health earmarked sufficient resources, including manpower and resource arrangements, to meet the demand? If yes, what are the manpower and resources involved and the details? If no, what are the reasons?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health (DH) has reserved sufficient resources including manpower to ensure that the public health laboratory services are up to international standards and adequate to fulfill service demand. Moreover, the DH has been making use of advanced technology, automation, testing strategies and manpower deployment to increase the capacity in laboratory testing. A sum of $14.4 million is allocated in 2014-15 for acquisition/replacement of equipment to enhance laboratory testing services.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0471)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 39):

Under this Programme, regarding a pilot colorectal cancer screening programme, please advise on the subsidy targets of the programme, timetable, details of work, as well as the manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)222

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0472)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 40):

Under this Programme, regarding the launch of "Outreach Dental Care Programme for the Elderly" as a regular programme, please advise on the work progress, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up since and they provide basic dental services to about 62 000 elders in about 740 RCHEs and DEs. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the Outreach Pilot Project will be converted to a regular programme and renamed "the Outreach Dental Care Programme for the Elderly (ODCP)". We will introduce the following enhancements to the dental outreach services:

(a) increasing the block grant for each outreach dental team in the light of price increases in the past few years. This also helps the NGOs recruit more experienced dentists to undertake outreach dental work;
(b) expanding the scope of treatments and services to cover dental fillings, extractions, dentures, etc.; and
(c) strengthening the funding and logistical support for arranging escort services for elders to receive follow-up treatment at NGOs' clinics where necessary.

In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health (DH). We will also step up publicity to encourage more RCHEs / DEs to join the programme and enhance the awareness of eligible elders and their families about the outreach services available. Furthermore, we will develop a kit to enhance the capabilities of caregivers of RCHEs and DEs in attending to the daily oral care needs of these elders.

We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the ODCP.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0476)

Head: (37) Department of Health

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

Programme: (5) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 41):

Under this Programme, regarding the Elderly Health Care Voucher Scheme, please list out the types of services for which the health care vouchers are used since the launch of the Scheme. Will the Administration review the scope of application of the health care vouchers regularly and expand the scope of use for the benefit of more elderly people?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists.

Apart from converting the Scheme from a pilot project into a recurrent programme in 2014, the Government proposes to further increase the annual voucher amount from $1,000 to $2,000 this year. The Government will continue to monitor the scheme operation and feedback from elders and healthcare service providers and consider introducing enhancements as appropriate.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0477)

Head: (37) Department of Health

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

Programme: (6) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 42):

Under this Programme, regarding the incorporation of varicella vaccine into the Hong Kong Childhood Immunisation Programme, please advise on the work plan, timetable, details of work, manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHC) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one.

The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014. Taking reference to the registered live birth statistics of 2013, it is estimated that around 58 000 newborns will be eligible to receive varicella vaccine in the first 12 months of implementation.

A provision of $9.2 million to cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2318)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161

Question (Member Question No. 49):

Under this Programme, as regards enhancing the regulation of healthcare institutions and supporting private hospital development via licensing, enforcement, surveillance, quality assurance and legislative review, please set out specifically the progress and details of work, as well as the manpower and estimated expenditure involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. The COP covers requirements on areas including organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services.

In response to the recommendations of the Audit Commission on the regulatory control of private hospitals and land grants for development of private hospitals, DH has stepped up monitoring compliance with the Ordinance, the COP and land grant conditions by private hospitals. DH is also assisting the Food and Health Bureau in the review of the regulatory control of private healthcare facilities, including the work of the Steering Committee on Review of the Regulation of Private Healthcare Facilities and its working groups.

In 2014-15, an additional provision of $16.4 million has been earmarked for the creation of 12 posts and related operating expenses to enhance the regulatory control of healthcare institutions and to support private hospital development via licensing, enforcement, surveillance, quality assurance and review.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2319)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 169 (if applicable)

Question (Member Question No. 50):

Under this Programme, there will be an increase of 22 posts in the Department of Health in 2014-15. Please advise on the nature, ranks, remunerations and job nature of the posts involved.

Asked by: Hon. LEE Kok-long, Joseph

Reply:

Details of the increase of 22 posts under this Programme are at the **Annex**.

Annex

Posts to be created in 2014-15 under Programme (1) – Statutory Functions

	Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
	Senior Medical and Health Officer	3	3,461,400
	Medical and Health Officer	3	2,646,900
	Senior Nursing Officer	1	772,920
	Nursing Officer	1	593,940
	Registered Nurse	1	374,400
	Scientific Officer (Medical)	1	772,920
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Sub-total :	***12***	***9,427,380***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
	Scientific Officer (Medical)	1	772,920
	Sub-total :	***1***	***772,920***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
	Pharmacist	6	4,637,520
	Scientific Officer (Medical)	3	2,318,760
	Sub-total :	***9***	***6,956,280***
	Total:	***22***	***17,156,580***

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2321)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 51):

Under this Programme, appointment time for new dermatology cases within 12 weeks is 55% and 53% respectively in the past two years, which is far below the target of 90%. Please explain in detail the reasons for failing to achieve the target. Has the Administration reserved sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency and to meet demands? If yes, what are the manpower and resources involved in the measures and what are the details?

Asked by: Hon. LEE Kok-long, Joseph

Reply:

The median waiting time for new dermatology appointment was less than 12 weeks. The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also 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.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)228

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3051)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 31):

In order to have an understanding of the support on the part of the Government for children with special education needs (learning diversity), please advise on:

(a) the Department of Health's current manpower deployment for the assessment service for children with learning diversity;
(b) the yearly average number of children served by the assessment service for children with learning diversity currently;
(c) in 2010-11 to 2012-13, the average waiting time for use of the assessment service for children with learning diversity;
(d) in 2010-11 to 2012-13, the mean age of the user of the assessment service for children with learning diversity;
(e) the number of school children with learning diversity in Hong Kong currently?.

Asked by: Hon. LEE Wai-king, Starry

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) provides comprehensive assessment, diagnosis, formulation of rehabilitation plan, interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age suspected to have developmental problems and special education needs. 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.

The numbers of staff deployed for these duties as at 1 March 2014 are 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	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5

Grades	*Number of posts*
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**135**

(b) In 2013, a total of 21 165 children were served by the six child assessment centres operated by the DH. Most of these children have special education needs.

(c) Nearly all new cases were seen within three weeks in the past three financial years from 2010-11 to 2012-13. Assessment for nearly 90% of newly registered cases was completed within six months in the above period. Statistics on the average waiting time for assessment by child assessment centres are not readily available.

(d) Statistics on the mean age of the users of the assessment service for children with special education needs are not readily available.

(e) CAS does not have the number of school children with special education needs in Hong Kong.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3212)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165

Question (Member Question No. 39):

At present, the Government focuses its efforts on providing emergency dental services for the public. Free emergency dental treatments are provided by the Department of Health through 11 government dental clinics. Dental services at "General Public Sessions" cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. Would the Government advise on:

(1) the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation, the main services provided and the average cost per attendance of each dental clinic in the past year;

(2) whether it will review the actual public demand for dental services and consider extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics in the light of the review results in 2014-15? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEE Wai-king, Starry

Reply:

(1) Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The scope of service includes treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction. The dentists also give professional advice with regard to the individual needs of patients.

In the financial year 2013-14, the number of service sessions, maximum numbers of disc allocated per GP session and number of attendances at GP sessions per clinic were as follows:

Dental clinic with GP sessions	**Service session**	**2013-14** ***(as at January 2014)***		
		No. of service sessions	**Max. no. of discs allocated per session**	**No. of attendances**
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	20	84	2 473
	Thursday (AM)	21	42	

Dental clinic with GP sessions	Service session	2013-14 *(as at January 2014)*		
		No. of service sessions	**Max. no. of discs allocated per session**	**No. of attendances**
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)	20	84	1 863
	Thursday (AM)	21	42	
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	38	84	3 128
Kennedy Town Community Complex Dental Clinic	Monday (AM)	40	84	4 529
	Friday (AM)	41	84	
Fanling Health Centre Dental Clinic	Tuesday (AM)	43	50	1 945
Mona Fong Dental Clinic	Thursday (PM)	41	42	1 613
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	41	42	1 631
Tsuen Wan Dental Clinic	Tuesday (AM)	43	84	6 683
	Friday (AM)	41	84	
Yan Oi Dental Clinic	Wednesday (AM)	38	42	1 570
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	43	42	3 285
	Friday (AM)	37	42	
Tai O Dental Clinic	2nd Thursday (AM) of each month	10	32	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	10	32	212

The "AM" service session of GP sessions refers to 9:00 am to 1:00 pm, and "PM" service session refers to 2:00 pm to 5:00 pm. We do not have the average time per consultation. Patients holding discs for a particular GP session will be seen by dentists in the clinic during that session.

The expenditures incurred for the operation of the GP sessions are absorbed within the provision for dental services under Programme (4), hence breakdowns of the expenditures are not available. Figure on the average cost of service per attendance of each dental clinic is also not available.

(2) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The DH has been allocating resources primarily to promotion and preventive efforts.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual

expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)230

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2428)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 127 Page 46 (if applicable)

Question (Member Question No. 101):

It is stated in paragraph 127 of the Budget Speech that "In the coming five years, Government will allocate additional funding of over $420 million for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups."

Would the Administration please state clearly:

(1) What are the proposed screening methods, target age groups and number of participants (male and female)
of the pilot programme? Which institution will be responsible for the implementation?

(2) On what criteria are subject groups of the pilot programme selected? In what ways are the target groups recruited?

(3) If the preliminary test result is positive, under what circumstances will the subject be recommended for a more precise / comprehensive examination, such as colonoscopy / sigmoidoscopy? Which institution will conduct such examination? Will the Government subsidise the necessary costs?

(4) Please list out in detail the allocation mode of the funding of $420 million, including administration costs, expenditures on apparatus and appliances, outsourced services (if any) by year.

(5) What are the costs in respect of combinations of the various screening methods and different ranges of age groups? Please provide the information in the following table form:

Range of age groups	Number of subjects	Screening method	Cost per case	Total cost

(6) If it is promoted as a population-based screening, what will be the costs? Please provide the information in the preceding table form.

(7) Will the screening adopt a public-private-partnership mode?

Asked by: Hon. LEUNG Ka-lau

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million

for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2432)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 21):

Would the Administration please set out in detail, by types of sexually transmitted infections (STIs), the number of attendances at social hygiene clinics of the Department of Health, the number/percentage/mean age of male and female attendees and the unit cost of treatment for 2009-10 to 2013-14?

Types of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Cost of treatment

Asked by: Hon. LEUNG Ka-lau

Reply:

The numbers of attendances at the social hygiene clinics under the Department of Health (DH) over the past five calendar years are appended below –

Year	**Number of attendances***	
2009	98 428	(71:29)
2010	86 072	(68:32)
2011	79 818	(67:33)
2012	84 287	(69:31)
2013	88 066	(71:29)

* The figures in brackets refer to the male:female ratio of the attendances.

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the five most common sexually transmitted infections (STIs) newly diagnosed/captured in the social hygiene clinics. The number of new diagnoses of these five STIs and other STIs over the past five calendar years are appended below –

Year	NGU/NSGI	GW	GC	Syphilis	GH	Other STIs	Total*
2009	6 928 (57:43)	2 140 (73:27)	1 401 (90:10)	1 024 (56:44)	603 (69:31)	1 593	13 689 (59:41)
2010	6 338 (53:47)	1 771 (71:29)	968 (88:12)	1 032 (51:49)	594 (69:31)	1 641	12 344 (55:45)
2011	5 805 (59:41)	1 677 (70:30)	1 202 (89:11)	989 (54:46)	583 (70:30)	1 524	11 780 (59:41)
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)

* The figures in brackets refer to the male:female ratio of the new diagnoses.

The DH does not compile statistics on the mean age of attendees for individual STIs and the average unit cost for treating each type of STI.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)232

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2433)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169

Question (Member Question No. 22):

The Administration's financial provision includes "meeting claims under subsidised vaccination schemes". Regarding the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children, please list out the following information of the two vaccination programmes in 2012-13, 2013-14 and 2014-15(estimate) respectively:

(a) the number of participating elders, its percentage in the number of eligible persons, and the amount of subsidy claims;

(b) the number of participating young children, its percentage in the number of eligible persons, and the amount of subsidy claims; and

(c) the number of participating doctors.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Department of Health (DH) has been administering the following vaccination programme/schemes to provide pneumococcal and influenza vaccination to eligible elders and children –

- Government Vaccination Programme (GVP), which provides free influenza vaccination to eligible target groups and free pneumococcal vaccination to eligible elders aged 65 or above;

- Childhood Influenza Vaccination Subsidy Scheme (CIVSS), which provides subsidised influenza vaccination for children between the age of six months to less than six years;

- Elderly Vaccination Subsidy Scheme (EVSS), which provides subsidised influenza and pneumococcal vaccination to elderly aged 65 or above; and

- The Childhood 13-valent Pneumococcal Conjugate Vaccine (PCV13) Booster Vaccination Programme, which commenced on 2 December 2013 by phases and will be completed on 30 June 2014. The programme provides a choice for Hong Kong residents aged from two to under five years old (i.e. born on or after 26 November 2008) who have never received PCV13 to receive one dose of PCV13 for personal protection if considered necessary.

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

Annex

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/scheme	2011-12			2012-13			2013-14 (as at 16 Mar 2014)		
		No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group	No. of recipients	Subsidy Paid ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 6 years	GVP	2 700	Not applicable	9.7%	2 700	Not applicable	12.5%	2 600	Not applicable	12.7%
	CIVSS	43 700	3.5		60 400	7.9		60 800	7.9	
Elderly aged 65 or above	GVP	176 500	Not applicable	31.7%	180 500	Not applicable	32.8%	171 200	Not applicable	31.9%
	EVSS	120 900	15.7		141 700	18.4		156 600	20.4	
Total:		**343 800**	**19.2**		**385 300**	**26.3**		**391 200**	**28.3**	-

Pneumococcal vaccination for the elderly under GVP and EVSS

Target groups	Vaccination programme/scheme	2011-12			2012-13			2013-14 (as at 16 Mar 2014)		
		No. of recipients^	**Subsidy Paid ($ million)**	**Percentage of population in the age group▵**	**No. of recipients^**	**Subsidy Paid ($ million)**	**Percentage of population in the age group▵**	**No. of recipients^**	**Subsidy Paid ($ million)**	**Percentage of population in the age group△**
Elderly aged 65 or above*	GVP	15 000	Not applicable	38.6%	13 000	Not applicable	40%	12 300	Not applicable	41.4%
	EVSS	14 000	2.7		18 000	3.4		19 400	3.7	
Total:		**29 000**	**2.7**		**31 000**	**3.4**		**31 700**	**3.7**	

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

^ Refers to new recipients only.

▵Based on the accumulated number of recipients

The Department of Health has reserved $28.9 million for CIVSS and $67.9 million for EVSS to meet the subsidy payments for 2014-15. Out of the $67.9 million under EVSS, $3.9 million is reserved for subsidy payments of pneumococcal vaccination.

Childhood PCV13 Booster Vaccination Programme(the Programme) ※

	No. of recipients (as at 17 Mar 2014)	**Percentage of population in the age group**
Eligible paediatric patients receiving vaccination at Hospital Authority institutions	326	
Eligible children receiving vaccination at Maternal and Child Health Centres	1 163	
Eligible children receiving vaccination at enrolled private doctors under Childhood Vaccination Subsidy Scheme (PCV13 booster)	17 855	
Total:	**19 344**	**18.5%[##]**

※The Programme commenced on 2 December 2013 by phases and will be completed on 30 June 2014.

Since 13 December 2013, the Childhood Vaccination Subsidy Scheme (PCV13 booster), being part of the Programme, also commenced to provide eligible children with one subsidised dose of PCV13 from enrolled private doctors. Free vaccine is provided to the doctor's clinics and an injection fee of $50 for each dose of PCV13 given to eligible children will be reimbursed to the doctors through the e-Health System.

As at 17 March 2014, the cost of all PCV13 used under the Programme amounted to $6.5 million and the subsidies for private doctors amounted to $0.9 million.

[##]Some children received the PCV13 supplementary dose in private sector not covered by the scheme. As such, the actual coverage should be higher. It also does not reflect the overall coverage of PCV13 vaccination in the Childhood Immunisation Programme.

Total number of private doctors enrolled under CIVSS, EVSS and Childhood Vaccination Subsidy Scheme (PCV13 booster)

	2012-13 (as at 31 March 2013)	**2013-14 (as at 16 March 2014)**	**2014-15 (Estimate)**
Number of enrolled private doctors	1 620	1 633	1 600

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)233

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2434)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160

Question (Member Question No. 23)

The Department of Health (DH) states that the targets of the frequency of inspections of private hospitals (including maternity homes) and nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance are not less than twice a year and not less than once a year respectively. Please set out in detail in 2013-14:

(a) the breakdown and numbers of inspections of private hospitals, maternity homes and nursing homes conducted by DH; and

(b) the key areas and criteria for inspections, record method and manpower involved in the inspections.

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), the Department of Health (DH) registers private hospitals, nursing homes and maternity homes, subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (COP) which sets out the standards of good practice, with a view to enhancing patient safety and quality of service. In addition, DH conducts inspections to private hospitals, nursing homes and maternity homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and sentinel events. In 2013, the numbers of inspections to private hospitals (including maternity homes) and nursing homes are provided below:

	Number of inspections in 2013
Private hospitals (including maternity homes)	126
Nursing Homes	139

(b) The Office for Registration of Healthcare Institutions of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections to ensure compliance with the Ordinance and the COP. The key areas for inspections would be those covered by the Ordinance and the COP, which include organisation and administration of the institution, accommodation and equipment, human resources management, quality management of services, policies and procedures, rights of patients, patient care, risk management, medical records, reporting of incidents and standards on specific types of clinical services and support services. The findings will be documented in inspection and investigation reports. In 2013-14, the number of posts involved in the enforcement of the Ordinance is 17.5.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. **FHB(H)234**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2653)

Head: (37) Department of Health

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

Programme: (1) Statutory Function

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169 (if applicable)

Question(Member Question No. 27):

An additional provision for 2014-15 is required by the Department of Health for "enhancing the regulation of healthcare institutions and supporting development of private healthcare services", "running of one additional licensing examination of the Medical Council" and "an increase of 22 posts to meet operational needs". Please set out the estimated manpower and expenditure involved as well as the ranks and number of the additional posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

The additional manpower and provision for "enhancing the regulation of healthcare institutions and supporting development of private healthcare services" and "running of one additional licensing examination of the Medical Council" in 2014-15 are as follows-

	No. of posts	2014-15 Estimate $ million
Enhancing the regulation of healthcare institutions and supporting development of private healthcare services	12 (see **Annex**)	16.4
Running of one additional licensing examination of the Medical Council	0 (to be absorbed within existing manpower)	6.9

Details of the increase of 22 posts under this Programme are at **Annex**.

