Replies in written questions raised by Finance Committee Members in examining the Estimates of Expenditure 2018-19

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

Reply Serial No.	Question Serial No.	Name of Member	Programme
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FHB(H)189	1632	Hon CHAN Han-pan	Statutory Functions
FHB(H)190	1635	Hon CHAN Han-pan	Disease Prevention
FHB(H)191	1636	Hon CHAN Han-pan	Disease Prevention
FHB(H)192	1847	Hon CHAN Han-pan	Disease Prevention
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FHB(H)205	0053	Hon CHEUNG Yu-yan, Tommy	Statutory Functions
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FHB(H)211	3029	Hon KWOK Ka-ki	Statutory Functions
FHB(H)212	3030	Hon KWOK Ka-ki	Statutory Functions
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FHB(H)214	3038	Hon KWOK Ka-ki	Disease Prevention
FHB(H)215	3041	Hon KWOK Ka-ki	Disease Prevention
FHB(H)216	3137	Hon KWOK Ka-ki	Statutory Functions
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FHB(H)219	0268	Hon LAU Ip-keung, Kenneth	Disease Prevention
FHB(H)220	0295	Hon LAU Ip-keung, Kenneth	Disease Prevention
FHB(H)221	0299	Hon LAU Ip-keung, Kenneth	Curative Care
FHB(H)222	0230	Hon LEE Kok-long, Joseph	Statutory Functions
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FHB(H)236	3240	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)237	3429	Hon LEE Kok-long, Joseph	Health Promotion
FHB(H)238	3430	Hon LEE Kok-long, Joseph	Curative Care
FHB(H)239	3431	Hon LEE Kok-long, Joseph	Curative Care
FHB(H)240	3492	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)241	3495	Hon LEE Kok-long, Joseph	Disease Prevention
FHB(H)242	1866	Hon LEE Wai-king, Starry	Disease Prevention
FHB(H)243	1878	Hon LEE Wai-king, Starry	Disease Prevention
FHB(H)244	1898	Hon LEE Wai-king, Starry	Curative Care
FHB(H)245	1478	Hon LEUNG Che-cheung	Disease Prevention
FHB(H)246	1485	Hon LEUNG Che-cheung	Disease Prevention
FHB(H)247	1558	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
FHB(H)248	2232	Hon MA Fung-kwok	Statutory Functions
FHB(H)249	0399	Hon MAK Mei-kuen, Alice	Statutory Functions
FHB(H)250	2427	Hon MAK Mei-kuen, Alice	Rehabilitation
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FHB(H)253	2661	Hon OR Chong-shing, Wilson	Disease Prevention
FHB(H)254	1525	Hon OR Chong-shing, Wilson	Disease Prevention

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FHB(H)256	3111	Hon SHIU Ka-chun	Disease Prevention
FHB(H)257	3112	Hon SHIU Ka-chun	Disease Prevention
FHB(H)258	3113	Hon SHIU Ka-chun	Disease Prevention, Health Promotion
FHB(H)259	0733	Hon SHIU Ka-fai	Statutory Functions
FHB(H)260	0734	Hon SHIU Ka-fai	Statutory Functions
FHB(H)261	0735	Hon SHIU Ka-fai	Statutory Functions
FHB(H)262	0736	Hon SHIU Ka-fai	Disease Prevention
FHB(H)263	3123	Hon SHIU Ka-fai	Statutory Functions
FHB(H)264	3124	Hon SHIU Ka-fai	Statutory Functions
FHB(H)265	1119	Hon TIEN Puk-sun, Michael	Disease Prevention
FHB(H)266	3269	Hon TIEN Puk-sun, Michael	Disease Prevention
FHB(H)267	3510	Hon TIEN Puk-sun, Michael	Health Promotion
FHB(H)268	2058	Hon TSE Wai-chun, Paul	Disease Prevention
FHB(H)269	2234	Hon TSE Wai-chun, Paul	Disease Prevention
FHB(H)270	2326	Hon WONG Kwok-kin	Disease Prevention
FHB(H)271	2331	Hon WONG Kwok-kin	Disease Prevention
FHB(H)272	2332	Hon WONG Kwok-kin	Disease Prevention
FHB(H)273	2333	Hon WONG Kwok-kin	Disease Prevention, Health Promotion
FHB(H)274	2444	Hon WONG Kwok-kin	Curative Care
FHB(H)275	1395	Hon WONG Pik-wan, Helena	Statutory Functions
FHB(H)276	1396	Hon WONG Pik-wan, Helena	Disease Prevention
FHB(H)277	1397	Hon WONG Pik-wan, Helena	Curative Care
FHB(H)278	1434	Hon WONG Pik-wan, Helena	Disease Prevention
FHB(H)279	1195	Hon WONG Ting-kwong	Statutory Functions
FHB(H)280	0500	Hon WU Chi-wai	Disease Prevention
FHB(H)281	0753	Hon WU Chi-wai	Curative Care
FHB(H)282	3550	Hon WU Chi-wai	Disease Prevention
FHB(H)283	3551	Hon WU Chi-wai	Curative Care
FHB(H)284	3552	Hon WU Chi-wai	-
FHB(H)285	3553	Hon WU Chi-wai	Rehabilitation
FHB(H)286	3554	Hon WU Chi-wai	Disease Prevention
FHB(H)287	3555	Hon WU Chi-wai	Disease Prevention
FHB(H)288	1358	Hon YIU Si-wing	Health Promotion
FHB(H)289	1359	Hon YIU Si-wing	Disease Prevention

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FHB(H)290	1361	Hon YIU Si-wing	Disease Prevention
FHB(H)291	1362	Hon YIU Si-wing	Disease Prevention
FHB(H)406	3685	Hon CHAN Chi-chuen	Statutory Functions
FHB(H)407	3759	Hon CHAN Chi-chuen	Statutory Functions
FHB(H)408	3884	Hon CHEUNG Chiu-hung, Fernando	-
FHB(H)409	3887	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)410	3894	Hon CHEUNG Chiu-hung, Fernando	Statutory Functions
FHB(H)411	3947	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)412	3951	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
FHB(H)413	3952	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
FHB(H)414	3960	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)415	3961	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)416	3962	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)417	4578	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
FHB(H)418	5342	Hon IP Kin-yuen	Disease Prevention
FHB(H)419	5345	Hon IP Kin-yuen	Disease Prevention
FHB(H)420	3766	Hon KWOK Ka-ki	Disease Prevention
FHB(H)421	3802	Hon KWOK Ka-ki	Disease Prevention
FHB(H)422	4189	Hon KWOK Ka-ki	Disease Prevention
FHB(H)423	4193	Hon KWOK Ka-ki	Rehabilitation
FHB(H)424	4194	Hon KWOK Ka-ki	Rehabilitation
FHB(H)425	4196	Hon KWOK Ka-ki	Statutory Functions
FHB(H)426	4203	Hon KWOK Ka-ki	Curative Care
FHB(H)427	4204	Hon KWOK Ka-ki	Curative Care
FHB(H)428	4205	Hon KWOK Ka-ki	Curative Care
FHB(H)429	4206	Hon KWOK Ka-ki	Disease Prevention
FHB(H)430	4229	Hon KWOK Ka-ki	Disease Prevention
FHB(H)431	4247	Hon KWOK Ka-ki	Disease Prevention
FHB(H)432	4248	Hon KWOK Ka-ki	Disease Prevention
FHB(H)433	4249	Hon KWOK Ka-ki	Disease Prevention
FHB(H)434	4250	Hon KWOK Ka-ki	Disease Prevention

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FHB(H)436	4252	Hon KWOK Ka-ki	Disease Prevention
FHB(H)437	4253	Hon KWOK Ka-ki	Disease Prevention
FHB(H)438	4254	Hon KWOK Ka-ki	Disease Prevention
FHB(H)439	4255	Hon KWOK Ka-ki	Disease Prevention
FHB(H)440	4256	Hon KWOK Ka-ki	Health Promotion
FHB(H)441	4258	Hon KWOK Ka-ki	Disease Prevention
FHB(H)442	4259	Hon KWOK Ka-ki	Rehabilitation
FHB(H)443	4261	Hon KWOK Ka-ki	Disease Prevention
FHB(H)444	4280	Hon KWOK Ka-ki	Statutory Functions
FHB(H)445	4300	Hon KWOK Ka-ki	Health Promotion
FHB(H)446	6351	Hon KWOK Ka-ki	Curative Care
FHB(H)447	5955	Hon KWOK Wing-hang, Dennis	Rehabilitation
FHB(H)448	5349	Hon LAU Ip-keung, Kenneth	Statutory Functions
FHB(H)449	5372	Hon MA Fung-kwok	Disease Prevention
FHB(H)450	5437	Hon MA Fung-kwok	Disease Prevention
FHB(H)451	6352	Hon POON Siu-ping	Personnel Management of Civil Servants Working in Hospital Authority
FHB(H)452	5474	Hon QUAT Elizabeth	Disease Prevention
FHB(H)453	4924	Hon SHIU Ka-chun	Disease Prevention
FHB(H)454	4954	Hon SHIU Ka-chun	Disease Prevention
FHB(H)455	4965	Hon SHIU Ka-chun	Health Promotion
FHB(H)456	5029	Hon SHIU Ka-chun	Disease Prevention
FHB(H)457	5030	Hon SHIU Ka-chun	Disease Prevention
FHB(H)458	5031	Hon SHIU Ka-chun	Health Promotion
FHB(H)459	5033	Hon SHIU Ka-chun	Disease Prevention
FHB(H)460	5034	Hon SHIU Ka-chun	Disease Prevention
FHB(H)461	5221	Hon TAM Man-ho, Jeremy	Disease Prevention
FHB(H)462	5233	Hon TAM Man-ho, Jeremy	-
CSB052	3274	Hon CHAN Chi-chuen	Medical and Dental Treatment for Civil Servants
CSB053	2860	Hon HO Kai-ming	Medical and Dental Treatment for Civil Servants
CSB054	3028	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
CSB055	0320	Hon KWOK Wai-keung	Medical and Dental Treatment for Civil Servants

Reply Serial No.	Question Serial No.	Name of Member	Programme
CSB056	1710	Hon KWONG Chun-yu	Medical and Dental Treatment for Civil Servants
CSB057	1205	Hon NG Wing-ka, Jimmy	Medical and Dental Treatment for Civil Servants
CSB058	0471	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
CSB059	0483	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
CSB060	0931	Hon YUNG Hoi-yan	Medical and Dental Treatment for Civil Servants
CSB061	2770	Hon YUNG Hoi-yan	Medical and Dental Treatment for Civil Servants
CSB087	4257	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
SB533	4260	Hon KWOK Ka-ki	Treatment of Drug Abusers
SB534	5358	Hon LEUNG Mei-fun, Priscilla	Treatment of Drug Abusers

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)188

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1628)

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

Question:

Regarding the development and regulation of the Chinese medicine industry, please provide the following information:

(a) in table form, the number of applications for registration of proprietary Chinese medicines (pCm) received by the Chinese Medicine Council of Hong Kong, the number of successful applications, the number of rejected applications, the average time needed from submission of an application to successful registration, and the reasons for applications being rejected in 2017; and

(b) whether cases associated with adverse reactions of patients after consumption of registered pCm and warranting medical consultation were reported in 2017; if so, the number of cases and the details; and whether follow-up actions were taken accordingly and the expenditure involved.

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

Reply:

(a) The registration regime for proprietary Chinese medicines (pCm) is established under the Chinese Medicine Ordinance (Cap. 549) (CMO). Under the CMO, where a pCm was manufactured or sold in Hong Kong on 1 March 1999, the relevant manufacturer, importer or local agent/representative of a manufacturer outside Hong Kong might apply for transitional registration of the pCms before 30 June 2004. The Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong has started to accept applications for registration of pCm since 19 December 2003. In 2008, the CMB finished assessing all the applications for transitional registration. "Notice of confirmation of transitional registration of pCm" (i.e. HKP) has been issued to those applications supported by 3 acceptable basic test reports (i.e. on heavy metals and toxic element, pesticide residues and microbial limit) and have met the requirements for transitional registration. For applications supported by the aforementioned 3 basic test reports submitted on or before 31 March 2010 but cannot meet the requirements for

transitional registration, "Notice of confirmation of (non-transitional) registration of pCm" (i.e. HKNT) has been issued to them. "Certificate of registration of pCm" (i.e. HKC) will be issued to those pCms that have fulfilled the registration requirements in respect of safety, quality and efficacy.

From 1 January 2017 to 31 December 2017, the CMB has received 23 new applications for registration of pCms. During the aforementioned period, 392 pCms have been issued with HKC, and 456 applications were rejected for registration as they had failed to provide the required documents and reports or had been withdrawn by the applicants. The statistics are summarised in the table below:

From 1 January 2017 to 31 December 2017	
No. of new application received	23
No. of HKC issued	392
No. of application rejected/withdrawn	456

As at 1 March 2018, the CMB has received a total of 18 134 applications for registration of pCms, of which 14 172 applications have also applied for transitional registration. The CMB had issued 1 350 HKC, 7 064 HKP and 130 HKNT. A total of 9 103 applications were rejected.

By virtue of the CMO, the CMB is tasked with the approving authority for pCm registration applications with professional support by the Department of Health (DH). To protect public health, the CMB has to process each application prudently. The time taken for processing each and every application varies as it would depend on the complexity of the application, the timeliness of the applicant to submit the supporting test reports and the time given by the CMB to applicant to resubmit reports during appeal process, etc.

(b) In 2017, the DH received 1 notification from the Hospital Authority of a poisoning case with history of consumption of a registered pCm. Epidemiological investigation carried out could not ascribe the clinical features to the pCm concerned. Manpower and expenditure are met from DH's overall provision for prevention and control of non-communicable diseases, therefore cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)189

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1632)

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

Question:

Regarding tobacco control work, please provide:

(a) in table form, the numbers of complaints against illegal smoking received, verbal and written warnings issued and prosecutions by summonses, as well as the manpower and expenditure involved in 2017-18;

(b) in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel during daytime from Monday to Sunday by month in 2017-18;

(c) in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel during evening and nighttime from Monday to Sunday by month in 2017-18;

(d) the details of work with regard to the promotion of smoke-free culture as well as the manpower and expenditure involved in 2017-18; and

(e) the details of the work in tobacco control targeted at young people as well as the manpower and expenditure involved in 2017-18.

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

Reply:

(a)

The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs) / summonses issued by TCO in 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

Complaints received		18 354
Inspections conducted		33 159
Warning letters issued		9
FPNs issued (for smoking offences)		9 711
Summonses issued	for smoking offences	149
	for other offences (such as wilful obstruction and failure to produce identity document)	78

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

The expenditures and staff establishment of the TCO in 2017-18 are at **Annexes 1 and 2** respectively.

(b)&(c)

The number of operations for inspecting statutory no smoking areas conducted by the TCO during 2017 are tabulated as follows:

Month of 2017	Day Operation[1]	Night Operation[2]
January	124	41
February	114	42
March	124	45
April	114	36
May	123	42
June	118	45
July	117	41
August	127	44
September	114	45
October	119	41
November	121	47
December	140	73

[1] "Day operation" includes "morning and afternoon shift" covering the period 0630-1830.

[2] "Night operation" includes "afternoon and evening shift", "evening shift" and "overnight shift" covering the periods 1200-2300, 1800-2300, and 2000-0600 respectively.

To address the increasing demand for enforcement duties, in 2017, the TCO has redeployed and injected resources including setting up a task force with retired policemen to strengthen enforcement action against smoking offences in venues with serious smoking problems, especially at the night time and public holidays. As a result, the number of night

operations has increased from 442 in 2016 to 542 in 2017.

(d)&(e)

Over the years, the DH has been actively promoting a smoke-free environment through publicity on smoking prevention and cessation services. To leverage community effort, the DH has collaborated with the Hong Kong Council on Smoking and Health (COSH), non-governmental organisations (NGOs) and health care professions to promote smoking cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. The DH operates a Smoking Cessation Hotline to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have such need would be referred to follow-up services in smoking cessation clinics operated by the DH, the Hospital Authority (HA) and NGOs. The DH operates a total of 6 smoking cessation clinics (5 for civil servants, and 1 open to members of the public). The HA has been providing smoking cessation service since 2002. It now operates 15 full-time and 52 part-time centres. Apart from smoking cessation clinics/centres of the DH and the HA, the DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in workplace. For young smokers, the DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone. The DH has launched a 2-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors to help smoker patients to quit smoking.

Targeting at preventing children and youth from picking up the smoking habit, the DH subvents the COSH to carry out publicity and education programmes in schools through production of guidelines and exhibition boards, health talks, theatre programmes, etc., to educate students on the hazards of smoking and to garner support for a smoke-free Hong Kong. The DH also collaborates with NGOs to organise health promotional activities at schools. Through interactive teaching materials and mobile classrooms, the programmes enlighten students to discern the tactics used by the tobacco industry to market cigarette products, and equip them with skills to resist picking up the smoking habit because of peer pressure.

The expenditures and staff establishment of the TCO in 2017-18 are at **Annexes 1 and 2** respectively. For the HA, the smoking cessation services form an integral part of the HA's overall services provision, and therefore such expenditure could not be separately identified.

- End -

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2017-18 Revised Estimate ($ million)
Enforcement	
Programme 1: Statutory Functions	60.3
Health Education and Smoking Cessation	
Programme 3: Health Promotion	128.6
(a) General health education and promotion of smoking cessation	
TCO	*53.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*23.6*
Sub-total	***77.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations	
Subvention to Tung Wah Group of Hospitals	*34.0*
Subvention to Pok Oi Hospital	*7.2*
Subvention to Po Leung Kuk	*1.5*
Subvention to Lok Sin Tong	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.9*
Subvention to Life Education Activity Programme	*2.4*
Subvention to The University of Hong Kong	*0.6*
Sub-total	***51.3***
Total	**188.9**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2017-18
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***106***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)190

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1635)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In relation to the prevention of the spread of communicable diseases, please advise on:

(a) the details of the promotional work on the prevention of the spread of communicable diseases in schools, residential care homes for the elderly (RCHEs) and the community; its effectiveness (including the numbers of participating schools and RCHEs as well as their participation rates); and the expenditure involved in 2017-18; and

(b) the details of the preventive measures implemented by the Government in response to the winter and summer influenza seasons, as well as the manpower and expenditures involved in the past 3 years.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 32)

Reply:

(a) The Department of Health (DH) achieves effective prevention and control of infectious diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, vaccinations as well as training and research as follows-

Surveillance

For surveillance of communicable diseases, the Centre for Health Protection (CHP) of DH receives notifications from medical practitioners and institutions; monitors data collated from various sentinel surveillance systems; communicates with international and regional health authorities, and monitors media reports of various kinds.

Outbreak Management

Regarding outbreaks of infectious diseases in institutions and schools, CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. From

April 2017 to February 2018, CHP had conducted 982 field visits to 960 schools and institutions for investigation of outbreaks.

Health Promotion

CHP carries out publicity and health education activities to promulgate advice on personal and environmental hygiene, and to remind the community to stay vigilant against infectious diseases. CHP has produced a variety of health education materials on the prevention of various infectious diseases. Various publicity and health education channels have been deployed for promulgation of health advice. Targeting at ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu and Tagalog have been published and distributed to non-governmental organisations providing services to them.

Risk Communication

CHP also keeps relevant stakeholders (such as Government bureaux and departments, healthcare sector, education sector, District Councils, etc.) updated of the latest situation of infectious diseases and preventive measures, and solicits their collaboration and support to strengthen dissemination of related health messages.

CHP provides and promulgates guidelines on infection control and prevention of communicable diseases for schools/ kindergartens/ kindergartens-cum-child care centres/ child care centres, residential care homes for the elderly (RCHEs) and residential care homes for persons with disabilities, with the assistance of the Education Bureau and the Social Welfare Department.

When there is upsurge in disease activity, CHP issues letters to schools and residential care homes to inform them of the latest situation and remind them to take appropriate prevention measures.

Training

The Visiting Health Teams (VHTs) of the Elderly Health Service (EHS) provide outreach training on elderly care to staff of all RCHEs in Hong Kong. Annual assessment is conducted for each RCHE on staff's infection control knowledge and practices, with targeted training provided to those identified with deficiencies. In 2017, over 800 sessions of such training, with around 8 900 attendances, on infection control have been conducted. In addition, VHTs also delivered health talks to the residents and carers of RCHEs to raise their awareness on various communicable diseases, including influenza. In 2017, 1 400 health talks on communicable diseases, with 24 000 attendances, were delivered. In addition, the Infection Control Branch of CHP had organised 10 sessions of infection prevention and control training for RCHEs with about 1 800 attendees.

Emergency Preparedness and Contingency Planning

Contingency plan for infectious diseases are in place. CHP conducts public health exercises on a regular basis to test interdepartmental co-ordination and public health response measures for infectious diseases of public health concern such as dengue fever, Middle East Respiratory Syndrome, Ebola and avian influenza.

Vaccination

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under CHP reviews and develops strategies for public health management of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. In respect of seasonal influenza, SCVPD regularly reviews the local epidemiology scientific evidence and makes recommendations on seasonal influenza vaccination.

CHP does not have breakdown of the expenditure by different protective measures which are integral parts of its disease surveillance, prevention and control functions.

(b) Hong Kong usually experiences 2 influenza seasons every year. The winter influenza season normally occurs between January and March/April, and the summer influenza season between July and August. The DH has taken a series of measures in prevention and control of seasonal influenza.

The Government has all along been advising the public to receive vaccination for personal protection. It also provides free or subsidised seasonal influenza vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme respectively to eligible groups which are generally at a higher risk of severe complications or even death caused by influenza, or spreading the infection to those at high risk. During the implementation of the influenza vaccination programmes each year, the EHS will enhance its efforts in promoting influenza prevention, which include encouraging the elderly in the community, members of Elderly Health Centres and carers in elderly homes to receive influenza vaccination. The quantities of seasonal influenza vaccines (SIV) procured by the Government under the GVP in the past 3 years is shown in the following table:

Year	**The number of doses of SIV procured**	**Amount ($ million)**
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000	28.0

CHP operates a surveillance system to monitor influenza-like illness (ILI) through a network of general out-patient clinics (GOPCs), clinics of private general practitioners (GPs), Accident and Emergency Departments, clinics of Chinese medicine practitioners, elderly homes and child care centres. Besides, CHP monitors admission rates and deaths with discharge diagnosis of influenza in public hospitals. It has set up a case-based reporting system to enhance surveillance for paediatric influenza-associated severe complications and deaths among paediatric patients aged below 18. CHP will investigate each reported case and arrange risk communication. For adult patients, CHP monitors laboratory confirmed influenza cases among patients aged 18 or above who were admitted to intensive care unit or had died in the same hospital admission.

CHP disseminates information in a transparent and timely manner to ensure that the most up-to-date information is made available to the public and healthcare professionals.

Influenza surveillance data are summarised in the weekly on-line publication "Flu Express" and uploaded to CHP's website every week.

During influenza seasons, CHP steps up publicity and health education activities to disseminate advice on personal and environmental hygiene, and to remind the community to stay vigilant against influenza. It also requests schools to actively check the body temperature of all students every day when they arrive at school in order to identify those with fever. CHP also conducts epidemiological investigation and implements control measures for reported institutional ILI outbreaks. For residential care homes with confirmed influenza outbreaks, CHP provides Tamiflu post-exposure chemoprophylaxis to asymptomatic residents if necessary.

DH has been stockpiling antiviral drugs in accordance with the Government's "Preparedness Plan for Influenza Pandemic". The types and quantity of drugs procured by DH and the expenditure involved in the past 3 years are shown in the following table:

Year	**Type**	**Quantity (doses)**	**Expenditure ($ million)**
2015-16	Tamiflu oral suspension Tamiflu capsule 30mg Tamiflu capsule 45mg	100 100 486 400 276 000	$1.6 $3.6 $3.1
2016-17	Tamiflu oral suspension Tamiflu capsule 30mg	100 100 483 600	$1.6 $3.6
2017-18	Tamiflu oral suspension	200 200	$3.4

CHP does not have breakdown of the expenditure by different protective measures which form an integral part of its disease surveillance, prevention and control functions.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)191

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1636)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

As regards termination of pregnancy provided by the Family Planning Association of Hong Kong, please advise on:

(a) the respective numbers of service recipients, numbers of women who had attended follow-up consultations, successful rates of termination of pregnancy, numbers of repeated surgeries and expenditures involved for the two services of surgical and medical termination of pregnancy in the past 3 years; and

(b) the respective numbers of women who had undergone ultrasound scanning during follow-up consultations and expenditures involved for the two services of surgical and medical termination of pregnancy in the past 3 years.

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 33)

Reply:

(a) The figures for Medical Abortions (MA) and Surgical Termination of Early Pregnancy (STOP) performed by the Family Planning Association of Hong Kong in 2015, 2016 and 2017 are set out below:

	2015		2016		2017	
	MA	STOP	MA	STOP	MA	STOP
Number of MA / STOP Performed	1 223	2 202	1 136	1 974	991	1 870
Number of Dilation and Curettage Performed for Incomplete Abortions	33	14	28	6	32	13
Complete Abortion Rate	97.3%	99.4%	97.5%	99.7%	96.8%	99.3%
No. of MA & STOP Follow-ups	3 355		3 325		2 999	

The actual expenditure for MA and STOP in 2014-15, 2015-16 and 2016-17 was as follows:

Financial Year	Expenditure ($ million)
2014-15	14.2
2015-16	13.9
2016-17	13.3

(b) Ultrasound examinations will be performed for patients when medically indicated, and the findings are recorded in patients' individual clinical records. There is no aggregate statistics on the number of ultrasound examinations performed in relation to MA and STOP.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)192

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1847)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

As regards promoting the health of pregnant women and newborn babies, will the Government please advise on:

(a) the numbers of examinations conducted, numbers of attendances and expenditures involved in respect of the nuchal measurement by ultrasound examination for local pregnant women in the past 3 years;

(b) the numbers of tests conducted, numbers of attendances and expenditures involved in respect of the measurement of levels of PAPP-A, AFP, hCG, uE3 and Inhibin A in maternal serum for local pregnant women in the past 3 years;

(c) the estimated number of tests to be conducted, number of attendances and expenditure involved in respect of non-invasive prenatal testing of foetal DNA if such testing is provided for local pregnant women from 2018-19 onwards; and

(d) whether the Government would consider adopting non-invasive prenatal testing of foetal DNA to replace the existing technique with lower accuracy and higher risk?

Asked by: Hon CHAN Han-pan (Member Question No. (LegCo use): 49)

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA) provide an antenatal shared care programme to pregnant women.

Under the antenatal shared care programme, pregnant women attending MCHCs are referred to the Department of Obstetrics and Gynaecology of HA for Down Syndrome Screening which includes ultrasound examination and checking of relevant biochemical markers. MCHCs do not provide prenatal screening and diagnosis for Down Syndrome.

Currently, HA does not provide non-invasive prenatal testing of foetal DNA for pregnant women, and it is exploring the facilities required for the introduction of non-invasive prenatal testing as a second-tier prenatal screening test for Down Syndrome in Hong Kong Children's Hospital.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)193

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2154)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher (EHV) Scheme, please provide details of the following in 2015, 2016 and 2017:

(a) the amount of EHVs claimed by various healthcare disciplines and the total amount of claims;

(b) the number of persons who have used EHVs, the number of eligible persons and the percentage of eligible persons who have used EHVs;

(c) the percentage and number of eligible persons who have used EHVs by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions);

(d) the average number of EHVs used per person by gender, age group (70-75, 76-80 and above 80) and residence (whether or not living in residential institutions); and

(e) the number of service providers participating in the EHV Scheme by discipline.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 71)

Reply:

(a)

The table below shows the amount of vouchers claimed in the past 3 years from 2015 to 2017:

Amount of Vouchers Claimed (in $'000)

	2015	2016	2017
Medical Practitioners	611,860	638,006	774,088
Chinese Medicine Practitioners	142,265	171,599	256,563
Dentists	98,563	105,455	144,331
Occupational Therapists	230	271	2,506
Physiotherapists	6,381	7,007	8,344
Medical Laboratory Technologists	3,820	9,905	11,256
Radiographers	2,365	3,197	5,447
Nurses	1,389	3,335	5,122
Chiropractors	1,825	1,913	2,303
Optometrists	37,092	128,399	288,582
Sub-total (Hong Kong):	905,790	1,069,087	1,498,542
University of Hong Kong - Shenzhen Hospital Note 1	537	1,471	1,855
Total:	906,327	1,070,558	1,500,397

Note 1: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

(b)&(c)
The table below shows the number of eligible elders and the number of elders who had made use of vouchers up to end 2015, 2016 and 2017, broken down by gender and age group:

	2015		**2016**		**2017**	
	Number of elders	**% of eligible elders**	**Number of elders**	**% of eligible elders**	**Number of elders**	**% of eligible elders**
(1) Number of eligible elders (i.e. elders aged 65/70[Note 2] or above)*	760 000	-	775 000	-	1 221 000	-
(2) Cumulative number of elders who had made use of vouchers up to the end of the year	600 000	79%	649 000	84%	953 000	78%
(i) By gender						
- Male	266 000	77%	290 000	83%	430 000	75%
- Female	334 000	80%	359 000	85%	523 000	80%
(ii) By age group						
- 65 – 69 [Note 2]	-	-	-	-	239 000	58%
- 70 – 75	192 000	75%	214 000	81%	259 000	91%
- 76 – 80	169 000	83%	175 000	86%	176 000	87%
- Above 80	239 000	80%	260 000	84%	279 000	87%

Note 2: The eligibility age for the Elderly Health Care Voucher (EHV) Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

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

(d)
The table below shows the average cumulative amount of vouchers in monetary value used per person up to end 2015, 2016 and 2017 since the EHV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers ($) used since the EHV Scheme was launched in 2009		
	Up to 31.12.2015	**Up to 31.12.2016**	**Up to 31.12.2017**
(i) By gender			
- Male	3,277	4,483	4,431
- Female	3,481	4,743	4,696
(ii) By age group			
- 65 – 69 Note 3	-	-	1,167
- 70 – 75	2,867	3,722	4,228
- 76 – 80	3,799	5,287	6,789
- Above 80	3,523	4,927	6,424

Note 3: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

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

(e)
The table below shows the number of healthcare service providers enrolled in the EHV Scheme as at end 2015, 2016 and 2017, broken down by types of healthcare professionals:

	As at 31.12.2015	**As at 31.12.2016**	**As at 31.12.2017**
Medical Practitioners	1 936	2 126	2 387
Chinese Medicine Practitioners	1 826	2 047	2 424
Dentists	646	770	895
Occupational Therapists	45	51	69
Physiotherapists	312	344	396
Medical Laboratory Technologists	30	35	48
Radiographers	21	24	40
Nurses	124	148	182
Chiropractors	54	66	71
Optometrists	265	533	641
Sub-total (Hong Kong)	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital Note 4	1	1	1
Total:	5 260	6 145	7 154

Note 4: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)194

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2114)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the promotion of breastfeeding, will the Government inform this Committee of the following:

1. what was the quantity of formula milk imported into Hong Kong in each of the past 3 years;

2. does the Government know the amount and ranking of advertising expenditure on "formula milk powder for infants and children" in each of the past 3 years; and

3. at the meeting of the Legislative Council on 31 May 2017, the Government, in response to a written question, said that an additional funding of $5 million, $5 million and $6 million were provided for the Family Health Service (FHS) of the Department of Health (DH) in 2015-16, 2016-17 and 2017-18 respectively to further strengthen promotional efforts for breastfeeding and to implement the recommendations of the Committee on Promotion of Breastfeeding. Please provide a detailed breakdown of the expenditures spent under such additional fundings as well as a detailed breakdown of the estimated expenditure for 2018-19 of the FSH of the DH.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 16)

Reply:

1.

According to information from the Census and Statistics Department, the quantity of formula milk powder for infants and children imported into Hong Kong in the past 3 years is as follows:

Year	Quantity of imported formula milk powder (kg)
2015	54 477 777
2016	59 041 791
2017	55 979 744

2.

According to a local advertising database, the amount and ranking of the advertising expenditures on formula milk products for infants and children in the past 3 years are set in the table below.

Year	Advertising expenditures on formula milk products for infants and children*	
	Amount ($ billion)	Ranking
2015	3.1	3rd
2016	2.5	4th
2017	2.6	4th

*Includes advertising expenditures on formula milk products targeting at infants and young children aged below 3 and formula milk products for children aged 3 or above.

Of the advertising expenditures on formula milk products for infants and children, the amount targeting at infants and young children aged below 3 were $2.9 billion, $2.3 billion and $1.2 billion in 2015, 2016 and 2017 respectively.

3.

A provision of $5.0 million per annum was allocated to the Family Health Service (FHS) in the financial years 2015-16 and 2016-17 to further strengthen the promotional efforts and to implement the recommendations proposed by the Committee on Promotion of Breastfeeding. In 2017-18, a sum of $6.0 million was allocated to FHS to further step up publicity on breastfeeding. Breakdown of the expenditures for 2015-16, 2016-17 and 2017-18 are as follows:

Items	**Expenditures ($ million)**		
	2015-16	**2016-17**	**2017-18**
Publicity (e.g. celebrating events, broadcasting of promotional video and health messages, health talks and briefings)	2.1	1.9	2.4
Production of a series of video to strengthen the promotion of breastfeeding, infant and young child nutrition	1.2	0.6	1.8
Production and dissemination of health education resources and guidelines for establishing “Breastfeeding Friendly	0.9	1.2	1.0

Workplace Policy", "Breastfeeding Friendly Premises Policy" and Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infant & Young Children (HK Code)			
Research and studies on breastfeeding and child nutrition	0.5	0.9	0.3
Implementation of a programme on peer support for lactating mothers	0.3	0.4	0.5

In 2018-19, $6.0 million has been earmarked for enhancing the effort for promotion of breastfeeding. DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the HK Code; and strengthening the surveillance on local breastfeeding situation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)195

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2115)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please inform this Committee of:

1. the number of new cases of cervical cancer in each of the past 3 years (please tabulate the figures by age group);

2. the number of deaths from cervical cancer in each of the past 3 years; and

3. the numbers of new attendances, follow-up attendances and referrals to specialists for further treatment in respect of cervical cancer screening conducted at Maternal and Child Health Centres in each of the past 3 years.

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

Reply:

1. The number of new cases with breakdown by age groups of cervical cancer from 2013 to 2015 are shown below:

Age group	2013	2014	2015
29 or below	10	4	8
30 – 39	58	64	73
40 – 49	136	136	118
50 – 59	116	106	114
60 – 69	82	79	94
70 or above	101	83	93
Total	**503**	**472**	**500**

Figures for 2016 and 2017 are not yet available.

2. The number of deaths from cervical cancer from 2014 to 2016 are shown below:

Year	Number of deaths
2014	131
2015	169
2016	151

The figure for 2017 is not yet available.

3. Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. In 2015, 2016 and 2017, the number of attendance for cervical screening service provided at MCHCs were 97 000, 102 000 and 103 000 respectively. A total of 4 911, 5 179, and 5 256 referrals to specialists were made for further management in the corresponding years. The FHS does not keep statistics on breakdown by new and revisit cases.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)196

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2116)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that the Government will regularise the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) and progressively extend it to cover individuals aged between 50 and 75, and that this initiative will incur a total expenditure of $940 million over the coming 5 years. As regards the details of the Pilot Programme and its regularisation, will the Government please inform this Committee of:

1. the respective numbers of eligible persons and participants in the first and second phases of the Pilot Programme;

2. the expenditure and manpower involved in each financial year since the launch of the Pilot Pragramme as well as the expenditure and manpower to be involved in 2018-19;

3. the number of eligible persons and the estimated number of participants after the regularisation of the Pilot Programme, broken down by age group;

4. a detailed breakdown of the expenditure involved as mentioned in the Budget Speech that "this initiative will incur a total expenditure of $940 million over the coming 5 years"; and

5. the proposed increase of manpower in the Department of Health to cope with the workload after the regularisation of the Pilot Programme.?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 18)

Reply:

(1) Launched in September 2016, the Colorectal Cancer (CRC) Screening Pilot Programme (the Pilot Programme) provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of

participations. The details of participation as at end of February 2018 are listed in the table below.

Phase	Launching Date	Year of Birth of Participants included/added	Estimated Population size	Number of participants
1	28 September 2016	1946 – 1948	190 000	24 400
2	27 February 2017	1949 – 1951	250 000	24 300
3	27 November 2017	1952 – 1955	380 000	16 300
			Total	65 000

(2) The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The provision for 2018-19 is $152.7 million. The civil service posts involved in the programme for the 3 years are listed in the table below.

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	**14**

(3), (4) & (5)

In 2018-19, DH will prepare for regularisation of the screening programme which will eventually cover around 2.39 million eligible persons aged between 50 and 75 in phases. The DH will make reference to the participation rates in the Pilot Programme in projecting participation response and step up publicity and educational activities to promote screening. DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total expenditure of $940 million over the coming 5 years.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)197

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2121)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the "Outreach Dental Care Programme for the Elderly", will the Government inform this Committee of:

1. the annual expenditure, manpower needs and attendances after regularisation of the Programme as well as the estimated expenditure, staff establishment and attendances in 2018-19;

2. the amounts of subsidies received by the organisations subvented under the Programme in the past 3 years and to be received by them in the coming year as well as the attendances of the elderly in the past 3 years and the coming year;

3. the non-governmental organisations (NGOs) participating in the Programme and the numbers of outreach dental teams of each NGO (broken down by the administrative district of the Social Welfare Department (SWD)); and

4. the percentages of residential care homes and day care centres for the elderly in different districts participating in the Programme (broken down by the administrative district of the SWD)?

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

Reply:

1.&2. A breakdown of the financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) is as follows:

Breakdown	Financial Provision ($ million)			
	2015-16	2016-17	2017-18	2018-19
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	39.9	39.9	39.9
(b) Administrative costs	4.6	4.9	5.0	5.0
Total:	44.5	44.8	44.9	44.9

6 civil service posts have been provided for implementing the ODCP. The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018.

3. Starting from October 2017, a total of 23 outreach dental teams from 10 NGOs have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

4. The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD under the ODCP is at **Annex B**.

- End -

Annex A

Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note : Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2017-19 Service Year of ODCP [Note 1] (position as at 31 January 2018)		
	(a)	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	13	104	13%
Eastern and Wan Chai	22	107	21%
Kwun Tong	26	67	39%
Wong Tai Sin and Sai Kung	34	67	51%
Kowloon City and Yau Tsim Mong	81	136	60%
Sham Shui Po	35	93	38%
Tsuen Wan and Kwai Tsing	65	116	56%
Tuen Mun	44	57	77%
Yuen Long	43	59	73%
Sha Tin	38	63	60%
Tai Po and North	64	93	69%
Total:	**465**	**962**	**48%** [Note 2]

Note 1: 2017-19 Service Year refers to the period from 1 October 2017 to 31 March 2019.

Note 2: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year. The participation rate for 2016-17 Service Year (from October 2016 to September 2017) was 84%.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)198

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2122)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding Dandelion Oral Care Action (the Dandelion Programme), will the Government inform this Committee:

1. of the numbers of Oral Health Trainers, parents and children with intellectual disability being trained up in the past 3 years; and

2. whether the Government knows why 3 schools did not join the Dandelion Programme last year (as stated in last year's written reply FHB(H)363, 28 out of 31 special schools in Hong Kong for children with mild to moderate intellectual disability participated in the Dandelion Programme), as well as whether there are schools newly joined or not joining again this year?

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

Reply:

1. The numbers of oral health trainers, parents and students with intellectual disabilities trained through the Dandelion Oral Care Action in the past 3 years are as follows:

School Year	Oral Health Trainers (OHTs)	Parents	Students with intellectual disabilities
2014/2015	23	146	4 556
2015/2016	24	128	4 485
2016/2017	24	159	4 345

2. Every year, the Oral Health Education Unit (OHEU) of Department of Health invites all 31 special schools serving the students with mild and moderate intellectual disabilities to join the Dandelion Oral Care Action. The programme is implemented in a train-the-trainer approach whereby the OHEU trains at least 1 school nurse or teacher from each school to be the OHTs. The OHTs equipped with certain basic oral care knowledge techniques will in turn train all the teachers in the school in the same manner. They also

conduct workshops together with the OHEU to train the parents, who are expected to brush twice a day and floss once daily for their children at home using the same techniques.

A total of 28 out of these 31 schools have joined the programme in 2017/2018 school year. Of the 3 schools which have declined to join, one of them reflected that their students would be taken care by maids or carers for life and so they did not need this programme, whereas the other 2 schools did not give reason for their non-participation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)199

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2123)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the 11 government dental clinics with general public sessions under the Department of Health, will the Government inform this Committee of:

1. the service sessions and the maximum numbers of discs available in each session of each dental clinic in the past 3 years and the coming year; and

2. the numbers of attendances, broken down by age group, and the overall utilisation rates of service sessions at each dental clinic in the past 3 years.

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

Reply:

1. The service sessions and the maximum numbers of disc allocated per general public session (GP session) in the 11 government dental clinics in the past 3 years and the next year are as follows –

Dental clinics with GP sessions	**Service session**	**Max. no. of discs allocated per session**
Kowloon City Dental Clinic	Monday (AM)	84
	Thursday (AM)	42
Kwun Tong Dental Clinic*	Wednesday (AM)	84
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84
	Friday (AM)	84
Fanling Health Centre Dental Clinic	Tuesday (AM)	50
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42

Dental clinics with GP sessions	Service session	Max. no. of discs allocated per session
Tsuen Wan Dental Clinic#	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2nd Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

2. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	0-18	158	96	88
	19-42	719	770	686
	43-60	1 336	1 474	1 195
	61 or above	2 964	2 989	2 585
Kwun Tong Dental Clinic*	0-18	88	77	66
	19-42	398	621	514
	43-60	942	1 188	896
	61 or above	2 600	2 409	1 938
Kennedy Town Community Complex Dental Clinic	0-18	112	124	110
	19-42	1 190	998	866
	43-60	1 578	1 909	1 507
	61 or above	3 025	3 872	3 260
Fanling Health Centre Dental Clinic	0-18	45	42	38
	19-42	287	340	294
	43-60	698	652	513
	61 or above	1 188	1 322	1 109
Mona Fong Dental Clinic	0-18	57	34	31
	19-42	249	276	242
	43-60	605	528	421
	61 or above	1 041	1 071	911

Dental clinic with GP sessions	Age group	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18 (up to 31 January 2018)
Tai Po Wong Siu Ching Dental Clinic	0-18	34	37	33
	19-42	261	293	256
	43-60	608	560	446
	61 or above	1 075	1 136	965
Tsuen Wan Dental Clinic#	0-18	123	136	129
	19-42	896	1 094	1 015
	43-60	1 916	2 093	1 766
	61 or above	4 258	4 244	3 822
Yan Oi Dental Clinic	0-18	24	39	32
	19-42	287	311	256
	43-60	519	595	445
	61 or above	1 241	1 207	963
Yuen Long Jockey Club Dental Clinic	0-18	77	72	64
	19-42	566	578	501
	43-60	1 221	1 106	872
	61 or above	1 905	2 243	1 886
Tai O Dental Clinic	0-18	1	2	2
	19-42	22	14	12
	43-60	23	26	21
	61 or above	51	53	46
Cheung Chau Dental Clinic	0-18	7	3	3
	19-42	35	22	27
	43-60	44	42	47
	61 or above	106	85	100

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

The overall utilisation rate for each dental clinic in the financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

Dental clinic with GP sessions	Overall utilisation rate in %		
	2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	85.1	88.8	90.1

Dental clinic with GP sessions	Overall utilisation rate in %		
	2015-16	2016-17	2017-18 (up to 31 January 2018)
Kwun Tong Dental Clinic*	95.6	98.2	97.1
Kennedy Town Community Complex Dental Clinic	74.8	85.6	84.6
Fanling Health Centre Dental Clinic	88.5	96.3	95.6
Mona Fong Dental Clinic	91.1	89.4	90.8
Tai Po Wong Siu Ching Dental Clinic	92.4	94.6	96.4
Tsuen Wan Dental Clinic#	88.3	90.5	96.6
Yan Oi Dental Clinic	98.5	98.4	96.4
Yuen Long Jockey Club Dental Clinic	92.4	96.1	95.5
Tai O Dental Clinic	25.3	24.7	25.3
Cheung Chau Dental Clinic	50.0	39.6	55.3

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)200

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2125)

Head: (37) Department of Health

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

Programme: (1)Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tobacco control work of the Department of Health, will the Government please inform this Committee:

1. in table form, of the numbers of smoking complaints received, inspections, warning letters issued, fixed penalty notices issued and summonses issued in the past 3 years respectively;

2. of the expenditures and staff establishments of the Tobacco Control Office in the past 3 years and in the coming year;

3. of the measures taken to keep relevant stakeholders and the public informed of the new statutory requirements when the 6-month adaptation period under the Smoking (Public Health) (Notices) (Amendment) Order 2017 is coming to an end; and

4. of the expenditures for the implementation of smoking cessation programmes and details of work in the past 3 years and in the coming year.

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

Reply:

1. The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs)/summonses issued by the Tobacco Control Office (TCO) of Department of Health (DH) for the period from 2015 to 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017
Complaints received		17 875	22 939	18 354
Inspections conducted		29 324	30 395	33 159
Warning letters issued		20	6	9
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

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

2. The expenditures/provisions and staff establishment of the TCO from 2015-16 to 2018-19 are at **Annexes 1 and 2** respectively.

3. The Smoking (Public Health) (Notices) (Amendment) Order 2017 (the Amendment Order) came into effect on 21 December 2017. An adaptation period of 6 months from 21 December 2017 to 20 June 2018 was provided during which compliance with either the old or new requirements on the health warnings would be taken to be in compliance with the Amendment Order. Starting from 21 June 2018, all tobacco products for sale in Hong Kong need to meet the new requirements. To facilitate the trade to understand the requirements and comply with the Amendment Order, the TCO has prepared and posted a set of guidelines and a digital versatile disc (DVD) that contains the graphical files of the health warnings to the stakeholders, especially the tobacco traders, in June 2017. In addition, the TCO has issued a letter in December 2017 to remind the stakeholders including the retailers the commencement of the Amendment Order and the new measures. The TCO will issue another reminder letter to the stakeholders in the second quarter of 2018 to remind them that the current adaptation period will end on 20 June 2018.

4. The DH operates a Smoking Cessation Hotline to answer general enquiry and provide counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. Clients who have such need would be referred to follow-up services in smoking cessation clinics operated by the DH, the Hospital Authority (HA) and non-governmental organisations (NGOs). The DH operates a total of 6 smoking cessation clinics (5 are for civil servants, and 1 is open to members of the public). The HA has provided smoking cessation service since 2002 and operates 15 full time and 52 part-time centres. The DH also collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities, new immigrants and workplace, as well as the hotline to provide counselling service tailored for young smokers over the phone. The DH has launched a 2-year Pilot Public-Private Partnership Programme on Smoking

Cessation in December 2017, to engage family doctors to help smoker patients to quit smoking.

The expenditures/provisions related to health promotion activities and smoking cessation services by the TCO and its subvented organisations from 2015-16 to 2018-19 are at **Annex 1**. For the HA, the smoking cessation services form an integral part of its overall service provision; and therefore such expenditure could not be separately identified.

- End -

Annex 1

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

	2015-16 ($ million)	2016-17 ($ million)	2017-18 Revised Estimate ($ million)	2018-19 Estimate ($ million)
Enforcement				
Programme 1: Statutory Functions	51.5	54.5	60.3	64.6
Health Education and Smoking Cessation				
Programme 3: Health Promotion	127.2	130.0	128.6	128.8
(a) General health education and promotion of smoking cessation				
TCO	*46.7*	*46.8*	*53.7*	*53.0*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.6*	*23.4*
Sub-total	***69.1***	***69.7***	***77.3***	***76.4***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations				
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*	*34.0*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*	*7.3*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*	*1.4*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*	*2.4*
Subvention to The University of Hong Kong	*2.3*	*1.9*	*0.6*	*1.7*
Sub-total	***58.1***	***60.3***	***51.3***	***52.4***
Total	**178.7**	**184.5**	**188.9**	**193.4**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18	2018-19
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9	9
Sub-total	***106***	***106***	***106***	***106***
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	17	17	17
Motor Driver	1	1	1	1
Sub-total	***22***	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**	**140**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)201

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2132)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Pilot Scheme at the University of Hong Kong-Shenzhen Hospital (HKU-SZ Hospital) under the Elderly Health Care Voucher Scheme" (Pilot Scheme), will the Government advise this Committee on:

1. the number of attendances of Hong Kong elders using elderly health care vouchers (EHVs) at the HKU-SZ Hospital since the implementation of the Pilot Scheme and the value of EHVs involved; whether the Government knows which clinics or departments have been providing services to these elders;

2. whether the Government knows how many of these elders are residing in (i) Shenzhen; (ii) other cities in Guangdong Province; (iii) other provinces or cities on the Mainland; (iv) the New Territories of Hong Kong; and (v) other parts of Hong Kong; and

3. what criteria the Government will adopt to assess the effectiveness of the Pilot Scheme and when it will complete evaluation in this regard?

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

Reply:

1. As at 31 December 2017, 2 103 elders had ever made use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZ Hospital), and the total amount of vouchers claimed was about $3.9 million (to pay for healthcare service fees of around RMB3.3 million). The vouchers were used at the Family Medicine Clinic, Health Assessment and Management Centre, Accident and Emergency Department, Orthopaedic Clinic, Ophthalmology Clinic, Dental Clinic, Chinese Medicine Clinic, Medicine Clinic, Gynaecology Clinic, Surgery Clinic, Physiotherapy Department, Department of Medical Imaging and Department of Pathology of the HKU-SZ Hospital.

2. The Department of Health does not maintain statistics on the residence of elders using the vouchers. Nevertheless, according to information provided by the HKU-SZ Hospital, as at end-December 2017, among the elders who had ever made use of vouchers in the HKU-SZ Hospital and provided their residential information, about 63% were residing in the Mainland while 37% were residing in Hong Kong.

3. We are closely monitoring the implementation of the Pilot Scheme at the HKU-SZ Hospital which aims to provide one more service point for Hong Kong elders to use their vouchers and facilitate those who reside on the Mainland or places near Shenzhen (e.g. the North District in the New Territories) to seek necessary medical services. A review would be conducted in due course, with a view to summarising the experience gained in consideration of converting the Pilot Scheme into a regular programme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)202

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2136)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government inform this Committee of:

1. the number of meetings convened by the High Level Steering Committee on Antimicrobial Resistance, the expenditure incurred by it and the meeting attendance of its members in the past 3 years; and

2. the implementation progress of the actions set out in the Hong Kong Strategy and Action Plan on Antimicrobial Resistance 2017-2022.

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

Reply:

1. Since its establishment in May 2016, the High Level Steering Committee on Antimicrobial Resistance (HLSC) had conducted two meetings on 27 June 2016 and 29 May 2017 respectively. The attendance rate of members for both meetings was 100 percent. Expenditure on HLSC cannot be separately identified.

2. The Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) (Action Plan) was launched in July 2017. The Action Plan outlines key areas, objectives and actions to contain the growing threat of antimicrobial resistance (AMR) in Hong Kong and identifies 6 key areas including:

   (a) Strengthen knowledge through surveillance and research;
   (b) Optimise use of antimicrobials in humans and animals;
   (c) Reduce incidence of infection in humans and animals through effective sanitation, hygiene and preventive measures;
   (d) Improve community awareness and understanding of AMR through effective communication, education and training;
   (e) Promote research on AMR; and
   (f) Strengthen partnerships and foster engagement of relevant stakeholders.

Departments concerned and organisations have promptly initiated work to implement actions outlined in the Action Plan according to the timeframe laid down. The AMR Office under the Centre for Health Protection (CHP), set up in 2016-17, serves as an executive arm to the HLSC and the Expert Committee on AMR and takes up a coordination role to oversee and monitor the implementation of the Action Plan in partnership with key stakeholders. Apart from on-going efforts to foster an infection control culture to reduce epidemic infection, as well as to prevent and control the transmission of healthcare associated infection and antibiotic resistant bacteria in healthcare settings and the community, CHP coordinates the local authority and stakeholders to form a Working Group on AMR One Health Surveillance in October 2017 to steer and oversee the development of surveillance on AMR and antimicrobial use in Hong Kong, among other things. Moreover, an advisory group was also formed to oversee the Antibiotic Stewardship Programme (ASP) in Primary Care which was launched in November 2017. To strengthen partnership, a Regional Symposium on AMR would be co-organised by the Department of Health, the Agriculture, Fisheries and Conservation Department, the Centre for Food Safety of the Food and Environmental Hygiene Department in November 2018.

For the coming year, various departments/ organisations would report progress on the implementation of the Action Plan and keep abreast of international development on AMR. The approach proposed by the World Health Organization is adopted for progress monitoring and evaluation. Mid-term and final reviews of the Action Plan will be conducted within the five-year period by HLSC.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)203

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2148)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information regarding the vaccination programmes / schemes for pneumococcal and seasonal influenza for the elderly and young children:

(a) What are the costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV)?

(b) Please provide in detail the numbers of private medical practitioners participating in the Elderly Vaccination Subsidy Scheme (EVSS) as well as the quantities of seasonal influenza and 23vPPV vaccinations given / to be given in 2016, 2017 and 2018.

(c) Please provide in detail the amounts of subsidies provided / to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2016, 2017 and 2018.

(d) Please provide in detail the numbers of hospital admissions caused by infections with seasonal influenza and pneumonia, broken down by age group, in 2016, 2017 and the first 2 months of 2018.

(e) Will PCV13 be included in the EVSS in the future? If so, what is the estimated annual expenditure; if not, why?

(f) Please provide in detail the quantities of seasonal influenza vaccines procured / to be procured in 2016, 2017 and 2018 as well as the quantities and costs for expired influenza vaccines arranged for disposal in the past 3 years.

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 73)

Reply:

(a) The quantities and contract amount of seasonal influenza (SI) vaccines, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under the Government Vaccination Programme (GVP) for the 2017-18 season are as follows –

Vaccine	Number of doses	Total vaccine cost $ million
SI vaccine	527 000#	28.0#
PCV13 (current contract)	243 000	90.4
23vPPV (current contract)	15 000	1.6

This includes 20 000 doses of Southern Hemisphere SI vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

(b) There have been about 1 600 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination to elders in the past 3 years. The number of elders receiving subsidised SI vaccination and 23vPPV under VSS for the past 3 years are appended below –

	2015-16	2016-17	2017-18 (as at 4 March 2018)
Number of elders receiving subsidised SI vaccination	136 900	147 000	143 100
Number of elders receiving subsidised 23vPPV	15 400	15 300	14 400

Note: Starting from 2016-17, the Elderly Vaccination Subsidy Scheme (EVSS) has been merged with the Childhood Influenza Vaccination Subsidy Scheme (CIVSS) and the Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) under the VSS.

(c) The subsidy of SI vaccination under the VSS was $160 per dose in 2015-16 season and has been raised to $190 per dose starting from the 2016-17 season. The subsidy for 23vPPV is $190 per dose for 2015-16, 2016-17 and 2017-18 seasons.

(d) According to data provided by the Hospital Authority (HA), the total number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487) and pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0) in 2016, 2017 and the first 2 months of 2018 are as follows –

Year	Number of hospital admission for influenza (including ICD9 diagnosis codes starting with 487)	Number of hospital admission for pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0)
2016	8 045	87 521
2017	13 168	82 413

2018 (for the first 2 months)	6 837	14 052

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

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

Year	Influenza			
	0-4 years	5-64 years	≥65 years	Total
2016	2 216	2 946	2 883	8 045
2017	2 559	4 059	6 550	13 168
2018 (as at 24 February 2018)*	1 439	2 756	2 642	6 837

*provisional figure

Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals (Data from the HA)

Year	Pneumonia			
	0-4 years	5-64 years	≥65 years	Total
2016	5 209	17 591	64 721	87 521
2017	4 281	14 931	63 201	82 413
2018 (as at 24 February 2018)*	510	2 357	11 185	14 052

*provisional figure

According to data provided by private hospitals, there were 4 348 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2016. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 5 030 in 2016. Breakdown for the above figures by age groups is provided in the table below -

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	1 976	1 273
5-64 years	2 180	2 852
≥65 years	192	905
Total	4 348	5 030

The relevant figures for 2017 and 2018 are not yet available.

(e) The Government has been providing free/subsidised PCV13 to eligible high risk elders through GVP or VSS since October 2017. There has been a total of 81 000 recipients so far (as at 4 March 2018).

(f) The following figures are the quantities of seasonal influenza vaccines that the Government procured under the GVP in the past 3 years and the contract amount:

Year	**Number of doses**	**Amount ($ million)**
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000#	28.0#

This includes 20 000 doses of Southern Hemisphere SI vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phase in accordance with the statutory requirements. Among the SI vaccines procured by the DH for 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 expired respectively. As the Government's vaccination programme/ schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)204

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2657)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Government's work to prevent abuse of the Elderly Health Care Voucher (EHV) Scheme, please advise this Committee on:

1. the expenditures and manpower allocated for the prevention of abuse of the EHV Scheme in the past 3 years and the year ahead;

2. the numbers of inspections conducted (broken down by routine inspection, investigation into aberrant pattern of transaction and inspection upon complaint); the numbers of EHV claims checked and the percentages of all claim transactions made and enrolled healthcare service providers involved such claims accounted for in the past 3 years;

3. the number of complaints related to the EHV Scheme received each year, broken down by type of complaint; the number of these cases that were substantiated; and the number of these cases that were referred to law enforcement agencies for follow-up; and

4. the Government's collaboration with the Jockey Club School of Public Health and Primary Care, Chinese University of Hong Kong to conduct a comprehensive review of the EHV Scheme. Will the prevention of abuse of the EHVs be reviewed as well and when will the study be complete and published?

Asked by: Hon CHAN Pierre (Member Question No. (LegCo use): 85)

Reply:

1. The Elderly Health Care Voucher (EHV) Scheme is administered by the Health Care Voucher Unit (HCVU) of the Department of Health (DH). The approved establishment of the HCVU as at end of 2015-16, 2016-17 and 2017-18 is 16, 24 and 48 respectively. DH will continue to monitor and review the manpower requirements of the HCVU after all the new posts have been filled.

Below are the actual/estimated administrative expenses for administering the EHV Scheme:

	2015-16 (Actual) $ million	2016-17 (Actual) $ million	2017-18 (Revised Estimate) $ million	2018-19 (Estimate) $ million
Actual/ Estimated administrative expenses for the EHV Scheme	13.1	14.3	26.2	31.2

The manpower and expenditure on monitoring of the EHV Scheme cannot be separately identified.

2. Details of inspections conducted under the EHV Scheme are as follows:

Cumulative figures as at		Routine checking	Investigation of aberrant patterns of claim transactions	Investigation of complaints*	**Total**	Coverage of total number of voucher claims made under the EHV Scheme	Coverage of total number of enrolled healthcare service providers who have ever made claims
31.12.2015	Number of inspections conducted	9 243	1 997	34	**11 274**	2.4%	89.2%
	Number of claims checked	161 793	34 919	14 155	**210 867**		
31.12.2016	Number of inspections conducted	11 022	2 740	63	**13 825**	2.2%	92.6%
	Number of claims checked	190 936	50 265	15 566	**256 767**		
31.12.2017	Number of inspections conducted	13 309	3 058	123	**16 490**	2.0%	92.9%
	Number of claims checked	235 811	56 019	17 435	**309 265**		

*Including complaints, media reports and other reports about the EHV Scheme.