Annex

Posts proposed to be created in 2014-2015 under Programme (1) – Statutory Functions

	Rank	No. of posts to be created	Annual recurrent cost of civil service post ($)
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
	Senior Medical and Health Officer	3	3,461,400
	Medical and Health Officer	3	2,646,900
	Senior Nursing Officer	1	772,920
	Nursing Officer	1	593,940
	Registered Nurse	1	374,400
	Scientific Officer (Medical)	1	772,920
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Sub-total :	***12***	***9,427,380***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
	Scientific Officer (Medical)	1	772,920
	Sub-total :	***1***	***772,920***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
	Pharmacist	6	4,637,520
	Scientific Officer (Medical)	3	2,318,760
	Sub-total :	***9***	***6,956,280***
	Total:	***22***	***17,156,580***

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)235

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2654)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 168 (if applicable)

Question (Member Question No. 29):

The Department of Health (DH) estimates that it has to manage 1 912 civil servants working in the Hospital Authority (HA) in 2014. Please:

(a) list out DH's expenditure involved in related management work as well as the number and ranks of the staff concerned;

(b) list out in the table below the ranks and expenditure on remunerations (including basic salaries, allowances, contributions for retirement schemes and other benefits) for the above civil servants working in HA:

	Number of staff	Expenditure on remunerations
list out by different ranks		

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) The provision for the personnel management of civil servants working in HA in 2014-15 is $8.2 million. The number of staff responsible for this programme is 22, comprising 20 administration staff in Hospital Staff Unit (HSU) and two staff in Department of Health headquarters who indirectly provide support to this programme. The establishment in HSU is as follows-

Rank	Number
Senior Executive Officer	1
Executive Officer I	1
Senior Clerical Officer	2
Clerical Officer	4
Assistant Clerical Officer	7
Clerical Assistant	4
Office Assistant	1
Total	20

(b) Expenditure on the salaries and allowances of civil servants working in HA is fully reimbursed by HA. In the 2014-15 Estimates, gross provision of $956 million is shown under Subhead 003 Recoverable salaries and allowances, a breakdown of which is at **Annex**.

Annex

Breakdown of Gross Provision under Subhead 003 Recoverable salaries and allowances for Civil Servants Working in the Hospital Authority in 2014-15

GRADE	**Number of staff (as at 1.4.2014)**	**Gross Provision ($'000)**
Medical & Health Officer Grades	90	108,828
Nursing & Allied Grades	855	498,372
Supplementary Medical Grades	424	231,048
Hospital Administrator Grade	13	11,544
Other Departmental Grades	253	59,748
Model Scale I Grades	275	45,084
General Grades	2	540
TOTAL	**1 912**	**955,164**
Round up to		**956,000**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2655)

Head: (37) Department of Health

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

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 30):

It is planned that there will be an increase of 117 non-directorate posts in the Department of Health in 2014-15. Please advise on the ranks, remunerations and duties of these posts.

Asked by: Hon. LEUNG Ka-lau

Reply:

There will be a net increase of 117 posts in the Department of Health in 2014-15. Details of these posts are at the **Annex**.

Annex

Proposed Creation and Deletion of Posts in Department of Health in 2014-15

Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
Programme (1) – Statutory Functions		
(a) Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services		
Senior Medical and Health Officer	3	3,461,400
Medical and Health Officer	3	2,646,900
Senior Nursing Officer	1	772,920
Nursing Officer	1	593,940
Registered Nurse	1	374,400
Scientific Officer (Medical)	1	772,920
Executive Officer II	1	411,780
Accounting Officer II	1	393,120
Sub-total :	***12***	***9,427,380***
(b) Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)		
Scientific Officer (Medical)	1	772,920
Sub-total :	***1***	***772,920***
(c) Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division		
Pharmacist	6	4,637,520
Scientific Officer (Medical)	3	2,318,760
Sub-total :	***9***	***6,956,280***
Total (Programme (1)) :	***22***	***17,156,580***
Programme (2) – Disease Prevention		
(a) Establishing a team to support the operation of the new Clinical Information Management System (time-limited for five years from 2014-15 to 2018-19)		
Medical and Health Officer	2	1,764,600
Senior Systems Manager	1	1,153,800
Systems Manager	4	3,383,520
Analyst/Programmer I	2	1,243,800
Analyst/Programmer II	10	4,117,800
Executive Officer II	1	411,780
Sub-total :	***20***	***12,075,300***

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(b)	Launching the "Outreach Dental Care Programme for the Elderly"as a regular programme		
	Senior Dental Officer	1	1,153,800
	Dental Officer	1	808,440
	Senior Executive Officer	1	845,880
	Executive Officer II	1	411,780
	Accounting Officer II	1	393,120
	Assistant Clerical Officer	1	222,420
	Sub-total	***6***	***3,835,440***
(c)	Developing a pilot colorectal cancer screening programme for persons at specific ages (time-limited for five years from 2014-15 to 2018-19)		
	Senior Medical and Health Officer	1	1,153,800
	Medical and Health Officer	2	1,764,600
	Nursing Officer	2	1,187,880
	Registered Nurse	1	374,400
	Treasury Accountant	1	808,440
	Statistical Officer I	1	472,140
	Sub-total :	***8***	***5,761,260***
(d)	Enhancing the services of the Elderly Health Centres		
	Medical and Health Officer	1	882,300
	Nursing Officer	1	593,940
	Registered Nurse	2	748,800
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Sub-total :	***6***	***2,620,980***
(e)	Conversion of non-civil service contract positions to civil service posts for rationalising the administrative support to the Elderly Health Care Voucher Scheme		
	Executive Officer I	1	621,900
	Executive Officer II	2	823,560
	Assistant Clerical Officer	2	444,840
	Clerical Assistant	2	347,040
	Sub-total :	***7***	***2,237,340***
(f)	Conversion of non-civil service contract position to civil service post for managing and steering development and maintenance of computer systems of the Department		
	Senior Systems Manager	1	1,153,800
	Sub-total :	**1**	**1,153,800**

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(g)	Lapse of time-limited posts for development of electronic health records		
	Medical and Health Officer	-1	-882,300
	Senior Systems Manager	-1	-1,153,800
	Systems Manager	-2	-1,691,760
	Analyst/Programmer I	-2	-1,243,800
	Analyst/Programmer II	-2	-823,560
	Sub-total :	***-8***	***-5,795,220***
	Total (Programme (2)) :	***40***	***21,888,900***
	Programme (7)– Medical and Dental Treatment for Civil Servants		
(a)	Enhancing the dental services for civil service eligible persons		
	Senior Dental Officer	1	1,153,800
	Dental Officer	9	7,275,960
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	10	2,508,600
	Dental Hygienist	1	265,980
	Laboratory Attendant	1	184,920
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	3	520,560
	Workman II	3	413,820
	Sub-total :	***30***	***12,939,180***
(b)	Strengthening administrative support for families clinics and planning of clinic projects under Programme (7)		
	Executive Officer I	1	621,900
	Hospital Administrator II	1	393,120
	Sub-total :	***2***	***1,015,020***
(c)	Providing dedicated oral-maxillofacial and dental surgery services for civil service eligible persons		
	Senior Dental Officer	4	4,615,200
	Senior Dental Surgery Assistant	2	786,240
	Dental Surgery Assistant	2	501,720
	Clerical Officer	1	356,640
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***12***	***6,793,680***
(d)	Expanding the dental clinic at Kwun Tong Jockey Club Clinic upon its reprovisioning		
	Senior Dental Officer	1	1,153,800

	Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
	Dental Officer	3	2,425,320
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	3	752,580
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***11***	***5,258,700***
	Total (Programme (7)) :	***55***	***26,006,580***
	Posts supporting more than one programme		
(a)	Strengthening the support on supplies related matters		
	Chief Supplies Officer	1	960,000
	Senior Supplies Officer	-1	-772,920
	Supplies Officer	1	593,940
	Property Attendant	-1	-149,340
	Sub-total :	***0***	***631,680***
	Total (Across Programmes) :	***0***	***631,680***
Total (Overall) :		***117***	***65,683,740***

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2656)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 31):

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 55% and 53% in 2012 and 2013 respectively and it is expected that the percentage will remain at 53% in 2014. Meanwhile, the attendances at dermatology outpatient clinics were 242 500 in both 2012 and 2013. It is now expected that the figure in the coming year will remain unchanged. In this connection, would the authority concerned advise on the following:

(a) the resources allocated to dermatology specialised service by DH in 2012-13, 2013-14 and the resources to be allocated in 2014-15(estimate);

(b) in view of the fact that the actual percentages have been persistently lower than the target of "appointment time for new dermatology cases within 12 weeks (% of cases)" for years, does the Government have any improvement measures? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. LEUNG Ka-lau

Reply:

(a) Expenditures/provisions for dermatology specialised service provided by the Department of Health (DH) in 2012-13, 2013-14 and 2014-15 are as follows -

	$ million
2012-13 (Actual):	122.2
2013-14 (Revised Estimate):	122.2
2014-15 (Estimate):	127.5

(b) The median waiting time for new dermatology appointment was less than 12 weeks. The DH was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. DH endeavours to fill vacancies arising from staff departure through recruitment of new doctors and internal deployment within DH. Dermatology clinics have also 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.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2657)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 114):

Under Programme (1) Statutory Functions, the revised provision for 2013-14 of the Department of Health was 8.9% lower than the original estimate for 2013-14. What are the reasons for that? Please set out in detail the major revisions in the revised estimate and state the impacts on services and manpower.

Asked by: Hon. LEUNG Ka-lau

Reply:

The revised estimate for 2013-14 is 8.9% lower than the original estimate. This is mainly due to the re-scheduling of the replacement of the thermoluminescent dosimetry system, upgrading of the standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units under Capital Account. The revision has no impact on the services or manpower of the Department of Health.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)239

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2658)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 161 (if applicable)

Question (Member Question No. 115):

Under Programme (2) Disease Prevention, the provision for the subvented sector in 2014-15 increased by 49.6% as compared with 2013-14. What are the reasons for that? Please set out in detail the names of the subvented organisations and the amount of provision for 2013-14 and 2014-15 respectively.

Asked by: Hon. LEUNG Ka-lau

Reply:

Apart from providing subvention to the family planning services provided by the Family Planning Association of Hong Kong, to facilitate early identification of risk factors and health problems of elderly people as well as promote healthy ageing, the Government has also launched the "Elderly Health Assessment Pilot Programme" (EHAPP) in collaboration with nine non-governmental organisations (NGOs) since July 2013 by providing voluntary, protocol-based and subsidised health assessment to 10 000 elderly people aged 70 or above over a period of two years. In addition, provision has been included in 2014-15 for engaging NGOs to launch the "Outreach Dental Care Programme for the Elderly" (ODCP). The increase in the provision in 2014-15 under this programme area is mainly due to an increase in the subvention to the EHAPP and the additional provision for launching the ODCP. The respective amounts of subvention under this programme in 2013-14 and 2014-15 are set out below:

	2013-14 Revised Estimate ($ million)	2014-15 Draft Estimate ($ million)
(A) Family Planning Services Family Planning Association of Hong Kong	46.7	46.2
(B) EHAPP*	2.3	7.2
(C) ODCP[@]	-	19.9
Total	49.0	73.3

* The EHAPP covers the period from July 2013 to July 2015. A breakdown of estimated funding grants to the NGOs is at Annex.

[@] NGOs will be invited to participate in the ODCP to be launched in 2014.

Annex

Breakdown of estimated funding grants to the Non-governmental organisations for implementing the Elderly Health Assessment Pilot Programme (based on a subsidy of $1,200 per elder)#

Name of Non-governmental Organisations	2013-14 Revised Estimate ($)	2014-15 Draft Estimate ($)
Evangel Hospital	228,000	720,000
United Christian Nethersole Community Health Service	969,000	3,060,000
Chai Wan Baptist Church Community Health Centre Limited	114,000	360,000
Po Leung Kuk	114,000	360,000
The Lok Sin Tong Benevolent Society, Kowloon	85,500	270,000
Hong Kong Sheng Kung Hui Welfare Council	513,000	1,620,000
Tung Wah Group of Hospitals	57,000	180,000
Sik Sik Yuen	57,000	180,000
Haven of Hope Christian Service	142,500	450,000
Total :	2,280,000 (Round up to : $2.3 million)	7,200,000

The Government has earmarked a sum of $12 million for the EHAPP. The payment to NGOs will be made in 2013-14, 2014-15 and 2015-16.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2689)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 160 (if applicable)

Question (Member Question No. 202):

Regarding "inspection of licensed retail drug premises" under the "performance indicators" of the Department of Health, please set out the types of non-compliance, manpower, expenditure involved in the inspection work as well as the number and types of prosecutions and successful prosecutions in 2012-13 and 2013-14.

Asked by: Hon. LEUNG Ka-lau

Reply:

The Drug Office of the Department of Health conducts surprise inspections of licensed drug retailers regularly to ensure their compliance with the relevant legislation, including the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), Antibiotics Ordinance (Cap. 137) (ABO) and Dangerous Drugs Ordinance (Cap. 134) (DDO). Since the manpower and expenditure required for the above inspections have been absorbed within the overall provision of the Drug Office, breakdowns of manpower and expenditure are not available.

The enforcement figures in 2012-13 and 2013-14 are as follows:-

	2012-13	2013-14 (up to February 2014)
No. of inspections of licensed drug retailers	8 631	8 388
No. of licensed drug retailers prosecuted	40	22
No. of licensed drug retailers convicted by type of offences: *		
(a) convicted for offences under the PPO, e.g. illegal sale of prescription medicine, illegal sale of Part I poisons, sale of unregistered pharmaceutical products	28 (One of which also involved an offence under the ABO)	22 (Four of which also involved offences under the ABO)
(b) convicted for offences under the ABO, e.g. illegal sale and possession of antibiotics	4 (One of which also involved an offence under the PPO)	9 (Four of which also involved an offence under the PPO)

	2012-13	2013-14 (up to February 2014)
(c) convicted for offences under the DDO	0	0

* Due to the lead time between prosecution and conviction, the two events may not take place in the same financial year. As such, the total number of convictions in a financial year may not be same as the total number of cases prosecuted in that financial year.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2460)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 425):

The estimated provisions of the dental clinics in Hong Kong in 2014-15, and set out the expenditures of the following dental clinics.

Kowloon City Dental Clinic
Ha Kwai Chung Government Dental Clinic
Tai Po Wong Siu Ching Dental Clinic
Tai O Dental Clinic
Yan Oi Dental Clinic
Yuen Long Jockey Club Dental Clinic
Madam Yung Fung Shee Dental Clinic
Pamela Youde Government Dental Clinic
Tuen Mun Hospital Oral Maxillofacial Surgery & Dental Unit
Sai Kung Mona Fong Dental Clinic
North District Hospital Oral Maxillofacial Surgery & Dental Unit
Queen Elizabeth Hospital Oral Maxillofacial Surgery & Dental Unit
Western Dental Clinic
Sai Ying Pun Dental Clinic 8/F
Sai Ying Pun Dental Clinic 3/F
Li Po Chun Dental Clinic
Tung Chung Dental Clinic
Pamela Youde Nethersole Eastern Hospital Oral Maxillofacial Surgery & Dental Unit
Yau Ma Tei Jockey Club Dental Clinic 6/F
Yau Ma Tei Jockey Club Dental Clinic 7/F
Queensway Government Offices Dental Clinic
Cheung Sha Wan Government Offices Dental Clinic

Cheung Chau Dental Clinic

Castle Peak Hospital Dental Clinic

Prince of Wales Hospital Oral Maxillofacial Surgery & Dental Unit

Aberdeen Jockey Club Dental Clinic

Hong Kong Police College Dental Clinic

Chai Wan Government Dental Clinic

Harbour Building Dental Clinic

Harbour Building Orthodontic Clinic

Fanling Health Centre Dental Clinic

Tsuen Wan Dental Clinic

Tsuen Wan Government Offices Dental Clinic

Ma On Shan Dental Clinic

Victoria Road Dental Clinic

Kennedy Town Community Complex Dental Clinic

Tseung Kwan O Dental Clinic

MacLehose Dental Centre 2/F

MacLehose Dental Centre 6/F

Kwai Chung Hospital Dental Clinic

Princess Margaret Hospital Oral Maxillofacial Surgery & Dental Unit

Queen Mary Hospital Oral Maxillofacial Surgery & Dental Unit

Tang Shiu Kin Dental Clinic

Wanchai Dental Clinic

Kwun Tong Yung Fung Shee Dental Clinic

Kwun Tong Jockey Club Dental Clinic

Asked by: Hon. LEUNG Kwok-hung

Reply:

Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In addition, specialist oral maxillofacial surgery and dental treatment are provided by the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of DH in seven public hospitals for the referred hospital patients, patients with special oral health care needs and dental emergency. The 11 government dental clinics with GP sessions are listed below-

1. Kowloon City Dental Clinic (commences GP sessions with effect from 2 September 2013) *(*)*
2. Kwun Tong Jockey Club Dental Clinic
3. Kennedy Town Community Complex Dental Clinic
4. Fanling Health Centre Dental Clinic
5. Mona Fong Dental Clinic
6. Tai Po Wong Siu Ching Dental Clinic
7. Tsuen Wan Dental Clinic
8. Yan Oi Dental Clinic
9. Yuen Long Jockey Club Dental Clinic
10. Tai O Dental Clinic
11. Cheung Chau Dental Clinic

(*) Before 2 September 2013, GP sessions were provided at Lee Kee Government Dental Clinic which was closed on 30 August 2013.

The expenditures of the 11 government dental clinics with GP sessions and the seven OMS&DUs have been absorbed within the provisions for dental services under Programme (4), hence breakdowns of the expenditures are not available. In financial year 2014-15, the provision for dental services under Programme (4) is $56.2 million.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)242

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2461)

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 173 (if applicable)

Question (Member Question No. 426):

What are the provisions earmarked for the salaries of Director of Health, Deputy Director of Health and Consultant in-charge of Dental Service respectively in 2014-15?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The provisions earmarked for the salaries of Director of Health, Deputy Director of Health and Consultant in-charge of Dental Service calculated on the basis of the respective notional annual mid-point salary values are $2,495,400, $2,019,000 and $1,904,564 respectively in 2014-15.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)243

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2462)

Head: (37) Department of Health

Subhead(No. & title): (000) Operational expenses

Programme: (-) Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 173 (if applicable)

Question(Member Question No. 427):

What are the estimated provisions for Health Care Voucher Unit, Primary Care Office, Chinese Medicine Division and Public Health Services Branch in 2014-15?

Asked by: Hon. LEUNG Kwok-hung

Reply:

The provisions for Health Care Voucher Unit, Primary Care Office, Chinese Medicine Division and Public Health Services Branch in 2014-15 are as follows-

	Amount $ million
Health Care Voucher Unit	856.0
Primary Care Office	88.0
Chinese Medicine Division	118.0
Public Health Services Branch	736.7

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0181)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165

Question (Member Question No. 22):

1. Please list out by dental clinics with general public sessions (GP sessions) the number of attendances, maximum number of discs allocated, the expenditure and number of healthcare staff involved (including dentists and surgery assistants) for the past three financial years (i.e. 2011-12 to 2013-14).

2. Please list out by dental clinics with general public sessions (GP sessions) the number of patients attending GP sessions for the first time and attending several times and the number of cross-district patients for the past three financial years (i.e. 2011-12 to 2013-14).