3. The DH received 24, 42, and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers. Among these 138 complaints, 9 cases have been referred to the Police and 7 cases have been referred to the relevant statutory bodies/ government departments for follow-up actions as necessary.

Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

4. The DH is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhancing the EHV Scheme as appropriate. The operational arrangements for the EHV Scheme, including the monitoring aspects will also be covered. The review is expected to be completed by end 2018.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)205

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0053)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

The Government will strengthen the secretariat support to the Medical Council of Hong Kong (MCHK) and the Dental Council of Hong Kong (DCHK) in handling complaints and conducting inquiries. In this connection, please provide details on the following:

1. the specific strengthened measures and implementation schedules for MCHK and DCHK respectively;

2. the estimated increase in manpower and expenditure for 2018-19 as compared with last year for MCHK and DCHK respectively;

3. the expected improvements in handling complaints and conducting inquiries for MCHK and DCHK respectively after the implementation of the strengthened measures, i.e. the respective specific improvement indicators developed in this regard.

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 26)

Reply:

(1) & (2)

The Department of Health ("DH") provides secretariat support to the Medical Council of Hong Kong ("MCHK") and the Dental Council of Hong Kong ("DCHK"). The staff of the secretariats are civil servants under the establishment of DH.

MCHK received an average of about 540 complaints against registered doctors each year over the period from 2013 to 2017. As at December 2017, there was a backlog of about 800 cases (340, 340 and 103 cases at pre-Preliminary Investigation Committee ("PIC"), PIC and inquiry stages). According to the latest projection, it takes about 6 years on average for MCHK to complete a complaint case from receipt to disciplinary inquiry.

To help MCHK to expedite its complaint handling process, the Government has provided additional funding to strengthen the manpower support for the MCHK Secretariat and provide honorarium to experts tendering advice at the preliminary investigation stage since October 2016.

The Government introduced the Medical Registration (Amendment) Bill ("MR(A)Bill 2017") into the Legislative Council in June 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK. Under the MR(A)Bill 2017, more than 1 PIC could be established and inquiry panels could be set up by MCHK so that inquiries could be conducted in parallel. These proposed amendments could substantially improve the efficiency of MCHK in handling complaints.

In 2018-19, the Government has earmarked additional funding of $10 million for MCHK Secretariat for creation of civil service posts (8 permanent posts and 9 time-limited posts for clearing the backlog) and other recurrent costs in order to expedite the complaint handling process of MCHK upon the passage of the MR(A)Bill 2017.

DCHK received an average of about 150 complaints against registered dentists each year over the period from 2013 to 2017 and it takes an average of about 3 years to complete a complaint case from receipt to disciplinary inquiry.

In 2018-19, the Government has earmarked additional funding of $1 million for DCHK Secretariat for creation of civil service posts (3 permanent posts) and other recurrent costs with a view to facilitating DCHK to expedite its complaint handling process.

(3)

Upon the passage of the MR(A)Bill 2017, it is targeted that the majority of the cases that require inquiry could be concluded within 2 years after clearing the backlogs.

It is also expected that DCHK could complete the complaint handling process within 2 years after the addition of manpower to DCHK Secretariat.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)206

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0054)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding primary care, what were the expenditures and changes involved in the past 5 years, and the estimated expenditure and changes for 2018-19? What are the specific policies, initiatives and schedules for enhancing primary care services in 2018-19?

Asked by: Hon CHEUNG Yu-yan, Tommy (Member Question No. (LegCo use): 27)

Reply:

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The expenditure on primary care services cannot be separately identified. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(d) Publicity Activities

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

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)207

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2585)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Programme (1) of the Department of Health (DH) that one of the major tasks of the DH is to enforce laws on tobacco control. In this regard, will the Government inform this Committee of:

1. the numbers of persons prosecuted for breaching the Smoking (Public Health) Ordinance and amongst them, the numbers of persons under the age of 25 in the past 3 years; and

2. the estimated expenditure and staff establishment of the Tobacco Control Office in 2018-19?

Asked by: Hon CHOW Ho-ding, Holden (Member Question No. (LegCo use): 11)

Reply:

1. The numbers of fixed penalty notices (FPNs)/summonses issued by the Tobacco Control Office (TCO) of Department of Health (DH) for the period from 2015 to 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	**2016**	**2017**
FPNs issued (for smoking offences)		7 693	8 650	9 711
	- age under 25	(1 173)	(1 113)	(1 044)
Summonses issued	for smoking offences	163	207	149
	- age under 25	(22)	(18)	(13)
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78
	- age under 25	(1)	(2)	(2)

2. The provision for the TCO in 2018-19 is $193.4 million. The staff establishment of the TCO in 2018-19 is at **Annex**.

- End -

Annex

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2018-19
Head, TCO	
Principal Medical & Health Officer	1
Enforcement	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
Sub-total	***106***
Health Education and Smoking Cessation	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
Sub-total	***11***
Administrative and General Support	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	17
Motor Driver	1
Sub-total	***22***
Total no. of staff:	**140**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)208

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2805)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Budget Speech that "the accumulation limit of Elderly Health Care Vouchers will be raised from $4,000 to $5,000 to allow greater flexibility to users. I will provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons, which will involve an expenditure of about $796 million."

1. Please list the numbers of eligible elderly persons, elderly persons who had claimed and actually used the vouchers in each of the past 3 years.

2. Please list the number of eligible elderly persons after raising the accumulation limit of vouchers to $5,000.

3. Some elderly persons have earlier been cajoled into buying dried fish maw or expensive spectacles with elderly health care vouchers. The Department of Health received a total of 138 complaints about the use of the vouchers in the past 3 years. Does the Government have any long-term policy to strengthen education or publicity so as to prevent elderly persons from misusing the vouchers on inappropriate products?

4. Apart from enhancing the provision of primary care service for the elderly, will the Government consider relaxing the restriction on the use of elderly health care vouchers and extending their scope to cover surgical operations and in-patient fees? If yes, what are the details? If not, what are the reasons?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. (LegCo use): 3)

Reply:

1. Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 3 years:

	2015	2016	2017
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

2. It is estimated that about 1.2 million elderly persons aged 65 or above in 2018 are eligible for the EHV Scheme and will benefit from the increase in accumulation limit of the voucher from $4,000 to $5,000.

3. The Department of Health (DH) has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers has been released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

4. The EHV Scheme aims to subsidise eligible elders to use primary care services provided by the private sector. Vouchers are therefore not applicable to inpatient services and day surgery procedures. The DH is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhancing the EHV Scheme as appropriate.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)209

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0361)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraphs 142 and 144 of the Budget Speech that the Government will earmark $300 billion to upgrade public healthcare facilities, including clinic facilities in the Department of Health (DH). In this connection, will the Government inform this Committee:

(1) of the estimated number of beneficiaries in each of the 3 years as mentioned on page 158 of Volume I of the Estimates that the DH will "launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities"; and

(2) whether the Government, with a view to improving primary healthcare services and shortening the waiting time for public general out-patient services, will allocate resources to study the reinstatement of general out-patient services operated by the DH so as to increase service quotas on one hand and alleviate the burden of general out-patient service of the Hospital Authority on the other; if so, the details; if not, the reasons for that?

Asked by: Hon IP LAU Suk-yee, Regina (Member Question No. (LegCo use): 34)

Reply:

(1) The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

(2) To facilitate the integration of the primary and secondary levels of medical care in the public sector, and to introduce the practice and training of family medicine, all general outpatient clinics (GOPC) were transferred to the management of the Hospital Authority (HA) in 2003. The management of GOPC by HA would facilitate flow of information between the clinics and other HA units, hence improving efficiency and service quality.

The Government has no plan to conduct the relevant study.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)210

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3026)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please tabulate:

(1) the numbers of cases of injury followed by admission to hospital, hospitalisation and death of members of the public from cosmetic procedures in the past 5 years;

(2) the numbers of prosecutions and convictions for "illegal medical practice" against beauticians in the past 5 years; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 28)

Reply:

(1) The Department of Health (DH) does not have information on the requested statistics.

(2) and (3)

Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2013 to 2017, 42, 33 and 17 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 2, 4 and 4 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese Medicine and dentistry respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)211

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3029)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As mentioned under *Matters Requiring Special Attention*, the Department of Health will take forward the legislative requirements to prohibit commercial sale and supply of alcohol to minors during 2018-19. In this regard, please advise on the following:

a. Will the Government set up an "Alcohol Control Office" by making reference to the Tobacco Control Office? If so, what are the expenditure, staff establishment and ranks of staff as well as the number of front-line enforcement staff involved? If not, what is the enforcement approach to be adopted?

b. In addition to the approach mentioned above, will there be any other plans to ensure the smooth implementation of the new legislative requirements? If so, what are the details of the relevant plans as well as the expenditure, manpower and ranks of staff involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 31)

Reply:

a. The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the Gazette. Making reference to the Tobacco Control Office, the Department of Health (DH) will set up an enforcement team to enforce the legislation, with a total of 24 posts comprising officers from the Scientific Officer (Medical) grade, Executive Officer grade, Foreman grade and Clerical Officer grade. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

b. To facilitate compliance of the trade under the proposed regulatory regime, DH will prepare detailed guidelines and carry out publicity work to raise awareness on the legal requirements among the general public and relevant stakeholders. DH will review

the operation and enforcement models in a timely manner to ensure effective enforcement of the laws.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)212

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3030)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work, will the Government please advise on the following for the past 3 years:

(a) What were the expenditures, staff establishments and numbers of front-line enforcement staff of the Tobacco Control Office?

(b) What were the numbers of complaints received, proactive enforcement actions taken under the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance, and prosecutions instituted?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 32)

Reply:

(a) The expenditures and staff establishment of the Tobacco Control Office (TCO) of the Department of Health in the past 3 years are at **Annexes 1 and 2** respectively.

(b) The numbers of complaints received, inspections conducted, and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2015 to 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

	2015	**2016**	**2017**
Complaints received	17 875	22 939	18 354
Inspections conducted	29 324	30 395	33 159
FPNs issued (for smoking offences)	7 693	8 650	9 711

Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

- End -

Annex 1

Expenditures of the Department of Health's Tobacco Control Office

	2015-16 ($ million)	2016-17 ($ million)	2017-18 Revised Estimate ($ million)
Enforcement			
Programme 1: Statutory Functions	51.5	54.5	60.3
Health Education and Smoking Cessation			
Programme 3: Health Promotion	127.2	130.0	128.6
(a) General health education and promotion of smoking cessation			
TCO	*46.7*	*46.8*	*53.7*
Subvention to Hong Kong Council on Smoking and Health (COSH)	*22.4*	*22.9*	*23.6*
Sub-total	***69.1***	***69.7***	***77.3***
(b) Provision for smoking cessation and related services by Non-Governmental Organisations			
Subvention to Tung Wah Group of Hospitals	*39.1*	*41.5*	*34.0*
Subvention to Pok Oi Hospital	*7.3*	*7.6*	*7.2*
Subvention to Po Leung Kuk	*2.2*	*2.0*	*1.5*
Subvention to Lok Sin Tong	*2.3*	*2.4*	*2.7*
Subvention to United Christian Nethersole Community Health Service	*2.6*	*2.6*	*2.9*
Subvention to Life Education Activity Programme	*2.3*	*2.3*	*2.4*
Subvention to The University of Hong Kong	*2.3*	*1.9*	*0.6*
Sub-total	***58.1***	***60.3***	***51.3***
Total	**178.7**	**184.5**	**188.9**

Annex 2

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18
Head, TCO			
Principal Medical & Health Officer	1	1	1
Enforcement			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	89
Senior Executive Officer/ Executive Officer*	9	9	9
Sub-total	***106***	***106***	***106***
Health Education and Smoking Cessation			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	2	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
Sub-total	***11***	***11***	***11***
Administrative and General Support			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
Sub-total	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**

***** *Staff carrying out frontline enforcement duties*

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)213

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3036)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the screening for 7 types of cancer (cervical cancer, colorectal cancer, breast cancer, prostate cancer, lung cancer, liver cancer and nasopharyngeal cancer) as recommended by the Cancer Expert Working Group on Cancer Prevention and Screening, will the Government please advise on the measures implemented for the prevention, education and publicity in respect of these cancers in the past 3 years, and provide the details and timetable of the relevant programmes as well as the manpower and expenditure involved? Have any announcements in the public interest (APIs) been broadcast on television? If so, please provide such details as the expenditure involved, content of the APIs, broadcast schedule, etc.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 38)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, apart from cervical cancer (CC) and colorectal cancer (CRC), there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers. In 2004, the Department of Health (DH) launched the Cervical Screening Programme (CSP) to encourage women to receive regular screening to reduce incidence and mortality from CC. In September 2016, subsidised colorectal cancer (CRC) screening was introduced as a pilot programme for asymptomatic Hong Kong residents born from 1946 to 1955. In 2018-19, the DH will prepare for regularisation of the CRC screening programme which will eventually cover persons aged between 50 and 75.

Medical evidence has shown that having a healthier diet, increasing physical activity, stopping smoking and drinking, and maintaining a healthy body weight and waistline are effective in preventing cancers. As such, the DH has been promoting a healthy lifestyle as the primary

strategy for cancer prevention. From 2015 to 2017, the DH had strengthened public education on cancer awareness and prevention, as well as publicity in respect of screening of CRC and CC. Communication channels included websites, printed materials, published articles, audiovisual materials, social media, web-based publicity, telephone education and enquiry lines, press conferences, media interviews, etc. A collection of 6 Announcements in the Public Interest (API) was produced and broadcast from time to time. Community partnerships with non-governmental organisations were fostered to facilitate cancer education and prevention activities.

The CRC Screening Pilot Programme was launched in September 2016 and its revised estimates for 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The financial provision of CSP is about $20 million each year for 2015-16 to 2017-18.

Resources and manpower for cancer prevention and education activities are absorbed by the Department's overall provision for disease prevention. The breakdown of the actual expenditure cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)214

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3038)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding antiviral drugs against influenza, will the Government provide the following information for the past 3 years:

a. the quantities of such drugs (and that of Tamiflu) stockpiled each year by type in detail;

b. the quantities of such drugs (and that of Tamiflu) procured each year by type in detail;

c. the quantities of such drugs (and that of Tamiflu) used in the public healthcare system each year; and

d. the quantities of such drugs (and that of Tamiflu) allocated to the private healthcare market each year by type in detail.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 40)

Reply:

a. The quantities of antiviral stockpile in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	15.8 million doses	0.5 million doses	0.3 million doses	0.3 million doses	1.7 million doses
2016-17	15.5 million doses	0.9 million doses	0.3 million doses	0.2 million doses	1.7 million doses
2017-18 (up to 12 March 2018)	14.7 million doses	0.8 million doses	0.3 million doses	0.1 million doses	1.7 million doses

b. The quantities of antiviral stockpile that the Government has replenished in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	-	0.5 million doses	0.3 million doses	0.1 million doses	-
2016-17	-	0.5 million doses	-	0.1 million doses	-
2017-18 (up to 12 March 2018)	-	-	-	0.2 million doses	-

c. The quantities of antiviral stockpile that has been supplied to the public sector including the Department of Health and Hospital Authority in the past 3 years are appended below:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2015-16	149 550 capsules	8 530 capsules	800 capsules	4 206 bottles	96 boxes
2016-17	301 000 capsules	24 310 capsules	600 capsules	7 953 bottles	52 boxes
2017-18 (up to 12 March 2018)	760 730 capsules	115 610 capsules	5 200 capsules	29 694 bottles	132 boxes

d. In response to the shortage of Tamiflu (in various preparations) in the private sector, the Government has followed the established procedures, and deployed certain quantities of antiviral stockpile to the supplier in July 2017 and February 2018 in order to maintain supply continuity in the private sector. Except 5 000 bottles of Tamiflu Suspension which are expected to be returned to the Government by the end of May 2018, the rest has been returned to the Government. No Relenza were on loan to the private sector under these two occasions.

The quantities of antiviral stockpile that the Government has loaned to the private sector in the past 3 years are:

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle
2015-16	-	-	-	-
2016-17	-	-	-	-
2017-18 (up to 12 March 2018)	100 000 capsules	50 000 capsules	-	12 000 bottles

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)215

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3041)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the seasonal influenza vaccination, will the Government advise on the following:

(a) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among local residents? Please provide information in the table below:

Target Group	Coverage Rate for Vaccination
Aged 6 months to below 6	
Aged 6 to 12	
Aged 13 to 49	
Aged 50 to 64	
Aged 65 or above	
Overall population	

(b) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among local residents who belong to "high risk groups"? Please provide information in the table below:

Target Group	Coverage Rate for Vaccination
Pregnant women	
Persons with chronic illness	
Healthcare workers in public sector	
Healthcare workers in private sector	
Healthcare workers in residential care homes	

(c) In the past 3 years, what were the coverage rates for seasonal influenza vaccination among prisoners in jails? Please provide information by prison.

(d) In the past 3 years, how many people received vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS)? Please provide information by target group of the Programme/ Scheme.

(e) In each of the past 3 years, how many doses of influenza vaccines were procured and how much expenditure was involved? How many vaccines were finally used, remained unused and disposed of?

(f) What are the respective unit costs of seasonal influenza vaccination through the GVP and the VSS?

(g) How many private clinics have joined the VSS?

(h) The Secretary for Food and Health said at the beginning of this year that the Government is planning to expand its vaccination service at schools to boost the vaccination rate of children. What are the details and implementation schedule, as well as the manpower and expenditure involved?

(i) Apart from the above initiatives, does the Government have any measures to promote the rate for seasonal influenza vaccination among local residents? If so, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 43)

Reply:

(a) - (d)

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The statistics on SIV under these programme/schemes are detailed at Annex. As some target groups members may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(e) - (f)

The quantities of seasonal influenza (SI) vaccines procured by the Government under the GVP for the past 3 years are as follows –

Year	The number of doses of SI vaccines procured	Amount ($ million)
2015-16	400 000	21.0
2016-17	430 000	23.3

2017-18	527 000~	28.0~

~ This includes 20 000 doses of Southern Hemisphere Seasonal Influenza Vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 doses were expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

For the VSS in 2015-16 vaccination season, the Government paid a subsidy of $160 per dose to private doctors under the scheme. Starting from the 2016-17 vaccination season, the subsidy has been raised to $190 per dose under the VSS.

(g)
As at 4 March 2018, about 1 600 private doctors (involving 2 400 clinics) have enrolled under the VSS.

(h) – (i)
To encourage more schools to arrange outreaching vaccination activities under the VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

- End -

Annex

(1) The numbers of recipients of **SIV** under the GVP and VSS for the past 5 years.

Target groups	**Vaccination programme/ scheme**	**2013-14**			**2014-15**			**2015-16**		
		No. of recipients	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ 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	12.9% Note 2	2 400	Not applicable	18% Note 2	2 400	Not applicable	15.1% Note 2
	CIVSS*	62 000	10.7		55 200	11.5		45 200	9.3	
Elderly aged 65 or above	GVP	176 100	Not applicable	32.7%	193 200	Not applicable	35%	320 900#	Not applicable	40.8%
	EVSS*	160 100	20.8		179 500	28.7		136 900	21.9	
Others Note 1	GVP/VSS	61 900	Not applicable		62 500	Not applicable		71 000	Not applicable	
Total:		**462 800**	**31.5**		**492 800**	**40.2**		**576 400**	**31.2**	

Annex (Cont'd)

Target groups	Vaccination programme/ scheme	2016-17			2017-18 (as at 4 March 2018)		
		No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group	No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	1 600	Not applicable	17.4% Note 2	1 700	Not applicable	22.4% Note 2
	VSS	110 600	25.9		145 800	32.9	
Elderly aged 65 or above	GVP	331 000	Not applicable	40.8%	375 900	Not applicable	42.5%
	VSS	147 000	27.9		143 100	27.2	
Others Note 1	GVP/VSS	86 600	1.0		94 800	1.1	
TOTAL		**676 800**	**54.8**		**761 300**	**61.2**	

Note 1: Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

Note 2: The figures from 2011-12 to 2013-14 are calculated based on the projection of new born during the period from 2009 to 2014. Those for 2014-15 onwards are calculated based on the population projections provided by the Census and Statistics Department.

\# In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015. The subsidy claimed amounts to $2.2 million.

* As from 2016-17, the Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme (EVSS) and Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) were merged into a single VSS

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3137)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Department please advise on:

(1) the number of beauty parlours in Hong Kong;

(2) the nature of traders in respect of which medical devices were registered with the Department at present as well as the classes and number of such devices under the Medical Device Administrative Control System; and

(3) the numbers of inspections conducted by the Police and the Department of Health for invasive cosmetic procedures performed illegally by beauty parlours on their clients, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 27)

Reply:

(1) The Department of Health (DH) does not maintain information on the number of beauty parlours in Hong Kong.

(2) The current scope of the Medical Device Administrative Control System (MDACS) covers the listing of Class II - IV general medical devices, Class D in vitro diagnostic medical devices (IVDMD), local responsible persons, local manufacturers, importers and distributors of medical devices as well as the recognition of conformity assessment bodies.

Medical devices are classified according to the recommended classification scheme of the International Medical Device Regulators Forum (IMDRF) (previously known as Global Harmonization Task Force (GHTF)). Under the classification scheme, medical devices are grouped according to risk level, with Class IV general medical devices and Class D IVDMDs bearing the highest risk, whereas Class I general medical devices and

Class A IVDMDs bearing the lowest risk. As at 31 December 2017, around 3 700 medical devices were listed under MDACS.

(3) Should there be suspected illegal practice of medicine identified via complaints or other sources, the DH will refer the case to the Police and provide professional support for their investigation. Prosecution action would be taken by the Police as necessary, depending on the facts and evidence collected for each case.

From 2013 to 2017, 42, 33 and 17 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service respectively were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 2, 4 and 4 conviction cases as a result of joint operations between the Police and the DH taken against suspected illegal practice of Western medicine, Chinese Medicine and dentistry respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)217

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3210)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the voluntary accredited registers scheme for healthcare professions, will the Government advise on:

a. the items of expenditure and amounts of expenditure incurred for the past 3 years;

b. the estimated expenditure for 2018-19;

c. the current progress of work on the scheme; and

d. whether the Government will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 55)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

The AR Scheme operates under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent will accredit 1 professional body that should have a broad representation of the corresponding profession and have met the prescribed standards. The accredited professional body shall be responsible for administering the register of its profession. Accredited professional bodies will be permitted by the Department of Health to use an Accreditation Mark on their websites and Certificates of Registration issued to their members for easy identification by the public. Members of the accredited professional bodies can also use a specified title on their name

cards. Members of the public can look up the registers of healthcare professionals through the accredited bodies.

(a) & (b) The actual expenditure of the Pilot AR Scheme in 2016-17 was $0.7 million. The revised estimate for 2017-18 is $6.2 million. In 2018-19, $7.4 million is provided for taking forward the AR Scheme including staff and operational costs.

(c) The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions. The accreditation process of the speech therapist profession is at its final stage. The accreditation results for the speech therapist profession will be announced in the second quarter of 2018. The accreditation assessment procedures for the other 4 professions will be conducted in phases in 2018, depending on the readiness of each profession.

(d) The Accreditation Agent will review the effectiveness of the Pilot AR Scheme and report to the Government with recommended measures for improvement. The Government will decide on the way forward of the AR Scheme upon the evaluation of the Pilot AR Scheme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)218

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0877)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government, in view of the recent influenza outbreak in Hong Kong, inform this Committee of:

(1) the arrangements and response plans the Department of Health (DH) has made and devised to respond to the influenza outbreak; and

(2) the quantities of influenza vaccines procured and the number of people receiving influenza vaccinations for the past 3 years in tabular form.

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. (LegCo use): 20)

Reply:

(1) To tackle seasonal influenza, the DH has implemented a series of measures as detailed in the ensuing paragraphs.

Influenza vaccination

The Centre for Health Protection (CHP) of DH has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority(HA); and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) is set up by CHP of DH to review and develop strategies for public health management of vaccine-preventable infections in the light of changing epidemiology and advances in medical science. SCVPD will review documented evidence and recommend the priority groups of persons and the type of seasonal influenza vaccines. Implementation arrangements of the above SIV programmes, e.g. briefings, publicity and other logistics etc. will start afterwards.

Surveillance and monitoring

CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving childcare centres, residential care homes for the elderly, Hospital Authority (HA)'s clinics and Accident and Emergency Departments, clinics of private practitioners and clinics of Chinese medicine practitioners. CHP also collaborates with HA to monitor admission rates with discharge diagnosis of influenza in public hospitals. It monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch.

Regarding monitoring of the severity of admitted influenza cases, CHP has set up a case-based reporting system for surveillance of paediatric influenza-associated severe complications or deaths among children (aged below 18). CHP investigates each reported case with a press release issued for risk communication. For adults, CHP has also collaborated with HA and private hospitals to monitor cases of intensive care unit admission or death with laboratory confirmation of influenza throughout the year since 2018.

CHP maintains close liaison with the World Health Organization (WHO), the National Health Commission (former National Health and Family Planning Commission), and the health authorities of Guangdong, Macau and neighbouring and overseas countries to monitor global influenza activities and the evolution of influenza viruses around the world.

Prevention and control of institutional outbreaks

CHP provides and promulgates guidelines on infection control and prevention of communicable diseases for schools/ kindergartens/ kindergartens-cum-child care centres/ child care centres, residential care homes for the elderly and persons with disabilities, with the assistance of the Education Bureau and the Social Welfare Department.

Regarding institutional and school influenza-like illness (ILI) outbreaks, CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. Following field investigations, CHP continues to closely monitor the institutions to ascertain that the outbreak is under control.

CHP all along provides Tamiflu post-exposure chemoprophylaxis to asymptomatic residents of residential care homes when there is a confirmed influenza outbreak, which is part of the outbreak control measures.

During influenza seasons, CHP requests schools to actively check the body temperature of all students every day when they arrive at school in order to identify those with fever. To prevent outbreaks, those with fever, with or without respiratory symptoms, should not be allowed to attend school. Schools should advise them to seek medical advice. In addition, staff should check their temperature before work every day and those with fever or respiratory illnesses should also refrain from work.

Risk communication

CHP disseminates information in a transparent and timely manner to ensure that the up-to-date information is made available to the public. Influenza surveillance data are summarised in the weekly on-line publication "Flu Express" and uploaded to CHP's website every week.

When there is upsurge in local influenza activity, CHP issues letters to doctors, hospitals, kindergartens, child care centres, primary and secondary schools, as well as residential care homes for the elderly and the disabled, to inform them of the latest influenza situation and remind them to take preventive measures.

CHP also keeps relevant stakeholders (such as Government bureaux and departments, healthcare sector, education sector, District Councils, etc.) abreast of the latest influenza activity and preventive measures, and solicits their collaboration and support to strengthen dissemination of related health messages.

Health education and promotion

CHP has stepped up publicity and health education activities to disseminate advice on personal and environmental hygiene, and to remind the community to stay vigilant against influenza. CHP has produced a variety of health education materials on the prevention of influenza including a thematic web page, television and radio announcements in public interests, guidelines, pamphlets, posters, booklets, Frequently Asked Questions and exhibition boards. Various publicity and health education channels, e.g. websites, Facebook Fanpage, YouTube channel, GovHK Notifications App, television and radio stations, health education hotline, newspapers and media interviews, have been deployed for promulgation of health advice.

CHP has also widely distributed relevant health education materials to public and private housing estates, healthcare institutions, schools and non-governmental organisations (NGOs). Targeting at ethnic minorities, relevant health education materials in Bahasa Indonesia, Hindi, Nepali, Thai, Urdu and Tagalog have been published and distributed to NGOs providing services to them.

(2) The following figures are the quantities of seasonal influenza vaccines that the Government procured under the GVP for the past 3 years and the contract prices:

Year	**Number of doses**
2015-16	400 000
2016-17	430 000
2017-18	527 000

The numbers of recipients for the past 3 years under SIV programme/schemes are as follows–

Target groups	**Number of SIV recipients**		
	2015-16	**2016-17**	**2017-18 (as at 4 March 2018)**
Children between the age of 6 months and less than 6 years	47 600	112 200	147 500
Children between the age of 6 years to less than 12 years	N/A		
Elderly aged 65 or above	457 800	478 000	519 000
Others[&]	71 000	86 600	94 800
Total:	**576 400**	**676 800**	**761 300**

& Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities, PDAs (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

As many target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)219

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0268)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Since 2016-17, the Centre for Health Protection has been providing outreach vaccination services to children aged between 6 months and below 12 years under the Vaccination Subsidy Scheme. In this connection, please advise this Committee on:

1. the numbers of doctors, students and primary schools participating in outreach vaccination activities and the coverage rates for 2016-17 and 2017-18 respectively;

2. the staff establishment and expenditure involved in providing outreach vaccination services; and

3. what measures the Government will implement, in view of the lukewarm response from schools to outreach vaccination activities (only 57 primary schools have participated as at January 2018), to promote vaccination as a means to prevent seasonal influenza among parents and schools.

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 16)

Reply:

The Vaccination Subsidy Scheme (VSS) is a public-private-partnership programme to provide subsidised vaccination to children, elders and other target groups through participation of private doctors. A subsidy at $190 per dose will be payable to enrolled doctors under VSS who provide seasonal influenza (SI) vaccination either at their clinics or through outreaching vaccination service to eligible recipients. Since the 2016-17 vaccination season, the VSS has covered all children aged between 6 months and under 12 years old.

(1) Since the 2016-17 vaccination season, there are around 70-80 VSS doctors who have indicated interest in providing outreaching vaccination service. The figures concerning SI vaccination of children aged between 6 years and under 12 years old under VSS are as follows –

	2016-17	**2017-18 (as at 4 March 2018)**
No. of primary schools organising outreach SI vaccination activities at schools under VSS	54	65
No. of students who received outreach SI vaccination at primary schools under VSS	16 000	24 000
Total no. of children aged between 6 years and under 12 years old (and percentage of population# in the age group) who received SI vaccination under VSS*	51 700 (15.6%)	68 900 (19.9%)
Subsidy claimed for children aged between 6 years and under 12 years old who received SI vaccination under VSS* ($ million)	10.7	14.0

\# Calculated based on the population projections provided by the Census and Statistics Department.