3. Has the Government considered setting up additional dental clinics with GP sessions in various districts of Hong Kong or providing additional resources to enhance the quality and quantity of the existing services of dental clinics with GP sessions? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2011-12, 2012-13 and 2013-14, the numbers of attendances at GP sessions for each clinic are as follows:

<table>
<tr><th rowspan="2">Dental clinic with GP sessions</th><th rowspan="2">Service session</th><th colspan="3">No. of attendances</th></tr>
<tr><th>2011-12</th><th>2012-13</th><th>2013-14
(as at January 2014)</th></tr>
<tr><td rowspan="2">Lee Kee Government Dental Clinic
(closed on 30.8.2013)</td><td>Monday (AM)</td><td rowspan="2">5 398</td><td rowspan="2">5 779</td><td rowspan="2">2 473</td></tr>
<tr><td>Thursday (AM)</td></tr>
<tr><td rowspan="2">Kowloon City Dental Clinic
(commences GP sessions with effect from 2.9.2013)</td><td>Monday (AM)</td><td></td><td></td><td rowspan="2">1 863</td></tr>
<tr><td>Thursday (AM)</td><td></td><td></td></tr>
<tr><td>Kwun Tong Jockey Club Dental Clinic</td><td>Wednesday (AM)</td><td>4 038</td><td>4 021</td><td>3 128</td></tr>
</table>

Dental clinic with GP sessions	Service session	No. of attendances		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Kennedy Town Community Complex Dental Clinic	Monday (AM)	5 060	5 194	4 529
	Friday (AM)			
Fanling Health Centre Dental Clinic	Tuesday (AM)	2 138	2 128	1 945
Mona Fong Dental Clinic	Thursday (PM)	1 985	1 985	1 613
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	1 989	2 046	1 631
Tsuen Wan Dental Clinic	Tuesday (AM)	7 895	7 784	6 683
	Friday (AM)			
Yan Oi Dental Clinic	Wednesday (AM)	2 083	2 033	1 570
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	3 920	3 833	3 285
	Friday (AM)			
Tai O Dental Clinic	2nd Thursday (AM) of each month	130	146	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	250	230	212

In the financial years 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42
	Friday (AM)	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32

The expenditures incurred for the operation of the GP sessions are absorbed within the provision for dental services under Programme (4), hence breakdowns of the expenditures are not available. In the financial years 2011-12, 2012-13 and 2013-14, the annual expenditures on dental service under Programme (4) are as follows:

Financial Year	Annual Expenditure on Dental Service ($ million)
2011-12	47.1
2012-13	48.8
2013-14 (Revised Estimate)	47.1

The healthcare staff involved in GP sessions, which include dentists and dental surgery assistants, are as follows:

Dental clinic with GP sessions	Number of Healthcare Staff	
	Dentist	Dental Surgery Assistant
Lee Kee Government Dental Clinic (closed on 30.8.2013)	3	3
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	8	8
Kwun Tong Jockey Club Dental Clinic	2	2
Kennedy Town Community Complex Dental Clinic	7	7
Fanling Health Centre Dental Clinic	8	8
Mona Fong Dental Clinic	2	2
Tai Po Wong Siu Ching Dental Clinic	4	4
Tsuen Wan Dental Clinic	3	4
Yan Oi Dental Clinic	3	3
Yuen Long Jockey Club Dental Clinic	3	3
Tai O Dental Clinic	1	1
Cheung Chau Dental Clinic		

2. The DH does not have statistical breakdowns of the number of patients attending GP sessions for the first time and attending several times. The DH also does not maintain statistic on the number of cross-district patients.

3. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The DH has been allocating resources primarily to promotion and preventive efforts.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0183)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 20):

Regarding the Elderly Health Centres (EHCs),

1. the "number of attendances for health assessment and medical consultation at elderly health centres" has decreased from 175 000 in 2012 to 167 000 in 2013. What are the main reasons for that?

2. please list by age groups respectively the number of attendances for medical consultation and the average cost per attendance per patient in each of the EHCs in the territory for the past three years (i.e. 2011 to 2013).

3. please list out the number of enrolment, the longest waiting time and the median waiting time in each of the EHCs in the territory for the past three years (i.e. 2011 to 2013).

4. does the Administration have any plan to enhance the services of the EHCs or set up additional EHCs in various districts to alleviate the problem of having to wait for an extremely long period of time for service? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. The drop in attendances for health assessment and medical consultation in 2013 was mainly due to the decrease in consultations for acute medical conditions. While there is a quota system determined by the service capacity of EHCs for health assessment, the attendances for medical consultation vary according to the fluctuation in demand by the Elderly Health Centre (EHC) members.

2. The age distribution of attendance statistics by head count for health assessment from 2011 to 2013 is provided below for reference:

Age Group	2011		2012		2013#	
	No. of attendance	Percentage	No. of attendance	Percentage	No. of attendance	Percentage
65 - 69	4 881	12.5%	4 781	12.3%	2 048	10.9%
70 - 74	9 693	24.9%	8 611	22.1%	3 816	20.3%
75 - 79	13 071	33.5%	12 596	32.4%	5 820	31.0%
80 - 84	7 942	20.4%	8 812	22.6%	4 797	25.5%

Age Group	2011		2012		2013#	
	No. of attendance	Percentage	No. of attendance	Percentage	No. of attendance	Percentage
85 and above	3 398	8.7%	4 127	10.6%	2 315	12.3%
Total	**38 985**	**100.0%**	**38 927**	**100.0%**	**18 796**	**100.0%**

Age distribution of the attendance statistics for health assessment for 2013 is up to June only as statistics for the full year of 2013 are not available yet.

The cost per attendance for health assessment and medical consultation in the financial years 2011-12, 2012-13 and 2013-14 are as follows:

Financial Year	Health Assessment	Medical Consultation
2011-12	$1,090	$432
2012-13	$1,140	$455
2013-14	$1,190	$470

3. The number of enrolments and median waiting time for enrolment for each of the 18 EHCs in the past three years are listed below. Among the 18 EHCs, the longest median waiting time for 2011, 2012 and 2013 is 43.5 months, 36.2 months and 28.6 months respectively.

EHC		2011	2012	2013
Sai Ying Pun	No. of enrolment	2 120	2 130	2 120
	Median waiting time (Months)	7.5	13.4	22.8
Shau Kei Wan	No. of enrolment	2 210	2 211	2 196
	Median waiting time (Months)	8.4	14.4	21.5
Wan Chai	No. of enrolment	2 153	2 141	2 156
	Median waiting time (Months)	25.4	25.8	27.8
Aberdeen	No. of enrolment	2 128	2 126	2 124
	Median waiting time (Months)	5.1	6.7	11.5
Nam Shan	No. of enrolment	2 206	2 206	2 193
	Median waiting time (Months)	13.8	16.2	17.3
Lam Tin	No. of enrolment	2 214	2 230	2 218
	Median waiting time (Months)	3.9	4.6	11.1
Yau Ma Tei	No. of enrolment	2 124	2 121	2 079
	Median waiting time (Months)	32.9	23.7	25.4
San Po Kong	No. of enrolment	2 122	2 121	2 121
	Median waiting time (Months)	11.4	10	15.9
Kowloon City	No. of enrolment	2 211	2 210	2 193
	Median waiting time (Months)	16.2	16.4	23.4
Lek Yuen	No. of enrolment	2 199	2 125	2 121
	Median waiting time (Months)	43.5	36.2	22.8
Shek Wu Hui	No. of enrolment	2 120	2 122	2 119
	Median waiting time (Months)	9.3	9.9	10.8
Tseung Kwan O	No. of enrolment	2 135	2 136	2 136
	Median waiting time (Months)	16.6	14.5	20.5

EHC		2011	2012	2013
Tai Po	No. of enrolment	2 124	2 124	2 125
	Median waiting time (Months)	17.5	21.9	28.6
Tung Chung	No. of enrolment	2 259	2 245	2 224
	Median waiting time (Months)	6.5	9.5	10.4
Tsuen Wan	No. of enrolment	2 109	2 117	2 092
	Median waiting time (Months)	19.7	11.3	12.7
Tuen Mun Wu Hong	No. of enrolment	2 130	2 133	2 109
	Median waiting time (Months)	8.9	9.9	15
Kwai Shing	No. of enrolment	2 202	2 212	2 212
	Median waiting time (Months)	6.2	6.5	10.4
Yuen Long	No. of enrolment	2 219	2 217	2 198
	Median waiting time (Months)	5.9	7.5	8.7

4. To enhance the services of EHC, a provision of $3.3 million is earmarked in 2014-15 for creating a clinical team and $6.5 million in a full year from 2015-16 and onwards for creating another clinical team. It is anticipated that each clinical team will handle an additional 2 125 enrolments for health assessment and a total of 9 500 attendances for health assessment and consultation each year.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)246

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1653)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 65):

On handling of residual medicines,

1. are there any services for the handling / collection of household residual medicines provided by the Department to the public currently? If yes, what are the details of the service and what were the expenditures for the past three financial years (2011-12 to 2013-14)? If no, will consideration be given to setting up the service?

2. The problem of household residual medicines is getting more and more serious and improper disposal will have impacts on the environment and public health. Does the Administration have any measures to improve the situation? Regarding the promotion and education to the public on the proper use of medicines, does the Administration have any plans?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

1. Currently, unwanted or residual medicines generated by healthcare institutions such as hospitals and clinics are classified as chemical waste. The storage, collection, transport and disposal of such waste has to meet the stringent requirements laid down respectively in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste)(General) Regulation (Cap. 354C). These control measures do not apply to the disposal of medicines by households, which are normally of small quantity and can be disposed as ordinary domestic waste. The Department of Health (DH) does not provide a collection service for medicines disposed by households.

   On the other hand, unused medicines dispensed by public hospitals or clinics operated under the Hospital Authority (HA) can be returned to HA for disposal. Figures of the expenditure incurred in providing the above service are not available.

2. The DH has been educating the public on the proper use of medicines through website, educational pamphlets and television commercials. In addition, during the dispensing of medicines to patients, advice would be given to patients that they should take the medicines in accordance with doctor's instructions as labelled and should not terminate the medication on their own. Patients are also encouraged to consult doctors about the use of their medicines if in doubts.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0626)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 32):

In 2014-15, the Department of Health (DH) will launch the "Outreach Dental Care Programme for the Elderly" as a regular programme. In this regard, please set out in table form:

1) the number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated number of attendances for various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15.

2) the number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated number of attendances and age distribution of attendees under the "Outreach Dental Care Programme for the Elderly" in 2014-15 in various districts.

3) the expenditure on launching various services under the "Outreach Dental Care Programme for the Elderly" in 2013-14 and the estimated expenditure on various services under the "Outreach Dental Care Programme for the Elderly" in 2014-15.

4) the staffing arrangements of DH in 2013-14 and 2014-15 for launching the "Outreach Dental Care Programme for the Elderly".

5) the timetable for launching the "Outreach Dental Care Programme for the Elderly" as a regular programme in 2014-15.

Asked by: Hon. POON Siu-ping

Reply:

In 2011, the Government launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project) to provide free outreach dental services for elders residing in RCHEs or receiving services in DEs. A total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up since and a total of about 62 000 elders in about 740 RCHEs and DEs have been served under the Outreach Pilot Project involving about 100 000 attendances. Each of the 62 000 elders served by the outreach dental teams has received at least one annual check-up. Breakdown of other basic treatments received by the elders is as follows:-

Types of dental treatment received	No. of elders [Note]
(i) Scaling and polishing	14 247
(ii) Denture cleaning	2 870
(iii) Fluoride / X-ray	6 525

Note: More than one type of dental treatment may be received by the same elder.

The outreach dental teams do not keep statistics on the age profile of the elders they serve. Distribution of the RCHEs and DEs visited by the outreach dental teams by administrative district of the Social Welfare Department is as follows:-

Administrative District	No. of RCHEs and DEs served
Central, Western, Southern and Islands	86
Eastern and Wan Chai	90
Kwun Tong	43
Wong Tai Sin and Sai Kung	45
Kowloon City and Yau Tsim Mong	110
Sham Shui Po	60
Tsuen Wan and Kwai Tsing	95
Tuen Mun	45
Yuen Long	54
Sha Tin	40
Tai Po and North	73
TOTAL	**741**

The expenditure for the Outreach Pilot Project was about $66 million (up to end-February 2014).

Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health (DH). We are finalising the implementation details for launching the Programme later this year.

We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the Programme.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)248

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2997)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question(Member Question No. 35):

The specific work of the Department of Health (DH) under the programme of disease prevention includes providing woman health service, maternal health service, cervical screening service, reducing preventable death and ill-health among pregnant women, infants and children, etc. DH's revised estimate for this programme for 2013-14 is over $2,631 million and for the 2014-15 estimate, a provision of over $2,907 million will be allocated for this programme, which is over $276 million (10.5%) higher than the revised estimate for 2013-14. In this connection, would DH provide a breakdown of the items and manpower resources involved and the actual distribution of expenditures for the change of budget in 2014-15? If no, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

Provision for 2014-15 is $276.7 million (10.5%) higher than the revised estimate for 2013-14. This is mainly due to additional provision for (a) meeting the estimated funding for the enhanced Elderly Health Care Voucher Scheme, (b) meeting claims under subsidised vaccination schemes, (c) carrying out preparatory work of a pilot programme to subsidise colorectal cancer screening for specific groups, (d) launching the "Outreach Dental Care Programme for the Elderly" as a recurrent programme and (e) the net increase of 40 posts in 2014-15 to meet operational needs, partly offset by a one-off funding of $350.0 million injected into the AIDS Trust Fund in 2013-14 as endorsed by the Finance Committee of the Legislative Council in December 2013.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)249

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2998)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question(Member Question No. 36):

The specific work of the Department of Health (DH) under the programme of curative care includes giving Bacillus Calmette-Guerin (BCG) vaccination to new born babies, etc. DH's revised estimate for this programme in 2013-14 is $747 million, which is 5.8% lower than the original estimate of over $792 million. As for the 2014-15 estimate, however, the Government shall allocate a provision of over $820 million for the programme of curative care, which is over $73 million (9.8%) higher than the revised estimate for 2013-14, representing a significant change. In this connection:

(1) Would DH please give a detailed account of the reasons for the decrease of 5.8% of the revised estimate for 2013-14 as compared with the original estimate and provide a breakdown of the items and manpower resources involved and the distribution of actual expenditures? If no, what are the reasons?

(2) While DH has explained the reasons for the increase in provision for 2014-15, would DH please provide a breakdown of the items, manpower resources and financial arrangements involved? If no, what are the reasons?

Asked by: Hon. QUAT, Elizabeth

Reply:

(1) The revised estimate for 2013-14 is 5.8% lower than the original estimate. This is mainly due to the re-scheduling of the acquisition/replacement of X-ray machine for Tuberculosis and Chest Service and Dental Service under Capital Account.

(2) Provision for 2014-15 is 9.8% higher than the revised estimate for 2013-14. This is mainly due to (a) additional provision for drug expenditure and disposable consumable items; and (b) increase in cash flow requirement for procurement of equipment.

Examination of Estimates of Expenditure 2014-15 | Question Serial No. **FHB(H)250**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1466)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162

Question (Member Question No. 29):

Since the Elderly Health Care Voucher Scheme (the Scheme) was launched, my office has received reflections from many elders that they did not know how to apply for and use the health care vouchers. They also indicated that there were lots of restrictions with the Scheme (e.g. the health care vouchers could not be used in private dental clinics).

What were the percentage changes in the number of doctors participating in the Scheme in various districts for the past three years? What were the numbers of elderly beneficiaries? What is the estimated percentage increase in the number of beneficiaries in this financial year? Will dental services be covered by the Scheme in 2014-15?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

Under the Scheme, local residents aged 70 or above are eligible to receive vouchers to subsidise their use of primary care services provided by ten categories of private healthcare professionals. They include medical practitioners, Chinese medicine practitioners, dentists, occupational therapists, physiotherapists, medical laboratory technologists, radiographers, nurses, chiropractors and optometrists.

At present, the Scheme is designed to allow greatest convenience for the participating elders. Vouchers are issued and used through an electronic system. Elders do not need to register, collect or carry vouchers. When elders want to use vouchers, they just need to visit the clinics of enrolled healthcare service providers, show their Hong Kong Identity Card and sign a consent form. As at end-December 2013, over 400 dentists have enrolled in the Scheme to provide services to eligible elders through 561 places of practice in 18 districts, and more than 85 000 voucher claim transactions were made with a total voucher expenditure of about $36 million.

The number of healthcare service providers enrolled in the Scheme and the percentage change in the past three years are as follows:

	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(a) Number of enrolled healthcare service providers	3 066 (involving 3 976 places of practice)	3 627 (involving 4 945 places of practice)	3 976 (involving 5 543 places of practice)
(b) Percentage change of (a) as compared to that in the previous year	+12%	+18%	+10%

The number of places of practices under the Scheme broken down by enrolled healthcare professionals and districts in the past three years are at the Annex**.**

The table below shows the number of elders who had made use of vouchers and its percentage as compared to the eligible elderly population over the past five years:

	As at 31.12.2009	As at 31.12.2010	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(a) Cumulative number of elders who had made use of vouchers	190 000	300 000	387 000	471 000	556 000
(b) Number of eligible elders (i.e. elders aged 70 or above) *	671 000	688 000	707 000	714 000	724 000
(c) Percentage of eligible elders who had made use of vouchers [i.e. (a) / (b)x100%]	28%	44%	55%	66%	77%

We hope that after the enhancement measures under the Scheme have been implemented this year, the percentage of eligible elders making use of vouchers will further raise to 80% or beyond.

** Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

Annex

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2011)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	126	73	35	4	27	3	4	3	10	3	288
Eastern	136	57	29	4	14	0	0	0	0	0	240
Southern	38	10	8	0	3	0	0	0	0	0	59
Wan Chai	103	83	30	5	32	1	0	6	0	6	266
Kowloon City	126	39	14	3	33	0	0	15	0	36	266
Kwun Tong	166	112	52	8	11	10	11	21	1	2	394
Sham Shui Po	75	79	7	3	10	3	1	0	0	0	178
Wong Tai Sin	72	67	20	0	4	0	0	0	0	37	200
Yau Tsim Mong	236	176	54	11	75	10	8	16	14	1	601
Sha Tin	94	66	20	2	19	0	0	5	1	0	207
Tai Po	61	68	25	2	4	2	2	14	0	0	178
Sai Kung	95	41	9	1	9	3	3	0	0	1	162
North	48	36	6	0	1	1	0	0	0	0	92
Kwai Tsing	88	48	16	2	9	0	0	3	0	36	202
Tsuen Wan	117	78	12	4	19	4	5	5	4	0	248
Tuen Mun	84	71	7	3	6	0	1	2	0	0	174
Yuen Long	97	59	11	0	5	0	0	1	0	0	173
Islands	32	12	1	0	3	0	0	0	0	0	48
Total	**1 794**	**1 175**	**356**	**52**	**284**	**37**	**35**	**91**	**30**	**122**	**3 976**

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2012)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	139	91	37	4	27	3	5	3	13	8	330
Eastern	143	83	41	8	19	0	0	2	0	10	306
Southern	39	36	9	0	2	1	1	0	0	0	88
Wan Chai	117	128	40	5	37	3	2	6	0	45	383
Kowloon City	126	54	21	3	36	1	0	19	1	58	319
Kwun Tong	188	141	60	8	11	10	8	22	1	4	453
Sham Shui Po	88	110	11	5	13	4	1	1	0	1	234
Wong Tai Sin	74	81	22	0	4	0	0	1	0	58	240
Yau Tsim Mong	272	208	65	12	94	14	9	17	17	81	789
Sha Tin	109	76	23	2	19	0	0	5	1	26	261
Tai Po	72	82	27	1	3	2	2	15	0	2	206
Sai Kung	98	57	8	5	14	3	2	3	0	7	197
North	61	42	7	0	1	1	0	0	0	1	113
Kwai Tsing	103	66	21	3	10	0	0	3	1	57	264
Tsuen Wan	121	110	12	4	21	5	6	6	6	6	297
Tuen Mun	93	110	9	2	7	0	1	2	0	2	226
Yuen Long	110	53	15	0	5	0	0	2	4	2	191
Islands	33	11	2	0	2	0	0	0	0	0	48
Total	**1 986**	**1 539**	**430**	**62**	**325**	**47**	**37**	**107**	**44**	**368**	**4 945**

Breakdown of the places of practices by enrolled healthcare professionals and districts
(Position as at 31 December 2013)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	153	97	40	8	33	3	4	2	14	7	361
Eastern	152	112	46	7	23	0	0	6	5	16	367
Southern	39	37	11	0	2	1	1	0	0	0	91
Wan Chai	122	148	43	3	42	3	1	9	3	47	421
Kowloon City	129	66	34	6	38	1	0	20	1	68	363
Kwun Tong	189	158	75	13	20	10	6	26	3	4	504
Sham Shui Po	93	117	12	3	14	4	1	1	0	1	246
Wong Tai Sin	77	74	29	0	6	0	0	1	0	68	255
Yau Tsim Mong	294	242	80	12	107	15	8	25	35	86	904
Sha Tin	110	91	29	7	24	0	0	8	1	29	299
Tai Po	76	89	35	1	4	2	2	19	0	3	231
Sai Kung	105	68	17	6	15	3	1	3	0	8	226
North	51	56	16	0	2	1	0	0	8	1	135
Kwai Tsing	100	66	27	3	10	0	0	4	1	66	277
Tsuen Wan	126	117	22	4	22	6	5	8	7	8	325
Tuen Mun	108	117	17	2	9	0	1	2	0	3	259
Yuen Long	130	59	25	0	6	0	0	4	5	1	230
Islands	32	12	3	0	2	0	0	0	0	0	49
Total	**2 086**	**1 726**	**561**	**75**	**379**	**49**	**30**	**138**	**83**	**416**	**5 543**

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1467)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 30):

The Department of Health (DH) indicates that it will promote and implement the enhancement measures under the Elderly Health Care Voucher Scheme in the current financial year. What are the details of the enhancement measures? What is the anticipated percentage increase in the number of elderly beneficiaries?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

Details of the enhancement measures under the Elderly Health Care Voucher Scheme (the Scheme) in 2014 are as follows:

(a) converting the Scheme from a pilot project into a recurrent programme for the elderly; and
(b) doubling the annual voucher amount for each eligible elder from $1,000 to $2,000.