* In addition, some 300 and 500 children were provided with free SI vaccination under the Government Vaccination Programme respectively in 2016-17 and 2017-18 (as at 4 March 2018). Also, some other children may have received SI vaccination outside the Government's vaccination programme/schemes so they are not included in the above statistics.

(2) At present, other than VSS, the Department of Health (DH) also administers other vaccination programmes, e.g. Government Vaccination Programme (GVP). The staff establishment/cost of DH in supporting outreaching SI vaccination at primary schools through VSS cannot be separately identified as it forms part of the overall staff establishment/cost for vaccination programmes.

(3) To encourage more schools to arrange outreaching vaccination activities under VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SI vaccination has been made through multiple channels including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SI vaccination through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SI vaccination coverage for children.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)220

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0295)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The Elderly Health Care Voucher Scheme helps reduce the daily medical expenses borne by senior citizens. However, some media reports have repeatedly reported that in an attempt to claim elderly health care vouchers (EHVs) fraudulently, clinics would deliberately prescribe expensive medicines inappropriately, optical shops would sell reading glasses at ridiculously high prices, and drug stores would persuade seniors to buy dried seafood with EHVs, to name but a few. In this connection, will the Government advise this Committee on:

1. the numbers of complaints received by the Government against suspected fraudulent claims of EHVs, cases with investigation completed, as well as cases substantiated and passed to the Police or other departments and authorities for follow up in the past 3 years;

2. the staff establishment involved in promoting and implementing the Scheme; whether the Government, in view of the rising complaints related to EHVs, will strengthen manpower support for the Scheme; and

3. what measures the Government will take to combat fraudulent claims of EHVs?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 15)

Reply:

1. The Department of Health (DH) received 24, 42 and 72 complaints against the Elderly Health Care Voucher (EHV) Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers. Among these 138 complaints, 9 cases have been referred to the Police and 7 cases have been referred to the relevant statutory bodies/ government departments for follow-up actions as necessary.

   Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

2. The approved establishment of the Health Care Voucher Unit (HCVU) of DH for the administration and monitoring of the EHV Scheme has been increased from 24 posts to 48 posts in 2017-18. DH will continue to monitor and review the manpower requirements of the HCVU after all the new posts have been filled.

3. To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using voucher. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

   Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminded participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

   DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)221

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0299)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Special outpatient clinics under the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. In the past, the target of "appointment time for new dermatology cases within 12 weeks (over 90% of cases)" was set in respect of the performance of the dermatological clinics. However, it will be replaced by the new target of "appointment time for new cases with serious dermatoses within eight weeks (over 90% of cases)" in 2018. In this regard, will the Government inform this Committee:

1. whether all the dermatological clinics were unable to meet the target set by the DH in the past 5 years and provide the percentages of appointments given for the past 5 years;

2. of the provisions for the dermatological clinics for the past 5 years and for 2018-19;

3. of the existing staff establishment of the dermatological clinics;

4. of the definition of "serious dermatoses"; and

5. of the number of new dermatology cases in the past year and the number of "serious dermatoses" amongst them?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 33)

Reply:

1,2&3.
The statistics on dermatological clinics in Social Hygiene Service (SHS) in the past 5 years are as follows:-

Percentage of new dermatology cases with appointment given within 12 weeks

Year	Percentage
2013	53%
2014	48%
2015	43%
2016	31%
2017	33%

Financial Provisions for SHS from 2013-14 to 2018-19

Financial Year	Financial Provision ($ million)
2013-14	123.4
2014-15	127.5
2015-16	136.7
2016-17	141.7
2017-18	165.3
2018-19	196.8

Establishment of Clinics Providing Dermatology Service in SHS (as at 1 March 2018)

	Yau Ma Tei Dermatological Clinic	Sai Ying Pun Dermatological Clinic	Cheung Sha Wan Dermatological Clinic	Yung Fung Shee Dermatological Clinic	Fanling Integrated Treatment Centre	Chai Wan Social Hygiene Clinic	Wan Chai Male & Female Social Hygiene Clinic	Tuen Mun Social Hygiene Clinic
Senior Medical Officer	1	-	1	-	1	-	1	1
Medical Officer	2	2	3	2	3	2	2	1
Nursing Officer	1	1	1	1	2	2	2	2
Registered Nurse	9	6	9	6	9	7	10	9
Enrolled Nurse	-	-	-	-	2	1	2	2
Senior Dispenser	1	-	-	-	-	-	-	-
Dispenser	2	-	-	-	-	-	-	-
Assistant Clerical Officer	1	1	1	1	1	1	1	1
Clerical Assistant	3	2	2	1	2	1	2	2

	Yau Ma Tei Dermatological Clinic	Sai Ying Pun Dermatological Clinic	Cheung Sha Wan Dermatological Clinic	Yung Fung Shee Dermatological Clinic	Fanling Integrated Treatment Centre	Chai Wan Social Hygiene Clinic	Wan Chai Male & Female Social Hygiene Clinic	Tuen Mun Social Hygiene Clinic
Office Assistant	-	-	1	-	1	-	1	-
Workman II	1	2	2	1	2	1	2	1
Total	**21**	**14**	**20**	**12**	**23**	**15**	**23**	**19**

4. There is no specific and universally accepted definition for "serious dermatoses". For operational purpose, SHS has implemented a triage system of which all new case referrals will be assessed by the specialist doctor in charge of individual clinics. As serious dermatological conditions are so diversified, in order to facilitate system monitoring, 6 groupings of commonly encountered dermatoses are identified and thus performance indicator monitoring. The 6 indicator conditions include -

   (a) cutaneous malignancies;
   (b) immunobullous diseases;
   (c) early stage herpes zoster;
   (d) severe cutaneous adverse reactions to drug;
   (e) moderate to severe psoriasis; and
   (f) hospitalised patients but with dermatoses and need continuation of care in specialist outpatient clinic on discharge.

5. The number of new dermatology cases in 2017 is 25 129. As SHS started to collect statistics on the number of all new cases with the 6 groupings of "serious dermatoses" starting from 2018, no such data could be provided for the past year.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)222

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0230)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the numbers of registration applications from healthcare professionals processed by statutory boards/councils, please advise on the following:

a. the operating expenditure, manpower, the number of registration applications and the average time required for approval for each application in 2017;

b. the numbers of complaints processed and disciplinary inquiries conducted by statutory boards/councils last year, and the expenditure and manpower involved;

c. whether the Department has earmarked sufficient resources and manpower to meet the demand of this year in view of the rising numbers of registration applications from healthcare professionals; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 41)

Reply:

In 2017, the relevant statutory boards/councils of healthcare professionals subject to statutory registration ("boards and councils") processed 5 894 registration applications. The types and numbers of applications, and the average time taken for approval are as follows -

Healthcare Profession	**No. of registration applications processed in 2017**	**Average time taken for approval[#]**
Chiropractors	28	2 - 3 months
Dental Hygienists (Enrolled)	19	1 - 2 months
Dentists	108	
- *Full registration*	(90*)	2 - 3 weeks
- *Specialist registration*	(18)	2 - 3 months

Healthcare Profession	**No. of registration applications processed in 2017**	**Average time taken for approval[#]**
Doctors	1 419	
- *Full registration*	(378)	1 day
- *Provisional registration*	(471)	2 - 3 weeks
- *Limited registration*	(197)	2 weeks
- *Temporary registration*	(108)	2 weeks
- *Specialist registration*	(265)	2 - 3 months
Midwives	86	1 week
Nurses (Registered and Enrolled)	2 528	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	115	1 week
Chinese Medicine Practitioners	246	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 345	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 894	

Notes:

 # The registration applications are processed according to the legislations governing the respective healthcare professions, and are approved by the relevant statutory boards/councils or registrars. The approval time taken for different healthcare professions varies due to different procedures involved.

** including 25 cases of deemed-to-be registered dentists.*

In 2017, the relevant boards and councils received 891 complaints and conducted 58 inquiries against healthcare professionals. The breakdown figures are as follows-

Healthcare Profession	**No. of complaints received in 2017**	**No. of inquiries conducted in 2017**
Chiropractors	8	0
Dental Hygienists (Enrolled)	1	0
Dentists	147	6
Doctors	496	26
Midwives	0	0

Healthcare Profession	No. of complaints received in 2017	No. of inquiries conducted in 2017
Nurses (Registered and Enrolled)	49	7
Pharmacists	2	0
Chinese Medicine Practitioners	161	15
Supplementary Medical Profession Practitioners	27	4
- Medical Laboratory Technologists	(6)	(0)
- Occupational Therapists	(2)	(0)
- Optometrists	(9)	(3)
- Physiotherapists	(6)	(1)
- Radiographers	(4)	(0)
Total:	891	58

In 2017, the Department of Health ("DH") assigned 20 staff to provide secretariat support to the boards and councils in processing registration and other related applications from 13 healthcare professions. DH will review from time to time the manpower requirement for handling the increasing registration-related applications, and deploy manpower flexibly to ensure efficient delivery of service.

DH also assigned 35 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2017-18 are around $12.3 million and $14.6 million respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)223

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0231)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", please advise on:

a. the expenditure involved, the number of attendances and the manpower required since the implementation of the Programme;

b. the number of attendances by scope of services (including fillings, extractions and dentures); and

c. whether the Programme will be extended to all 18 districts so that elders other than those in residential care homes/day care centres and similar facilities can enjoy the dental services as well. If so, what are the details?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 42)

Reply:

a. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19, and 6 civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2018, the number of attendances was about 159 500.

b. These elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

c. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)224

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0232)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The number of primary school children participating in the School Dental Care Service has been increasing significantly. In this regard, please advise on the following:

a. the expenditures required for providing the Service in the past 3 years, broken down by year;

b. the numbers of personnel involved in providing the Service in the past 3 years, broken down by grade;

c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower and resources involved as well as the details; if not, the reasons for that; and

d. whether the Department would consider extending the Service to cover secondary school students; if so, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 43)

Reply:

a. The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the participating students in SDCS over the past 3 years is mainly due to the increase in the total number of primary school students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2015-16, 2016-17 and the revised estimate for 2017-18 are as follows:-

Financial Year	Annual Expenditure ($ million)
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Revised estimate)	262.1

b. In the service years of 2015-16, 2016-17 and 2017-18, the breakdown of the number of personnel involved (dentists, dental therapists and dental surgery assistants) in providing the service by grade in establishment are as follows:-

Number of personnel involved	Service Year [Note1]		
	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)
Dentists	31	31	31
Dental Therapists	271	271	271
Dental Surgery Assistants	42	42	42

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

c. Despite the increase in the number of participating students, DH will absorb the additional workload by flexible redeployment of resources. In 2018, DH will also recruit dental therapists for filling up the vacancies due to natural wastage.

d. The Government's policy on dental services is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits.

DH has been allocating resources primarily to promotion and preventive efforts. The SDCS encourages primary six students to continue to receive regular dental check-up from private dentists for oral health maintenance after ending of the SDCS. The Oral Health Education Unit (OHEU) under DH has launched various educational and promotional programmes specifically for different age groups having regard to their dental care needs. To help secondary school students pay constant attention to oral health, OHEU launched a school-based oral health promotion programme named "Teens Teeth" since 2005 which adopts a peer-led approach in promoting oral health to secondary students. In addition, an annual "Love Teeth Campaign" has been implemented since 2003 to promote oral health to the Hong Kong population including secondary school students.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)225

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0233)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The number of attendances for health assessment and medical consultation at the Elderly Health Centres (EHCs) has been increasing. Please advise on:

a. the average waiting time and the number of elders waiting for enrolment in respect of the 18 EHCs for the past 3 years;

b. the expenditures required for providing the related services for the past 3 years, broken down by year; and

c. the numbers of staff involved for providing the related services for the past 3 years, broken down by grade.

d. The Department of Health mentioned last year that a new clinical team would be established in 2017-18 and another one in 2018-19 to enhance the service capacity of EHCs. Please advise on the work progress and details of this project.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 44)

Reply:

a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in the past 3 years are as follows:

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
EHC	**2015**	**2016**	**2017***	**2015**	**2016**	**2017***
Sai Ying Pun	30.0	6.0	7.5	765	837	1 262
Shau Kei Wan	23.5	2.4	6.9	988	674	1 317
Wan Chai	34.3	1.4	5.4	1 200	1 279	2 143
Aberdeen	14.5	4.3	7.0	456	411	847
Nam Shan	15.8	2.2	5.8	785	153	829
Lam Tin	12.0	4.0	7.5	363	370	866

Yau Ma Tei	34.2	7.6	6.9	751	789	1 144
San Po Kong	18.6	1.5	6.3	186	299	754
Kowloon City	34.4	8.5	5.7	430	374	887
Lek Yuen	4.5	8.7	7.7	386	1 096	2 727
Shek Wu Hui	16.4	7.9	6.7	370	375	807
Tseung Kwan O	29.0	2.8	6.8	1 379	602	1 224
Tai Po	16.3	3.8	6.9	644	507	1 245
Tung Chung	15.0	6.3	3.9	801	355	629
Tsuen Wan	17.8	12.0	5.9	994	704	1 350
Tuen Mun Wu Hong	15.8	11.3	10.2	1 182	1 386	1 688
Kwai Shing	7.0	1.5	4.8	63	206	569
Yuen Long	13.4	6.0	6.7	696	809	1 527
Overall	**16.3**	**5.2**	**6.8**	**12 439**	**11 226**	**21 815**

*Provisional figures

b. The expenditures for the EHCs in 2015-16, 2016-17 and 2017-18 are $140.0 million (actual), $150.7 million (actual) and $151.2 million (revised estimate) respectively.

c. The total numbers of posts deployed for the 18 EHCs in the past 3 years are as follows:

Grade	**As at 31 March 2016**	**As at 31 March 2017**	**As at 31 March 2018***
Medical and Health Officer (MO)	26	27	28
Registered Nurse	60	60	63
Dispenser	5	5	5
Clinical Psychologist	4	4	4.5[#]
Dietitian	4	4	4.5[#]
Occupational Therapist	4	4	4.5[#]
Physiotherapist	4	4	4.5[#]
Clerical Officer	20	20	21
Clerical Assistant	20	20	20
Workman II	19	19	20
Total	166	167	175

* Approved establishment

[#] A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

d. The new clinical team approved for establishment in 2017-18 is expected to commence operation in July 2018 upon completion of recruitment formalities. Another new clinical team will be established within 2018-19. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams together are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year. The Department of Health will flexibly deploy the additional clinical teams and continue to closely monitor the waiting time for health assessments.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)226

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0234)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of a strategy and action plan for prevention and control of non-communicable diseases under this Programme, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 45)

Reply:

The Food and Health Bureau and Department of Health (DH) will launch the new strategy and action plan for prevention and control of non-communicable diseases (NCD) in the first half of 2018. The scope, principles and approach of the strategy will align with the World Health Organization Global NCD Action Plan and Global Monitoring Framework. It will focus on reducing four modifiable behavioural risk factors, namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. DH will engage stakeholders across sectors to create supportive environments to make healthy choices easier for everyone. DH will strengthen NCD and risk factor surveillance, step up health communication and education to raise public health literacy and empower individuals to practise a healthy lifestyle. The ultimate goal is to improve population health and reduce the social and economic impact of NCD. From 2018-19 onwards, a recurrent provision of $50 million will be allocated for implementation of the strategy and action plan.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)227

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0235)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Pilot Accredited Registers Scheme for Healthcare Professions mentioned under *Matters Requiring Special Attention*, please advise on the relevant progress of work, details of the scheme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 46)

Reply:

The Government has introduced the Pilot Accredited Registers Scheme for Healthcare Professions ("the AR Scheme") in end 2016 with an aim to improving the society-based regulatory framework in the short term by ensuring the professional standards of healthcare professionals and providing more information for the public to make informed decisions.

The AR Scheme operates under the principle of "one profession, one professional body, one register". For each profession, the Accreditation Agent will accredit 1 professional body that should have a broad representation of the corresponding profession and have met the prescribed standards. The accredited professional body shall be responsible for administering the register of its profession. Accredited professional bodies will be permitted by the Department of Health to use an Accreditation Mark on their websites and Certificates of Registration issued to their members for easy identification by the public. Members of the accredited professional bodies can also use a specified title on their name cards. Members of the public can look up the registers of healthcare professionals through the accredited bodies.

The Government is forging ahead with the Scheme and aims to complete the accreditation process by 2018 for speech therapists, clinical psychologists, educational psychologists, audiologists and dietitians to pave the way for setting up a statutory registration regime for these professions. The accreditation process of the speech therapist profession is at its final stage. The accreditation results for the speech therapist profession will be announced in

Q2 2018. The accreditation assessment procedures for the other 4 professions will be conducted in phases in 2018, depending on the readiness of each profession.

In 2018-19, $7.4 million is provided for taking forward the AR Scheme including staff and operational costs. 3 posts, including 1 Scientific Officer (Medical), 1 Executive Officer I and 1 Assistant Clerical Officer, are approved for creation in 2018-19 under the AR Scheme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)228

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0236)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of hospital patients (attendances) for dental treatment cases increased by 3 200 in 2017 as compared with 2016, while the number for 2018 is estimated to be similar to the previous year. In this connection,

a. please advise on the expenditures required in providing the said service in the past 3 years, broken down by year;

b. please advise on the numbers of staff involved in providing the said service in the past 3 years, broken down by grade;

c. please advise on whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower and resources involved as well as the details; if not, the reasons for that; and

d. it is mentioned in paragraph 148 of the Budget Speech that the departments concerned have been asked to improve existing dental care services for the elderly. In this regard, has the Department considered enhancing the existing dental treatment services of government dental clinics, including scaling and polishing, denture cleaning, fluoride/X-ray and other curative treatments (such as fillings, extractions, dentures etc.)? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 47)

Reply:

a. The expenditures of providing dental service to hospital patients by the Department of Health (DH) in financial years 2015-16, 2016-17 and 2017-18 are:-

Financial Year	Annual Expenditure ($ million)
2015-16(Actual)	52.2
2016-17(Actual)	61.7
2017-18(Revised estimate)	64.0

b. The breakdown of the number of personnel involved in providing the service by grade in establishment in financial years 2015-16, 2016-17 and 2017-18 are as follows:

Number of personnel	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)
Dental Officer	28	28	28
Dental Surgery Assistant	28	28	28
Dental Technician	7	7	7
Laboratory Attendant	7	7	7

c. DH will absorb any additional workload by flexible redeployment of resources.

d. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

Apart from promotion, education and publicity efforts, the Government has focused resources to provide emergency dental services for the public and accorded priority to people with special needs, especially elderly with financial difficulties. In recent years, the Government has launched a series of initiatives to provide financial support for the elderly to receive dental care and oral hygiene services, for example, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)229

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0237)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Service,

a. the completion time for assessment of new cases in the Child Assessment Centres (CACs) within 6 months fell short of the target of 90% for the past 2 years and further dropped to 55% in 2017, please advise on the reasons for failing to meet the target;

b. please advise on the number of children who received the child assessment service and the number of these children who were assessed as having developmental disabilities, broken down by developmental problem, for each of the past 3 years;

c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in the CACs for the past 3 years;

d. it was mentioned in the 2016 Policy Address that an additional CAC would be set up by the Department of Health; please advise on the progress of work, expenditure and manpower involved, number of additional service quotas as well as reduction in waiting time for new cases in 2017; and

e. please advise if the Government, in view of the continuous increase in attendances at the CACs, as well as the persistently low rate for completion of assessment for new cases within 6 months, plans to allocate additional resources and manpower to enhance the service and meet the demand.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 48)

Reply:

a. The Department of Health (DH) was unable to meet the target of 90% mainly due to the increasing demand for services provided by the Child Assessment Service (CAS), coupled with the high turnover rate and difficulties in recruiting doctors to the CAS.

b. In the past 3 years, the number of new referrals to the CAS has been on an increasing trend. The numbers of newly referred cases received by the CAS in 2015, 2016 and 2017 are 9 872, 10 188 and 10 438 (provisional figure) respectively.

The number of newly diagnosed cases of developmental conditions in the CAS from 2015 to 2017 are as follows:-

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

c. In the past 3 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new cases within 6 months in 2015, 2016 and 2017 are 71%, 61% and 55% respectively. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH has not compiled statistics on the average waiting time for assessment of new cases.

The approved establishment of the CAS in 2017-18 are as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22

Speech Therapist	13
Optometrist	2
Occupational Therapist I	8
Physiotherapist I	6
Technical Support	
Electrical Technician	1
Administrative and General Support	
Hospital Administrator II	1
Senior Executive Officer / Executive Officer II	2
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

The number of children served by the CAS in 2015, 2016 and 2017 are 23 020, 23 484 and 24 046 (provisional figure) respectively.

d and e. Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)230

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3143)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to strengthening the secretariat support to the Medical Council of Hong Kong and the Dental Council of Hong Kong in handling complaints and conducting inquiries as mentioned under Matters Requiring Special Attention in 2018-19, please give an account of the progress and details of the work as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 53)

Reply:

The Department of Health ("DH") provides secretariat support to the Medical Council of Hong Kong ("MCHK") and the Dental Council of Hong Kong ("DCHK"). The staff of the secretariats are civil servants under the establishment of DH.

MCHK received an average of about 540 complaints against registered doctors each year over the period from 2013 to 2017. As at December 2017, there was a backlog of about 800 cases (340, 340 and 103 cases at pre-Preliminary Investigation Committee ("PIC"), PIC and inquiry stages). According to the latest projection, it takes about 6 years on average for MCHK to complete a complaint case from receipt to disciplinary inquiry.

To help MCHK to expedite its complaint handling process, the Government has provided additional funding to strengthen the manpower support for the MCHK Secretariat and provide honorarium to experts tendering advice at the preliminary investigation stage since October 2016.

The Government introduced the Medical Registration (Amendment) Bill ("MR(A)Bill 2017") into the Legislative Council in June 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK. Under the MR(A)Bill 2017,

more than 1 PIC could be established and inquiry panels could be set up by MCHK so that inquiries could be conducted in parallel. These proposed amendments could substantially improve the efficiency of MCHK in handling complaints.

In 2018-19, the Government has earmarked additional funding of $10 million for MCHK Secretariat for creation of civil service posts (8 permanent posts and 9 time-limited posts for clearing the backlog) and other recurrent costs in order to expedite the complaint handling process of MCHK upon the passage of the MR(A)Bill 2017.

DCHK received an average of about 150 complaints against registered dentists each year over the period from 2013 to 2017 and it takes an average of about 3 years to complete a complaint case from receipt to disciplinary inquiry.

In 2018-19, the Government has earmarked additional funding of $1 million for DCHK Secretariat for creation of civil service posts (3 permanent posts) and other recurrent costs with a view to facilitating DCHK to expedite its complaint handling process.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)231

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3189)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance was 164 in 2017. Please advise on the average number of inspections for each nursing home. In addition, it is estimated that fewer inspections will be conducted in 2018, why is that so?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 54)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165), the Department of Health (DH) registers private hospitals and nursing homes subject to their conditions relating to accommodation, staffing and equipment. DH has also promulgated the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes which sets out the regulatory standards and the standards of good practice, with a view to enhancing patient safety and quality of service.

DH inspects all nursing homes at least once per year. DH conducts inspections to nursing homes for purposes including annual renewal of registration, applications for changes in services and investigating complaints and adverse events. The total number of inspections conducted is affected by factors such as the number of applications for new services, and number of complaints received.

In 2017, a total of 164 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.5. In 2018, it is estimated that a total of 125 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)232

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3236)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

There will be an increase of 94 posts under this Programme for the Department of Health in 2018-19. Please advise on the ranks, salaries and the nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 55)

Reply:

Details of the net increase of 94 posts are at the **Annex**.

- End -

Annex

Creation and Deletion of Posts in Department of Health in 2018-19
Programme (1) – Statutory Functions

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(a) Taking forward the legislative proposal to prohibit the commercial sale and supply of alcohol to minors		
Scientific Officer (Medical)	1	903,840
Overseer	4	1,604,400
Senior Foreman	12	3,767,040
Executive Officer I	2	1,468,080
Executive Officer II	3	1,458,180
Assistant Clerical Officer	2	525,120
Sub-total :	***24***	***9,726,660***
(b) Strengthening the secretariat support to the Medical Council of Hong Kong		
Chief Executive Officer	1	1,389,540
Senior Executive Officer	1	989,100
Executive Officer I	2	1,468,080
Executive Officer II	1	486,060
Clerical Officer	1	421,020
Assistant Clerical Officer	2	525,120
Sub-total :	***8***	***5,278,920***
(c) Strengthening the secretariat support to the Medical Council of Hong Kong (Time-limited for 3 years from 2018-19 to 2020-21)		
Senior Executive Officer	2	1,978,200
Executive Officer I	2	1,468,080
Executive Officer II	2	972,120
Clerical Officer	1	421,020
Assistant Clerical Officer	2	525,120
Sub-total :	***9***	***5,364,540***
(d) Strengthening the secretariat support to the Dental Council of Hong Kong		
Executive Officer I	1	734,040
Clerical Officer	1	421,020
Assistant Clerical Officer	1	262,560
Sub-total :	***3***	***1,417,620***

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(e) Supporting the development of Chinese Medicine		
Pharmacist	1	903,840
Chemist	1	903,840
Scientific Officer (Medical)	4	3,615,360
Science Laboratory Technician II	1	346,380
Sub-total :	***7***	***5,769,420***
(f) Strengthening the laboratory technical support in the forensic pathology services		
Medical Laboratory Technician I	1	557,340
Medical Laboratory Technician II	-1	-346,380
Sub-total :	***0***	***210,960***
(g) Strengthening the manpower support in the regulation of advanced therapies		
Senior Medical and Health Officer	1	1,389,540
Senior Pharmacist	1	1,389,540
Pharmacist	2	1,807,680
Scientific Officer (Medical)	2	1,807,680
Assistant Clerical Officer	2	525,120
Sub-total :	***8***	***6,919,560***
(h) Strengthening the overall support to the Port Health Office for the commissioning of the Hong Kong Boundary Crossing Facilities of the Hong Kong-Zhuhai-Macao Bridge and the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link		
Nursing Officer	1	701,100
Registered Nurse	2	883,920
Foreman	8	1,982,400
Health Inspector I/II	2	1,031,820
Clerical Assistant	1	204,960
Sub-total :	***14***	***4,804,200***
i) Strengthening the overall support to the Port Health Office upon commissioning of the boundary control point at Liantang / Heung Yuen Wai		
Medical and Health Officer	1	1,076,100
Nursing Officer	1	701,100
Registered Nurse	2	883,920
Senior Foreman	1	313,920
Foreman	6	1,486,800
Health Inspector I/II	2	1,031,820
Assistant Clerical Officer	1	262,560
Sub-total :	***14***	***5,756,220***

Nature of work / Rank	No. of posts to be created/deleted	Annual recurrent cost of civil service post ($)
(j) Conversion of non-civil service contract positions to civil service posts for rationalising the clerical support to the Chinese Medicine Division		
Assistant Clerical Officer	7	1,837,920
Sub-total :	***7***	***1,837,920***
Total:	***94***	***47,086,020***

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)233

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3237)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The number of school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, please advise on:

a. the expenditures required in providing the said service in the past 3 years, broken down by year;

b. the numbers of staff involved in providing the said service in the past 3 years, broken down by grade; and

c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 56)

Reply:

a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2015-16, 2016-17 and 2017-18 are as follows:

   2015-16 (Actual): $ 210.1 million

   2016-17 (Actual): $ 216.3 million

   2017-18 (Revised estimate): $213.4 million

b. The establishment of the SHS in financial years 2015-16, 2016-17 and 2017-18 is as follows:

	2015-16 (As at 31.3.2016)	2016-17 (As at 31.3.2017)	2017-18 (As at 1.3.2018)
Doctors	37	37	37
Nurses	236	236	236
Allied health staff	18	18	18
Administrative and clerical staff	82	82	82
Supporting staff	36	36	36
Total	409	409	409

c. The DH has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for the SHS in 2018-19 will be $227.2 million. The number of staff establishment of the SHS in 2018-19 will be 410.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)234

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3238)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The number of attendances at social hygiene clinics in 2017 was 4 900 more than that in 2016. It is estimated that such number in 2018 will be similar to that in 2017. Has the Department earmarked sufficient resources and manpower to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 57)

Reply:

As social hygiene clinics provide walk-in service to people who seek medical consultation for sexually transmitted diseases, there may be fluctuation in the number of attendance year by year. The variation was still within the reasonable range. The Department of Health has all along endeavoured to fill the vacancies arising from staff wastage through recruitment of new civil service Medical and Health Officers and internal re-deployment. DH is also recruiting additional part-time and full-time contract staff to relieve the manpower pressure.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)235

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3239)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the number of laboratory tests relating to public health conducted in 2017 was 257 000 higher than that in 2016, why was that so? It is estimated that such number will further increase in 2018. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 58)

Reply:

The number of laboratory tests relating to public health in 2017 was 6 290 000, which was 257 000 (or 4.3%) higher than that of 2016 (i.e. 6 033 000). The increase was mainly due to the increase of requests from clinical units under the Department of Health (DH) and the Hospital Authority, particularly for influenza testing during outbreak seasons.

DH has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to meet operational requirements. An additional funding of $10 million is allocated in 2018-19 for inflation adjustment of specialist supplies in relation to laboratory testing, as well as to meet new service demands arising from emerging and re-emerging infections. To increase the capacity in laboratory testing, DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)236

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3240)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the setting up of a steering committee for viral hepatitis control under this Programme, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 59)

Reply:

In 2018-19, $13.1 million will be allocated for setting up a designated office under Special Preventive Programme for mapping out effective solutions to prevent and control viral hepatitis and providing secretariat support to the Steering Committee for Viral Hepatitis Control which will be formed in June 2018.