At present, eligible elders can accumulate any unspent vouchers for use in subsequent years, subject to a financial ceiling of $3,000. Upon the increase of the annual voucher amount from $1,000 to $2,000 this year, the financial ceiling on unspent vouchers will be adjusted from $3,000 to $4,000.

The annual voucher amount for each eligible elder in the first three years from 2009 to 2011 was $250, which was then increased to $500 in 2012 and was further raised to $1,000 in 2013. Both the number of elders who had made use of vouchers and its percentage as compared to the eligible elderly population increased steadily over the years, detailed as follows:

	As at 31.12.2009	As at 31.12.2010	As at 31.12.2011	As at 31.12.2012	As at 31.12.2013
(d) Cumulative number of elders who had made use of vouchers	190 000	300 000	387 000	471 000	556 000
(e) Number of eligible elders (i.e. elders aged 70 or above) *	671 000	688 000	707 000	714 000	724 000
(f) Percentage of eligible elders who had made use of vouchers [i.e. (a) / (b)x100%]	28%	44%	55%	66%	77%

We hope that after the above enhancement measures have been implemented, the percentage of eligible elders making use of vouchers will further raise to 80% or beyond.

** Source: Hong Kong Population Projections 2010 – 2039 and Hong Kong Population Projections 2012 – 2041, Census and Statistics Department*

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1468)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 31):

A pilot colorectal cancer screening programme for persons at specific ages is newly added in the Budget. What age levels will be covered under the programme? What is the anticipated number of beneficiaries?

How much resources will be reserved and what is the expenditure earmarked in the estimate for the financial year 2014-15 for the implementation of the above programme?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot project is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3283)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 25):

In the Estimates for 2014-15, the "Outreach Dental Care Programme for the Elderly" (hereinafter called "the Programme") will be launched as a regular programme. What are the details of the Programme? What are the estimated expenditure and number of elders benefited?

At present, elders who rely mainly on the public out-patient dental services always complain that the major dental treatment offered is extraction. Services of high medical costs such as root canal treatment and crowning are not provided. Will the Programme provide services such as root canal treatment and crowning in view of the above situation? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. TSE Wai-chun, Paul

Reply:

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres, including dental check-up, scaling and polishing and any other necessary pain relief and emergency treatments. Having regard to the positive feedback from both the recipients of the free dental service and the participating non-governmental organisations, the pilot project will be converted to a regular programme (i.e. the Programme) in 2014 to continue to provide outreach dental services to about 66 000 elders in these homes and centres. Under the regular Programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the Department of Health.

We have earmarked a provision of $25.1 million in 2014-15 for launching the Programme.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2945)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 120):

What is the estimate of the Tobacco Control Office (TCO) of the Department of Health in 2014-15? What were the number of enforcement actions taken and the number of prosecutions instituted by TCO last year?

Asked by: Hon. WONG Yuk-man

Reply:

The expenditures / provisions of the Tobacco Control Office (TCO) in 2014-15 are at **Annex**.

TCO conducts inspections of all venues concerned in response to smoking complaints. In 2013, TCO received 18 079 complaints, conducted 27 461 inspections, and issued 8 330 fixed penalty notices and 232 summonses for smoking offences. In addition, 99 summonses were issued by TCO for other related offences under the Smoking (Public Health) Ordinance (Cap. 371) (e.g. willful obstruction, failure to produce identity document, etc).

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

($ million)

	2014-15 Estimate
Enforcement	
Programme 1: Statutory Functions	39.1
Health Education and Smoking Cessation	
Programme 3: Health Promotion	117.9
(a) General health education and promotion of smoking cessation	
TCO	*45.9*
Subvention: Council on Smoking and Health (COSH)	*21.2*
Sub-total	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*34.7*
Subvention to Pok Oi Hospital	*7.8*
Subvention to Po Leung Kuk	*2.0*
Subvention to Lok Sin Tong	*1.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*
Subvention to Life Education Activity Programme	*2.3*
Sub-total	***50.8***
Total	**157.0**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2946)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 121):

In Kowloon West, elderly health centres (EHCs) have only been set up in Nam Shan Estate, Kowloon City and Yau Ma Tei. How many cases of enrolment, health assessment and treatment were handled by these three centres last year? What is the plan of the Department of Health (DH) to identify sites for new EHCs this year? If there is no such plan for new EHCs, will the DH expand the three existing EHCs?

Asked by: Hon. WONG Yuk-man

Reply:

The numbers of enrolment, health assessment and medical consultation handled by these three Elderly Health Centres (EHCs) in 2013 are listed below. There is no plan to open new EHC nor expand the existing three EHCs at present.

EHC	Enrolment	Health Assessment	Medical Consultation
Nam Shan	2 193	2 193	4 890
Yau Ma Tei	2 079	2 079	4 515
Kowloon City	2 193	2 193	4 503

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)325

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3464)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 156):

Regarding the services provided by elderly health centres (EHCs), please set out in tabular form the following information for the past five years:

1. the cost per attendance for health assessment;

2. the cost per attendance for medical consultation;

3. the cost per attendance at health education activities organised by EHCs and visiting health teams;

4. the annual operating costs of each EHC;

5. the respective annual membership quotas, quotas for accepting new members, and numbers of members from other districts in each EHC;

6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and their percentage in the total number of members) of various EHCs, as well as the average waiting time required for joining EHC membership each year (a breakdown by EHC);

7. the average waiting time required for having a physical check-up at an EHC.

Asked by: Hon. CHEUNG Chiu-hung, Fernando

Reply:

1. and 2.

The costs per attendance respectively for health assessment and medical consultation are as follows:

Year	**Health Assessment** ($)	**Medical Consultation** ($)
2009-10	$1,030	$387
2010-11	$1,030	$387
2011-12	$1,090	$432
2012-13	$1,140	$455
2013-14	$1,190	$470

3. The cost per attendance at health education activities organised by Elderly Health Centres (EHCs) and Visiting Health Teams (VHTs) are not available. The total expenditures of the 18 EHCs and the 18 VHTs are as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs ($ million)
2009-10	94.3	64.7
2010-11	94.7	63.9
2011-12	97.4	68.8
2012-13	107.3	76.4
2013-14 (revised estimate)	118.5	72.9

4. The annual operating costs of each EHC are as follows:

Year	Average operating expenditure of each EHC ($ million)
2009-10	5.2
2010-11	5.3
2011-12	5.4
2012-13	6.0
2013-14 (revised estimate)	6.6

5. The service capacity of the EHCs is 38 500. The Elderly Health Service does not set a specific quota for new members for each EHC, as the number is dependent on the membership renewal rate of existing members.

The total numbers of enrolments and the numbers of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments					Number of new members				
	2009	2010	2011	2012	2013*	2009	2010	2011	2012	2013*
Sai Ying Pun	1 757	2 140	2 120	2 130	2 120	398	312	197	185	120
Shau Kei Wan	1 333	2 226	2 210	2 211	2 196	563	512	235	145	204
Wan Chai	1 677	2 125	2 153	2 141	2 156	410	363	290	227	183
Aberdeen	1 775	2 147	2 128	2 126	2 124	468	329	238	228	163
Nam Shan	1 736	2 228	2 206	2 206	2 193	433	360	271	370	166
Lam Tin	1 669	2 229	2 214	2 230	2 218	536	500	353	244	268
Yau Ma Tei	1 690	2 141	2 124	2 121	2 079	452	455	346	334	104
San Po Kong	1 678	2 120	2 122	2 121	2 121	442	447	415	225	175
Kowloon City	1 665	2 221	2 211	2 210	2 193	529	543	433	198	98
Lek Yuen	1 721	2 149	2 199	2 125	2 121	446	438	507	445	440

Elderly Health Centre	Total number of enrolments					Number of new members				
	2009	2010	2011	2012	2013*	2009	2010	2011	2012	2013*
Shek Wu Hui	1 728	2 152	2 120	2 122	2 119	433	429	351	290	264
Tseung Kwan O	1 727	2 145	2 135	2 136	2 136	408	398	428	263	163
Tai Po	1 782	2 122	2 124	2 124	2 125	340	319	155	96	192
Tung Chung	1 773	2 256	2 259	2 245	2 224	439	443	454	432	407
Tsuen Wan	1 630	2 137	2 109	2 117	2 092	496	508	499	392	386
Tuen Mun Wu Hong	1 715	2 144	2 130	2 133	2 109	415	421	423	352	272
Kwai Shing	1 752	2 195	2 202	2 212	2 212	457	453	424	297	184
Yuen Long	1 857	2 232	2 219	2 217	2 198	346	368	350	344	332

* Provisional figures

The numbers of members from other districts in each EHC are as follows:

EHC	Number of members from other districts				
	2009	2010	2011	2012	2013* (Jan – Jun)
Sai Ying Pun	585	585	561	601	270
Shau Kei Wan	50	44	62	44	42
Wan Chai	1 011	1 031	1 059	1 011	523
Aberdeen	81	58	46	46	16
Nam Shan	788	829	798	786	405
Lam Tin	69	76	61	103	66
Yau Ma Tei	792	809	791	789	391
San Po Kong	454	499	478	492	258
Kowloon City	967	1 009	957	962	415
Lek Yuen	82	72	63	51	19
Shek Wu Hui	123	104	116	84	40
Tseung Kwan O	316	305	305	269	134
Tai Po	377	325	357	350	154
Tung Chung	1 347	1 461	1 417	1 383	663
Tsuen Wan	766	729	739	735	369
Tuen Mun Wu Hong	85	99	76	69	47
Kwai Shing	565	535	557	536	272
Yuen Long	45	64	74	93	37

*Provisional figures

6. The numbers of members who did not renew their membership and their percentage in the total number of members in 18 EHCs are as follows:

EHC	2009		2010		2011		2012		2013*	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	377	18%	327	15%	217	10%	327	15%	120	6%
Shau Kei Wan	817	38%	182	10%	251	11%	182	10%	204	9%
Wan Chai	443	21%	325	16%	262	12%	325	16%	183	8%
Aberdeen	398	18%	425	19%	257	12%	425	19%	163	8%
Nam Shan	412	19%	301	14%	293	13%	301	14%	166	8%
Lam Tin	491	23%	476	22%	368	17%	476	22%	268	12%
Yau Ma Tei	430	20%	456	21%	363	17%	456	21%	104	5%
San Po Kong	442	21%	447	21%	413	19%	447	21%	175	8%
Kowloon City	498	23%	516	24%	443	20%	516	24%	98	4%
Lek Yuen	405	19%	456	21%	457	21%	456	21%	440	21%
Shek Wu Hui	380	18%	438	20%	383	18%	438	20%	264	12%
Tseung Kwan O	400	19%	388	18%	438	20%	388	18%	163	8%
Tai Po	339	16%	319	15%	153	7%	319	15%	192	9%
Tung Chung	381	18%	399	18%	451	20%	399	18%	407	18%
Tsuen Wan	485	23%	497	23%	527	25%	497	23%	386	18%
Tuen Mun Wu Hong	409	19%	407	19%	437	20%	407	19%	272	13%
Kwai Shing	392	18%	467	21%	417	19%	467	21%	184	8%
Yuen Long	289	13%	339	15%	363	16%	339	15%	332	15%

*Provisional figures

The median waiting times to be enrolled as new member of EHCs are as follows:

EHC	Median waiting time (months)				
	2009	**2010**	**2011**	**2012**	**2013***
Sai Ying Pun	3.6	2.9	7.5	13.4	22.8
Shau Kei Wan	42.2	20.5	8.4	14.4	21.5
Wan Chai	42.1	30.9	25.4	25.8	27.8
Aberdeen	9.7	4.0	5.1	6.7	11.5
Nam Shan	3.0	6.9	13.8	16.2	17.3
Lam Tin	21.3	7.4	3.9	4.6	11.1
Yau Ma Tei	42.7	38.0	32.9	23.7	25.4
San Po Kong	37.4	29.7	11.4	10.0	15.9
Kowloon City	42.2	34.5	16.2	16.4	23.4
Lek Yuen	49.7	46.4	43.5	36.2	22.8
Shek Wu Hui	23.9	14.0	9.3	9.9	10.8
Tseung Kwan O	23.8	21.7	16.6	14.5	20.5
Tai Po	25.7	18.6	17.5	21.9	28.6
Tung Chung	4.2	5.5	6.5	9.5	10.4
Tsuen Wan	50.5	43.8	19.7	11.3	12.7
Tuen Mun Wu Hong	14.0	9.7	8.9	9.9	15.0
Kwai Shing	21.6	8.8	6.2	6.5	10.4
Yuen Long	6.0	6.0	5.9	7.5	8.7

*Provisional figures

7. The median time intervals between successive health assessments are as follow:

Year	**Median time interval (months)**
2009	18.7
2010	18.5
2011	18.8
2012	18.3
2013	17.9

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)326

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6458)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 609):

In the 2014-15 Budget, it is proposed to increase the duty on cigarettes by 20 cents per stick with immediate effect, which will bring the proportion of tobacco duty to the retail price of cigarettes to about 70% to safeguard public health. Regarding work on tobacco control by the Administration, will the Administration please inform this Committee:

1. What was the number of Tobacco Control Inspectors for 2013-14?

2. What was the number of smoking cessation clinics for 2013-14?

3. How effective were the publicity and education works on tobacco control in 2013-14? How will the Department enhance the work in the coming year (i.e. 2014-15)?

Asked by: Hon. CHEUNG Kwok-che

Reply:

1. The number of staff in the Tobacco Control Office (TCO) of the Department of Health (DH) carrying out frontline enforcement duties, including Tobacco Control Inspectors, is 99 in 2013-14.

2. A total of 93 clinics are set up under DH, the Hospital Authority (HA), and non-governmental organisations which receive funding support from DH for providing smoking cessation services. They include –

- five clinics under DH serving mainly civil servants (of which one serves the general public);
- ten full-time and 45 part-time clinics by HA;
- eight centres operated by the Tung Wah Group of Hospitals;
- 18 mobile clinics (which serve 90 locations in different districts), one Chinese Medicine Community Health Care Centre and five Chinese Medicine Polyclinics under the Pok Oi Hospital Board to provide free smoking cessation services using acupuncture in Chinese medicine; and
- one clinic run by the United Christian Nethersole Community Health Service in Tin Shui Wai to provide outreach smoking cessation services for new immigrants and ethnic minorities.

3. Over the years, DH has been actively promoting smoking prevention and cessation through a wide range of activities such as telephone hotline, publicity campaigns and other health education programmes. The Thematic Household Survey on smoking pattern conducted in 2012 indicated a decrease in the overall smoking prevalence from 11.1% in 2010 to 10.7% in 2012. According to a territory-wide school-based study conducted by the School of Public Health of The University of Hong Kong, there was a drop of adolescent smoking (secondary 1-5 students) in Hong Kong, from 6.9% in 2007/08 school year to 3.0% in 2012/13 school year. However, for primary 4 to 6 students, smoking prevalence increased from 0.2% in the 2010/11 school year to 0.3% in the 2012/13 school year. In 2014-15, DH will continue to collaborate with

non-governmental organisations e.g. Life Education Activity Programme to organise school-based programmes to prevent primary and secondary students from picking up the smoking habit. In addition, DH has collaborated with Po Leung Kuk to develop a pilot programme for smoking prevention in kindergartens. Hong Kong Council on Smoking and Health will also plan to conduct a social marketing campaign targeted at middle-aged smokers.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)327

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4196)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 221):

The revised estimate for 2013-14 is 8.9% lower than the original estimate for 2013-14. Would the Administration advise on the reasons for this? What items have caused the reduction in the estimate? Are cuts in services or manpower involved? If yes, what are the cuts in services and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

The revised estimate for 2013-14 is 8.9% lower than the original estimate. This is mainly due to the re-scheduling of the replacement of the thermoluminescent dosimetry system, upgrading of the standard radiological dosimetry calibration facility and procurement of mobile refrigerated mortuary units under Capital Account. The revision has no impact on the services or manpower of the Department of Health.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)328

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4197)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 159 (if applicable)

Question (Member Question No. 223):

Regarding tobacco control work in the past three years, would the Administration please advise on:
(a) the expenditures, staff establishment and number of front-line enforcement staff of the Tobacco Control Office (TCO)?
(b) the number of complaints received, the number of proactive enforcement actions taken under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, as well as the number of prosecutions instituted?

Asked by: Hon. Kwok Ka-ki

Reply:

(a) The expenditures / provisions and the staffing situation of the Tobacco Control Office (TCO) in the past three years are at **Annexes 1** and **2** respectively.

(b) TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and the fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2011 to 2013 for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows -

		2011	2012	2013
Complaints received		16 418	18 291	18 079
Inspections conducted		23 176	26 209	27 461
FPNs issued (for smoking offences)		7 637	8 019	8 330
Summonses issued	for smoking offences	170	179	232
	for other offences (such as willful obstruction and failure to produce identity document)	117	88	99

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2011-12 ($ million)	**2012-13** ($ million)	**2013-14 Revised Estimate** ($ million)
Enforcement			
Programme 1: Statutory Functions	40.1	39.6	37.5
Health Education and Smoking Cessation			
Programme 3: Health Promotion	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation			
TCO	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*14.9*	*20.7*	*22.0*
Sub-total	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk	*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong		*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service			*2.6*
Subvention to Life Education Activity Programme			*1.3*
Sub-total	***28.0***	***35.6***	***49.9***
Total	**112.7**	**142.2**	**153.2**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2011-12	2012-13	2013-14
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	2	2
Land Surveyor *	0	1	1
Police Officer	5	5	5
Tobacco Control Inspector *	19	0	0
Overseer/ Senior Foreman/ Foreman *	68	89	89
Senior Executive Officer/ Executive Officer *	12	9	9
Sub-total	***107***	***107***	***107***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer/ Contract Doctor	2	2	1
Scientific Officer (Medical)	1	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	4	4	3
Hospital Administrator II/ Health Promotion Officer	6	6	4
Sub-total	***14***	***14***	***10***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	20	19	17
Motor Driver	1	1	1
Sub-total	***25***	***24***	***22***
Total no. of staff:	**147**	**146**	**140**

** Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)329

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4198)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 224):

Regarding the elderly health centres (EHCs), would the Administration please advise on the following for the past three years:

(a) What were the numbers of enrolment in each of the EHCs? Please list out by age group;

(b) What were the numbers of elders on the waiting list for health assessment and medical consultation? What were the median waiting time and the longest waiting time?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past three years are as follows:

EHC	2011					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	227	528	693	465	207	2 120
Shau Kei Wan	164	497	795	539	215	2 210
Wan Chai	144	570	742	462	235	2 153
Aberdeen	290	492	716	429	201	2 128
Nam Shan	295	547	730	461	173	2 206
Lam Tin	323	498	717	480	196	2 214
Yau Ma Tei	144	492	711	514	263	2 124
San Po Kong	212	438	818	468	186	2 122
Kowloon City	199	586	865	411	150	2 211
Lek Yuen	143	584	749	492	231	2 199
Shek Wu Hui	274	438	649	489	270	2 120
Tseung Kwan O	305	584	698	401	147	2 135
Tai Po	171	535	774	444	200	2 124
Tung Chung	573	728	625	253	80	2 259
Tsuen Wan	253	518	692	477	169	2 109
Tuen Mun Wu Hong	406	530	665	369	160	2 130
Kwai Shing	367	558	735	407	135	2 202
Yuen Long	391	570	697	381	180	2 219

EHC	2012					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	243	465	680	501	241	2 130
Shau Kei Wan	177	416	735	589	294	2 211
Wan Chai	145	480	732	526	258	2 141
Aberdeen	264	415	696	489	262	2 126
Nam Shan	279	535	692	499	201	2 206
Lam Tin	260	471	704	546	249	2 230
Yau Ma Tei	178	445	695	514	289	2 121
San Po Kong	183	366	800	528	244	2 121
Kowloon City	169	477	823	538	203	2 210
Lek Yuen	200	450	692	527	256	2 125
Shek Wu Hui	275	398	591	524	334	2 122
Tseung Kwan O	252	562	727	423	172	2 136
Tai Po	144	475	797	485	223	2 124
Tung Chung	555	658	650	279	103	2 245
Tsuen Wan	270	452	635	542	218	2 117
Tuen Mun Wu Hong	387	524	588	421	213	2 133
Kwai Shing	379	495	714	462	162	2 212
Yuen Long	421	527	645	419	205	2 217

EHC	2013 (as at June 2013)					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	72	206	337	250	159	1 024
Shau Kei Wan	71	165	338	322	170	1 066
Wan Chai	65	206	341	292	140	1 044
Aberdeen	134	174	323	261	133	1 025
Nam Shan	106	261	344	258	112	1 081
Lam Tin	120	204	290	312	155	1 081
Yau Ma Tei	35	177	299	307	181	999
San Po Kong	64	178	357	284	150	1 033
Kowloon City	73	191	397	290	108	1 059
Lek Yuen	114	203	313	283	120	1 033
Shek Wu Hui	129	192	269	269	137	996
Tseung Kwan O	102	235	330	256	115	1 038
Tai Po	55	197	368	267	159	1 046
Tung Chung	249	349	277	165	46	1 086
Tsuen Wan	143	200	307	269	99	1 018
Tuen Mun Wu Hong	159	212	293	250	109	1 023
Kwai Shing	163	234	325	256	97	1 075
Yuen Long	194	232	312	206	125	1 069

(b) For the past three years, the numbers of elders on the waiting list for enrolment as new members, the median waiting times for enrolments and the longest median waiting time for enrolment among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2011	**2012**	**2013**
No. of applicants in the waiting list for enrolment as new members	10 401	12 525	15 141
Median waiting time for enrolments (months)	10.4	12.3	16.6
Longest median waiting time for enrolment among all EHCs (months)	43.5 (Lek Yuen EHC)	36.2 (Lek Yuen EHC)	28.6 (Tai Po EHC)

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)330

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4199)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 225):

Regarding woman health service, would the Administration please advise on the following for the past three years?

(a) The number of women enrolled at each of the Woman Health Centres and Maternal and Child Health Centres.

(b) The number of women on the waiting list for woman health service at each of these centres and the respective median and longest waiting time.

Asked by: Hon. KWOK Ka-ki

Reply:

(a) Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the Department of Health. At present, there are three WHCs and ten MCHCs providing women health service. In 2011, 2012 and 2013, the number of enrolment for woman health service at each centre is as follows :

Centre	**No. of enrolment**		
	2011	**2012**	**2013**
Chai Wan WHC	4 560	4 740	4 900
Lam Tin WHC	5 720	5 670	5 660
Tuen Mun WHC	5 500	5 010	4 900
Ap Lei Chau MCHC	210		210
Fanling MCHC	450		680
Lek Yuen MCHC	1 530	1 320	1 280
Ma On Shan MCHC	410		
Sai Ying Pun MCHC			
South Kwai Chung MCHC	240		
Tseung Kwan O Po Ning Road MCHC	240		
Tsing Yi MCHC	170		
Wang Tau Hom MCHC	180		
West Kowloon MCHC	240		
Total	**19 500**	**19 200**	**19 200**

(b) Clients enrolling for woman health service will be given an appointment for consultation. The waiting time for the consultation varies among different centres and ranges from one week to eight weeks, with a median of two weeks.

Examination of Estimates of Expenditure 2014-15 | Reply Serial No. FHB(H)331

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4200)

Head: (37) Department of Health

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

Programme: (7) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No.226):

Please advise whether the Government has enhanced the services of Woman Health Centres and Maternal and Child Health Centres in the estimate for 2014-15? If yes, what are the details and expenditures involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHC) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one. The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014.

A provision of $9.2 million to cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

The DH is one of the providers of woman health service. There are also other service providers, such as non-governmental organisations, private hospitals and private doctors, providing a wide array of health programmes for women. The DH currently has no plan to increase the number of Woman Health Centres.

Examination of Estimates of Expenditure 2014-15 Question Serial No.

FHB(H)332

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4201)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 227):

Regarding cervical screening service, would the Administration advise on:
(a) the number of women on the waiting list for the service in the past three years. What are the median waiting time and the longest waiting time?
(b) the number of attendances for the service by age group in the past three years;
(c) the number of women who had received screening service referred for treatment by age group in the past three years.

Asked by: Hon. KWOK Ka-ki

Reply:

There are 32 Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health which provide cervical screening service to women aged between 25 and 64.

(a) Clients are given an appointment for cervical screening service within four weeks after telephone booking. The actual appointment may vary from two days to four weeks.

(b) and (c)

In 2011, 2012 and 2013, the numbers of attendance for cervical screening service provided at MCHCs were 95 000, 98 000 and 99 000 respectively. Referrals made to specialist for further management in the corresponding years were 4 704, 5 167 and 4 878 respectively.

Based on the information kept by the Cervical Screening Information System, the breakdown of the number of women receiving cervical screening service at MCHCs by age group in the last three years was fairly constant. The proportion of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 23.2%, 33.2%, 28.5% and 13.7% respectively. The FHS does not keep a database by age group of the clients who have been referred to specialists.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)333

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4202)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 162 (if applicable)

Question (Member Question No. 228):

Regarding oral health services, will the Administration introduce an "Elderly Dental Care Service" by making reference to the "School Dental Care Service" to provide the elderly with services including oral check-up, scaling and filling so as to protect their oral health? If yes, what are the implementation details and the expenditure and manpower involved? If no, what are the reasons?

Asked by: Hon. KWOK Ka-ki

Reply:

Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. The Department of Health (DH) has been allocating resources primarily to promotion and preventive efforts.

To enhance the oral health of the public, the Oral Health Education Unit (OHEU) of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in seven public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

For elderly people with financial difficulties, the Comprehensive Social Security Assistance (CSSA) Scheme provides a dental grant for its recipients who are aged 60 or above, disabled or medically certified to be in ill health to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services. Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposed to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will

be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority and nursing homes registered with the DH. We have earmarked a provision of $25.1 million and proposed creation of six civil service posts for DH in 2014-15 for launching the programme.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)334

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4203)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 229):

Regarding the "pilot colorectal cancer screening programme", would the Administration advise on the details of the programme as well as the manpower and expenditure involved?

Asked by: Hon. KWOK Ka-ki

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)335

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4204)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 230):

Regarding child assessment centres, would the Administration please advise on the following:

(a) the respective numbers of children on the waiting list of Government's child assessment centres, numbers of children who had received assessment and numbers of children assessed to have developmental disabilities for the past three years, broken down by developmental problems of children.

(b) What were the lower quartile, median, average and the longest waiting time for new cases of child assessment centres for the past three years?

(c) What is the staff establishment of the centres? What types of professional staff are involved? What types of healthcare staff are involved? Please provide breakdowns by post of the professional and healthcare staff.

(d) Would the Administration advise whether follow-up services are provided accordingly by staff of the centres for children who have rehabilitation plans formulated after developmental diagnosis? What is the manpower involved? What is the average and the longest follow-up period respectively? Please provide a breakdown by developmental problems of children.

(e) Would the Administration advise on the numbers of parents and children who received interim counselling, talks and support groups provided by the centres for the past three years? What were the percentages of the above parents and children against the numbers of parents and children who sought help?

(f) Would the Administration provide a breakdown of the numbers of children who were assessed to have the need for appropriate pre-school and school placements for training, remedial and special education for the past three years.

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The numbers of referrals received, the numbers of children assessed and the numbers of newly diagnosed conditions in the financial years 2011-12, 2012-13 and 2013-14 by the Child Assessment Service (CAS) of the Department of Health (DH) are as follows:

	2011-12	**2012-13**	**2013-14** (provisional figures)
Number of new cases referred to the CAS	8 550	8 774	8 890
Number of children assessed by the CAS	14 571	14 535	14 786

	2011-12	2012-13	2013-14 (provisional figures)
Number of newly diagnosed conditions			
Attention Problems/Disorders	2 221	2 218	2 347
Autistic Spectrum Disorder	1 597	1 545	1 455
Borderline Developmental Delay	1 891	1 897	1 914
Developmental Motor Coordination Problems/ Disorders	1 950	1 790	1 936
Dyslexia & Mathematics Learning Disorder	601	509	468
Hearing loss (Moderate to profound grade)	97	95	91
Language Delay/Disorders and Speech Problems	2 676	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	46	49	55
Significant Developmental Delay/ Mental Retardation	1 140	1 080	1 224
Visual Impairment (Blind or Low Vision)	33	41	41

Note: A child might have been diagnosed with more than one developmental disability / problem.

(b) Nearly all new cases were seen within three weeks in the past three financial years from 2011-12 to 2013-14. Assessment for nearly 90% of newly registered cases was completed within six months in the above period. Statistics on the lower quartile, the median, the average and the longest waiting time for new cases over the past years are not readily available.

(c) The establishment of the CAS as at 1 March 2014 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	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	17
Occupational Therapist I	7
Physiotherapist I	5
Optometrist	2
Speech Therapist	10
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	11
Total:	**135**

(d) The CAS provides comprehensive assessments, diagnosis, formulates rehabilitation plan, provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age 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.

The multi-disciplinary group of healthcare and professional staff in the CAS comprises 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 manpower involved in the provision of follow-up service is not available.

Duration for follow-up action on children depends on individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The numbers of cases who participated in interim support activities such as counselling, talks and workshops and the numbers of new cases referred to the CAS in the financial years 2011-12, 2012-13 and 2013-14 are as follows. They may join these interim support activities before or after the assessment.

	2011-12	**2012-13**	**2013-14** (provisional figures)
Number of cases participated in interim support	7 011	7 481	7 521
Number of new cases referred to the CAS	8 550	8 774	8 890

(f) The number of cases referred to pre-school and school placement for training, remedial and special education in the financial years 2011-12, 2012-13 and 2013-14 were 9 661, 10 112 and 10 213 (provisional) respectively. Case statistics by support service are not available.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)336

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4207)

Head: (37) Department of Health

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

Programme: (1) Statutory Function

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 169 (if applicable)

Question(Member Question No. 222):

The estimate for 2014-15 is 12.2% higher than the original estimate for 2013-14. Would the Administration advise on the reasons for this? What items have caused the increase in the estimate? Are additional services or manpower involved? If yes, what are the additional services and manpower?

Asked by: Hon. KWOK Ka-ki

Reply:

Provision for 2014-15 is 12.2% higher than the revised estimate for 2013-14. This is mainly due to additional provision for (a) enhancing the regulation of healthcare institutions and supporting development of private healthcare services; (b) running one additional licensing examination of the Medical Council; (c) increase in cash flow requirement for procurement of equipment; and (d) an increase of 22 posts (details at **Annex**) in 2014-15 to meet operational needs.

Annex

Posts to be created in 2014-15 under
Programme (1) – Statutory Functions

	Rank	No. of posts to be created
(a)	Enhancing the regulation of healthcare institutions and supporting the development of private healthcare services	
	Senior Medical and Health Officer	3
	Medical and Health Officer	3
	Senior Nursing Officer	1
	Nursing Officer	1
	Registered Nurse	1
	Scientific Officer (Medical)	1
	Executive Officer II	1
	Accounting Officer II	1
	Sub-total :	***12***
(b)	Developing Chinese medicine by strengthening the regulation of Chinese medicine (time-limited for three years from 2014-15 to 2016-17)	
	Scientific Officer (Medical)	1
	Sub-total :	***1***
(c)	Conversion of non-civil service contract positions to civil service posts for rationalising the professional support in Chinese Medicine Division	
	Pharmacist	6
	Scientific Officer (Medical)	3
	Sub-total :	***9***
	Total:	***22***

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)337

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4221)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 165 (if applicable)

Question (Member Question No. 249):

Regarding child assessment centres, would the Administration please advise on:

a. the number of referrals of suspected learning disabilities to the child assessment centres made by doctors, through school assessment, by school social workers and teachers or via other channels for the past three years respectively. What was the number of referrals confirmed with various learning disabilities after assessment? Please provide a breakdown by children's learning disabilities.

b. the number of children assessed to have various learning disabilities for the past three years. Please provide a breakdown by children's learning disabilities.

Asked by: Hon. KWOK Ka-ki

Reply:

a. & b.

The number of referrals for suspected learning difficulties (referred as Developmental Delay for children under the age of 4 years and 6 months; and Learning Problems for children at the age of 4 years and 6 months or above) received by Child Assessment Service (CAS) of the Department of Health in the past three years are listed below:

	2011-12	**2012-13**	**2013-14 (provisional figures)**
Developmental Delay (aged < 4 years and 6 months)	1 797	1 814	1 821
Learning Problem (aged ≥ 4 years and 6 months)	508	507	533

A breakdown of cases by channel of referrals is not available.

Children who have been referred to CAS for suspected Developmental Delay and Learning Problems could be assessed to have one or more conditions. The spectrum of conditions is very wide and the table below contains the major categories of conditions which are however not exhaustive:

Number of newly diagnosed conditions	Number of cases		
	2011-12	**2012-13**	**2013-14 (provisional figures)**
Attention Problems/Disorders	2 221	2 218	2 347
Autistic Spectrum Disorder	1 597	1 545	1 455
Borderline Developmental Delay	1 891	1 897	1 914
Developmental Motor Coordination Problems/ Disorders	1 950	1 790	1 936
Dyslexia & Mathematics Learning Disorder	601	509	468
Hearing loss (Moderate to profound grade)	97	95	91
Language Delay/Disorders and Speech Problems	2 676	2 848	3 157
Physical Impairment (i.e. Cerebral Palsy)	46	49	55
Significant Developmental Delay/ Mental Retardation	1 140	1 080	1 224
Visual Impairment (Blind or Low Vision)	33	41	41

Note: A child might have been diagnosed with more than one developmental disability/problem.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)338

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4274)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 162 (if applicable)

Question (Member Question No. 86):

Regarding the introduction of the Varicella Vaccine into the Hong Kong Childhood Immunisation Programme(HKCIP),

1. what is the estimated number of infants who will be eligible for receiving the varicella vaccine in the first year?

2. what is the estimated number of vaccines to be procured? What will be the expenditure involved? What will be the estimated period of validity of the vaccines? How shall the Administration ensure a sufficient supply of the vaccines to avoid its shortage?

3. what were the numbers of attendances for receiving the vaccines and booster doses of the ten infectious diseases covered under the HKCIP for the past five years (2009-2013)? Please list out by year and type of vaccines.

Asked by: Hon. KWOK Wai-keung

Reply:

Based on the recommendation of the Scientific Committee on Vaccine Preventable Diseases under the Centre for Health Protection of the Department of Health (DH), the DH plans to introduce varicella (chickenpox) vaccine into the Hong Kong Childhood Immunisation Programme (HKCIP). The recommended schedule consists of two doses of varicella-containing vaccine. The first dose will be given together with other HKCIP vaccines at Maternal and Child Health Centres (MCHCs) when children reach one year old. The second dose will be given by the School Immunisation Teams when these children reach primary one.

The DH is working on the implementation details and will make public announcement when appropriate. It is expected that the varicella vaccine would be provided in MCHCs in 2014. Taking reference to the registered live birth statistics of 2013, it is estimated that around 58 000 newborns will be eligible to receive varicella vaccine in the first 12 months of implementation.

A provision of $9.2 million cover the vaccine cost has been included in 2014-15 draft estimate. Additional workload arising from the initiative will be absorbed by existing manpower of MCHCs and School Immunisation Teams.

The statistics on vaccinations provided by the DH under the HKCIP for 2009-2013 are detailed in the Annex.

Annex

Vaccinations provided under the Hong Kong Childhood Immunisation Programme by Maternal and Child Health Centres, School Immunisation Teams and Student Health Service of the Department of Health

Vaccines	Age of vaccination	2009	2010	2011	2012	2013
		No. of doses*				
BCG	Newborn	478	480	498	475	537
HBV	Newborn; 1 and 6 months	106 907	110 199	117 986	119 921	100 003
PCV	2, 4 and 6 months; 1 year	24 267	182 557	223 582	251 756	232 387
DTaP-IPV	2, 4 and 6 months; 18 months; Primary one	217 795	230 959	252 299	265 388	244 632
MMR	1 year; Primary one	116 036	113 184	113 682	111 235	119 687
dTap-IPV	Primary six	70 869	63 859	59 292	60 244	54 856
PCV (one-off catch-up programme from 1 September 2009 to 31 March 2011)	For children born between 1 September 2007 and 30 June 2009 inclusive	95 772	39 470	751	NA	NA

* Includes mop-up vaccinations

Note:
Student Health Service provides mop-up vaccinations to secondary school students who attend the Student Health Service Centres.

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 Vaccin

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)339

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4275)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 161 (if applicable)

Question(Member Question No. 87):

Regarding "providing genetic screening and counselling services" and "subventing the family planning services provided by the Family Planning Association of Hong Kong",

1. What were the numbers of attendances for the two services above in the past five years (2009 to 2013)? What were the expenditures involved? Please provide a breakdown by year.
2. For members of the public who use these services, how much do they have to pay per attendance? Please provide a breakdown by type of service.
3. Will the Administration consider increasing the amount of subventions to these services so as to push forward its plan to encourage childbearing? If yes, what are the details and the estimated expenditure involved? If no, what are the reasons?

Asked by: Hon. KWOK Wai-keung

Reply:

A. Genetic screening and counselling services provided by Clinical Genetic Service of the Department of Health (DH):

1. The numbers of family attendance in the past five years from 2009 to 2013 are as follows-

	No. of family attendance
2009	3 115
2010	3 055
2011	3 926
2012	4 646
2013	4 805

The Clinical Genetic Service provides comprehensive genetic services on a territory-wide basis. The major services provided include genetic counselling and genetic screening.

Expenditures of Clinical Genetic Service are as follows:

Financial Year	**Amount ($ million)**
2009-10 (Actual)	24.6
2010-11 (Actual)	26.3
2011-12 (Actual)	28.8
2012-13 (Actual)	29.6
2013-14 (Revised Estimate)	29.3

2. The service charges per family attendance are as follows-

	Eligible persons ($)	**Non-eligible persons ($)**
First consultation	100	1,110 up
Follow-up consultation	60	
Chromosome study	-	4,000 – 9,000
Molecular genetic testing	-	5,000 – 15,000

3. The Clinical Genetic Service does not provide any services or subsidies to encourage childbearing.

B. Subventing the family planning services provided by the Family Planning Association of Hong Kong (FPA)

1. The DH subvents the family planning services provided by the FPA. The numbers of attendance at the family planning clinics operated by the FPA in the past five years from 2009 to 2013 are as follows -

	No. of attendance
2009	131 900
2010	120 000
2011	113 000
2012	112 000
2013	116 000

The amounts of annual subvention to the FPA for the financial years 2009-10 to 2013-14 are as follows -

Financial Year	**Amount ($ million)**
2009-10 (Actual)	36.7
2010-11 (Actual)	39.2
2011-12 (Actual)	39.5
2012-13 (Actual)	45.6
2013-14 (Revised Estimate)	46.7

2. The fees for subvented family planning services provided by the FPA are set out at Annex.

3. The FPA offers holistic and quality clinical and counselling services in sexual and reproductive health to men and women of all ages. It empowers individuals to plan his or her family under the principle of "voluntary, responsible and informed choice". The subvention granted to the FPA under this programme is mainly for the provision of comprehensive family planning services such as

counselling on family planning, and health advice on sexual and reproductive health; operation services including vasectomy; legal and safe abortion; youth health care services including medical and counselling services in sexual and reproductive health for unmarried youth under the age of 26; and related promotion and supporting services. The amount of subvention earmarked for the FPA under this programme in 2014-15 is $46.2 million, which is more or less the same as that in 2013-14.