The aforesaid amount will include operational expenses of the designated office and 11 civil service posts as below:

Civil service Post	**Number of Post**
Senior Medical & Health Officer	1
Scientific Officer (Medical)	2
Executive Officer II	1
Nursing Officer	2
Registered Nurse	3
Assistant Clerical Officer	1
Clerical Assistant	1
Total	**11**

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)237

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3429)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the exploration of the feasibility of extending the health promoting school model in Hong Kong, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 60)

Reply:

The Health Promoting School (HPS) framework promulgated by the World Health Organisation (WHO) is a comprehensive whole school approach model which consists of six key elements, namely, healthy school policies, school's physical environment, school's social environment, community links, action competencies for healthy living, as well as school health care and promotion services.

The HPS framework has been adopted in many countries and places around the world and is found to be effective to improve the physical, mental and social health of the students in school settings. In Hong Kong, the HPS framework has been introduced and promoted by academic institution through ad hoc funding for over a decade, but the number of participating schools has been limited and sustainability is questionable.

The Department of Health (DH) will work with relevant stakeholders to explore the feasibility of extending the HPS model in Hong Kong as a pilot project, with a view to developing a suitable and sustainable model based on the principles of the HPS framework, and encouraging more schools to adopt this framework for health promotion in school setting.

The provision for implementing health promotion programmes in schools for 2018-19 is $17.5 million. DH plans to engage contract staff to undertake the additional workload arising from the pilot project.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)238

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3430)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to introducing a biologic clinic in Pamela Youde Nethersole Eastern Hospital for psoriasis patients as mentioned under *Matters Requiring Special Attention*, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 61)

Reply:

A biologic clinic will be set up in Chai Wan Social Hygiene Clinic which is located in the Pamela Youde Nethersole Eastern Hospital. The forthcoming biologic clinic will receive patients with severe psoriasis who are clinically assessed to be eligible for biologic treatment according to the prevailing guidelines from public dermatological clinics. The Consultant Dermatologists of Social Hygiene Service (SHS) will supervise and monitor the operation of the clinic. 1 designated specialist dermatologist Medical Officer, assisted by 1 Nursing Officer and 2 Registered Nurses with training in biologic treatment, will directly deliver the service. In the initial phase, 1 half day session per week will be introduced. Subject to the service demand and operating experience, SHS will review the number of sessions per week after 6 months' operation.

The estimated expenditure is $4 million, including manpower and other costs on drug, laboratory tests, equipment and miscellaneous items.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)239

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3431)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the launch of a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities under this Programme, please advise on the details of the said programme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 62)

Reply:

The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

The Government will provide about $54 million for the three-year project. 2 time-limited civil service posts, namely 1 Senior Dental Officer post and 1 Dental Officer post will be created for implementing the programme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)240

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3492)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of seasonal influenza vaccination programmes/schemes under the disease prevention programmes, please provide the following information for the past 3 years:

(a) the quantity of vaccines procured each year and the resources involved;

(b) the number of vaccine recipients and their age distribution;

(c) whether there were any unused vaccines left each year; if so, the quantity and expenditure involved as well as the way of disposal;

(d) the way the Government assessed the quantity of vaccines required each year;

(e) the measures taken by the Government to encourage those in need to receive vaccination; and

(f) of the deaths from influenza winter surge so far, the respective numbers of patients vaccinated and not vaccinated, broken down by age group.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 123)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elderly and other target groups at clinics of DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the involvement of private doctors.

(a) The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured under the GVP in the past 3 years and the contract amount:

Year	Number of doses	Amount ($ million)
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000~	28.0~

~This includes 20 000 doses of Southern Hemisphere SIV which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

(b) The number of recipients for the past 3 years under SIV programme/ schemes are as follows –

Target groups	**Number of SI recipients**		
	2015-16	**2016-17**	**2017-18 (as at 4 March 2018)**
Children between 6 months to under 6 years old	47 600	112 200	147 500
Children aged 6 to under 12	N/A		
Elderly aged 65 or above	457 800 *	478 000	519 000
Others #	71 000	86 600	94 800
Total:	**576 400**	**676 800**	**761 300**

Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

* In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere SIV under the GVP from May to August 2015.

As some target groups members may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(c) The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. Unused and expired vaccines are arranged for disposal in phase in accordance with the statutory requirements. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2015-16 and 2016-17 seasons, about 7 000 doses and about 10 000 doses were expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season.

(d) The Government will assess the quantity of SI vaccines required under the GVP each year by making reference to the epidemiology of SI, scope of eligibility, number of doses administered in the previous season, current vaccination situation, expected increase of vaccination rate and unavoidable wastage of vaccines, etc.

The Government will strive to ensure sufficient vaccine provision by closely monitoring vaccine use and by collaborating with different service units.

(e) The DH and other relevant departments organise health education activities and provide health advice on influenza prevention, personal hygiene and environmental hygiene, targeting the general public as well as specific sectors of the community such as schools and residential care homes for the elderly.

The DH keeps members of the medical profession informed through e-mails, fax and post. The DH also issues letters to kindergartens, child care centres, primary and secondary schools as well as residential care homes for the elderly and the disabled to alert them about the latest influenza situation from time to time.

To encourage more schools to arrange outreaching vaccination activities under the VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

(f) For adult patients, the CHP monitors laboratory confirmed influenza cases among patients aged 18 or above who were admitted to intensive care unit or had died in the same hospital admission. Among 312 deaths recorded in the 2017-18 winter influenza season (as at 7 March 2018), 105 (33.7%) were known to have received SIV under the 2017-18 GVP or VSS. The vaccination coverage by age groups is shown in the following table:

Age group	Number of deaths relating to influenza	Number of deaths known to have received SIV under 2017-18 GVP or VSS^(%)
18 – 49	7	2 (28.6%)
50 – 64	35	2 (5.7%)
≥65	270	101 (37.4%)
Total:	312	105 (33.7%)

^ Not including influenza vaccination received in the private sector at the patients' own expense

For children, the CHP has set up a case-based reporting system for paediatric influenza-associated severe complications and deaths among paediatric patients aged below 18 years. The CHP has recorded 2 deaths in the 2017-18 winter season (as at 12 March 2018) concerning a 3-year-old girl and a 5-year-old boy. Both of them had not received SIV for the 2017-18 season.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)241

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3495)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the health promotion and disease prevention programmes, please advise on:

a. whether the Government has considered providing free cervical cancer vaccination to all teenage girls in the territory. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of teenage girls? Has the Government assessed the resources involved in providing such free vaccination?

b. whether the Government has considered launching a breast cancer screening programme to carry out population-based mammography screening for women aged over 40. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of women? Has the Government assessed the resources involved in launching such screening programme?

c. whether the Government has considered setting up men's health centres to cater for the health needs of men, such as providing prostate examination services. If so, what are the details? If not, why? What policies has the Government implemented to promote the health of men? Has the Government assessed the resources involved in setting up such centres?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. (LegCo use): 126)

Reply:

a. The Consensus Statement co-published by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections in 2016 considered it effective and safe to use human papilloma virus (HPV) vaccination to protect against the development of cervical cancer. The Government has commissioned a systematic population-based cost-benefit analysis on the subject. The results of the analysis, coupled with local epidemiological data and overseas evidence, and experience of the Community Care Fund project on HPV vaccination

would provide further information to the Government on strategies towards HPV vaccination in Hong Kong.

b. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to providing recommendations on suitable measures for cancer prevention and screening for the local population. Having studied prevailing and increasing international evidence that questions overall benefits of population screening over harm, the CEWG considers there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. A study has been commissioned to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from screening. Meanwhile, the Department of Health (DH) promotes a healthy lifestyle as the primary cancer prevention strategy, which includes avoidance of alcohol, having regular physical activity and healthy eating, as well as maintenance of a healthy body weight and waistline. DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be noted. Mammography is offered to high risk women receiving DH's woman health services.

c. DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the CEWG considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men.

Resources for the above activities are absorbed by the Department's overall provision for disease prevention and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)242

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1866)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Under the current Elderly Health Care Voucher Scheme (EHVS), the Government provides health care vouchers with a total value of $2,000 per person annually to eligible elderly persons aged 70 or above. It is mentioned in this year's Budget that the Government will provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons, which will involve an expenditure of about $796 million. What are the annual number of elderly people served under the EHVS and the expenditure involved over the past 3 years? What are the number of elderly persons concerned and the expenditure involved if the eligibility age for the EHVS is lowered to 65 and 60 respectively? What is the additional expenditure involved in 2018-19?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 1)

Reply:

Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 3 years:

	2015	**2016**	**2017**
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by end of the year	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The amount of vouchers claimed is $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

Other than the one-off $1,000 additional worth of vouchers to each eligible elder, the

Government proposes to enhance the EHV Scheme in 2018 by increasing, as a regular measure, the accumulation limit of the voucher from $4,000 to $5,000. Upon implementation of the above initiatives, the estimated voucher expenditure for 2018-19 is about $3,155.6 million.

According to the Hong Kong Population Projections 2017-2066, the number of elders aged between 60 and 64 in 2018 is about 552 000. The eligibility age for the EHV Scheme was last adjusted in July 2017 from 70 to 65. Government has no intention to further reduce the eligibility age for the scheme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)243

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1878)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme (EHVS), please advise on the expenditure involved, the number of beneficiaries, and the percentage of beneficiaries in the total number of eligible persons in the past 3 years. Will the Government further extend the scope of the EHVS? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 13)

Reply:

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and its percentage as compared to the eligible elderly population:

	2015	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by end of the year	600 000	649 000	953 000
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	79%	84%	78%

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The amount of vouchers claimed is $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

The Department of Health is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public

Health and Primary Care. The review will collect views of elders and service providers about the EHV Scheme with an aim to further enhance the EHV Scheme as appropriate.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)244

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1898)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Government dental clinics under the Department of Health provide free emergency dental treatments to the public. Dental services at general public sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

(1) What were the numbers of service hours, the maximum service capacity, the actual numbers of attendances, the average time per consultation, the main services provided and the average costs per attendance of each dental clinic in the past 3 years?

(2) Will the Government review the actual public demand for dental services, and consider, in the light of the results, extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics? If so, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (Member Question No. (LegCo use): 38)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session@	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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

Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, average cost of service per attendance under the GP sessions is also not available.

(2) Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels. In recent years, the Government prioritises its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in August 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

The Government provides free/subsidised dental services for elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)245

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1478)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on the utilisation of elderly health care vouchers in the past 3 years in terms of:

(i) the number of eligible persons;
(ii) the number of beneficiaries;
(iii) the percentage of beneficiaries in the total number of eligible persons;
(iv) the expenditure involved;
(v) the specialties involved;
(vi) the number of complaints about the abuse and misuse of health care vouchers received; and
(vii) the number of substantiated cases on the abuse and misuse of health care vouchers.

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 46)

Reply:

(i) to (iii)

Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years and the percentage as compared to the eligible elderly population:

	2015	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by the end of the year	600 000	649 000	953 000
Number of eligible elders (i.e. elders aged 65/70[Note 1] or above)*	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	79%	84%	78%

Note 1: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

(iv) & (v)

The table below shows the amount of vouchers claimed in the past 3 years from 2015 to 2017:

Amount of Vouchers Claimed (in $'000)

	2015	2016	2017
Medical Practitioners	611,860	638,006	774,088
Chinese Medicine Practitioners	142,265	171,599	256,563
Dentists	98,563	105,455	144,331
Occupational Therapists	230	271	2,506
Physiotherapists	6,381	7,007	8,344
Medical Laboratory Technologists	3,820	9,905	11,256
Radiographers	2,365	3,197	5,447
Nurses	1,389	3,335	5,122
Chiropractors	1,825	1,913	2,303
Optometrists	37,092	128,399	288,582
Sub-total (Hong Kong):	905,790	1,069,087	1,498,542
University of Hong Kong - Shenzhen Hospital Note 2	537	1,471	1,855
Total:	906,327	1,070,558	1,500,397

Note 2: The Pilot Scheme for use of EHV at the University of Hong Kong – Shenzhen Hospital was launched on 6 October 2015.

(vi) & (vii)

The Department of Health received 24, 42, and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

Among the 103 cases with investigation completed, 30 cases were found to be substantiated or partially substantiated.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)246

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1485)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary mentioned in the Budget Speech that the accumulation limit of Elderly Health Care Vouchers will be raised from $4,000 to $5,000 in 2018 to allow greater flexibility to users. Besides, an additional $1,000 worth of vouchers will be provided for all eligible elderly persons on a one-off basis, which will involve an expenditure of about $796 million. What are the details and implementation timetable of the plan?

Asked by: Hon LEUNG Che-cheung (Member Question No. (LegCo use): 48)

Reply:

The Government proposes to provide, on a one-off basis, an additional $1,000 worth of vouchers under the Elderly Health Care Voucher (EHV) Scheme and increase, as a regular measure, the accumulation limit of vouchers from $4,000 to $5,000 for each eligible elder, i.e. those who are aged 65 or above in 2018 and holding a valid Hong Kong Identity Card or Certificate of Exemption issued by the Immigration Department. It is estimated that about 1.2 million elderly persons will benefit from the above initiatives, which will be implemented within a month after the passage of the Appropriation Bill 2018.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)247

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1558)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 149 of the Budget that the Government will raise the accumulation limit of Elderly Health Care Vouchers (EHVs) from $4,000 to $5,000 and provide an additional $1,000 worth of vouchers to eligible elderly persons. In this connection, will the Government inform this Council of the following:

1. When will the additional $1,000 worth of vouchers provided to eligible elderly persons be deposited into their voucher accounts?

2. There are many voices in the community urging the Government to consider further lowering the eligibility age for EHVs from 65 to 60 or above. In this connection, has the Government compiled any statistics on the potential number of beneficiaries and additional annual expenditures involved in lowering the eligibility age for EHVs? If yes, what are the details? If not, will the Government consider compiling similar statistics in future?

3. Were any adjustments made to the application procedures of EHVs for eligible elderly persons in the past one year so as to shorten the time required for application?

4. How many healthcare service providers in the non-public sector are currently enrolled under the Elderly Health Care Voucher Scheme? What is the distribution of the medical services provided by medical practitioners, Chinese medicine practitioners and dentists?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 35)

Reply:

1. The Government proposes to provide each eligible elder under the Elderly Health Care Voucher (EHV) Scheme with an additional $1,000 worth of vouchers as a one-off arrangement, within a month after the passage of the Appropriation Bill 2018.

2. According to the Hong Kong Population Projections 2017-2066, the number of elders aged between 60 and 64 in 2018 is about 552 000. With an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitment involved will increase substantially if the eligibility age is further lowered to 60.

3. Under the EHV Scheme, vouchers are issued and used through an electronic platform. Elders do not need to pre-register, collect or carry the vouchers. Eligible elders who intend to use vouchers need not submit any application but are only required to show their valid Hong Kong Identity Card or Certificate of Exemption issued by the Immigration Department to the participating service providers and sign a consent form confirming the voucher amount to be used after receiving the healthcare services in person provided by the service providers.

4. The table below shows the number of service providers in Hong Kong enrolled in the EHV Scheme as at end December 2017, broken down by type of healthcare professionals:

	As at 31 December 2017
Medical Practitioners	2 387
Chinese Medicine Practitioners	2 424
Dentists	895
Occupational Therapists	69
Physiotherapists	396
Medical Laboratory Technologists	48
Radiographers	40
Nurses	182
Chiropractors	71
Optometrists	641
Total:	7 153

A service provider can register more than 1 place of practice for accepting the use of vouchers. A breakdown of the places of practice by enrolled healthcare professionals and 18 districts in Hong Kong is at the Annex.

– End –

Annex

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)248

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2232)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please inform this Committee of the estimated expenditure and specific measures for the implementation of the legislation to prohibit commercial sale and supply of alcohol to minors.

2. How can the Government ensure the smooth implementation of the new legislative requirements and their effectiveness?

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 116)

Reply:

1. The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the Gazette. The Department of Health (DH) will set up an enforcement team to conduct the enforcement actions. Similar to the current practices for enforcing laws prohibiting the sale of cigarettes to minors, DH officers will conduct compliance check, either randomly or targeted, on vendors to check whether the latter have displayed the prescribed notice as requested by the law. DH officers will also conduct inspections and carry out enforcement actions upon receipt of intelligence and complaints. Surveillance and monitoring of any suspected sale or supply of alcohol to minors will also be performed on a regular basis.

   The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

2. To facilitate compliance of the trade under the proposed regulatory regime, DH will prepare detailed guidelines and carry out publicity work to raise the awareness on the legal requirements among the general public and relevant stakeholders. DH will review the operation and enforcement models in a timely manner to ensure effective enforcement of the laws.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)249

CONTROLLING OFFICER'S REPLY

(Question Serial No.0399)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding tobacco control work,

(a) please set out the numbers of complaints received, inspections, summonses issued and fixed penalty notices issued by the Tobacco Control Office (TCO) in the past 3 years respectively;

(b) please provide the numbers of enforcement actions taken by the TCO relating to electronic cigarettes and heat-not-burn tobacco products in the past 3 years respectively; and

(c) it is noted that the Department of Health allocates funding to a number of non-governmental organisations each year for providing smoking cessation-related services. What were the expenditures, details and numbers of beneficiaries so involved in the past 3 years?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 24)

Reply:

(a) The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) for the period from 2015 to 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	2016	2017
Complaints received		17 875	22 939	18 354
Inspections conducted		29 324	30 395	33 159
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78

(b) The Smoking (Public Health) Ordinance (Cap. 371) stipulates that no person shall smoke or carry a lighted cigarette, cigar or pipe in a no smoking area. Any person who smokes in a no smoking area commits an offence and is subject to a fixed penalty of $1,500. The TCO issued 1 FPN in 2015, 4 FPNs in 2016, and 1 summons and 11 FPNs in 2017 to offenders who smoked electronic cigarettes in no smoking areas. The TCO issued 2 summonses and 22 FPNs to offenders who smoked heat-not-burn cigarettes in no smoking areas in 2017.

(c) The respective amounts of subvention related to smoking cessation services by the non-governmental organisations in the past 3 years are listed below:

Organisations subvented by the DH	**2015-16 ($ million)**	**2016-17 ($ million)**	**2017-18 Revised estimate ($ million)**
Tung Wah Group of Hospitals - Smoking Cessation Programme	39.1	41.5	34.0
Pok Oi Hospital - Smoking Cessation Programme by Traditional Chinese Medicine	7.3	7.6	7.2
United Christian Nethersole Community Health Service - Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.9
Lok Sin Tong - Smoking Cessation Programme in Workplace	2.3	2.4	2.7

The respective service details and numbers of clients served by the non-governmental organisations during each biennial Funding and Service Agreement (Agreement) period in the past 3 years are listed below:

Organisations / Contents of the Programme	**Numbers of clients served**	
	Subvention period Apr 2015 – Mar 2017	**Subvention period Apr 2017- Mar 2019 (figures as of Dec 2017 - 9 months into Agreement)**
Tung Wah Group of Hospitals - Providing pharmacotherapy and counselling to smokers who want to quit	8 038	2 580
Pok Oi Hospital - Providing acupuncture treatment and counselling to smokers who want to quit	2 360	890
United Christian Nethersole Community Health Service - Providing pharmacotherapy and counselling to smoking ethnic minorities and new immigrants	467	206
Lok Sin Tong - Providing outreach smoking cessation programme targeting at workplace	725	645

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)250

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2427)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

According to record, the completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is found to have fallen short of the target of 90% for 5 consecutive years and dropped continuously to 55% in 2017. In this connection, please advise on:

(a) the numbers of referred cases received by the CACs and the actual numbers of cases being diagnosed (broken down by developmental condition) respectively for the past 5 years;

(b) the average waiting times for appointment and assessment in respect of new cases respectively for the past 5 years (broken down by individual CAC); and

(c) the staff establishment, number of staff recruited and number of staff departed each year (broken down by grade) in each CAC respectively for the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 58)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 5 years are as follows:

	2013	**2014**	**2015**	**2016**	**2017 (provisional figure)**
Number of new cases referred to CAS	8 775	9 494	9 872	10 188	10 438
Number of children assessed by CAS	14 672	14 909	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in CAS in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average waiting time for assessment of new cases or the waiting time by centres.

(c) The approved establishment and change in the number of posts in CAS from 2014-15 to 2017-18 are as follows:

Grade	**2013-14**	**2014-15**		**2015-16**		**2016-17**		**2017-18**	
	Approved Establishment	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Approved Establishment**	**Creation/ deletion of posts**	**Projected Establishment**
Medical and Health Officer	17	-	17	+4	21	+3	24	-	24
Registered Nurse	27	-	27	-	27	+3	30	-	30
Scientific Officer (Medical)	5	-	5	-	5	-	5	-	5
Clinical Psychologist	17	-	17	+4	21	+2	23	-1	22
Speech Therapist	10	-	10	+2	12	+1	13	-	13
Optometrist	2	-	2	-	2	-	2	-	2
Occupational Therapist	7	-	7	-	7	+1	8	-	8
Physiotherapist	5	-	5	-	5	+1	6	-	6
Hospital Administrator	1	-	1	-	1	-	1	-	1
Electrical Technician	2	-	2	-	2	-	2	-1	1
Executive Officer	1	-	1	-	1	-	1	+1	2
Clerical Officer	11	-	11	-	11	+1	12	-	12
Clerical Assistant	17	-	17	-	17	+2	19	+1	20
Office Assistant	2	-	2	-	2	-	2	-1	1
Personal Secretary	1	-	1	-	1	-	1	-	1
Workman II	11	-	11	-1	10	+2	12	-	12
Total:	**136**		**136**	**+9**	**145**	**+16**	**161**	**-1**	**160**

The number of wastage of staff in CAS in the same period is as follows:

Grade	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 1.3.2018)**
Medical and Health	2	1	3	2	-
Registered Nurse	-	-	2	1	-
Scientific Officer	-	1	-	-	-
Clinical Psychologist	-	-	-	3	-
Speech Therapist	-	-	-	-	-
Optometrist	-	-	-	-	-
Occupational Therapist	1	-	-	-	-
Physiotherapist	-	-	1	-	-
Hospital Administrator	-	-	-	-	-
Electrical Technician	-	-	1	-	-
Executive Officer	-	-	-	-	-
Clerical Officer	-	-	-	1	-
Clerical Assistant	1	-	-	3	2
Office Assistant	-	-	-	1	-
Personal Secretary	-	-	-	-	-
Workman II	1	2	-	-	1
Total:	**5**	**4**	**7**	**11**	**3**

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)251

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2631)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

As regards the services in specialist outpatient clinics under the Department of Health (DH),

(a) please provide the numbers of new cases waiting for appointment, the average waiting times for first appointment, the numbers of new attendances and the total numbers of attendances of the dermatological clinics in all districts in the past 3 years;

(b) the percentage of new dermatology cases with an appointment time given within 12 weeks in the past year was only 33%, far below the original target of 90%. What was the main reason?

(c) the DH will introduce a new triage system and set the target percentage of new cases with serious dermatoses with an appointment time given within 8 weeks at 90% in the coming year. What percentage of all new dermatology cases those new cases with "serious" dermatoses will generally account for, basing on historical data?

(d) please provide the healthcare staff establishments and the annual wastage rates of doctors of the dermatological clinics in all districts in the past 3 years; and

(e) does the DH know the reasons for the high wastage rates of doctors in dermatological clinics? What measures had been adopted in the past to improve the situation?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 22)

Reply:

(a) The statistics of the clinics providing dermatology service are as follows-

(i) Number of new cases on the waiting list

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	7 396	8 368	7 801
Sai Ying Pun Dermatological Clinic	2 318	2 780	2 906
Yau Ma Tei Dermatological Clinic	10 938	10 605	10 020
Yung Fung Shee Dermatological Clinic	7 144	7 579	8 531
Fanling Integrated Treatment Center (Social Hygiene Service)	8 793	8 657	9 614
Chai Wan Social Hygiene Clinic	2 675	3 346	3 735
Wan Chai Social Hygiene Clinic	2 770	3 570	4 138
Tuen Mun Social Hygiene Clinic	5 620	5 597	5 804

(ii) Average waiting time of new case for first appointment (in calendar year)*

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	NA	1.9	1.9
Sai Ying Pun Dermatological Clinic	NA	1.6	2.4
Yau Ma Tei Dermatological Clinic	NA	1.9	1.9
Yung Fung Shee Dermatological Clinic	NA	2.0	2.7
Fanling Integrated Treatment Center (Social Hygiene Service)	NA	1.5	1.8
Chai Wan Social Hygiene Clinic	NA	1.3	1.5
Wan Chai Social Hygiene Clinic	NA	1.1	1.3
Tuen Mun Social Hygiene Clinic	NA	1.2	1.2

*****The Department of Health compiles relevant statistics since January 2016.

(iii) Number of new attendances

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	3 541	3 270	2 909
Sai Ying Pun Dermatological Clinic	2 150	2 106	2 201
Yau Ma Tei Dermatological Clinic	4 747	4 712	4 326
Yung Fung Shee Dermatological Clinic	4 982	4 960	4 298
Fanling Integrated Treatment Center (Social Hygiene Service)	2 933	3 233	2 793
Chai Wan Social Hygiene Clinic	2 930	2 324	2 688
Wan Chai Social Hygiene Clinic	1 882	1 748	1 669
Tuen Mun Social Hygiene Clinic	4 201	3 674	3 815

(iv) Number of total attendances

	2015	**2016**	**2017**
Cheung Sha Wan Dermatological Clinic	39 683	39 646	38 090
Sai Ying Pun Dermatological Clinic	23 606	22 849	22 420
Yau Ma Tei Dermatological Clinic	46 964	46 036	44 665
Yung Fung Shee Dermatological Clinic	41 529	42 397	40 597
Fanling Integrated Treatment Center (Social Hygiene Service)	25 257	26 774	26 361
Chai Wan Social Hygiene Clinic	25 048	22 881	21 070
Wan Chai Social Hygiene Clinic	15 755	15 201	15 422
Tuen Mun Social Hygiene Clinic	30 295	28 413	27 589

(b) DH was unable to meet the target of 90% mainly due to high demands for service and high turnover rate of dermatologists.

(c) In 2017, about 33% of new cases were seen within 12 weeks. Of these patients, about two third of them would have been pertained to serious dermatoses in the new triage scheme.

(d) Establishment of Medical and Health Officer, Registered Nurse and Enrolled Nurse Grades

Clinics	**No. of Posts from 2015-16 to 2017-18**					
	Senior Medical and Health Officer	Medical and Health Officer	Nursing Officer	Registered Nurse	Enrolled Nurse	***Total***
Cheung Sha Wan Dermatological Clinic	1	3	1	9	-	***14***
Sai Ying Pun Dermatological Clinic	-	2	1	6	-	***9***
Yau Ma Tei Dermatological Clinic	1	2	1	9	-	***13***
Yung Fung Shee Dermatological Clinic	-	2	1	6	-	***9***
Fanling Integrated Treatment Centre (Social Hygiene Service)	1	3	2	9	2	***17***
Chai Wan Social Hygiene Clinic	-	2	2	7	1	***12***
Wan Chai Social Hygiene Clinic	1	2	2	10	2	***17***
Tuen Mun Social Hygiene Clinic	1	1	2	9	2	***15***
Total:	***5***	***17***	***12***	***65***	***7***	***106***

The overall wastage rate of Medical and Health Officer (MO) grade in the Social Hygiene Service (SHS) in 2015-16, 2016-17 and 2017-18 (up to 1 Feb 2018) are 13%, 10% and 13% respectively. The wastage of MO grade covers all wastage, including retirement, resignation, etc.

(e) To improve the situation, DH has all along endeavored to fill the vacancies arising from staff wastage through recruitment of new civil service MOs and internal re-deployment. DH is also recruiting additional part-time and full-time contract staff to relieve the manpower pressure.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)252

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2632)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the provision of woman health service,

- what were the numbers of new cases of breast cancer and cervical cancer in the past 5 years (2013-2017)? Please provide the figures by age group in the table below.

	Year	
	Number of new cases of breast cancer	**Number of new cases of cervical cancer**
Age 29 or below		
Age 30-39		
Age 40-49		
Age 50-59		
Age 60-69		
Age 70 or above		
Total		

- what were the numbers of deaths from breast cancer or cervical cancer in the past 5 years (2013-2017)? Please provide the figures in the table below.

Year	**Number of deaths from breast cancer**	**Number of deaths from cervical cancer**
2013		
2014		
2015		
2016		
2017		

- The Government stated previously that a study had been commissioned to develop a locally validated risk prediction tool in order to identify individuals who were more likely to benefit from a population-based breast cancer screening programme. In this connection, what were the findings and what was the expenditure involved?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. (LegCo use): 43)

Reply:

(1) The number of new cases with breakdown by age groups of (female) breast cancer and cervical cancer from 2013 to 2015 are shown below:

Number of new cases of (female) breast cancer

Age group	2013	2014	2015
29 or below	19	17	21
30 - 39	248	250	256
40 - 49	917	995	929
50 - 59	1 099	1 173	1 214
60 - 69	652	813	795
70 or above	589	619	685
Unknown age	0	1	0
Total	**3 524**	**3 868**	**3 900**

Figures for 2016 and 2017 are not yet available.

Number of new cases of cervical cancer

Age group	2013	2014	2015
29 or below	10	4	8
30 - 39	58	64	73
40 - 49	136	136	118
50 - 59	116	106	114
60 - 69	82	79	94
70 or above	101	83	93
Total	**503**	**472**	**500**

Figures for 2016 and 2017 are not yet available.

(2) The number of deaths from (female) breast cancer and cervical cancer from 2013 to 2016 are shown below:

Number of deaths from (female) breast cancer and cervical cancer

	Cancer deaths	
Year	**(Female) Breast cancer**	**Cervical cancer**
2013	596	142
2014	604	131
2015	637	169
2016	702	151

Figures for 2017 are not yet available.