Annex

Fees for Subvented Family Planning Services
Provided by the Family Planning Association of Hong Kong

Service		Eligible persons ($)	Non-eligible persons ($)
(1)	**Comprehensive Family Planning Services**		
	Doctor Fee	120	180
	Doctor Follow-up Fee	80	
	Early Pregnancy Assessment Fee	250	
	Insertion/ Removal/ Change of Intrauterine Contraceptive Device	120	
	Nurse Assessment	25	
	Pelvic Ultrasound Scanning	380	
(2)	**Operation Services/ Legal and Safe Abortion**		
	Male Sterilisation	2,800	4,400
	Surgical/ Medical Termination of Pregnancy	3,300	4,400
	Monitored Anaesthetic Care	1,200	
(3)	**Youth Health Care Service**		
	Doctor Fee	120	180
	Doctor Follow-up Fee	80	
	Nurse Assessment	25	
	Counselling	90	120
	Termination of Pregnancy Package	480	770

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4297)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164

Question (Member Question No. 73):

Regarding continuing with publicity efforts to promote organ donation and registration with the Centralised Organ Donation Register (CODR) in collaboration with relevant organisations,

1. please list out by year the number of people registered for organ donation since the establishment of the CODR.

2. please list out by type of organ the number of organ donations received by public hospitals and the number of patients waiting for transplant in the past five years (2009 to 2013).

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

(1) Since the launch of the Centralised Organ Donation Register (CODR) in November 2008, the number of registrations made in the past years are as follows –

	2008 to 2009 [Note 1]	2010	2011	2012 [Note 2]	2013
Number of registrations during the year (as at 31 December)	45 150	23 896	22 610	27 518	24 036
Cumulative total	45 150	69 046	91 656	115 578	139 614

Note 1: The CODR was established in November 2008.
Note 2: The figures have been adjusted to eliminate multiple entries starting from 2012.

(2) The numbers of organ/tissue donations for transplant in public hospitals in the past five years are shown as follows -

	2009	2010	2011	2012	2013
Kidney	95	81	67	99	82
Heart	10	13	9	17	11
Lung	2	2	1	3	4
Liver	84	95	74	78	72
Cornea (piece)	203	250	238	259	248
Bone	0	6	0	3	3

Skin	17	23	21	6	4
	411	470	410	465	424

The numbers of patients awaiting organ/tissue donations for transplant in public hospitals in the past five years (as at 31 December) are shown as follows –

	2009	2010	2011	2012	2013
Kidney	1 602	1 621	1 781	1 808	1 991
Heart	10	8	20	17	17
Lung	8	12	17	15	18
Liver	100	91	109	121	120
Cornea (piece)	500	500	500	500	500
Bone [Note 3]	NA	NA	NA	NA	NA
Skin [Note 3]	NA	NA	NA	NA	NA

NA = Not Applicable

Note 3: Patients waiting for skin and bone transplant are spontaneous and emergency in nature. As substitutes will be used if no suitable piece of skin or bone is identified for transplant, patients in need of skin and bone transplant do not form part of the organ donation waiting list.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)341

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4304)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question (Member Question No. 78):

Regarding work on tobacco control by the Tobacco Control Office (TCO) of the Department of Health (DH),

1. what was the total expenditure of TCO for the past year? What was the establishment for various ranks of staff and the related expenditure?
2. please set out the number of complaints received, number of inspections, as well as the number of summonses and fixed penalty notices issued by TCO for the past three years (2011-2013) respectively.
3. what will be the main areas of work of TCO in the coming year? What is the related estimated expenditure? Will the Administration consider allocating additional resources and manpower to enhance the efficiency and effectiveness of work on tobacco control by TCO?

Asked by: Hon. MAK Mei-kuen, Alice

Reply:

The expenditures / provisions and the staff establishment of the Tobacco Control Office (TCO) in 2013-14 and 2014-15 are shown at **Annexes 1** and **2** respectively. The provision and the manpower of TCO in 2013-14 are expected to remain the same in 2014-15, with the change in provision mainly due to pay and inflationary adjustments. TCO will continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) and co-ordinate smoking cessation services, including collaboration with non-governmental organisations (NGOs), academic institutions and health care professionals to promote smoking cessation and provide smoking cessation services to the public. We will strengthen resources for TCO to cope with the work on tobacco control as appropriate.

TCO conducts inspections of all venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and the fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2011 to 2013 for smoking and other offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows –

	2011	2012	2013
Complaints received	16 418	18 291	18 079
Inspections conducted	23 176	26 209	27 461
FPNs issued (for smoking offences)	7 637	8 019	8 330

		2011	2012	2013
Summonses issued	for smoking offences	170	179	232
	for other offences (such as willful obstruction and failure to produce identity document)	117	88	99

Annex 1

Expenditures / Provisions of the Department of Health's Tobacco Control Office

	2013-14 Revised Estimate ($ million)	**2014-15 Estimate** ($ million)
Enforcement		
Programme 1: Statutory Functions	37.5	39.1
Health Education and Smoking Cessation		
Programme 3: Health Promotion	115.7	117.9
(a) General health education and promotion of smoking cessation		
TCO	*43.8*	*45.9*
Subvention: Council on Smoking and Health	*22.0*	*21.2*
Sub-total	***65.8***	***67.1***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations		
Subvention to Tung Wah Group of Hospitals	*34.7*	*34.7*
Subvention to Pok Oi Hospital	*7.3*	*7.8*
Subvention to Po Leung Kuk	*2.1*	*2.0*
Subvention to Lok Sin Tong	*1.9*	*1.4*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*
Subvention to Life Education Activity Programme	*1.3*	*2.3*
Sub-total	***49.9***	***50.8***
Total	**153.2**	**157.0**

Annex 2

Staff Establishment of Tobacco Control Office of the Department of Health

Rank	2013-14	2014-15 Estimate
Head, TCO		
Principal Medical & Health Officer	1	1
Enforcement		
Senior Medical & Health Officer	1	1
Medical & Health Officer	2	2
Land Surveyor	1	1
Police Officer	5	5
Tobacco Control Inspector	0	0
Overseer/ Senior Foreman/ Foreman	89	89
Senior Executive Officer/ Executive Officer	9	9
Sub-total	***107***	***107***
Health Education and Smoking Cessation		
Senior Medical & Health Officer	1	1
Medical & Health Officer/ Contract Doctor	1	1
Scientific Officer (Medical)	1	1
Nursing Officer/ Registered Nurse/ Contract Nurse	3	3
Hospital Administrator II/ Health Promotion Officer	4	4
Sub-total	***10***	***10***
Administrative and General Support		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	17	17
Motor Driver	1	1
Sub-total	***22***	***22***
Total no. of staff:	**140**	**140**

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)342

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6251)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 102):

It is noted that from February last year to January this year, the Department of Health (DH) has made 1 531 requests to the internet service providers for removal of its users' information. Would the Administration inform this Committee:

(1) of the respective divisions in DH that have made the said requests, the deployment and ranks of staff of various divisions for handling the said requests;

(2) the number of cases handled by DH as facilitated by the making of the said requests, the enforcement figures and details, as well as the expenditures involved in respect of various actions.

Asked by: Hon. MOK Charles Peter

Reply:

The Chinese Medicine Division (CMD) and the Drug Office of DH have made requests to internet service providers for removal of information. Details are as follows:

A. CMD

(1) The CMD of the DH is responsible for implementing the regulatory policy and measures for Chinese medicines traders, including those trading Chinese herbal medicines (CHM) and proprietary Chinese medicines (pCm). As part of its efforts to ensure the safety and quality of CHM and pCm, the CMD has set up a market surveillance system to monitor CHM and pCm for sale in the market and on the internet, in order to ensure their compliance with the Chinese Medicine Ordinance (Cap. 549). A Senior Pharmacist leads a team of 2 staff members to carry out the above surveillance work for internet sale of pCm and CHM, among their other duties.

(2) From February 2013 to January 2014, internet platforms or website providers were requested to remove a total of 210 links involving sale of suspected unregistered pCm or unauthorised sale of CHM. All these links involving 133 accounts were removed by the service providers accordingly. The expenditure incurred was absorbed by the CMD from within its existing resources.

B. Drug Office

(1) The Drug Office of the DH routinely conducts market surveillance of pharmaceutical products offered for sale in Hong Kong, including those sold on the internet. The objective is to ensure compliance with relevant legislation, including the Pharmacy and Poisons Ordinance (Cap. 138), the Antibiotics Ordinance (Cap. 137) and the Dangerous Drugs Ordinance (Cap. 134). A Senior Pharmacist leads a team of 2 staff members to carry out the above surveillance work for internet sale of pharmaceutical products, among their other duties.

(2) From February 2013 to January 2014, the Drug Office had found a total of 1 321 internet links that were suspected of improper sale of pharmaceutical products. Letters were issued to relevant internet platforms or website providers to remind them of the legal requirements of sale of pharmaceutical products in Hong Kong and request them to take appropriate action. All these links were removed by the service providers accordingly. The expenditure incurred was absorbed by the Drug Office from within its existing resources.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)343

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4692)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 101):

Regarding the engagement of agency workers, please provide the following information:

	2013-14 (the latest position)
Number of contracts with employment agencies	( )
Contract sum paid to each employment agency	( )
Duration of service of each employment agency	( )
Number of agency workers	( )
Details of the positions 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 • $6,240 to $6,500 • under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of agency workers against the total number of staff in the Department	( )
Percentage of payments to employment agencies against total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Number of workers with paid meal break	( )

Number of workers without paid meal break	( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding agency contracts under the Department of Health (DH) during 2013-14 is tabulated below -

	2013-14 (as at 31.12.2013)
Number of contracts with employment agencies	27 (-28.9%)
Contract sum paid to each employment agency	$0.59 million - $4.07 million
Duration of service of each employment agency	3 – 9 months
Number of agency workers	168 (-47.5%)
Details of the positions 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 • $16,001 to $30,000 • $8,001 to $16,000 • $6,501 to $8,000 • $6,240 to $6,500 • under $6,240	 3 (+200%) 1 (0%) 145 (-50.3%) 17 [Note1] (-34.6%) 0 (0%) 2 Part-time [Note1] (+200%)
Length of service of agency workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	We do not keep information on years of service of agency workers. The employment agency may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.
Percentage of agency workers against the total number of staff in the Department	2.6% (-46.9%)
Percentage of payments to employment agencies against total staff costs of the Department	0.6% (-53.8%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not keep information on severance payment / long service payment / contract gratuities received by or paid to agency workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the agency workers with the employment agencies, while the payment of contract gratuities is determined by the employment contract between
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	

	agency workers and their employment agencies.
Number of workers with paid meal break Number of workers without paid meal break	Whether agency workers have paid meal break is determined by the employment contract between agency workers and their employment agencies.
Number of workers working 5 days per week Number of workers with other work patterns [Note2]	108 (-50%) 60 (-42.3%)

( ) Change in percentage as compared with the same period in 2012-13

DH also hires information technology support services through the bulk contracts under the Office of the Government Chief Information Officer. The number of agency workers under these contracts was 182 in 2013-14 (as at 31.12.2013).

Note 1: Staff were paid above the Statutory Minimum Wage level.

Note 2: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)344

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4693)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 102):

Regarding the engagement of outsourced workers, please provide the following information:

	2013-14 (the latest position)
Number of outsourced service contracts	( )
Total payments to outsourced service providers	( )
Duration of service of each outsourced service provider	( )
Number of outsourced workers engaged through outsourced service providers	( )
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleansing and information technology)	
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 • $6,240 to $6,500 • under $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of outsourced workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Percentage of outsourced workers against the total number of staff in the Department	( )
Percentage of payments to outsourced service providers against the total staff costs of the Department	( )
Number of workers who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of workers with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by	( )

or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without paid meal break	( ) ( )
Number of workers working 5 days per week Number of workers working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding the engagement of outsourced workers by the Department of Health in 2013-14 is tabulated below-

	2013-14 (as at 31.12.2013)
Number of outsourced service contracts	253 (+11.0%)
Total payments to outsourced service providers	$81.1 million (+17.2%)
Duration of service of each outsourced service provider	1-6 months : 149 7-12 months : 104
Number of outsourced workers engaged through outsourced service providers	497 (+36.2%)
Details of the positions held by outsourced workers (e.g. customer service, property management, security, cleaning and information technology)	• Security : 111 • Cleaning : 173 • Cleaning & General support: 22 • Information Technology : 12 • Health Screening : 146 • General Support Service : 33
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 • $6,240 to $6,500 • under $6,240 • number of workers with unspecified salaries	 10 1 68 197 3 38[Note 1] 180
Length of service of outsourced workers • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years	We do not have information on years of service of outsourced workers. The outsourced service providers may arrange different employees or replacement workers to work for the Department during the contract period for different reasons.

	2013-14 (as at 31.12.2013)
• 1 to 3 years • under 1 year	
Percentage of outsourced workers against the total number of staff in the Department	7.58% (+36.8%)
Percentage of payments to outsourced service providers against the total staff costs of the Department	3.74% (+11.3%)
Number of workers who received severance payment / long service payment / contract gratuity	We do not have information on severance payment / long service payment / contract gratuities of outsourced workers. The payment of severance payment / long service payment depends on the length of continuous contracts of the outsourced workers with the outsourced service providers, while the payment of contract gratuities is determined by the employment contract signed between outsourced workers and the outsourced service providers.
Amount of severance payment / long service payment / contract gratuity paid	
Number of workers with severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Amount of severance payment / long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	
Number of workers with paid meal break Number of workers without paid meal break	Whether outsourced workers have paid meal break is determined by the employment contract signed between outsourced workers and outsourced service providers.
Number of workers working 5 days per week	89 (-27.0%)
Number of workers working 6 days per week	93 (+9.4%)
Number of workers on other work patterns[Note 2]	168 (+95.3%)
Number of workers whose work pattern is not specified in the contracts	147 (+104.2%)

( ) Changes in percentage as compared with the same period in 2012-13

Note 1: Staff were paid above the Statutory Minimum Wage level.
Note 2: Other work patterns include 5.5-day week, alternative Saturday off and other shift patterns.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)345

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4694)

Head: (37) Department of Health

Subhead (No. & title): (000) Operational expenses

Programme: Not specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 172 (if applicable)

Question (Member Question No. 103):

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

	2013-14 (the latest position)
Number of NCSC staff	( )
Details of the positions held by NCSC staff	
Payroll costs 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 • $6,240 to $6,500 • below $6,240	 ( ) ( ) ( ) ( ) ( ) ( )
Length of service of NCSC staff • over 15 years • 10 to 15 years • 5 to 10 years • 3 to 5 years • 1 to 3 years • under 1 year	 ( ) ( ) ( ) ( ) ( ) ( )
Number of NCSC staff successfully appointed as civil servants	( )
Percentage of NCSC staff against the total number of staff in the Department	( )
Percentage of staff costs for NCSC staff against the total staff costs of the Department	( )
Number of NCSC staff who received severance payment/long service payment/contract gratuity	( )
Amount of severance payment/long service payment/contract gratuity paid	( )
Number of NCSC staff with severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits attributable to employer's contributions to MPF	( )
Amount of severance payment/long service payment offset by or contract gratuity calculated from the accrued benefits	( )

attributable to employer's contributions to MPF	
Number of NCSC staff with paid meal break Number of NCSC staff without paid meal break	( ) ( )
Number of NCSC staff working 5 days per week Number of NCSC staff working 6 days per week	( ) ( )

( ) Change in percentage as compared with 2012-13

Asked by: Hon. WONG Kwok-hing

Reply:

Information regarding NCSC staff engaged by the Department of Health (DH) during 2013-14 is tabulated below –

	2013-14 (as at 31.12.2013)
Number of NCSC staff	663 (-20.7%)
Details of the positions held by NCSC staff	Please see Annex
Payroll costs of NCSC staff ($ million)	84.1 (-7.8%)
Monthly salary range of NCSC staff	
· $30,001 or above	59 (+9.3%)
· $16,001 to $30,000	62 (-16.2%)
· $8,001 to $16,000	540 (-23.5%)
· $6,501 to $8,000	0 (-100%)
· $6,240 to $6,500	0
· Below $6,240	2 [Note 1] (N/A)
Length of service of NCSC staff	
· More than 15 years	0
· 10 to 15 years	35 (-49.3%)
· 5 to less than 10 years	356 (+4.7%)
· 3 to less than 5 years	96 (-51.5%)
· 1 to less than 3 years	146 (-9.9%)
· less than 1 year	30 (-55.2%)

Number of civil servants appointed who were previously NCSC staff in the Department (The ex-NCSC staff was appointed as civil servant in DH through an open, fair and competitive process)	1 (-90%)		
Percentage of NCSC staff against the total number of staff in the Department	10.1% (-20.5%)		
Percentage of staff costs for NCSC staff against the total staff costs of the Department	3.9% (-11.4%)		
Number of NCSC staff who received severance payment (SP)/long service payment (LSP)/contract gratuity (CG)	SP	LSP	CG
	3 (-50%)	60 (+200%)	96 (-31.4%)
Amount of SP/LSP/CG paid [Note 2] ($ million)	SP	LSP	CG
	0.1 (-66.7%)	4.3 (+290.9%)	3.2 (-5.9%)
Number of NCSC staff with SP/LSP offset by or CG calculated from the accrued benefits attributable to employer's contributions to MPF	SP	LSP	CG
	2 (-66.7%)	58 (+205.3%)	N/A [Note 3] -
Amount of SP/LSP offset by or CG calculated from the accrued benefits attributable to employer's contributions to MPF ($ million)	SP	LSP	CG
	0.1 (-50%)	3.5 (+483.3%)	N/A [Note 3] -
Number of NCSC staff with paid meal break	628 (-17.4%)		
Number of NCSC staff without paid meal break	35 (-53.9%)		
Number of NCSC staff working 5 days per week	133 (-32.5%)		
Number of NCSC staff with other work patterns [Note 4]	530 (-17.1%)		

Figures in ( ) denote percentage changes as compared with the same period in 2012-13

Note 1: Staff were paid on hourly rate above the Statutory Minimum Wage level.

Note 2: The amount of SP/LSP refers to the entitlement of the NCSC staff irrespective of any offsetting. As for the amount of CG, employer's contributions to MPF has been offset.

Note 3: The amount of CG is not offset by the accrued benefits attributable to employer's contributions to MPF.

Note 4: Other work patterns include 5.5-day week, alternate Saturday off and other shift patterns.

Annex

NCSC Positions in the Department of Health as at 31.12.2013

Job Title	No.
Administrative Assistant	7
Assistant Chinese Medicine Officer	7
Assistant Manager	10
Assistant Tobacco Control Inspector	1
Chinese Medicine Assistant	27
Chinese Medicine Officer	4
Contract Accountant	1
Contract Accounting Manager	1
Contract Auditor	1
Contract Dental Technician II	2
Contract Dentist (Orthodontics)	3
Contract Doctor	5
Contract Doctor (Special Duties)	1
Contract Engineer (Biomedical)	2
Contract Nurse	20
Contract Senior Information Technology Manager	2
Darkroom Assistant	2
General Worker	17
Health Programme Assistant	3
Health Programme Attendant	1
Health Surveillance Assistant	467
Health Surveillance Supervisor	14
Manager	4
Media & Marketing Manager	1
Project Assistant	16
Project Officer (Chinese Medicines)	4
Registered Pharmacist	6
Registration Assistant	4
Registration Supervisor	3
Research Assistant	2
Research Officer	9
Service Administrator	1
Contract Midwife	7
Part-time Contract Doctor (Special Duties)	6
Part-time Contract Dentist (Orthodontics)	1
Part-time Senior Clinician (Orthodontics)	1
Total :	663

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)346

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5404)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume I Page 160 (if applicable)

Question (Member Question No. 83):

Regarding the continual enforcement of the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600),

1. what were the numbers of prosecutions successfully instituted against offences under the above two Ordinances respectively since they came into effect? Please provide a breakdown by year.

2. what were the numbers of complaints received each year regarding suspected offences under the above two Ordinances respectively since they came into effect? Please provide a breakdown by year.

3. what were the expenditures incurred in the smoking cessation services provided by the public sector in the past five years?

Asked by: Hon. WONG Kwok-kin

Reply:

The amended Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) came into effect on 1 January 2007 and 1 September 2009 respectively. The numbers of complaints received, inspections conducted and successful prosecutions by the Tobacco Control Office (TCO) of the Department of Health (DH) for the period from 2007 to 2013 for smoking and other offences under Cap. 371 and Cap. 600 are as follows:

		2007	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Complaints received		17 981	15 321	17 399	17 089	16 418	18 291	18 079
Inspections conducted		13 691	13 302	17 627	23 623	23 176	26 209	27 461
Fixed penalty notices		-	-	1 477	7 952	7 637	8 019	8 330
No. of successful prosecutions by summonses	Smoking offences	3 727	7061	4033	88	164	145	198
	Other offences such as willful obstruction and failure to produce identity document	52	116	107	116	111	78	75

Smoking cessation is an integral part of the Administration's tobacco control measures to protect public health. Over the years, DH and the Hospital Authority (HA) have been actively promoting smoking prevention and cessation.

The expenditures / provisions of tobacco control activities managed by TCO from 2009-10 to 2013-14 broken down by types of activities are at **Annex**. Various DH services other than TCO also contribute to the provision of health promotion activities relating to tobacco control and smoking cessation services. However, as they form an integral part of the respective DH's services, such expenditure could not be separately identified.

Apart from smoking cessation services provided by DH, HA has been providing its smoking cessation services since 2002 and is now operating ten full-time and 45 part-time smoking cessation clinics to provide smoking cessation services to the public through health talks, counselling and treatment. These smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure could not be separately identified.

Annex

Expenditures / Provisions of the Department of Health's Tobacco Control Office

($ in million)

	2009-10	2010-11	2011-12	2012-13	2013-14 Revised Estimate
Enforcement					
Programme 1: Statutory Functions	30.8	40.4	40.1	39.6	37.5
Health Education and Smoking Cessation					
Programme 3: Health Promotion	44.5	57.8	72.6	102.6	115.7
(a) General health education and promotion of smoking cessation					
TCO	*28.2*	*28.4*	*29.7*	*46.3*	*43.8*
Subvention: Council on Smoking and Health (COSH)	*12.6*	*13.2*	*14.9*	*20.7*	*22.0*
Sub-total	***40.8***	***41.6***	***44.6***	***67.0***	***65.8***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations					
Subvention to Tung Wah Group of Hospitals	*3.7*	*11.4*	*21.0*	*26.5*	*34.7*
Subvention to Pok Oi Hospital		*4.8*	*5.8*	*6.0*	*7.3*
Subvention to Po Leung Kuk			*1.2*	*1.7*	*2.1*
Subvention to Lok Sin Tong				*1.4*	*1.9*
Subvention to United Christian Nethersole Community Health Service					*2.6*
Subvention to Life Education Activity Programme					*1.3*
Sub-total	***3.7***	***16.2***	***28.0***	***35.6***	***49.9***
Total	**75.3**	**98.2**	**112.7**	**142.2**	**153.2**

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)347

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5408)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Budget Speech Paragraph 127 Page 46 (if applicable)

Question (Member Question No. 75):

It is stated in the Budget Speech that in the coming five years, Government will allocate additional funding of over $420 million for the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups.

1. Regarding implementation of the pilot scheme, what are the areas of work on the part of the Administration this year? What is the expenditure involved?

2. What is the estimated number of healthcare professionals required for the pilot scheme? What is the number of screenings provided to the public each year? What is the average cost of each screening?

3. Will the Administration consider adopting a public-private partnership mode in taking forward the pilot scheme? If yes, what are the details? If no, what are the reasons?

Asked by: Hon. WONG Kwok-kin

Reply:

The Department of Health is developing a colorectal cancer screening pilot programme. The pilot programme will offer faecal occult blood testing to people belonging to specific age groups who do not have symptom suggestive of colorectal cancer. The provision earmarked for the pilot programme is $422 million for five years from 2014-15 to 2018-19 which covers eight time-limited civil service posts, screening materials, medical and assessment services, laboratory analysis, publicity and education, and administrative expenses, etc.

A multi-disciplinary task force and several working groups comprising representatives from Hospital Authority, relevant Academy Colleges, medical associations, primary care doctors, academia and a non-governmental organisation, have been formed in January 2014 to oversee planning, implementation, promotion and evaluation of the pilot programme, covering the criteria for participation, screening method, service delivery model, operational logistics, etc. After completing the necessary planning and preparatory works, the pilot programme is expected to commence in the 2015-16 financial year. Experience from the pilot programme will generate useful information for consideration if screening should be extended to cover the wider population.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)348

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5238)

Head: (37) Department of Health

Subhead(No. & title): (000) Operational Expense

Programme: Not Specified

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 173 (if applicable)

Question(Member Question No. 14):

What is the 2014-15 estimate for the Department of Health's duty visits or exchange programmes to the Mainland? Please advise on the themes of the duty visits or exchange programmes to the Mainland planned for 2014-15. How will the Administration prevent activities irrelevant to official duties from taking place during duty visits outside Hong Kong? And how will the Administration prevent applications for revising visit destinations from becoming a mere formality?

Asked by: Hon. WONG Yuk-man

Reply:

For 2014-15, the Department of Health has planned to attend meetings and visit relevant authorities in the Mainland on areas such as the regulation of western and Chinese medicines, the prevention and control of communicable diseases and port health control. About $680,000 is earmarked for this purpose.

Official duty visits are governed by relevant government regulations and guidelines to ensure the proper and prudent use of public funds. Prior approval is required for all official duty visits, and applications for which must be justified on operational grounds with details of the proposed visits. Non-duty related activities should be avoided in these visits. In case of variations, applications have to be submitted to the approving authorities for re-assessment.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

FHB(H)349

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5050)

Head: (37) Department of Health

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

Programme: Not Specified

Controlling Officer: Director of Health

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 159 (if applicable)

Question(Member Question No. 105):

Regarding the use of existing facilities (such as elderly health centres, maternal and child health centres, specialist outpatient clinics, etc.), facilities that are left unused, and new facilities under the Department of Health, would the Government advise this Committee of the following:

1) are there any facilities left unused due to relocation or cessation of services from 2009 to 2014? If yes, please provide in the following table form the details, including: i) name; ii) address; iii) area; and iv) planned use of the facilities left unused due to relocation or cessation of services by year;

i)	ii)	iii)	iv)

2) are there any facilities that have been left vacant for more than five years? If yes, please provide in the following table form the details, including: i) name; ii) address; iii) area; iv) date of vacation; and v) planned use of the facility;

i)	ii)	iii)	iv)	v)

3) in the coming 12 months, will there be any building or alteration works completed for provision of new facilities? If yes, please provide in the following table form the information, including: i) name; ii) address; iii) area; and iv) planned services of the facility.

i)	ii)	iii)	iv)

Asked by: Hon. WU Chi-wai

Reply:

1) The following facilities were left unused due to relocation or cessation of service from 2009 to 2014 –

Vacant since	**Name of premises**	**Address**	**Area* (m^2)**	**Planned use**
2013	Argyle Street Government Dental Clinic	147A Argyle Street, Kowloon	110	▪ Pending renovation for implementation of Department of Health's new service
2013	Lee Kee Government Dental Clinic	G/F, Lee Kee Memorial Dispensary, 99 Carpenter Road, Kowloon City,	120	▪ Pending renovation for expansion of Department of Health's service

Vacant since	Name of premises	Address	Area* (m^2)	Planned use
		Kowloon		
2013	Kowloon Families Clinic	6/F, Yau Ma Tei Jockey Club Polyclinic, 145 Battery Street, Yau Ma Tei, Kowloon	340	▪ Pending renovation for reprovisioning of Department of Health's existing clinic

2) The following facilities have been left vacant for more than five years -

Name of premises	Address	Area* (m^2)	Vacant since	Planned use
Stanley Public Dispensary	Part of LG/F, 1/F and 2/F, 14 Wong Ma Kok Road, Stanley, Hong Kong	310	2007	▪ Grade 3 historic building ▪ Use of vacant area is being identified among government departments
Sham Shui Po Public Dispensary	1/F, 137 Yee Kuk Street, Sham Shui Po, Kowloon	150	2000	▪ Grade 2 historic building ▪ Use of vacant area is being identified among government departments
Tai O Jockey Club Clinic	Part of G/F and part of 2/F, 103 Shek Tsai Po Street, Tai O, New Territories	190	2005	▪ Use of vacant area is being identified among government departments
Sha Tau Kok Clinic	Part of 1/F, 58 Sha Tau Kok Road, Sha Tau Kok, New Territories	210	1999	▪ Allocated to another government department in 2014
Lady Ho Tung Welfare Centre	38 Kwu Tung Road, Sheung Shui, New Territories	430	2005	▪ The Main Block was returned by the Hospital Authority to Department of Health on 11 June 2013 ▪ Grade 2 historic building ▪ Included in Batch IV of Revitalisation Scheme
Arran Street Child Assessment Centre	9 Arran Street, Mong Kok, Kowloon	460	2007	▪ Will be returned to the Rotary Club of Kowloon upon completion of reinstatement works

3) In the coming 12 months, the following new facilities will be completed -

Name of premises	Address	Area* (m^2)	Service
Kwun Tong Yuet Wah Street Dental Clinic	Kwun Tong Community Health Centre Building, Yuet Wah Street, Kwun Tong, Kowloon	450	For reprovisioning of Kwun Tong Jockey Club Dental Clinic currently situated at Kwun Tong Jockey Club Health Centre
Kwun Tong Maternal and Child Health Centre	Kwun Tong Community Health Centre Building, Yuet Wah Street, Kwun Tong, Kowloon	800	For reprovisioning of Ngau Tau Kok Maternal and Child Health Centre currently situated at Ngau Tau Kok Jockey Club Clinic
Kwun Tong Methadone Clinic	Roundabout at Hoi Yuen Road/Kwun Tong Road, Kwun Tong, Kowloon	130	For reprovisioning of Kwun Tong Methadone Clinic currently situated at Kwun Tong Jockey Club Health Centre
Tsuen Wan Maternal and Child Health Centre	Yan Chai Hospital Community Health and Wellness Centre, Tsuen Wan, New Territories	860	For reprovisioning of Maurine Grantham Maternal and Child Health Centre currently situated at Maurine Grantham Health Centre

Name of premises	Address	Area* (m^2)	Service
Dispensary at Tang Chi Ngong Specialist Clinic	1/F, Tang Chi Ngong Specialist Clinic, 284 Queen's Road East, Wan Chai, Hong Kong	250	For provision of dispensing service to Families Clinic, Maternal and Child Health Centre and Social Hygiene Clinics in Tang Chi Ngong Specialist Clinic and MacLehose Dental Clinic
Government Dental Clinic at Mrs Wu York Yu Health Centre	2/F, Mrs Wu York Yu Health Centre, 310 Wo Yee Hop Road, Lei Muk Shue, Kwai Chung, New Territories	610	For provision of dental service to civil service eligible persons

* rounded to nearest $10m^2$

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

FHB(H)350

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5115)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

This question originates from: Estimates on Expenditure Volume 1 Page 164 (if applicable)

Question (Member Question No. 184):

Regarding the provision of dental services, please advise this Committee on the following:

1. What were the number of attendances at GP sessions, the maximum number of discs allocated per session and the utilisation rate of GP sessions at various dental clinics for the past three years?

2. The Department of Health (DH) has not increased the number of discs allocated at dental clinics for the past three years. Given the existing manpower and hardware support at various dental clinics, is there room for increasing the number of discs? Will DH allocate additional resources to provide more services?

3. At present, not every district in the territory has a dental clinic. Does DH have any plan to set up dental clinics at districts which do not have one yet, such as Wong Tai Sin District? Does DH know whether the Hospital Authority currently has any plan to provide more dental services in the community through setting up community health centres?

Asked by: Hon. WU Chi-wai

Reply:

1. Under Programme (4), the Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2011-12, 2012-13 and 2013-14, the numbers of attendances at GP sessions per clinic are as follows:

<table>
<tr><th rowspan="2">Dental clinic with GP sessions</th><th rowspan="2">Service session</th><th colspan="3">No. of attendances at GP sessions per clinic</th></tr>
<tr><th>2011-12</th><th>2012-13</th><th>2013-14 (as at January 2014)</th></tr>
<tr><td rowspan="2">Lee Kee Government Dental Clinic (closed on 30.8.2013)</td><td>Monday (AM)</td><td rowspan="2">5 398</td><td rowspan="2">5 779</td><td rowspan="2">2 473</td></tr>
<tr><td>Thursday (AM)</td></tr>
<tr><td rowspan="2">Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)</td><td>Monday (AM)</td><td></td><td></td><td rowspan="2">1 863</td></tr>
<tr><td>Thursday (AM)</td><td></td><td></td></tr>
<tr><td>Kwun Tong Jockey Club Dental Clinic</td><td>Wednesday (AM)</td><td>4 038</td><td>4 021</td><td>3 128</td></tr>
</table>

Dental clinic with GP sessions	Service session	No. of attendances at GP sessions per clinic		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Kennedy Town Community Complex Dental Clinic	Monday (AM)	5 060	5 194	4 529
	Friday (AM)			
Fanling Health Centre Dental Clinic	Tuesday (AM)	2 138	2 128	1 945
Mona Fong Dental Clinic	Thursday (PM)	1 985	1 985	1 613
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	1 989	2 046	1 631
Tsuen Wan Dental Clinic	Tuesday (AM)	7 895	7 784	6 683
	Friday (AM)			
Yan Oi Dental Clinic	Wednesday (AM)	2 083	2 033	1 570
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	3 920	3 833	3 285
	Friday (AM)			
Tai O Dental Clinic	2nd Thursday (AM) of each month	130	146	118
Cheung Chau Dental Clinic	1st Friday (AM) of each month	250	230	212

In financial years 2011-12, 2012-13 and 2013-14, the maximum numbers of disc allocated per GP session are as follows:

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Lee Kee Government Dental Clinic (closed on 30.8.2013)	Monday (AM)	84	84	84
	Thursday (AM)	42	42	42
Kowloon City Dental Clinic (commences GP sessions with effect from 2.9.2013)	Monday (AM)			84
	Thursday (AM)			42
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	84	84	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84	84
	Friday (AM)	84	84	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	50	50
Mona Fong Dental Clinic	Thursday (PM)	42	42	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	42	42
Tsuen Wan Dental Clinic	Tuesday (AM)	84	84	84
	Friday (AM)	84	84	84
Yan Oi Dental Clinic	Wednesday (AM)	42	42	42

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session		
		2011-12	2012-13	2013-14 *(as at January 2014)*
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	42	42
	Friday (AM)	42	42	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	32	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	32	32

The average utilisation rates of GP sessions in financial years 2011-12, 2012-13 and 2013-14 are as follows:

Financial year	**2011-12**	**2012-13**	**2013-14 (as at January 2014)**
Utilisation rate of GP sessions (%)	86.8%	88.0%	86.5%

2. The government dental clinics under the DH are set up mainly for fulfilling the Government's obligation as an employer to provide dental treatment to civil service eligible persons as part of the conditions of service (civil service benefits). The appointments of the government dental clinics are fully booked. The service's utilisation is nearly 100%, as scheduled clients nearly all keep their appointments. The small number of appointments not kept by the scheduled clients (less than 3%) are subsequently taken up by those non-scheduled clients with urgent conditions (urgent cases) who require immediate emergency dental service. There is no surplus capacity for expansion of GP sessions in the government dental clinics.

3. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotions and education. The DH has been allocating resources primarily to promotion and preventive efforts.

Under the Comprehensive Social Security Assistance (CSSA) Scheme, CSSA recipients who are aged 60 or above, disabled or medically certified to be in ill health are eligible for a dental grant to cover the actual expenses or the ceiling amount of the dental treatment items, including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction, whichever is the less.

Under the Elderly Health Care Voucher Scheme (the Scheme) launched on a pilot basis in 2009, elders 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). Given the increasing popularity of the Scheme, the Government has converted the Scheme into a recurrent support programme in 2014 and proposes to further increase the annual voucher value from $1,000 to $2,000 later this year.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services to elders residing in residential care homes or receiving services in day care centres. Having regard to the positive feedback from both the recipients of the free dental service and the participating NGOs, the pilot project will be converted to a regular programme in 2014 to continue to provide outreach dental services to elders in these homes and centres. Under the regular programme, we will expand the scope of treatments and services to cover fillings, extractions, dentures, etc. In addition, the pool of beneficiaries will be expanded to cover elders in similar conditions, including those residing in

infirmary units under the Hospital Authority and nursing homes registered with the DH.

In addition, the Community Care Fund (CCF) rolled out the Elderly Dental Assistance Programme (the Programme) in September 2012 to subsidise low-income and needy elders for receiving dentures and related dental services. The CCF Task Force under the Commission on Poverty has set up a working group to consider expanding the existing eligibility criteria of the Programme progressively with a view to benefiting more elders who have financial difficulties and do not receive CSSA, taking into account the progress of the implementation and the experience gained.

We will continue our efforts in promotion and education to improve oral health of the public.

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

CSB044

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0624)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates on Expenditure Volume 1 Page 167

Question (Member Question No. 10):

In 2014-15, there will be an increase of 55 posts to meet the needs for medical and dental treatment for civil servants. In this regard, would the Bureau advise on:

a) the posts created under Medical and Dental Treatment for Civil Servants in 2013-14, their job nature and remunerations;

b) the posts and numbers of entrants and leavers under Medical and Dental Treatment for Civil Servants in 2013-14;

c) the 55 additional posts expected to be created under Medical and Dental Treatment for Civil Servants in 2014-15, their job nature and remunerations.

Asked by: Hon. POON Siu-ping

Reply:

a) 55 posts were actually created under Programme (7) – Medical and Dental Treatment for Civil Servants in 2013-14. Details are at Annex A. These posts are for providing medical and dental services for civil service eligible persons.

b) The numbers of entrants and leavers under Programme (7) – Medical and Dental Treatment for Civil Servants in 2013-14 are at Annex B.

c) Details of 55 additional posts proposed to be created under Programme (7) in 2014-15 are at Annex C. These posts are for providing medical and dental services for civil service eligible persons.