(3) The study to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from breast cancer screening is commissioned by Research Office of the Food and Health Bureau at an approved amount of $19 million. The study is still ongoing.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)253

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2661)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on the number of beneficiaries and the total amount of subsidies granted each year since its inception in 2009.

How many complaints about the use of health care vouchers has the Government ever received? Please provide a breakdown of the number of cases by year and by category. Is there any way to improve the Scheme so as to address the complaints?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 40)

Reply:

Below are the number of elders who were eligible and had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme respectively in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	724 000	737 000	760 000	775 000	1 221 000
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

The Department of Health (DH) received 24, 42 and 72 complaints against the EHV Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using vouchers. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the DH to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminded participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

The DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)254

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1525)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in paragraph 150 of the 2018-19 Budget Speech that the Government will regularise the Colorectal Cancer Screening Pilot Programme. In this connection, will the Government please advise on the estimated and actual numbers of cases approved as well as the expenditure involved for the Programme in each of the past 2 years?

Asked by: Hon OR Chong-shing, Wilson (Member Question No. (LegCo use): 36)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)255

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3085)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information of each government dental clinic for the past 3 years (2015-16, 2016-17 and 2017-18) (months with data):

1. the maximum number of attendees (non-civil servants) receiving pain relief and tooth extraction services per session on average (or the maximum number of discs allocated per session) as well as the actual number of attendees (non-civil servants) receiving treatment per session on average;

2. the age distribution of the attendees (age under 18, age 19-35, age 36-50, age 51-65 and age 65 or above); and

3. the number of attendees who are recipients of Comprehensive Social Security Assistance.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 45)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session@	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

As the number of the GP sessions and the maximum number of disc offered per session by individual dental clinics are different, it will be difficult to draw the average number of patients receiving treatment per GP session.

2. The distribution of attendances of GP sessions by age group in financial years 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows:

	% Distribution of attendances of GP sessions by age group		
Age group#	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
0-18	2.1%	1.8%	1.9%
19-42	14.2%	14.4%	15.1%
43-60	27.5%	27.7%	26.2%
61 or above	56.2%	56.1%	56.8%

The distribution of attendances of GP sessions by age groups of below 18, 19-35, 36-50, 51-65 and 65 or above are not readily available.

3. The DH does not collect information from patients receiving treatment in GP sessions on whether they are recipients of Comprehensive Social Security Assistance.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)256

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3111)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide:

1) a detailed breakdown of the medical expenditures per person living with HIV for the past 3 years;

2) a detailed breakdown of the expenditures on HIV prevention per key population for the past 3 years; and

3) a detailed breakdown of the expenditures on HIV prevention research for the past 3 years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 283)

Reply:

1)

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

2)

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (ATF) for programmes targeted at the 5 high risk groups, namely men who have sex with men (MSM); male clients of female sex

workers (MCFSW); injecting drug users (IDU); sex workers (SW); and people living with HIV (PLHIV).

From 2015-16 to 2017-18, the ATF approved a total of $69.2 million for 50 projects with the breakdown as follow –

Target high risk group of the project	Amount of funding approved
MSM	$37.8 million
MCFSW	$4.9 million
IDU	$4.1 million
SW	$5.2 million
PLHIV	$14.1 million
More than 1 high risk group	$3.1 million

3)

From 2015-16 to 2017-18, the ATF approved a total of $17.7 million for conducting 22 researches with the breakdown as follow –

Target high risk group of the research	Amount of funding approved
MSM	$7 million
IDU	$0.5 million
PLHIV	$10.2 million

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)257

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3112)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Over the years, the staff establishment relating to healthcare professionals at the HIV/AIDS clinic of the Department of Health has remained unchanged, whereas the number of cases of HIV infection has continuously increased. Will the Government allocate additional resources to prepare for the rising epidemic in 2018-19? Please provide a detailed breakdown of the expenditure involved.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 284)

Reply:

The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2017-18 is $17 million, which is solely used to cover the manpower cost of the posts. Breakdown of the recurrent cost by rank is set out in the following table.

Rank	Number of posts	Annual Recurrent Cost in 2017-18 ($)
Senior Medical and Health Officer	2	2,779,080
Medical and Health Officer	2	2,152,200
Senior Nursing Officer	1	903,840
Nursing Officer	9	6,309,900
Registered Nurse	11	4,861,560
Total	**25**	**17,006,580**

The Government will keep in view the demand in the coming years for resource allocation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)258

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3113)

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided to HIV patients by the Department of Health (DH) in the past 3 years.

2. Will the DH allocate additional resources to provide counselling and treatment to HIV patients in 2018-19? Please provide a detailed breakdown in this regard.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 290)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)259

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0733)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

In 2018-19, the Department of Health will take forward the legislative requirements to prohibit commercial sale and supply of alcohol to minors. What are the staff establishment and the estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 8)

Reply:

The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the gazette. A total of 24 non-directorate civil service posts will be established under the Department of Health to conduct the enforcement actions. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)260

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0734)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

In 2018-19, the Department of Health will continue to support the Food and Health Bureau in the review of the regulation of private healthcare institutions and of medical devices. Are there any target timetables for the 2 regulatory initiatives and what is the manpower involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 9)

Reply:

Regulation of private healthcare institutions

Regarding the regulation of private healthcare institutions, the Government has introduced the Private Healthcare Facilities (PHFs) Bill to the Legislative Council (LegCo) in June 2017 proposing to regulate four categories of PHFs, namely hospitals, day procedure centres, clinics, and health services establishments. The Bill is being considered by the relevant Bills Committee. Preparatory work for the implementation of the new scheme after the passage of the Bill is under way.

The Department of Health (DH) has set up the Office for Regulation of Private Healthcare Facilities for 3 years from 2016-17 to 2018-19 so as to enhance the capacity of the DH in handling the relevant legislative review. As at 1 March 2018, the number of staff establishment involved in the regulation of private healthcare institutions and related matters including providing support to Food and Health Bureau in reviewing the regulatory regime was 59.

Regulation of medical devices

Regarding the regulation of medical devices, the Government has been taking steps to put in place statutory regulation of the safety, performance and quality of medical devices supplied in Hong Kong. To this end, a voluntary Medical Device Administrative Control System has been established by the DH since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing long-term statutory control.

The DH commissioned an independent consultant from September 2015 to September 2016 to conduct a study on the use control of 20 types of selected medical devices for cosmetic purposes. The Government reported the outcome of the consultancy study and the latest legislative proposal for regulation of medical devices to the LegCo Panel on Health Services (HS Panel) on 16 January 2017. A special meeting with deputations was arranged by the HS Panel on 13 February 2017 to invite views from relevant stakeholders.

In the past months, the Government has engaged stakeholders including the beauty industry and medical professionals to listen to their further views on the proposed legislation. The Government understands that consensus over use control may not be reached soon. As the general public expects that pre-market and post-market control for medical devices can be introduced as soon as practicable, the Government will focus on the above 2 areas in the current legislative exercise.

The Government will continue to communicate with and seek the views of different stakeholders, with the aim of introducing the Medical Devices Bill to the LegCo as soon as possible after fine-tuning the legislative proposal.

As at 1 March 2018, the number of staff establishment of the Medical Device Control Office of the DH was 22.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)261

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0735)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health will continue to operate the Government Chinese Medicines Testing Institute at the temporary site in 2018-19. What were the respective staff establishments of the Institute and the expenditures involved in the past 3 years? What are its staff establishment and expenditure in the Estimates of 2018-19?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 10)

Reply:

Pending the establishment of a permanent Government Chinese Medicines Testing Institute (GCMTI), a temporary centre has commenced operation at the Hong Kong Science Park since March 2017. As the expenditures of the temporary GCMTI have been absorbed within the overall provision of the Chinese Medicine Division, separate breakdown of expenditures for the temporary GCMTI is not available.

The breakdown of staff establishment of the temporary GCMTI from 2016-17 to 2018-19 are appended below:

	No. of Post		
Rank	31 March 2017	31 March 2018 (Projected)	31 March 2019 (Projected)
Senior Chemist	1	1	1
Chemist	1	1	2
Pharmacist	0	0	1
Scientific Officer (Medical)	9	9	13
Science Laboratory Technologist	1	1	1
Science Laboratory Technician I	1	1	1
Science Laboratory Technician II	2	2	3
Laboratory Attendant	1	1	1
Executive Officer II	1	1	1
Assistant Clerical Officer	1	1	1
Total:	**18**	**18**	**25**

The financial provision for the temporary GCMTI in 2018-19 is about $47.7 million.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)262

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0736)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The Department of Health will continue the effort for promotion of breastfeeding and implementation of the "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" in 2018-19. What specific tasks and planned targets are included in this regard and what are the manpower and expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 11)

Reply:

In 2018-19, the Department of Health will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed by the existing manpower resources of the Family Health Service, hence breakdown by items is not available.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)263

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3123)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of registration applications of pharmaceutical products processed by the Department of Health increases from 3 200 in 2016 to the estimated figure of 3 500 in 2018. In this connection, please explain why the Department can enhance its capacity to process more registration applications of such products and whether there are any changes in the deployment of resources.

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 50)

Reply:

Under the Pharmacy and Poisons Ordinance (Cap. 138), all pharmaceutical products must satisfy the criteria of safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board before they can be sold in Hong Kong. The Department of Health (DH) is responsible for providing professional and executive support for evaluation of the new registration applications of pharmaceutical products and their renewal applications.

The registration applications of pharmaceutical products processed in 2018 is estimated to be 3 500, which includes both new drug applications and registration for renewal cases. The performance pledge for the approval of new drug application is 5 months, for which over 90% of the applications have met the target. In 2016 and 2017, the achieved targets were 99% for both years.

All along, the DH has implemented various measures to facilitate the submission, processing and evaluation of new drug applications and registration for renewal cases, such as promulgation of relevant guidelines at the Drug Office's website (www.drugoffice.gov.hk) and organisation of regular briefing seminars for the pharmaceutical industry to enhance the completeness and tidiness of the applications dossiers. In addition, the DH has developed an electronic system in 2015 to allow online submission of the required documents for applications of drug registration, which has helped expedite the processing of application.

The DH will continue to monitor the workload on the applications and deploy necessary and appropriate manpower resources to handle the increased applications.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)264

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3124)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

How much manpower and resources are allocated to enforce the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance? Have the relevant figures changed over the past 5 years?

Asked by: Hon SHIU Ka-fai (Member Question No. (LegCo use): 51)

Reply:

The number of staff of the Tobacco Control Office (TCO) of the Department of Health (DH) for carrying out frontline enforcement duties against smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) remains at 99 in the past 5 years.

The expenditures for the enforcement duties undertaken by the TCO for 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (Revised Estimate) are $42.7 million, $49.9 million, $51.5 million, $54.5 million and $60.3 million respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)265

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1119)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHV), please advise this Committee of the following:

(a) the number of complaints about EHV received;

(b) whether the Bureau has conducted feasibility study on improvement measures for enhancing the transparency of service charge, and whether it has drawn on overseas experience on the use of EHV.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 38)

Reply:

(a) The Department of Health (DH) received 24, 42 and 72 complaints against the Elderly Health Care Voucher (EHV) Scheme in 2015, 2016 and 2017 respectively, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

(b) The DH reminded participating service providers regularly of the proper practices in making voucher claims, including not imposing different levels of fees based on whether vouchers are used or not, enhancing the transparency of service charges, and explaining the charges to patients before providing service to facilitate informed choice. Besides, registered healthcare professionals have to abide by their codes of professional conduct and ethics and to fulfil their professional obligations.

Furthermore, the DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in

publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers has been released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

We are not aware of any similar voucher schemes in overseas countries.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)266

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3269)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide:

(1) details of the primary care development in Hong Kong and the various policies and initiatives implemented, the beneficiary groups, as well as the total expenditures involved in the past 5 years;

(2) the total expenditures on the implementation of the Elderly Health Care Voucher Scheme, the numbers of elders making voucher claims, and the percentages of the total population aged 70 or above such elders accounted for in the past 5 years;

(3) details of the integrated healthcare service to the elderly, the beneficiaries by age group, the percentages of the total population for each of the respective age groups such beneficiaries accounted for, and the total expenditures on various services in the past 5 years; and

(4) details of the healthcare services on health promotion and disease prevention provided to primary and secondary school students, the beneficiaries by age group, the percentages of the total population for each of the respective age groups such beneficiaries accounted for, and the total expenditures on various services in the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 59)

Reply:

(1)

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The expenditure on primary care services cannot be separately identified. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(d) Publicity Activities

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

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

(2)
Below are the number of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 5 years and its percentage as compared to the eligible elderly population:

	2013	2014	2015	2016	2017
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000

	2013	2014	2015	2016	2017
Number of eligible elders (i.e. elders aged 65/70[Note] or above)*	724 000	737 000	760 000	775 000	1 221 000
Percentage of eligible elders who had made use of vouchers	67%	75%	79%	84%	78%

Note: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2012-2041, Hong Kong Population Projections 2015-2064 and Hong Kong Population Projections 2017-2066, Census and Statistics Department

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

(3)
The Elderly Health Service (EHS), comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aims to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 or over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

Total expenditure for the EHS in the past 5 years is set out below:

	2013-14 (Actual) $ million	2014-15 (Actual) $ million	2015-16 (Actual) $ million	2016-17 (Actual) $ million	2017-18 (Revised Estimate) $ million
EHCs	121.7	130.6	140.0	150.7	151.2
Public health & administration and VHTs	74.9	76.7	77.8	84.5	83.6
Total	196.6	207.3	217.8	235.2	234.8

All EHC members (both old members and new members) can attend the EHCs for medical consultation services according to their health needs. The VHTs provide health promotion activities and training to both the elderly and their carers regardless of their age. Population coverage statistics for the EHS is not available.

(4)

The Student Health Service (SHS) provides health promotion and disease prevention services to students through centre-based services and school-based outreach programmes. All primary and secondary day school students are eligible to enrol at the Student Health Service Centres (SHSCs). Enrolled students will be given an annual appointment at a designated SHSC where they receive health programmes designed to cater for their health needs at various stages of development. These services include health screening and assessment, physical examination, individual health counselling and health education. Students found to have specific health problems will be referred to a Special Assessment Centre, a specialist clinic of Hospital Authority or other appropriate organisation for further management.

The expenditure for the SHS in the past 5 years is as below:

Financial Year	$ million
2013-14 (Actual)	183.9
2014-15 (Actual)	201.8
2015-16 (Actual)	210.1
2016-17 (Actual)	216.3
2017-18 (Revised Estimate)	213.4

The outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets at Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication are covered, aiming at increasing resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like internet use, healthy lifestyle, sex-education, substance abuse, understanding adolescents, etc.

The number of school students enrolled in SHSCs and the number of students participated in AHP in the past 5 years are as below:

School year	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Actual)	2017-18 (Estimate)
No. of school students enrolled in SHSCs	648 000	636 000	629 000	626 000	632 000
No. of students participated in AHP	79 000	75 000	69 000	66 000	Not yet available

The expenditure for the AHP in the past 5 years is as below:

Financial Year	$ million
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Revised Estimate)	75.2

End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)267

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3510)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out the details of the wide range of health promotion activities provided by the Department of Health and the total expenditure for these activities in 2016-17 and 2017-18.

2. Please set out the total expenditure on disease prevention and health promotion and the percentages of the overall healthcare expenditure such expenditure accounted for in each of the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. (LegCo use): 60)

Reply:

(1) In 2016-17 and 2017-18, the Department of Health (DH) has implemented a number of health promotion projects and activities on healthy lifestyle, mental well-being, organ donation, as well as communicable diseases prevention and control. A summary of key projects and activities is presented below-

Promotion of healthy lifestyle

(a) StartSmart@school.hk (SSS) Campaign

The SSS Campaign was launched in January 2012 to promote healthy eating and physical activity among preschoolers through a pre-primary institution-based setting approach. An average of about 600 pre-primary institutions joined the SSS Campaign in the 2016/2017 and 2017/2018 school years.

(b) EatSmart@school.hk (ESS) Campaign

The ESS Campaign was launched in the 2006/2007 school year. The ESS Campaign has 2 major components: "EatSmart School Accreditation Scheme" (ESAS) and "Joyful Fruit Month". The ESAS aims to make the primary school environment favourable and sustainable for the practice of healthy eating, bringing real improvements to school lunch

and snacks. In the 2016/2017 and 2017/2018 school years, about 260 schools have enrolled in the ESAS, of which about 120 schools have obtained accreditation status.

The "Salt Reduction Scheme for School Lunches" under the ESS Campaign was launched in the 2017/2018 school year, under which 13 participating school lunch suppliers are supplying sodium-reduced lunches to over 440 primary schools in Hong Kong.

(c) EatSmart@restaurant.hk (ESR) Campaign

The ESR Campaign was launched in 2008. In the past 2 years, there are an average of about 660 EatSmart Restaurants which provide at least 5 “More fruit or vegetables” and/or “3 Less” dishes every day.

(d) “I’m So Smart ” Community Health Promotion (ISS) Programme

The ISS Programme was launched in 2012 with the core themes of promoting healthy diet and regular physical activities. With the support of the Hong Kong Housing Authority (HKHA) and the Estate Management Advisory Committees of public housing estates under the HKHA, as well as other partner agencies, DH works with Healthy Cities Projects, non-governmental organisations (NGOs) and participating public housing estates to promote health in the community. In 2016-17 and 2017-18, about 95 and 100 community partners joined the ISS Programme respectively. Participating organisations held a variety of district activities according to the community needs and interests, to echo the themes of the ISS Programme.

(e) Enhanced healthy lifestyle and mental health promotion in workplace

DH and the Occupational Safety and Health Council (OSHC) jointly organised the “Joyful@Healthy Workplace Programme” in August 2016 to promote healthy eating, physical activity and mental well-being among employers and employees in workplaces. As at 15 March 2018, the Programme has drawn over 1 000 participating organisations benefiting more than 280 000 employees.

<u>Promotion of mental well-being</u>

The “Joyful@HK” Campaign was officially launched by DH in January 2016. The objectives of the Campaign are to (a) increase public engagement in promoting mental well-being, and (b) increase public knowledge and understanding about mental health.

Apart from carrying out a series of mass media advertising and publicity activities, DH launched the “Joyful@School Campaign” with the Education Bureau in the 2016/2017 school year, and the “Joyful@Healthy Workplace Programme” with the OSHC in August 2016 to enhance the promotion of mental well-being among students and the working population respectively.

<u>Promotion of organ donation</u>

DH, in collaboration with the Hospital Authority and relevant NGOs, have been promoting organ donation on various fronts. To enhance promotion efforts, the Committee on

Promotion of Organ Donation was set up in April 2016 and promotion efforts have taken into account the recommendations made by the Committee.

DH also launched territory-wide organ donation promotion campaigns on 15 October 2016, 6 May 2017 and 11 November 2017. In 2016, the Government designated the second Saturday of November every year as Organ Donation Day and the anniversary of the launching of the Centralised Organ Donation Register (CODR). DH had held different territory-wide activities in the month of November in 2016 and 2017 to celebrate the Organ Donation Day and the anniversary of the CODR.

Prevention of communicable diseases

For the prevention and control of communicable diseases, DH has produced a number of health educational materials and solicited the support of stakeholders to help update disease status and in effective prevention and control.

The expenditure and manpower on various health promotion projects and activities cannot be separately identified as it is absorbed by DH's overall provision for health promotion.

(2) DH's expenditure on disease prevention and health promotion over the past 5 years are as follows:

Financial year	**$ million**
2013-14	2,967.5
2014-15	3,091.1
2015-16	3,463.8
2016-17	3,828.5
2017-18 (Revised estimate)	4,832.3

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)268

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2058)

Head: (37) Department of Health

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

Programme: (2)Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The media has reported that patients using elderly health care vouchers would usually be charged a higher consultation or medical fee. There were also incidents that elderly people were misled to use the vouchers to buy dried fish maw to keep themselves healthy. The Financial Secretary has proposed in paragraph 149 of the Budget Speech to provide an additional $1,000 worth of vouchers, and raise the accumulation limit to $5,000. Please advise whether there is any policy to prevent unscrupulous medical practitioners from taking advantage of the measure for the protection of the elderly.

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 3)

Reply:

To protect the interest of elders, it is stipulated under the terms and conditions of the Elderly Health Care Voucher (EHV) Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using vouchers. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Furthermore, a service provider suspected of defraud or professional misconduct will be referred by the Department of Health (DH) to the Police and/or relevant statutory bodies for follow-up, and may be disqualified from participating in the EHV Scheme.

Besides, registered healthcare professionals have to comply with their codes of professional conduct and ethics and fulfil their professional obligations. The DH also reminds participating service providers regularly of the proper practices in making voucher claims, including the need to increase price transparency of their services.

Moreover, the DH has enhanced public education by including tips for elders on using vouchers (such as asking service providers to advise on the service fees and checking the information on the consent form before giving consent to use vouchers) in talks delivered to them and their caregivers at District Elderly Community Centres, Neighbourhood Elderly Centres, residential care homes for the elderly and the DH's Elderly Health Centres, as well as in promotional articles on the EHV Scheme in publications for elders and other stakeholders since July 2017. In addition, an Announcement in the Public Interest on the proper use of vouchers was released on 1 March 2018 to remind elders to double-check the service fees with service providers before giving consent to use vouchers. To enhance transparency, the DH is preparing relevant voucher claim statistics for posting on the Scheme's website for public information.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)269

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2234)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The Financial Secretary proposes that the Colorectal Cancer Screening Pilot Programme be progressively extended to cover individuals aged between 50 and 70. What are the details of extending the Programme? When can those people who have reached the age of 50 enrol in the Programme formally?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. (LegCo use): 14)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme currently provides subsidised screening to asymptomatic Hong Kong residents born in the years 1946 to 1955.

In 2018-19, the Department of Health (DH) will prepare for regularisation of the screening programme which will eventually cover persons aged between 50 and 75 in phases. The DH is in the process of working out the implementation details and will make announcements in due course.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)270

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2326)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher Scheme,

- how many elders aged 60-64, 65-69 and 70 or above are there in each of the 18 District Council districts (18 districts) at present? What will be the estimated numbers of elders in such age groups in each of the next 5 years?
- how many voucher claims were made in each of the 18 districts in each of the past 5 years (2013-2017)?
- how many places of practice of enrolled healthcare service providers are there in each of the 18 districts at present? Please provide a breakdown by the 18 districts and the healthcare professions enrolled in the Scheme.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 27)

Reply:

(a) According to the "Projections of Population Distribution, 2015-2024" published by the Planning Department in 2015, the population projections for the age groups of 60-64, 65-69 and 70 or above from 2018 to 2022 are at Annex A.

(b) Regarding the Elderly Health Care Voucher Scheme, the annual numbers of voucher claims in each of the 18 districts in Hong Kong in the past 5 years from 2013 to 2017 are at Annex B.

(c) As at end December 2017, there were a total of 7 153 healthcare service providers in Hong Kong enrolled in the Scheme, involving 15 577 places of practice. A service provider can register more than one place of practice for accepting the use of vouchers. A breakdown of the places of practice by enrolled healthcare professions and 18 districts in Hong Kong is at Annex C.

– End –

Annex A

Population Projections for the Age Groups of 60-64, 65-69 and 70 or Above by District Council Districts

	2018			2019			2020			2021			2022		
Age Group / District	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70
Central & Western	16 900	14 700	32 500	16 900	15 100	33 900	17 300	15 100	35 600	17 200	15 400	37 400	16 900	15 800	38 800
Eastern	43 900	37 800	77 200	44 600	38 600	80 600	45 500	38 700	85 300	45 600	39 800	89 900	45 100	40 600	93 700
Southern	21 600	16 700	34 600	22 300	17 500	35 900	22 800	18 100	37 500	23 200	18 800	39 200	23 200	19 700	40 700
Wan Chai	13 300	11 700	25 800	13 300	11 800	27 000	13 300	11 800	28 300	13 100	12 200	29 600	12 800	12 400	30 500
Kowloon City	28 800	25 000	57 300	29 600	25 300	60 300	30 200	25 500	63 600	30 400	26 200	66 900	30 700	27 000	69 500
Kwun Tong	49 500	40 100	86 200	51 200	41 400	88 900	53 000	41 900	92 000	54 000	43 700	94 600	54 200	45 500	97 000
Sham Shui Po	29 600	24 000	55 600	30 300	25 600	58 400	30 900	27 000	61 600	31 000	28 600	64 100	31 600	29 100	66 400
Wong Tai Sin	32 900	24 800	59 300	34 700	26 000	60 300	36 500	26 800	61 900	37 900	28 000	63 000	38 500	30 000	64 400
Yau Tsim Mong	20 000	18 700	41 000	20 100	18 500	43 100	20 100	18 300	45 400	19 700	18 100	47 800	19 600	18 400	49 300
Sha Tin	56 500	43 400	67 500	58 000	46 200	71 800	58 900	48 600	76 800	59 700	51 100	82 000	59 400	53 200	87 200
Tai Po	27 500	19 100	29 500	28 600	20 700	31 300	29 800	22 500	33 500	30 500	24 300	36 100	30 200	25 700	39 200
Sai Kung	32 100	22 200	36 300	34 100	23 500	38 400	36 400	24 900	41 200	37 900	26 800	43 700	38 300	29 300	46 600
North	24 800	16 700	29 300	26 300	17 800	30 900	27 600	19 000	32 900	28 600	20 400	34 600	29 500	23 000	38 400
Kwai Tsing	39 100	31 400	64 100	40 700	32 100	66 200	41 700	32 700	68 800	42 600	34 300	71 200	42 300	36 200	73 300
Tsuen Wan	21 900	16 700	35 800	23 100	17 100	37 400	24 100	17 500	39 500	24 700	18 300	41 100	24 500	19 700	42 400
Tuen Mun	42 800	33 200	46 200	44 000	34 500	49 700	45 200	36 100	53 600	45 700	37 900	57 900	45 900	39 700	62 400
Yuen Long	43 500	29 500	50 300	46 500	31 800	53 600	48 900	33 700	56 800	51 000	36 200	59 700	51 200	39 400	63 100
Islands	9 700	7 700	13 800	10 500	8 400	15 100	11 100	8 700	16 200	11 400	9 000	17 000	12 100	9 600	18 600
Total	**554 400**	**433 400**	**842 300**	**574 800**	**451 900**	**882 800**	**593 300**	**466 900**	**930 500**	**604 200**	**489 100**	**975 800**	**606 000**	**514 300**	**1 021 500**

Source: Projections of Population Distribution 2015-2024, Planning Department

Annex B

Annual number of Voucher Claim Transactions by 18 Districts in Hong Kong
(According to the places of practices of enrolled healthcare professionals)

Year / District	2013	2014	2015	2016	2017
Central & Western	55 975	82 453	105 878	112 430	138 303
Eastern	129 652	198 192	230 706	234 527	287 246
Southern	51 118	80 428	91 567	93 947	117 216
Wan Chai	33 233	54 390	71 825	80 211	103 586
Kowloon City	84 327	127 350	150 832	160 573	193 518
Kwun Tong	162 422	247 468	294 851	299 266	358 131
Sham Shui Po	102 348	153 490	182 585	182 441	217 384
Wong Tai Sin	138 534	198 599	233 724	234 689	271 130
Yau Tsim Mong	80 461	133 212	185 701	205 666	279 298
Sha Tin	105 603	160 498	197 437	205 167	277 515
Tai Po	52 485	80 590	98 160	99 949	129 742
Sai Kung	59 864	87 044	109 796	110 037	139 800
North	48 438	73 165	84 377	86 608	111 015
Kwai Tsing	113 605	162 681	197 998	206 699	249 489
Tsuen Wan	82 358	124 157	144 751	147 768	178 911
Tuen Mun	94 599	141 131	176 096	179 774	215 006
Yuen Long	63 952	97 600	124 290	134 027	179 592
Islands	11 465	19 099	26 179	26 848	33 697
Total	**1 470 439**	**2 221 547**	**2 706 753**	**2 800 627**	**3 480 579**

Annex C

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)271

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2331)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Care Voucher (EHV), please provide information on:

(a) for services involving the use of vouchers, the total amount of vouchers claimed, the total number of claim transactions and the average amount per single transaction for each of the past 5 financial years;

(b) the number of claims involving a single transaction of an amount below HK$1,000, between HK$1,000 and HK1,499, between HK$1,500 and HK$1,999, and over HK$2,000 for the past 5 financial years; and

(c) the number of complaints relating to the EHV Scheme received, the number of substantiated complaints and the services involved for each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 52)

Reply:

(a) Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued the annual voucher amount on a calendar year basis. The table below shows the average amount of vouchers claimed per transaction in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
(i) Total amount of vouchers claimed (in $'000)	314,704	597,539	906,327	1,070,558	1,500,397
(ii) Total number of voucher claim transactions	1 470 439	2 221 547	2 709 040	2 806 294	3 487 334

(iii) Average amount of vouchers claimed per transaction ($) [i.e. (i)/(ii)]	214	269	335	381	430

(b) The number of voucher claims made by participating service providers in Hong Kong in 2017 broken down by the amount claimed per transaction is as follows:

Amount of vouchers claimed per transaction	**Number of voucher claims in 2017**
$1,000 or below	3 205 741
$1,001 to 1,500	104 095
$1,501 to 2,000	102 970
$2,001 or above	67 773

The breakdown for previous years is not readily available.

(c) Below are the number of complaints against the EHV Scheme received by the Department of Health in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Number of complaints against the EHV Scheme	14	11	24	42	72

Among the 128 cases with investigation completed, 36 cases were found to be substantiated or partially substantiated, which were related to operational procedures, administrative and supporting services, fraud, improper voucher claims and service charges of participating service providers.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)272

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2332)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding influenza vaccination, please provide the following information:

(1) the overall expenditure, number of recipients and coverage rate of eligible persons of all subsidised vaccination programmes/schemes in each of the past 5 years; and

(2) the expenditure on procurement of influenza vaccines, the quantity of vaccines procured, as well as the actual numbers of vaccines used and disposed of in each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 53)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of the DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

The statistics on SIV under these programme/schemes are detailed at Annex I. As some target groups members may have received SI vaccination outside the Government's vaccination programme/schemes, they are not included in the above statistics.