Annex A

Posts Created in 2013-14 under
Programme (7) – Medical and Dental Treatment for Civil Servants

Initiative / Rank	No. of posts created	Annual recurrent cost of civil service posts ($)
(a) Enhancing general dental services for civil service eligible persons		
Senior Dental Officer	1	1,153,800
Dental Officer	19	15,360,360
Senior Dental Surgery Assistant	3	1,179,360
Dental Surgery Assistant	2	501,720
Assistant Clerical Officer	1	222,420
Clerical Assistant	5	867,600
Laboratory Attendant	3	554,760
Workman II	4	551,760
Sub-total :	***38***	***20,391,780***
(b) Enhancing medical services for civil service eligible persons		
Senior Medical and Health Officer	1	1,153,800
Nursing Officer	1	593,940
Registered Nurse	2	748,800
Dietitian	1	494,340
Dispenser	3	674,820
Assistant Clerical Officer	1	222,420
Clerical Assistant	6	1,041,120
Workman II	2	275,880
Sub-total :	***17***	***5,205,120***
Total :	***55***	***25,596,900***

Annex B

Numbers of Entrants and Leavers in 2013-14 under

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

(up to 28 February 2014)

Grade / Rank	No. of Entrants [Note]	No. of Leavers [Note]
Medical and Health Officer /		
Medical & Health Officer	5	3
Registered Nurse /		
Nursing Officer	0	1
Registered Nurse	7	5
Dental Officer /		
Dental Consultant	1	0
Senior Dental Officer	3	5
Dental Officer	17	8
Dental Surgery Assistant /		
Senior Dental Surgery Assistant	1	1
Dental Surgery Assistant	23	10
Dental Technician /		
Senior Dental Technologist	1	0
Dental Technologist	1	2
Dental Technician I	1	4
Dental Technician II	0	1
Dispenser /		
Dispenser	2	0
Dietitian /		
Dietitian	1	0
Clerical Officer /		
Clerical Officer	1	0
Assistant Clerical Officer	5	5
Clerical Assistant /		
Clerical Assistant	21	7
Laboratory Attendant /		
Laboratory Attendant	4	2
Workman II /		
Workman II	7	6
Total :	***101***	***60***

Note:

Entrants include posting to Programme 7, new recruits or promotion.

Leavers include transferring out to other Programmes in DH/other Departments, resignation/retirement/death or promotion.

Annex C

Posts proposed to be created in 2014-15 under Programme (7) – Medical and Dental Treatment for Civil Servants

	Initiative / Rank	No. of posts to be created	Annual recurrent cost of civil service posts ($)
(a)	Enhancing general dental services for civil service eligible persons		
	Senior Dental Officer	1	1,153,800
	Dental Officer	9	7,275,960
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	10	2,508,600
	Dental Hygienist	1	265,980
	Laboratory Attendant	1	184,920
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	3	520,560
	Workman II	3	413,820
	Sub-total :	***30***	***12,939,180***
(b)	Strengthening administrative support for families clinics and planning of clinic projects under Programme (7)		
	Executive Officer I	1	621,900
	Hospital Administrator II	1	393,120
	Sub-total :	***2***	***1,015,020***
(c)	Providing dedicated oral-maxillofacial and dental surgery services for civil service eligible persons		
	Senior Dental Officer	4	4,615,200
	Senior Dental Surgery Assistant	2	786,240
	Dental Surgery Assistant	2	501,720
	Clerical Officer	1	356,640
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***12***	***6,793,680***
(d)	Expanding the dental clinic at Kwun Tong Jockey Club Clinic upon its reprovisioning		
	Senior Dental Officer	1	1,153,800
	Dental Officer	3	2,425,320
	Senior Dental Surgery Assistant	1	393,120
	Dental Surgery Assistant	3	752,580
	Assistant Clerical Officer	1	222,420
	Clerical Assistant	1	173,520
	Workman II	1	137,940
	Sub-total :	***11***	***5,258,700***
	Total :	***55***	***26,006,580***

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

CSB045

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1606)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates on Expenditure Volume 1 Page 167

Question (Member Question No. 43):

Regarding attendances at dental clinics, please provide the following information for the years 2010 to 2014:

a. Set out in table form the attendances at various dental clinics of the Department of Health (DH);
b. Set out in table form the attendances of elderly aged over 60 at non-public clinics and DH's dental clinics respectively;
c. What practical and feasible measures will be taken by the Administration to raise the percentage of new dental cases receiving an appointment within six months?

Asked by: Hon. TIEN Puk-sun, Michael

Reply:

a. The attendances of civil service eligible persons at various dental clinics of DH from 2010 to 2014 are attached at Annex.
b. "Non-public clinics" under Programme 7 refers to families clinics providing medical services to civil service eligible persons. DH does not keep statistics on the age breakdown of clients at both families clinics and dental clinics.
c. DH pledges to offer appointment for over 90% of new dental cases within six months. We have secured resources to set up a total of 34 additional general dental surgeries in 2012-13 and 2013-14. With the operation of additional surgeries, DH was able to meet the target by giving appointment to 92% of new dental cases within six months in both 2012 and 2013. DH plans to set up 14 new surgeries in 2014-15 and will continue to encourage clients of the more popular dental clinics to switch to clinics with a smaller patient pool with a view to raising the percentage of new dental cases receiving an appointment within six months as far as possible.

Annex

Attendances of Civil Service Eligible Persons at Dental Clinics/Units in Department of Health from 2010 to 2014

Dental Clinics	Attendances				
	2010	2011	2012	2013	2014 (Up to January 2014)
Aberdeen Jockey Club Dental Clinic	10 309	9 793	9 713	9 428	856
Argyle Street Government Dental Clinic#	10 138	9 864	9 574	3 401	-
Castle Peak Hospital Dental Clinic	10 247	10 487	10 339	10 951	1 005
Chai Wan Government Dental Clinic	21 358	20 051	19 831	18 971	1 727
Cheung Chau Dental Clinic*	1 406	1 104	1 111	1 032	86
Cheung Sha Wan Government Offices Dental Clinic	71 301	68 637	67 821	68 286	5 834
Fanling Health Centre Dental Clinic	23 510	24 837	25 681	26 744	2 737
Ha Kwai Chung Government Dental Clinic	11 335	12 648	13 215	13 938	1 235
Harbour Building Dental Clinic	9 539	9 458	19 659	26 410	2 393
Harbour Building Orthodontic Clinic	11 911	10 359	9 492	12 247	1 233
Hong Kong Police College Dental Clinic*	2 273	2 081	1 793	1 669	150
Kennedy Town Community Complex Dental Clinic	25 416	22 114	18 713	18 789	1 633
Kowloon City Dental Clinic	-	-	-	8 642	1 793
Kwai Chung Hospital Dental Clinic	3 378	2 894	2 990	3 140	243
Kwun Tong Jockey Club Dental Clinic	8 403	8 779	9 524	9 022	707
Kwun Tong Yung Fung Shee Dental Clinic	-	-	-	5 261	1 027
Lee Kee Government Dental Clinic#	10 427	9 353	9 141	5 953	-
Li Po Chun Dental Clinic	16 566	16 264	15 443	16 321	1 405
Ma On Shan Dental Clinic	13 481	13 261	12 175	13 527	1 231
MacLehose Dental Centre 2/F	13 559	12 912	11 763	11 944	1 012
MacLehose Dental Centre 6/F	34 878	35 907	36 552	36 001	3 125
Madam Yung Fung Shee Dental Clinic	14 792	14 269	13 959	14 220	1 204
Mona Fong Dental Clinic	3 437	4 009	4 035	3 991	334
Pamela Youde Government Dental Clinic	18 223	18 791	21 847	21 946	1 922
Queensway Government Offices Dental Clinic	34 158	31 452	29 614	30 173	2 208
Sai Ying Pun Dental Clinic 3/F	-	1 419	3 446	3 895	334
Sai Ying Pun Dental Clinic 8/F	-	-	-	3 818	482
Tai O Dental Clinic*	189	153	156	194	23
Tai Po Wong Siu Ching Dental Clinic	17 974	18 317	14 926	14 635	1 292
Tang Shiu Kin Dental Clinic	14 541	14 142	14 586	15 813	1 462
Tseung Kwan O Dental Clinic	18 727	18 824	17 576	20 611	1 847
Tsuen Wan Dental Clinic	14 211	14 068	14157	13 518	1 019
Tsuen Wan Government Offices Dental Clinic	16 154	17 260	16 914	17 899	1 466
Tung Chung Dental Clinic	8 081	8 313	7 983	8 302	728
Victoria Road Dental Clinic	-	775	2 493	2 267	173

Dental Clinics	Attendances				
	2010	**2011**	**2012**	**2013**	**2014 (Up to January 2014)**
Wan Chai Dental Clinic	40 008	40 165	40 180	39 825	3 443
Western Dental Clinic	-	617	3 667	4 134	328
Yan Oi Dental Clinic	9 191	9 432	9 266	9 604	866
Yau Ma Tei Jockey Club Dental Clinic 6/F	33 737	31 657	33 378	33 921	2 691
Yau Ma Tei Jockey Club Dental Clinic 7/F	27 102	28 115	23 825	19 190	1 941
Yuen Long Jockey Club Dental Clinic	9 825	9 672	9 943	9 181	666

* Operated on part-time basis

Argyle Street Government Dental Clinic and Lee Kee Government Dental Clinic were closed in June and August 2013 respectively.

Oral Maxillofacial Surgery & Dental Units in Hospitals	Attendances				
	2010	**2011**	**2012**	**2013**	**2014 (Up to January 2014)**
North District Hospital Oral Maxillofacial Surgery & Dental Unit	1 718	1 773	1 816	1 837	182
Pamela Youde Nethersole Eastern Hospital Oral Maxillofacial Surgery & Dental Unit	3 702	3 374	3 357	3 505	355
Prince of Wales Hospital Oral Maxillofacial Surgery & Dental Unit	2 433	3 058	3 038	2 929	323
Princess Margaret Hospital Oral Maxillofacial Surgery & Dental Unit	3 299	3 181	2 844	2 635	205
Queen Elizabeth Hospital Oral Maxillofacial Surgery & Dental Unit	3 384	3 209	2 701	2 559	249
Queen Mary Hospital Oral Maxillofacial Surgery & Dental Unit	3 924	3 791	3 546	3 523	252
Tuen Mun Hospital Oral Maxillofacial Surgery & Dental Unit	2 470	2 419	2 225	2 201	148

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4252)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates on Expenditure Volume I Page 170

Question (Member Question No. 52):

In the past year, there was an increase of 75 posts. In 2014-15, there will also be an increase of 55 posts. Please provide details on and the reasons for these additional posts.

Asked by: Hon. KWOK Wai-keung

Reply:

Details of 75 additional posts approved for creation in 2013-14 and 55 additional posts proposed to be created in 2014-15 under Programme (7) – Medical and Dental Treatment for Civil Servants are at Annexes A and B respectively. These posts are for providing medical and dental services for civil service eligible persons.

Annex A

Additional Posts Approved for Creation in 2013-14 under Programme (7) – Medical and Dental Treatment for Civil Servants

	Initiative / Rank	No. of posts
(a)	Enhancing general dental services for civil service eligible persons	
	Senior Dental Officer	2
	Dental Officer	15
	Senior Dental Surgery Assistant	2
	Dental Surgery Assistant	15
	Dental Hygienist	1
	Executive Officer I	1
	Assistant Clerical Officer	1
	Clerical Assistant	9
	Supplies Supervisor II	1
	Laboratory Attendant	2
	Workman II	5
	Sub-total :	***54***
(b)	Expanding Kowloon Families Clinic	
	Senior Medical and Health Officer	1
	Medical and Health Officer	2
	Nursing Officer	1
	Registered Nurse	3
	Dietitian	1
	Dispenser	4
	Assistant Clerical Officer	1
	Clerical Assistant	3
	Workman II	2
	Sub-total :	***18***
(c)	Conversion of non-civil service contract positions to civil service posts for strengthening the provision of dental services for civil service eligible persons	
	Laboratory Attendant	3
	Sub-total :	***3***
	Total :	***75***

Annex B

Additional Posts Proposed for Creation in 2014-15 under Programme (7) – Medicial and Dental Treatment for Civil Servants

	Initiative / Rank	No. of posts
(a)	Enhancing general dental services for civil service eligible persons	
	Senior Dental Officer	1
	Dental Officer	9
	Senior Dental Surgery Assistant	1
	Dental Surgery Assistant	10
	Dental Hygienist	1
	Laboratory Attendant	1
	Assistant Clerical Officer	1
	Clerical Assistant	3
	Workman II	3
	Sub-total :	***30***
(b)	Strengthening administrative support for families clinics and planning of clinic projects under Programme (7)	
	Executive Officer I	1
	Hospital Administrator II	1
	Sub-total :	***2***
(c)	Providing dedicated oral-maxillofacial and dental surgery services for civil service eligible persons	
	Senior Dental Officer	4
	Senior Dental Surgery Assistant	2
	Dental Surgery Assistant	2
	Clerical Officer	1
	Assistant Clerical Officer	1
	Clerical Assistant	1
	Workman II	1
	Sub-total :	***12***
(d)	Expanding the dental clinic at Kwun Tong Jockey Club Clinic upon its reprovisioning	
	Senior Dental Officer	1
	Dental Officer	3
	Senior Dental Surgery Assistant	1
	Dental Surgery Assistant	3
	Assistant Clerical Officer	1
	Clerical Assistant	1
	Workman II	1
	Sub-total :	***11***
	Total :	***55***

Examination of Estimates of Expenditure 2014-15 Reply Serial No.

CSB101

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4791)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates on Expenditure Volume 1 Page 170

Question(Member Question No. 39):

It is stated in the Estimate that the provision for 2014-15 is $104.6 million (10.6%) higher than the revised estimate for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons. In this regard, will the Government inform this Committee:

1. What criteria the Administration has used for projecting "the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons"?
2. Regarding the increase in the estimate, what are the specific items for which there is an increasing demand?
3. How much of the increased provision will be for emoluments of the newly created posts?

Asked by: Hon. TANG Ka-piu

Reply:

1. To project the expenditure on payment and reimbursement of medical fees and hospital charges required for the next financial year, we draw reference to the actual expenditures over the past years.
2. The actual utilisation of the provision is demand driven. We do not have an estimate on the demand for specific items, the expenses of which are met by the provision.
3. For 2014-15, the proposed provision for Programme (7) – Medical and Dental Treatment for Civil Servant is increased by $104.6 million (10.6%) when compared with the 2013-14 Revised Estimate. Among the increase of $104.6 million, $40 million represents additional provision for meeting the demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons. No additional post will be created for administering such payment and reimbursement. The remaining increase of provision is for enhancing the medical and dental services for civil service eligible persons, involving the creation of 55 posts in 2014-15 to meet operational needs.

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4792)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates on Expenditure Volume 1 Page 170

Question(Member Question No. 40):

Please list out the costs involved in respect of "medical services at non-public clinics", "dental treatment services at dental clinics" and "payment for medical fees and hospital charges incurred" for the previous two years as well as 2014-15 respectively.

Asked by: Hon. TANG Ka-piu

Reply:

The expenditures in respect of "medical services at non-public clinics", "dental treatment services at dental clinics" and "payment and reimbursement of medical fees and hospital charges" for civil service eligible persons in 2012-13, 2013-14 and 2014-15 are as follows-

	2012-13 (Actual) **$ million**	**2013-14 (Revised Estimate)** **$ million**	**2014-15 (Estimate)** **$ million**
Medical services at non-public clinics	86.2	94.2	98.8
Dental treatment services at dental clinics	453.1	529.9	589.9
Payment and reimbursement of medical fees and hospital charges	303.6	360.0	400.0
Total	**842.9**	**984.1**	**1,088.7**

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4794)

Head: (37) Department of Health

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

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

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for the Civil Service

This question originates from: Estimates of Expenditure Volume 1 Page 167

Question (Member Question No. 42):

Regarding "medical fees and hospital charges", can eligible persons apply for reimbursement of expenses on the self-financed items and self-financed drugs of the Hospital Authority? If yes, what were the respective amounts of reimbursement for the past year?

Asked by: Hon. TANG Ka-piu

Reply:

Under the existing policy, civil service eligible persons can apply for payment and reimbursement of self-financed items and drugs of Hospital Authority (HA) as prescribed by HA doctors on medical grounds. The breakdown for payment and reimbursement of self-financed items and drugs of HA for 2012-13 is as follows-

Payment and reimbursement of self-financed drugs and items of HA	**2012-13 $ million**
Self-financed drugs	186.5
Self-financed items	57.1
Total	243.6

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

SB409

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4205)

Head: (37) Department of Health

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

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Security

This question originates from: Estimates on Expenditure Volume 1 Page 166 (if applicable)

Question (Member Question No. 231):

Regarding the voluntary agencies subvented by the Department of Health to provide drug treatment service, would the Administration please advise:

(a) What were their respective numbers of enquiries received and the numbers of people who had sought help regarding the residential drug treatment programme?

(b) What are the numbers of application for the service and the numbers of people on the waiting lists? What is the respective median, average and maximum waiting time? How many people can be served by each agency per year? Among them, what is the percentage of each age group?

(c) What is the number of residential places in each centre? What is the number of professional staff at each rank?

(d) What is the respective median, average, longest and shortest duration of drug treatment? What are the numbers of clients abstinent from drug one year after the treatment? Among them, what is the percentage of each age group?

Asked by: Hon. KWOK Ka-ki

Reply:

(a) The Department of Health subvents three non-governmental organisations (NGOs), namely, the Society for Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong (Caritas) and the 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.

In 2013, the six DTRCs received around 2 700 enquiries for admission to their programmes. The breakdown of the number of applications to respective centres is set out in part (b) below.

(b) The waiting time for admission in 2013 and the number of applications and clients on the waiting list as at 31 December 2013 of each of these DTRCs are set out below:

NGO	DTRC	No. of applications [Note 1]	No. of clients on the waiting list [Note 1]	Waiting time for admission [Note 1] (weeks)		
				Median	Average	Maximum
SARDA	AFRC	63	9	1.5	2	8
	ATYC	120	2	2.5	2	4
	SKC	1 992	0	0	0	0
	WTC	152	12	3.3	5.4	29.1 [Note2]
Caritas	WYNC	102	0	1.4	1.8	5
HKCS	LRS	147	8	5.7	6.4	24.6 [Note2]

Note 1: There is no breakdown by age group.
Note 2: About 80% of the cases were admitted within two months. The maximum waiting time for admission to WTC and LRS were exceptional cases.

The doctors and social workers in DTRCs would discuss with their clients on the duration of their stay according to their varying needs, background and circumstances. Hence, the number of drug abusers who can be served by a DTRC would vary from year to year depending on the conditions of the clients admitted.

(c) The number of beds and subvented posts of each of the DTRCs are as follows:

NGO	DTRC	No. of beds	No. of subvented posts	Remarks
SARDA	AFRC	24	190	Including doctors, nurses, social workers, administrative, clerical and supportive staff.
	ATYC	20		
	SKC	260		
	WTC	42		
Caritas	WYNC	28	18.25	Including nurses, social workers, clerical and supportive staff, and one part-time doctor.
HKCS	LRS	30	23.5	Including nurses, social workers, clerical and supportive staff, and one part-time doctor.

(d) The above centres each have different programme designs and durations so as to target at the varying background and needs of the drug abusers. In general, a treatment and rehabilitation programme lasts from four weeks to 12 months. After completing the programme and being discharged from the centres, rehabilitants would also be provided with follow-up counselling service for 12 months. The completion rate of detoxification and rehabilitation programmes in the above centres in 2013 ranges from 51% to 96%.

Examination of Estimates of Expenditure 2014-15

Reply Serial No.

SB410

CONTROLLING OFFICER'S REPLY

(Question Serial No.4206)

Head: (37) Department of Health

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

Programme: (6) Treatment of Drug Abusers

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Security

This question originates from: Estimates on Expenditure Volume 1 Page 166 (if applicable)

Question (Member Question No. 232):

Would the Administration please advise on the estimated number of drug abusers currently in Hong Kong? What is the number of persons who 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. KWOK Ka-ki

Reply:

The Government established the Central Registry of Drug Abuse (CRDA) to monitor the drug abuse situation in Hong Kong in 1972. CRDA is a voluntary reporting system. It 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 trend of drug abuse.

According to the information of the CRDA, the total number of reported drug abusers decreases gradually. In 2013, the total number of reported drug abusers stood at 10 069.

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 are a total of 404 places in six drug treatment and rehabilitation centres run by them. In 2013, they admitted a total of 1 950 residents.

DH also directly operates 20 methadone clinics. In 2013, the number of drug abusers registered with methadone clinics was about 7 600.