The product life of SI vaccines can last for 1 year in general and expired vaccines will not be used. The SI vaccines procured by the DH represented the "best estimate" of the total number of SIVs that would be required before the flu season commenced. For 2013-14, 2014-15, 2015-16 and 2016-17 seasons, about 40 000, 15 000, 7 000 and 10 000 doses were

expired respectively. As the Government's vaccination programme/schemes launched in 2017-18 season have yet to end, the number of unused vaccines for this season is not available at this stage. The cost of the vaccines disposed depends on the relevant contract price for the vaccines for that vaccination season and details are at Annex II.

- End -

Annex I

(1) The numbers of recipients of **SIV** under GVP and VSS for the past 5 years.

Target groups	**Vaccination programme/ scheme**	**2013-14**			**2014-15**			**2015-16**		
		No. of recipients	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ million)**	**Percentage of population in the age group**	**No. of recipients**	**Subsidy claimed ($ 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	12.9% Note 2	2 400	Not applicable	18% Note 2	2 400	Not applicable	15.1% Note 2
	CIVSS*	62 000	10.7		55 200	11.5		45 200	9.3	
Elderly aged 65 or above	GVP	176 100	Not applicable	32.7%	193 200	Not applicable	35%	320 900#	Not applicable	40.8%
	EVSS*	160 100	20.8		179 500	28.7		136 900	21.9	
Others Note 1	GVP/VSS	61 900	Not applicable		62 500	Not applicable		71 000	Not applicable	
Total:		**462 800**	**31.5**		**492 800**	**40.2**		**576 400**	**31.2**	

Annex I (Cont'd)

Target groups	Vaccination programme/ scheme	2016-17			2017-18 (as at 4 March 2018)		
		No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group	No. of recipients	Subsidy claimed ($ million)	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	1 600	Not applicable	17.4% Note 2	1 700	Not applicable	22.4% Note 2
	VSS	110 600	25.9		145 800	32.9	
Elderly aged 65 or above	GVP	331 000	Not applicable	40.8%	375 900	Not applicable	42.5%
	VSS	147 000	27.9		143 100	27.2	
Others Note 1	GVP/VSS	86 600	1.0		94 800	1.1	
TOTAL		**676 800**	**54.8**		**761 300**	**61.2**	

Note 1: Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; people aged 50 to below 65 receiving CSSA or holding valid Certificate for Waiver of Medical Charges, persons with intellectual disabilities (as from October/November 2015), Disability Allowance recipients (as from October/November 2016), and pregnant women (as from October 2016 for VSS) etc.

Note 2: The figures from 2011-12 to 2013-14 are calculated based on the projection of new born during the period from 2009 to 2014. Those for 2014-15 onwards are calculated based on the population projections provided by the Census and Statistics Department.

\# In addition, a total of 98 000 recipients were provided with free 2015 Southern Hemisphere Seasonal Influenza Vaccination under GVP from May to August 2015. The subsidy claimed amounts to $2.2 million.

* As from 2016-17, the Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme (EVSS) and Persons with Intellectual Disabilities Vaccination Subsidy Scheme (PIDVSS) were merged into a single VSS.

(2) Quantities of SI vaccines procured by the Government under GVP for the past 5 years

Year	The number of doses of seasonal influenza vaccines procured	Amount ($ million)
2013-14	285 000	7.7
2014-15	278 000^	14.1^
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000~	28.0~

^ In addition, a total of 100 000 doses of Southern Hemisphere Seasonal Influenza Vaccines at a cost of $4.0 million was procured in 2014-15.

~ This includes 20 000 doses of Southern Hemisphere Seasonal Influenza Vaccines which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)273

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2333)

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs),

(a) please list the numbers of enrolment, the median waiting time for enrolment and the numbers of new enrolment in the 18 EHCs for each of the past 5 years;

(b) please list the numbers of attendances for first-time health assessment, subsequent health assessment and follow-up for the results of the assessment, and the average age of attendees for first-time health assessment in the 18 EHCs for each of the past 5 years; and

(c) please list the numbers of healthcare staff, the numbers of attendances for medical consultation and the costs per attendance for medical consultation in each EHC across the territory for each of the past 5 years.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 54)

Reply:

(a) The numbers of enrolments, the median waiting time for new enrolments and the numbers of new enrolments in the 18 Elderly Health Centres (EHCs) for each of the past 5 years are listed below:

EHC		**2013**	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	No. of enrolments	2 120	2 177	2 288	2 310	2 315
	Median waiting time for new enrolment (Months)	22.8	30.5	30.0	6.0	7.5
	No. of new enrolments	120	162	698	642	761
Shau Kei Wan	No. of enrolments	2 196	2 213	2 224	2 205	2 213
	Median waiting time for new enrolments	21.5	24.9	23.5	2.4	6.9

	(Months)					
	No. of new enrolments	204	326	665	800	668
Wan Chai	No. of enrolments	2 156	2 143	3 614	4 546	4 651
	Median waiting time for new enrolments (Months)	27.8	34.4	34.3	1.4	5.4
	No. of new enrolments	183	249	1 878	2 251	2 118
Aberdeen	No. of enrolments	2 124	2 164	2 182	2 148	2 188
	Median waiting time for new enrolments (Months)	11.5	16.2	14.5	4.3	7.0
	No. of new enrolments	163	183	467	452	494
Nam Shan	No. of enrolments	2 193	2 212	2 225	2 218	2 223
	Median waiting time for new enrolments (Months)	17.3	18.2	15.8	2.2	5.8
	No. of new enrolments	166	244	490	795	687
Lam Tin	No. of enrolments	2 218	2 220	2 220	2 223	2 220
	Median waiting time for new enrolments (Months)	11.1	15.0	12.0	4.0	7.5
	No. of new enrolments	268	410	560	634	655
Yau Ma Tei	No. of enrolments	2 079	2 162	2 216	2 254	2 215
	Median waiting time for new enrolments (Months)	25.4	32.9	34.2	7.6	6.9
	No. of new enrolments	104	128	487	930	778
San Po Kong	No. of enrolments	2 122	2 123	2 134	2 142	2 321
	Median waiting time for new enrolments (Months)	15.9	24.0	18.6	1.5	6.3
	No. of new enrolments	175	168	550	640	535
Kowloon City	No. of enrolments	2 193	2 211	2 211	2 211	2 212
	Median waiting time for new enrolments (Months)	23.4	31.4	34.4	8.5	5.7

	No. of new enrolments	98	104	554	536	742
Lek Yuen	No. of enrolments	2 121	2 129	3 541	2 550	4 897
	Median waiting time for new enrolments (Months)	22.8	21.9	4.5	8.7	7.7
	No. of new enrolments	440	238	1 629	681	1 442
Shek Wu Hui	No. of enrolments	2 119	2 155	2 162	2 144	2 131
	Median waiting time for new enrolments (Months)	10.8	14.3	16.4	7.9	6.7
	No. of new enrolments	264	210	450	716	724
Tseung Kwan O	No. of enrolments	2 136	2 136	2 136	3 471	2 130
	Median waiting time for new enrolments (Months)	20.5	27.0	29.0	2.8	6.8
	No. of new enrolments	163	191	537	1 406	708
Tai Po	No. of enrolments	2 125	2 122	2 124	2 124	2 126
	Median waiting time for new enrolments (Months)	28.6	22.4	16.3	3.8	6.9
	No. of new enrolments	192	278	581	729	633
Tung Chung	No. of enrolments	2 224	2 226	2 330	2 319	2 321
	Median waiting time for new enrolments (Months)	10.4	12.9	15.0	6.3	3.9
	No. of new enrolments	407	244	461	731	503
Tsuen Wan	No. of enrolments	2 092	2 114	2 116	2 516	2 114
	Median waiting time for new enrolments (Months)	12.7	15.8	17.8	12.0	5.9
	No. of new enrolments	386	396	520	1 032	682
Tuen Mun Wu Hong	No. of enrolments	2 109	2 127	2 149	2 208	2 215
	Median waiting time for new enrolments (Months)	15.0	17.3	15.8	11.3	10.2
	No. of new	275	360	514	653	700

	enrolments					
Kwai Shing	No. of enrolments	2 212	2 221	2 310	2 277	2 286
	Median waiting time for new enrolments (Months)	10.4	13.7	7.0	1.5	4.8
	No. of new enrolments	184	371	620	551	641
Yuen Long	No. of enrolments	2 198	2 215	2 219	2 270	2 316
	Median waiting time for new enrolments (Months)	8.7	10.7	13.4	6.0	6.7
	No. of new enrolments	332	275	420	739	626

* Provisional figures

(b) The numbers of attendances for first-time health assessment, subsequent health assessment, and follow-up of the results of assessment at each EHC for each of the past 5 years are as follows:

EHC		**2013**	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	First-time health assessment	120	162	698	642	761
	Subsequent health assessment	2 000	2 015	1 590	1 668	1 554
	Follow-up for the results of the assessment	2 060	2 072	2 057	2 016	2 001
	Sub-total	4 180	4 249	4 345	4 326	4 316
Shau Kei Wan	First-time health assessment	204	326	665	800	668
	Subsequent health assessment	1 992	1 887	1 559	1 405	1 545
	Follow-up for the results of the assessment	2 207	2 326	2 396	2 430	2 382
	Sub-total	4 403	4 539	4 620	4 635	4 595
Wan Chai	First-time health assessment	183	249	1 878	2 251	2 118
	Subsequent health assessment	1 973	1 894	1 736	2 295	2 533
	Follow-up for the results of the assessment	2 076	2 105	2 991	4 606	4 656
	Sub-total	4 232	4 248	6 605	9 152	9 307
Aberdeen	First-time health assessment	163	183	467	452	494
	Subsequent health assessment	1 961	1 981	1 715	1 696	1 694
	Follow-up for the results of the assessment	2 101	2 102	2 137	2 074	2 181
	Sub-total	4 225	4 266	4 319	4 222	4 369

Nam Shan	First-time health assessment	166	244	490	795	687
	Subsequent health assessment	2 027	1 968	1 735	1 423	1 536
	Follow-up for the results of the assessment	2 544	2 549	2 521	2 704	2 448
	Sub-total	4 737	4 761	4 746	4 922	4 671
Lam Tin	First-time health assessment	268	410	560	634	655
	Subsequent health assessment	1 950	1 810	1 660	1 589	1 565
	Follow-up for the results of the assessment	2 010	1 998	2 034	1 957	1 998
	Sub-total	4 228	4 218	4 254	4 180	4 218
Yau Ma Tei	First-time health assessment	104	128	487	930	778
	Subsequent health assessment	1 975	2 034	1 729	1 324	1 437
	Follow-up for the results of the assessment	2 343	2 271	2 119	2 200	2 128
	Sub-total	4 422	4 433	4 335	4 454	4 343
San Po Kong	First-time health assessment	175	168	550	640	535
	Subsequent health assessment	1 947	1 955	1 584	1 502	1 786
	Follow-up for the results of the assessment	1 968	1 998	2 051	2 004	1 825
	Sub-total	4 090	4 121	4 185	4 146	4 146
Kowloon City	First-time health assessment	98	104	554	536	742
	Subsequent health assessment	2 095	2 107	1 657	1 675	1 470
	Follow-up for the results of the assessment	1 838	1 839	1 874	1 823	1 822
	Sub-total	4 031	4 050	4 085	4 034	4 034
Lek Yuen	First-time health assessment	440	238	1 629	681	1 442
	Subsequent health assessment	1 681	1 891	1 912	1 869	3 455
	Follow-up for the results of the assessment	1 499	1 516	3 025	2 094	5 405
	Sub-total	3 620	3 645	6 566	4 644	10 302
Shek Wu Hui	First-time health assessment	264	210	450	716	724
	Subsequent health assessment	1 855	1 945	1 712	1 428	1 407
	Follow-up for the results of the assessment	2 572	2 177	1 977	1 964	1 887
	Sub-total	4 691	4 332	4 139	4 108	4 018

Tseung Kwan O	First-time health assessment	163	191	537	1 406	708
	Subsequent health assessment	1 973	1 945	1 599	2 065	1 422
	Follow-up for the results of the assessment	2 011	1 966	2 016	3 414	2 079
	Sub-total	4 147	4 102	4 152	6 885	4 209
Tai Po	First-time health assessment	192	278	581	729	633
	Subsequent health assessment	1 933	1 844	1 543	1 395	1 493
	Follow-up for the results of the assessment	2 069	2 110	2 027	2 047	2 057
	Sub-total	4 194	4 232	4 151	4 171	4 183
Tung Chung	First-time health assessment	407	244	461	731	503
	Subsequent health assessment	1 817	1 982	1 869	1 588	1 818
	Follow-up for the results of the assessment	2 074	2 198	2 232	2 365	2 346
	Sub-total	4 298	4 424	4 562	4 684	4 667
Tsuen Wan	First-time health assessment	386	396	520	1 032	682
	Subsequent health assessment	1 706	1 718	1 596	1 484	1 432
	Follow-up for the results of the assessment	1 773	1 920	1 910	2 014	1 498
	Sub-total	3 865	4 034	4 026	4 530	3 612
Tuen Mun Wu Hong	First-time health assessment	275	360	514	653	700
	Subsequent health assessment	1 834	1 767	1 635	1 555	1 515
	Follow-up for the results of the assessment	2 220	2 756	2 321	2 408	2 497
	Sub-total	4 329	4 883	4 470	4 616	4 712
Kwai Shing	First-time health assessment	184	371	620	551	641
	Subsequent health assessment	2 028	1 850	1 690	1 726	1 645
	Follow-up for the results of the assessment	2 201	2 112	2 263	2 254	2 135
	Sub-total	4 413	4 333	4 573	4 531	4 421
Yuen Long	First-time health assessment	332	275	420	739	626
	Subsequent health assessment	1 866	1 940	1 799	1 531	1 690
	Follow-up for the results of the assessment	2 083	2 128	2 102	2 068	2 081
	Sub-total	4 281	4 343	4 321	4 338	4 397

* Provisional figures

Note:

"First-time health assessment" is an attendance by a newly enrolled EHC member for physical health examination.

"Subsequent health assessment" is an attendance by a re-enrolling EHC member for physical health examination.

"Follow-up for the results of the assessment" is an attendance by EHC members 2 to 4 weeks after a physical health examination for follow-up of the assessment results.

The average age of attendees for first-time health assessment of the 18 EHCs for each of the past 5 years are as follows:

EHC	2013	2014	2015	2016	2017*
Sai Ying Pun	72.2	71.3	70.9	69.9	69.6
Shau Kei Wan	71.7	71.2	70.6	69.7	69.7
Wan Chai	71.5	72.9	70.2	69.6	69.7
Aberdeen	69.5	70.3	69.6	69.6	68.8
Nam Shan	71.1	70.6	70.1	70.1	69.1
Lam Tin	70.6	70.6	70.3	69.6	69.4
Yau Ma Tei	72.7	72.0	71.5	70.4	70.2
San Po Kong	72.0	72.4	70.7	70.4	69.4
Kowloon City	71.3	72.3	71.9	70.6	70.0
Lek Yuen	71.0	70.7	69.8	69.3	69.2
Shek Wu Hui	71.1	71.2	70.0	70.1	69.4
Tseung Kwan O	71.6	71.3	71.0	69.9	69.4
Tai Po	71.0	70.5	69.9	69.3	69.0
Tung Chung	69.4	69.8	69.6	69.2	68.4
Tsuen Wan	70.5	70.3	70.4	69.8	69.7
Tuen Mun Wu Hong	70.1	69.7	68.9	68.7	69.4
Kwai Shing	70.1	70.0	69.6	70.0	69.6
Yuen Long	69.8	68.9	69.3	69.1	69.3
Overall	**70.7**	**70.7**	**70.2**	**69.7**	**69.5**

* Provisional figures

(c) Healthcare staff are flexibly deployed to the 18 EHCs according to operational needs. The numbers of healthcare staff (excluding clerical staff and workman grade staff) deployed for the 18 EHCs in the past 5 years are as follows:

Grade	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017	As at 31 March 2018*
Medical and Health Officer	25	26	26	27	28
Registered Nurse	54	57	60	60	63
Dispenser	5	5	5	5	5
Clinical Psychologist	4	4	4	4	4.5#
Dietitian	4	4	4	4	4.5#
Occupational Therapist	4	4	4	4	4.5#
Physiotherapist	4	4	4	4	4.5#
Total	**100**	**104**	**107**	**108**	**114**

*Approved establishment
A total of 9 Clinical Psychologists, 9 Dietitians, 9 Occupational Therapists and 9 Physiotherapists provide support to both EHCs and Visiting Health Teams.

The attendances for medical consultation at each of the 18 EHCs for each of the past 5 years are as follows:

EHC	2013	2014	2015	2016	2017*
Sai Ying Pun	4 453	4 046	3 648	3 149	2 950
Shau Kei Wan	4 444	4 289	4 517	4 613	4 221
Wan Chai	4 576	4 852	5 220	8 089	9 022
Aberdeen	6 472	6 059	5 915	6 075	5 395
Nam Shan	4 890	4 466	4 295	4 997	4 675
Lam Tin	3 960	4 026	3 753	3 851	3 995
Yau Ma Tei	4 515	4 320	3 861	3 929	4 030
San Po Kong	5 273	5 085	5 238	5 210	3 821
Kowloon City	4 503	4 371	4 440	4 636	4 479
Lek Yuen	5 669	5 489	5 488	5 286	7 858
Shek Wu Hui	8 370	7 997	8 012	7 577	7 093
Tseung Kwan O	5 768	5 837	5 623	6 655	6 320
Tai Po	5 423	5 691	5 439	5 914	5 907
Tung Chung	3 873	3 786	3 343	3 166	3 292
Tsuen Wan	6 014	5 830	6 008	5 903	5 551
Tuen Mun Wu Hong	5 310	4 998	4 880	4 783	4 782
Kwai Shing	3 785	3 773	3 565	3 204	3 148
Yuen Long	4 304	4 163	3 950	3 248	2 973
Total	**91 602**	**89 078**	**87 195**	**90 285**	**89 512**

*Provisional figures

The cost per attendance for medical consultation in EHCs from 2013-14 to 2017-18 is listed below:

Year	Cost per Attendance for Medical Consultation in EHCs ($)
2013-14	470
2014-15	495
2015-16	515
2016-17	535
2017-18	550

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)274

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2444)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding general public sessions (GP sessions) of dental clinics,

(1) please provide the total number of attendances and a breakdown by age group of the number of attendances in GP sessions (and the percentage of total attendances each age group accounts for) in the past 5 years;

(2) please provide the total number of discs available and the total number of service sessions in GP sessions in the past 5 years; and

(3) please provide the number of patients receiving treatment and the total number of attendances in GP sessions in the past year, broken down by dental clinic.

Asked by: Hon WONG Kwok-kin (Member Question No. (LegCo use): 57)

Reply:

(1) The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the total numbers of attendances for GP sessions are as follows –

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
No. of attendance	34 352	35 221	34 580	36 783	30 979

The breakdowns by age group of the number of attendances in GP sessions (and the percentage of total attendances each age group accounts for) in the financial years 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018) are as follows –

	Distribution of attendances by age group				
Age group	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
0-18	721 (2.1%)	726 (2.1%)	723 (2.1%)	662 (1.8%)	595 (1.9%)
19-42	4 672 (13.6%)	4 676 (13.3%)	4 910 (14.2%)	5 315 (14.4%)	4 668 (15.1%)
43-60	9 962 (29.0%)	9 938 (28.2%)	9 496 (27.5%)	10 174 (27.7%)	8 129 (26.2%)
61 or above	18 997 (55.3%)	19 881 (56.4%)	19 451 (56.2%)	20 632 (56.1%)	17 587 (56.8%)

(2) In the financial years 2013-14, 2014-15, 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the total number of discs available and service sessions in GP sessions are as follows –

	2013-14	**2014-15**	**2015-16**	**2016-17**	**2017-18 (up to 31 January 2018)**
No. of maximum disc available	40 152	40 430	40 060	40 598	33 812
No. of sessions	661	661	662	670	557

(3) The numbers of attendance at the GP sessions at 11 government dental clinics and the total attendance in 2017-18 (up to 31 January 2018) are as follows:

Dental clinics with GP sessions	**No. of attendance in 2017-18 (up to 31 January 2018)**
Kowloon City Dental Clinic	4 554
Kwun Tong Dental Clinic	3 414
Kennedy Town Community Complex Dental Clinic	5 743
Fanling Health Centre Dental Clinic	1 954
Mona Fong Dental Clinic	1 605
Tai Po Wong Siu Ching Dental Clinic	1 700
Tsuen Wan Dental Clinic[#]	6 732

Dental clinics with GP sessions	No. of attendance in 2017-18 (up to 31 January 2018)
Yan Oi Dental Clinic	1 696
Yuen Long Jockey Club Dental Clinic	3 323
Tai O Dental Clinic	81
Cheung Chau Dental Clinic	177
	Total: 30 979

[#] Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)275

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1395)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the prohibition of commercial sale and supply of alcohol to minors, what are the staff establishment responsible for the work and the estimated expenditure in 2018-19?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 8)

Reply:

The Dutiable Commodities (Amendment) Ordinance 2018 to prohibit commercial sale or supply of alcohol to persons aged under 18 was enacted on 8 February 2018 and will commence by notice published in the gazette. A total of 24 non-directorate civil service posts will be established under the Department of Health to conduct the enforcement actions. The financial provision for implementing the legislation and publicity work is $36 million in 2018-19.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)276

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1396)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide details of the Government's various initiatives for co-ordinating primary care services.

2. Please advise on the actual expenditure for 2016-17, revised estimate for 2017-18 and estimate for 2018-19 in respect of primary care services.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 9)

Reply:

The Primary Care Office (PCO) was established in September 2010 under the Department of Health (DH) to support and co-ordinate the implementation of primary care development strategies and actions. The expenditure on primary care services cannot be separately identified. The latest progress and work plan of the major primary care initiatives under PCO are as follows:

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the

PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

(c) Community Health Centres (CHCs)

3 purpose-built CHCs were established under the management of the Hospital Authority. The first CHC located in Tin Shui Wai North was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. PCO would provide professional advice to the Food and Health Bureau in their planning and implementation of the pilot district health centre in Kwai Tsing.

(d) Publicity Activities

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

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)277

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1397)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the Government's three-year programme in collaboration with non-governmental organisations, what is the estimated number of attendances for dental care services by adult persons with intellectual disabilities each year?

2. What are the estimated expenditure and staff establishment of the programme?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 10)

Reply:

1. The Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

2. The Government will provide about $54 million for the three-year project. 2 time-limited civil service posts, namely 1 Senior Dental Officer post and 1 Dental Officer post will be created for implementing the programme.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)278

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1434)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The estimate for 2018-19 is 29.5% higher than the original estimate for 2017-18, mainly for the prevention and control of various communicable and non-communicable diseases. Will the Government please advise on the following:

1. What is the actual amount of the provision as represented by the 29.5% rise in the estimate for 2018-19?

2. Of the increased provision, how much will be earmarked for implementing the Colorectal Cancer Screening Pilot Programme and Cervical Screening Programme? (Please provide the respective figures.)

3. Please give a detailed breakdown of the expenditures for the Colorectal Cancer Screening Pilot Programme from 2015 to 2018. What were the actual number of beneficiaries each year and the percentage of all eligible persons across the territory those beneficiaries accounted for?

4. Please give a detailed breakdown of the expenditures for the Cervical Screening Programme from 2015 to 2018. What were the actual number of women who had received cervical screening at Maternal and Child Health Centres each year and the percentage of all eligible women across the territory those participating women accounted for? How many women had received screening at private clinics?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. (LegCo use): 60)

Reply:

1. In 2018-19, the provision for disease prevention is $6,032.5 million, which is $1,372.5 million (i.e. 29.5%) higher than the original estimate for 2017-18 of $4,660.0 million.

2. In 2018-19, the provision for implementing Colorectal Cancer Screening Pilot Programme (Pilot Programme) and Cervical Screening Programme (CSP) is $152.7 million and about $20 million respectively.

3. Launched in September 2016, the Pilot Programme currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The breakdown of actual expenditure cannot be separately identified.

4. The financial provision of CSP is about $20 million each year for 2015-16 to 2017-18. The breakdown of the actual expenditure cannot be separately identified. In 2015, 2016 and 2017, the numbers of attendance for cervical screening service provided at Maternal and Child Health Centres (MCHCs) were 97 000, 102 000 and 103 000 respectively. There is no estimation of the number of persons eligible for screening and hence the proportion who had received screening at MCHCs. According to the Population Health Survey 2014-15 conducted by the DH, it is estimated that 783 200 females aged 25 or above had their last cervical cancer screening done in private clinics or hospitals.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)279

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1195)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

The estimated expenditure on Statutory Functions for 2018-19 is $383 million higher than that for 2017-18, representing an increase of as much as 42.4%. What is the specific breakdown of the increased expenditure? As for the increase of 94 posts in 2018-19, what are the distribution of ranks, their specific duties and expenditure involved?

Asked by: Hon WONG Ting-kwong (Member Question No. (LegCo use): 41)

Reply:

Provision for 2018-19 for statutory functions is $383 million (42.4%) higher than the revised estimate for 2017-18. The increase in provision is mainly due to the following:

(a) topping up the provision of health screening services at Boundary Control Points ($208 million);
(b) enforcing the legislation of restricting the sale and supply of alcohol to minors and to provide publicity and education to prepare for and support regulatory control ($36 million);
(c) development of Chinese medicine, including the operation of the Government Chinese Medicines Testing Institute ($28 million);
(d) implementation of the Medical Registration (Amendment) Bill 2017 and enhancing the secretariat support to the Dental Council of Hong Kong to expedite the handling of complaints and disciplinary inquiries ($11 million);
(e) stepping up inspection in statutory No Smoking Areas and enhancing the overall enforcement work in tobacco control ($12 million); and
(f) meeting the increase in cash flow requirement for procurement of equipment ($13 million).

The details of the net increase of 94 posts in 2018-19 involving a total provision of $47.1 million are in the **Annex**.

- End -

Annex

Creation and Deletion of Posts in Department of Health in 2018-19
Programme (1) – Statutory Functions

Initiative / Rank	No. of posts to be created/deleted
(a) Taking forward the legislative proposal to prohibit the commercial sale and supply of alcohol to minors	
Scientific Officer (Medical)	1
Overseer	4
Senior Foreman	12
Executive Officer I	2
Executive Officer II	3
Assistant Clerical Officer	2
Sub-total :	***24***
(b) Strengthening the secretariat support to the Medical Council of Hong Kong	
Chief Executive Officer	1
Senior Executive Officer	1
Executive Officer I	2
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Sub-total :	***8***
(c) Strengthening the secretariat support to the Medical Council of Hong Kong (Time-limited for three years from 2018-19 to 2020-21)	
Senior Executive Officer	2
Executive Officer I	2
Executive Officer II	2
Clerical Officer	1
Assistant Clerical Officer	2
Sub-total :	***9***
(d) Strengthening the secretariat support to the Dental Council of Hong Kong	
Executive Officer I	1
Clerical Officer	1
Assistant Clerical Officer	1
Sub-total :	***3***
(e) Supporting the development of Chinese medicine	
Pharmacist	1
Chemist	1
Scientific Officer (Medical)	4
Science Laboratory Technician II	1
Sub-total :	***7***

Initiative / Rank	No. of posts to be created/deleted
(f) Strengthening the laboratory technical support in the forensic pathology services	
Medical Laboratory Technician I	1
Medical Laboratory Technician II	-1
Sub-total :	***0***
(g) Strengthening the manpower support in the regulation of advanced therapies	
Senior Medical and Health Officer	1
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	2
Assistant Clerical Officer	2
Sub-total :	***8***
(h) Strengthening the overall support to the Port Health Office for the commissioning of the Hong Kong Boundary Crossing Facilities of the Hong Kong-Zhuhai-Macao Bridge and the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link	
Nursing Officer	1
Registered Nurse	2
Foreman	8
Health Inspector I/II	2
Clerical Assistant	1
Sub-total :	***14***
(i) Strengthening the overall support to the Port Health Office upon commissioning of the boundary control point at Liantang / Heung Yuen Wai	
Medical and Health Officer	1
Nursing Officer	1
Registered Nurse	2
Senior Foreman	1
Foreman	6
Health Inspector I/II	2
Assistant Clerical Officer	1
Sub-total :	***14***
(j) Conversion of non-civil service contract positions to civil service posts for rationalising the clerical support to the Chinese Medicine Division	
Assistant Clerical Officer	7
Sub-total :	***7***
Net increase under Programme (1) :	**94**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)280

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0500)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

As regards the Colorectal Cancer Screening Pilot Programme (the Pilot Programme), please inform this Committee:

(1) of the estimated and actual numbers of cases approved as well as the expenditure involved each year since the launch of the Pilot Programme;

(2) of the details of the work and the expenditure involved in 2018-19 for regularising the Pilot Programme to cover individuals aged between 50 and 75 as announced in the Budget;

(3) whether the Government will launch a separate programme to subsidise high-risk individuals to undergo colonoscopy since they are not suitable to enrol in the Pilot Programme; if so, the details; and

(4) whether the Government will subsidise high-risk patients in public hospitals, who have not been invited to enrol in the partnership programme, to undergo colonoscopy; if so, the details; if not, the reasons for that and whether there are any other plans to relieve the financial burden of such patients.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 29)

Reply:

(1) Launched in September 2016, the Colorectal Cancer (CRC) Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are the users of electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participations. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively.

(2) In 2018-19, DH will prepare for regularisation of the screening programme which will eventually cover persons aged between 50 and 75 in phases. The DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total of $940 million over the coming 5 years.

(3) & (4)

The Pilot Programme uses faecal occult blood test (FOBT) as the screening tool to identify persons at "average risk" of CRC. According to recommendations of the Cancer Expert Working Group on Cancer Prevention and Screening established under the Cancer Co-ordinating Committee chaired by the Secretary for Food and Health, persons at "higher risk" of CRC by virtue of a strong family history of cancer should receive regular endoscopic (sigmoidoscopy or colonoscopy) examinations instead. Under the existing arrangements, the Pilot Programme does not cover persons at "higher risk" of CRC or those in the colonoscopy waiting list of the public healthcare system.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)281

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0753)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

As regards general public sessions of dental clinics, please inform this Committee:

(1) of the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation and the average cost per attendance of each dental clinic in the past 3 years; and

(2) whether the Government has considered extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics; if so, the details.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 90)

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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session@	No. of attendances		
			2015-16	2016-17	2017-18 (up to 31 January 2018)
Kowloon City Dental Clinic	Monday (AM)	84	5 177	5 329	4 554
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028	4 295	3 414
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905	6 903	5 743
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218	2 356	1 954
Mona Fong Dental Clinic	Thursday (PM)	42	1 952	1 909	1 605
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978	2 026	1 700
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	7 193	7 567	6 732
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071	2 152	1 696
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769	3 999	3 323
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97	95	81
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192	152	177

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from 1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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

Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4). In this connection, average cost of service per attendance under the GP sessions is also not available.

2. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels. In recent years, the Government prioritises its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in August 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

The Government provides free/subsidised dental services for elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

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

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)282

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3550)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", please inform this Committee of the following details in 2015-16, 2016-17 and 2017-18: the financial provision for the Programme; the non-governmental organisations (NGOs) participating in the Programme and the numbers of outreach dental teams of each NGO, broken down by district; the percentages of residential care homes and day care centres for the elderly participating in the Programme (broken down by the administrative district of the Social Welfare Department); and the numbers of elderly persons who were benefited from the Programme and their attendances.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 89)

Reply:

The financial provision for Outreach Dental Care Programme for the Elderly (ODCP) from 2015-16 to 2017-18 is as follows -

Financial Year	Amount $ million
2015-16	44.5
2016-17	44.8
2017-18	44.9

The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018.

Starting from October 2017, a total of 23 outreach dental teams from 10 non-governmental organisations (NGOs) have been set up under the ODCP. Distribution of the outreach dental teams and the respective NGOs by administrative districts of the Social Welfare Department (SWD) is at **Annex A**.

The distribution of the participating residential care homes for the elderly (RCHEs) and day care centres (DEs) by administrative districts of the SWD is at **Annex B**.

- End -

Annex A

Distribution of Outreach Dental Teams and Respective NGOs
by Administrative District of the Social Welfare Department

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Central, Western, Southern and Islands	明愛牙科診所 Caritas Dental Clinics	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
Eastern and Wan Chai	志蓮淨苑 Chi Lin Nunnery	1
	香港防癆心臟及胸病協會 Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	仁愛堂 Yan Oi Tong	1
Wong Tai Sin and Sai Kung	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Kowloon City and Yau Tsim Mong	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2
Sham Shui Po	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	香港醫藥援助會 Project Concern Hong Kong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	博愛醫院 Pok Oi Hospital	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tsuen Wan and Kwai Tsing	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tuen Mun	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	博愛醫院 Pok Oi Hospital	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
Yuen Long	明愛牙科診所 Caritas Dental Clinics	1
	博愛醫院 Pok Oi Hospital	1
	仁愛堂 Yan Oi Tong	1
Sha Tin	明愛牙科診所 Caritas Dental Clinics	1
	基督教靈實協會 Haven of Hope Christian Service	1
	仁濟醫院 Yan Chai Hospital	1
	仁愛堂 Yan Oi Tong	1
Tai Po and North	明愛牙科診所 Caritas Dental Clinics	1
	志蓮淨苑 Chi Lin Nunnery	1
	東華三院 Tung Wah Group of Hospitals	1
	仁愛堂 Yan Oi Tong	2

*Note : Some outreach dental teams under ODCP have been assigned to serve more than 1 administrative district.

Annex B

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2015-16 Service Year of ODCP [Note 1]			2016-17 Service Year of ODCP [Note 1]			2017-19 Service Year of ODCP [Note 2] (position as at 31 January 2018)		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	88	109	81%	88	109	81%	13	104	13%
Eastern and Wan Chai	81	103	79%	84	105	80%	22	107	21%
Kwun Tong	52	69	75%	53	71	75%	26	67	39%
Wong Tai Sin and Sai Kung	57	72	79%	61	72	85%	34	67	51%
Kowloon City and Yau Tsim Mong	109	134	81%	120	134	90%	81	136	60%
Sham Shui Po	56	91	62%	60	91	66%	35	93	38%
Tsuen Wan and Kwai Tsing	92	110	84%	96	110	87%	65	116	56%
Tuen Mun	49	54	91%	49	54	91%	44	57	77%
Yuen Long	56	60	93%	58	60	97%	43	59	73%
Sha Tin	49	64	77%	52	65	80%	38	63	60%
Tai Po and North	84	93	90%	89	93	96%	64	93	69%
Total:	**773**	**959**	**81%**	**810**	**964**	**84%**	**465**	**962**	**48%** [Note 3]

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)283

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3551)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

As regards the services in specialist outpatient clinics under the Department of Health (DH), please advise this Committee on:

1) the healthcare staff establishments, the numbers of new cases waiting for appointment and the numbers of attendances at the specialist outpatient clinics in all districts in the past 3 years, broken down by specialty; and

2) whether the DH, given that the key performance measure in respect of new dermatology cases (i.e. the percentage of such cases with an appointment time given within 12 weeks) is removed from 2018-19 onwards but to accord priority to new patients with indicator diseases of serious dermatoses, has any measures to ensure that new patients of other dermatology cases can receive the treatment needed within an appropriate time frame.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 91)

Reply:

1) The establishment of Medical and Health Officer, Registered Nurses and Enrolled Nurses in specialist outpatient clinics of the Department of Health (DH) is at **Annex**.

   The statistics on the number of new cases and attendances at specialist outpatient clinics in the past 3 years are tabulated below-

(a) HIV/AIDS Clinic

Number of new cases

	2015	2016	2017
Kowloon Bay Integrated Treatment Centre (ITC)	359	331	358

Medical consultation at ITC is by appointment. For new cases, appointment is made through telephone booking. The appointment date is based on the next available time slot that is acceptable to the patient concerned. Over the past 3 years, all patients received consultation within 14 days, except for those who are specifically asked to receive consultation later.

Number of total attendances

	2015	2016	2017
ITC	14 600	14 900	15 239

(b) Clinics providing dermatology service

Number of new attendances

	2015	2016	2017
Cheung Sha Wan	3 541	3 270	2 909
Sai Ying Pun	2 150	2 106	2 201
Yau Ma Tei	4 747	4 712	4 326
Yung Fung Shee	4 982	4 960	4 298
Fanling	2 933	3 233	2 793
Chai Wan	2 930	2 324	2 688
Wan Chai	1 882	1 748	1 669
Tuen Mun	4 201	3 674	3 815

Number of total attendances

	2015	2016	2017
Cheung Sha Wan	39 683	39 646	38 090
Sai Ying Pun	23 606	22 849	22 420
Yau Ma Tei	46 964	46 036	44 665
Yung Fung Shee	41 529	42 397	40 597
Fanling	25 257	26 774	26 361
Chai Wan	25 048	22 881	21 070
Wan Chai	15 755	15 201	15 422
Tuen Mun	30 295	28 413	27 589

(c) Chest Clinics

Number of new attendances (including TB# and non-TB)

	2015	**2016**	**2017**
East Kowloon	1 296	1 190	1 196
Kowloon	1 392	1 468	1 491
Pneumoconiosis	81	55	92
Sai Ying Pun	1 381	1 357	1 275
Shaukeiwan	1 201	1 087	1 054
Shek Kip Mei	1 177	1 256	1 158
South Kwai Chung	2 022	2 023	2 057
Tai Po	956	913	994
Wanchai	1 193	1 265	1 229
Yan Oi	1 986	2 120	2 313
Yaumatei	1 719	1 829	1 697
Yuen Chau Kok	1 453	1 747	1 785
Yung Fung Shee	1 564	1 528	1 586
New Territories*	1 270	1 323	1 377
Tung Chung	384	424	330

*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (which was closed since 1 April 2015).

"TB" stands for tuberculosis.

Number of total attendances (new attendances and return visits) (including TB and non-TB)

	2015	**2016**	**2017**
East Kowloon	12 740	12 532	12 563
Kowloon	14 755	14 797	14 669
Pneumoconiosis	4 911	4 806	4 840
Sai Ying Pun	9 789	10 155	9 982
Shaukeiwan	11 303	10 833	10 607
Shek Kip Mei	12 584	12 467	12 105
South Kwai Chung	20 596	21 370	20 212
Tai Po	7 734	8 116	8 059
Wanchai	14 583	14 585	13 548
Yan Oi	17 985	19 545	20 810
Yaumatei	14 876	14 414	13 383
Yuen Chau Kok	14 829	16 578	16 596
Yung Fung Shee	15 099	15 312	15 882
New Territories*	11 320	11 230	11 323
Tung Chung	2 033	2 199	1 957

*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (which was closed since 1 April 2015).

In general, persons attending chest clinics with a diagnosis of active tuberculosis (TB) or suspected active TB (either by referral or by symptom on triage) will have medical consultation within 1 to 2 days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the exact figure is not available.

2) Dermatological clinics have implemented a triage system of which all new case referrals will be assessed by the specialist doctors in charge of individual clinics. They are experienced specialists in dermatology and will identify these serious dermatoses from the professional point of view. Serious or potentially serious cases will be accorded higher priority to ensure that new patients will have medical consultation without delay.

- End -

Annex

Establishment of Medical and Health Officer, Registered Nurse and Enrolled Nurse Grades in Specialist Out-patient Clinics

Clinics	No. of Posts from 2015-16 to 2017-18*						
	SMO	**MO**	**SNO**	**NO**	**RN**	**EN**	***Total***
HIV/AIDS Clinic							
Kowloon Bay Integrated Treatment Centre	2	2	1	9	11	-	***25***
Sub-total:	***2***	***2***	***1***	***9***	***11***	***-***	***25***
Dermatological and Social Hygiene Clinics							
Cheung Sha Wan Dermatological Clinic	1	3	-	1	9	-	***14***
Sai Ying Pun Dermatological Clinic	-	2	-	1	6	-	***9***
Yau Ma Tei Dermatological Clinic	1	2	-	1	9	-	***13***
Yung Fung Shee Dermatological Clinic	-	2	-	1	6	-	***9***
Chai Wan Social Hygiene Clinic	-	2	-	2	7	1	***12***
Wan Chai Social Hygiene Clinic	1	2	-	2	10	2	***17***
Tuen Mun Social Hygiene Clinic	1	1	-	2	9	2	***15***
Yau Ma Tei Female Social Hygiene Clinic	-	1	-	2	7	2	***12***
Yau Ma Tei Male Social Hygiene Clinic	-	1	-	2	8	2	***13***
Yung Fung Shee Social Hygiene Clinic	-	1	-	1	6	1	***9***
Fanling Integrated Treatment Centre	1	3	-	2	9	2	***17***
Sub-total:	***5***	***20***	***-***	***17***	***86***	***12***	***140***
Tuberculosis and Chest Clinics							
East Kowloon Chest Clinic	1	1	-	1	5	5	***13***
Kowloon Chest Clinic	1	2	-	1	5	6	***15***
New Territories Unit	-	2	-	1	4	5	***12***
Sai Ying Pun Chest Clinic	-	1	-	1	5	4	***11***
Shaukeiwan Chest Clinic	-	1	-	1	5	4	***11***
Shek Kip Mei Chest Clinic	-	2	-	1	5	6	***14***

Annex

Establishment of Medical and Health Officer, Registered Nurse and Enrolled Nurse Grades in Specialist Out-patient Clinics

Clinics	**No. of Posts from 2015-16 to 2017-18***						
	SMO	**MO**	**SNO**	**NO**	**RN**	**EN**	***Total***
South Kwai Chung Chest Clinic	-	2	-	1	5	8	***16***
Tai Po Chest Clinic	-	1	-	1	5	4	***11***
Tung Chung Chest Clinic	-	1	-	-	-	-	***1***
Wan Chai Chest Clinic	1	2	-	1	7	5	***16***
Yan Oi Chest Clinic	1	1	-	1	5	7	***15***
Yaumatei Chest Clinic	1	2	-	1	5	7	***16***
Yuen Chau Kok Chest Clinic	1	1	-	1	6	6	***15***
Yung Fung Shee Chest Clinic	-	1	-	1	6	6	***14***
Pneumoconiosis Clinic	1	1	-	1	6	1	***10***
Sub-total:	***7***	***21***	-	***14***	***74***	***74***	***190***
Total	***14***	***43***	***1***	***40***	***171***	***86***	***355***

* There is no change in the establishment for the past 3 years.

Remarks:

- **SMO:** Senior Medical and Health Officer
- **MO:** Medical and Health Officer
- **SNO:** Senior Nursing Officer
- **NO:** Nursing Officer
- **RN:** Registered Nurse
- **EN:** Enrolled Nurse

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)284

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3552)

Head: (37) Department of Health

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

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the subventions under Subhead 000 Operational expenses, please inform this Committee of:

1) the organisations subvented and their respective amounts of subvention received in 2015-16 2016-17 and 2017-18; and

2) the organisations to be subvented and their respective amounts of subvention to be received in 2018-19.

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 96)

Reply:

1) & 2)

The Department of Health subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2015-16, 2016-17, 2017-18 and 2018-19 as listed below:

Organisations / Programmes subvented by the Department of Health	**2015-16 (Actual) ($ million)**	**2016-17 (Actual) ($ million)**	**2017-18 (Revised estimate) ($ million)**	**2018-19 (Provision) ($ million)**
Programme (2) : Disease Prevention				
The Family Planning Association of Hong Kong	52.1	55.7	58.1	56.3
Elderly Health Assessment Pilot Programme Note 1	4.4	- (Note 2)	-	-

Organisations / Programmes subvented by the Department of Health	2015-16 (Actual) ($ million)	2016-17 (Actual) ($ million)	2017-18 (Revised estimate) ($ million)	2018-19 (Provision) ($ million)
Outreach Dental Care Programme for the Elderly [Note 3]	29.9	38.0	39.9	39.9
Programme (3) : Health Promotion				
Hong Kong St. John Ambulance	15.2	15.9	16.4	16.6
Hong Kong Red Cross	1.3	1.3	1.4	1.4
Hong Kong Council on Smoking and Health	22.4	22.9	23.6	23.4
Tung Wah Group of Hospitals – Smoking Cessation Programme	39.1	41.5	34.0	34.0
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.3	7.6	7.2	7.3
Po Leung Kuk – School-based Smoking Prevention Programme / School-based Kindergarten Smoking Prevention Programme	2.2	2.0	1.5	1.4
Lok Sin Tong – Smoking Cessation Programme in Workplace	2.3	2.4	2.7	2.7
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.9	2.9

Organisations / Programmes subvented by the Department of Health	2015-16 (Actual) ($ million)	2016-17 (Actual) ($ million)	2017-18 (Revised estimate) ($ million)	2018-19 (Provision) ($ million)
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.3	2.4	2.4
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	2.3	1.9	0.6	1.7
Programme (4) : Curative Care				
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	3.3	3.4	3.5	3.6
Dental Care Services for Adult Persons with Intellectual Disability("ID") Note 4	0	0	0	5.9
Programme (6) : Treatment of Drug Abusers				
The Society for the Aid and Rehabilitation of Drug Abusers	99.0	102.2	103.7	106.1
Caritas Hong Kong	7.4	7.8	7.0	7.2
Hong Kong Christian Service	9.4	9.5	9.4	9.9

Note 1: The organisations subvented under the Elderly Health Assessment Pilot Programme are: (i) Chai Wan Baptist Church Community Health Centre Limited; (ii) Evangel Hospital; (iii) Haven of Hope Christian Service; (iv) Hong Kong Sheng Kung Hui Welfare Council Limited; (v) Po Leung Kuk; (vi) Sik Sik Yuen; (vii) The Lok Sin Tong Benevolent Society, Kowloon; (viii) Tung Wah Group of Hospitals; and (ix) United Christian Nethersole Community Health Service.

Note 2: The two-year "Elderly Health Assessment Pilot Programme" ended in July 2015.

Note 3: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited; (ii) Chi Lin Nunnery; (iii) Christian Family Service Centre Dental Services Limited; (iv) Haven of Hope Christian

Service; (v) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (vi) H.K.S.K.H. Lady MacLehose Centre (no longer subvented under the Programme since October 2017); (vii) Pok Oi Hospital; (viii) Project Concern Hong Kong; (ix) Tung Wah Group of Hospitals; (x) Yan Chai Hospital; and (xi) Yan Oi Tong.

Note 4: The Government will launch a three-year programme in mid-2018 in collaboration with non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adult persons with intellectual disability.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)285

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3553)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out, by type of developmental disorder, the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders in each of the past 3 years.

Type of developmental disorder	2015	2016	2017
Language Delay			
Developmental Delay			
Attention Deficit / Hyperactivity Disorder			
Psychological Problems / Emotional and Behavioural Problems / Disorders			
Delayed Motor Milestones / Delayed Motor Milestones (pre-school)			
Dyslexia and Mathematics Learning Disorder			
Mental Retardation			
Autism Spectrum Disorders			
Cerebral Palsy			
Hearing Impairment (moderate to severe)			
Visual Impairment (moderate to severe)			

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 97)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)286

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3554)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please tabulate the following information for the past 3 years:

1. the cost per attendance for health assessment and the cost per attendance for medical consultation;

2. the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;

3. the annual operating costs of each EHC;

4. the annual total enrolment quota, quota for new members, and number of members from other districts of each EHC; and

5. the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC).

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 98)

Reply:

1. The cost per health assessment (including attendance for follow-up of results) and the cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2015-16	$1,310	$515
2016-17	$1,360	$535
2017-18	$1,395	$550

2. The cost per attendance for health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. Information on the total expenditure of the 18 EHCs and the 18 VHTs is as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs[#] ($ million)
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Revised Estimate)	151.2	83.6

[#] The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

3. The Department of Health does not have breakdown of operating cost by EHC. The average operating expenditure of each EHC is as follows:

Year	Average operating expenditure of each EHC ($ million)
2015-16	7.8
2016-17	8.4
2017-18*	8.4

* Provisional figure

4. The total number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments			Number of new members		
	2015	2016	2017*	2015	2016	2017*
Sai Ying Pun	2 288	2 310	2 315	698	642	761
Shau Kei Wan	2 224	2 205	2 213	665	800	668
Wan Chai	3 614	4 546	4 651	1 878	2 251	2 118
Aberdeen	2 182	2 148	2 188	467	452	494
Nam Shan	2 225	2 218	2 223	490	795	687
Lam Tin	2 220	2 223	2 220	560	634	655
Yau Ma Tei	2 216	2 254	2 215	487	930	778
San Po Kong	2 134	2 142	2 321	550	640	535
Kowloon City	2 211	2 211	2 212	554	536	742
Lek Yuen	3 541	2 550	4 897	1 629	681	1 442
Shek Wu Hui	2 162	2 144	2 131	450	716	724
Tseung Kwan O	2 136	3 471	2 130	537	1 406	708
Tai Po	2 124	2 124	2 126	581	729	633
Tung Chung	2 330	2 319	2 321	461	731	503
Tsuen Wan	2 116	2 516	2 114	520	1 032	682
Tuen Mun Wu Hong	2 149	2 208	2 215	514	653	700
Kwai Shing	2 310	2 277	2 286	620	551	641
Yuen Long	2 219	2 270	2 316	420	739	626
Total	**42 401**	**44 136**	**45 094**	**12 081**	**14 918**	**14 097**

* Provisional figures

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

EHC	Number of members from other districts		
	2015	2016	2017*
Sai Ying Pun	608	559	390

Shau Kei Wan	66	60	47
Wan Chai	1 956	2 878	2 240
Aberdeen	58	51	33
Nam Shan	835	870	629
Lam Tin	196	174	106
Yau Ma Tei	853	929	721
San Po Kong	582	654	557
Kowloon City	899	867	652
Lek Yuen	76	62	71
Shek Wu Hui	119	83	89
Tseung Kwan O	238	325	126
Tai Po	246	257	169
Tung Chung	1 325	1 195	959
Tsuen Wan	734	930	584
Tuen Mun Wu Hong	42	38	17
Kwai Shing	564	580	480
Yuen Long	115	126	94
Total	**9 512**	**10 638**	**7 964**

* Provisional figures as at September 2017

5. The median waiting time for enrolment as a new member of individual EHCs is as follows:

EHC	**Median waiting time (months)**		
	2015	**2016**	**2017***
Sai Ying Pun	30.0	6.0	7.5
Shau Kei Wan	23.5	2.4	6.9
Wan Chai	34.3	1.4	5.4
Aberdeen	14.5	4.3	7.0
Nam Shan	15.8	2.2	5.8
Lam Tin	12.0	4.0	7.5
Yau Ma Tei	34.2	7.6	6.9
San Po Kong	18.6	1.5	6.3
Kowloon City	34.4	8.5	5.7
Lek Yuen	4.5	8.7	7.7
Shek Wu Hui	16.4	7.9	6.7
Tseung Kwan O	29.0	2.8	6.8
Tai Po	16.3	3.8	6.9
Tung Chung	15.0	6.3	3.9
Tsuen Wan	17.8	12.0	5.9
Tuen Mun Wu Hong	15.8	11.3	10.2
Kwai Shing	7.0	1.5	4.8
Yuen Long	13.4	6.0	6.7
Overall	**16.3**	**5.2**	**6.8**

* Provisional figures

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)287

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3555)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services of the Maternal and Child Health Centres (MCHCs) under this Programme, please inform this Committee:

1) whether there are any plans to reprovision or relocate the existing MCHCs in 2018-19 and 2019-20; if so, what will be the locations of the MCHCs involved as well as the details; and

2) whether there are any plans to provide new MCHCs in 2018-19 and 2019-20; if so, what will be the locations of the MCHCs involved as well as the details?

Asked by: Hon WU Chi-wai (Member Question No. (LegCo use): 99)

Reply:

1) Robert Black Maternal and Child Health Centre (RB MCHC) has ceased operation temporarily since 21 November 2016 due to major renovation. The service demand of RB MCHC during its renovation is met by the nearby MCHCs, including East Kowloon and Kowloon City MCHCs. RB MCHC is expected to resume service in the first half of 2019.

2) There is no new MCHC to be established in Year 2018-19 and 2019-20.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)288

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1358)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Estimates that the Department of Health will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation. However, as shown by figures, the number of publicity or educational activities delivered by the Hong Kong Council on Smoking and Health is 420 in 2018, representing a drop when compared with the respective figures of 423 in 2016 and 430 in 2017. Please explain why there is a drop in the number of publicity or educational activities.

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 10)

Reply:

The Hong Kong Council on Smoking and Health (COSH) is subvented by the Department of Health (DH) to carry out publicity and education programmes on smoking prevention. These programmes include outreaching programmes targeted at kindergartens, and primary and secondary schools, through providing guidelines and exhibition boards, health talks, theatre programmes, etc., as well as publicity and education campaigns for encouraging smokers to quit smoking and the public to garner support for a smoke-free Hong Kong. The number of activities organised varies from year to year as COSH conducts publicity and education campaigns with different themes, scales and coverage every year.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)289

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1359)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In 2018, the Department will continue to implement the Colorectal Cancer Screening Pilot Programme and prepare for the regularisation of the Programme to cover for persons at specific ages. Will the Department consider extending the scope of the screening programme so that other types of cancer can be covered in the future? If so, how will it be implemented? If not, why?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 11)

Reply:

The Department of Health (DH) has been promoting a healthy lifestyle as the primary strategy for cancer prevention. This includes avoidance of smoking and alcohol, regular physical activity, healthy eating, and maintenance of a healthy body weight and waistline. In 2004, the DH launched the Cervical Screening Programme to encourage women to receive regular screening to reduce incidence and mortality from cervical cancer. In September 2016, subsidised colorectal cancer (CRC) screening was introduced as a pilot programme for asymptomatic Hong Kong residents born from 1946 to 1955. In 2018-19, the DH will prepare for regularisation of the CRC screening programme which will eventually cover persons aged between 50 and 75.

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. The CEWG considers that, apart from cervical cancer and CRC, there is either no evidence for recommending or insufficient evidence to recommend for or against population-based screening of other cancers.

The DH will keep in view the latest evidence of the effectiveness of cancer screening that may be relevant to the public health of local population.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)290

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1361)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The Government indicates in the Estimates that it will continue to enhance the elderly health service. Will the Government advise on the specific enhancement measures to be implemented? How will the resources be allocated?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 14)

Reply:

The 18 Elderly Health Centres (EHCs) under the Department of Health (DH) provide integrated primary health care services including health assessment, counselling, health education and curative treatment to the elderly aged 65 or above on a membership basis.

DH has earmarked additional resources for creating 2 new clinical teams, one in 2017-18 and 2018-19 respectively to enhance the service capacity of the EHCs. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams will be flexibly deployed and are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)291

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1362)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is stated in the Estimates that the Government will provide each elder eligible for using the elderly health care vouchers with an additional $1,000 as a one-off arrangement and increase the accumulation limit of the vouchers from $4,000 to $5,000. Does the Government consider making the increase a regular initiative? If not, under what circumstances will similar initiatives be launched in the future?

Asked by: Hon YIU Si-wing (Member Question No. (LegCo use): 15)

Reply:

The increase in the accumulation limit of vouchers under the Elderly Health Care Voucher (EHV) Scheme from $4,000 to $5,000 will be a regular measure whereas the additional $1,000 vouchers will be a one-off arrangement in 2018.

With an ageing population and the implementation of the enhancement measure in 2017 to lower the eligibility age for the EHV Scheme from 70 to 65, we anticipate that both the number of elders using the vouchers and the annual financial commitments involved will continue to increase substantially. In considering whether to increase the annual voucher amount in the future, we will need to assess in detail the financial implications on the Government.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)406

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3685)

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

Question:

Will the Government inform this Committee of:

1. the respective numbers of prosecutions initiated by the Tobacco Control Office (TCO) and successful prosecutions in the past 3 years?

2. the operational expenses, staff establishment and annual payroll costs of the TCO in the past 3 years as well as its operational expenses, staff establishment and annual payroll cost in the coming year?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 181)

Reply:

(1) The Tobacco Control Office (TCO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of fixed penalty notices (FPNs) / summonses issued by the TCO for the period from 2015 to 2017 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) are as follows:

		2015	**2016**	**2017**
FPNs issued (for smoking offences)		7 693	8 650	9 711
Summonses issued	for smoking offences	163	207	149
	for other offences (such as wilful obstruction and failure to produce identity document)	80	79	78
	(as of 6 March 2018) - convicted - pending hearing results - not convicted	 (221) (16) (6)	 (258) (21) (7)	 (170) (52) (5)

(2) The expenditures (including personal emoluments of civil service posts) for the TCO in 2015-16, 2016-17, 2017-18 (Revised Estimate) and 2018-19 (Estimate) are $178.7 million, $184.5 million, $188.9 million and $193.4 million respectively. The expenditures for personal emoluments of civil service posts in 2015-16, 2016-17, 2017-18 (Revised Estimate) and 2018-19 (Estimate) are $48.7 million, $50.3 million, $52.7 million and $52.8 million respectively. The staff establishment of the TCO from 2015-16 to 2018-19 is at Annex.

- End -

Annex

Staff Establishment of the Department of Health's Tobacco Control Office

Rank	2015-16	2016-17	2017-18	2018-19
Head, TCO				
Principal Medical & Health Officer	1	1	1	1
Enforcement				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9	9
Sub-total	***106***	***106***	***106***	***106***
Health Education and Smoking Cessation				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3
Hospital Administrator II	4	4	4	4
Sub-total	***11***	***11***	***11***	***11***
Administrative and General Support				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	17	17	17
Motor Driver	1	1	1	1
Sub-total	***22***	***22***	***22***	***22***
Total no. of staff:	**140**	**140**	**140**	**140**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)407

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3759)

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

Question:

Quite a number of members of the public have reflected that many patrons of the cooked food centres in public markets often smoke there, causing nuisance to other patrons. In this regard, will the Government inform this Committee of :

(1) the number of inspections conducted by the Tobacco Control Office (TCO) in respect of the cooked food centres in public markets in each of the past 3 years; and

(2) the number of summonses issued by the TCO in respect of illegal smoking in the cooked food centres in public markets in each of the past 3 years.

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 257)

Reply:

(1)&(2)
The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco Control Office (TCO) for the period from 2015 to 2017 for smoking offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) at food premises are as follows:

	2015	**2016**	**2017**
Inspections conducted	3 225	3 538	3 838
FPNs issued	515	592	656
Summonses issued	4	6	16

Note : The TCO does not have separate figures for cooked food centres in public markets

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)408

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3884)

Head: (37) Department of Health

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

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by developmental problem of such children.

2. How many children were waiting for assessment in the CACs and what were their longest, average and shortest waiting times for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2758)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585

Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

2. In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)409

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3887)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Service,

(a) what were the numbers of new cases, broken down by age group (age under 3, age 3-5 and age 6 or above), in the Child Assessment Centres (CACs) and their sources of referral (such as Maternal and Child Health Centres, private doctors and psychologists) for the past 5 years;

(b) what were the average, median and longest times required for children aged under 6 to complete assessment in the CACs for the past 5 years; and

(c) only 71% of the new cases met the target of completing assessment within 6 months in 2015-16. What measures will the Government implement to bring about improvements?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2766)

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment of children under the age of 12 years with suspected symptoms of developmental problems. New cases are referred from various channels, including Maternal and Child Health Centres (MCHCs), Hospital Authority (HA), private practitioners and psychologists. In the past 5 years, the CAS received new cases referred from the following sources:

Channels of Referral	**Number of cases**				
	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017 (provisional figures)
MCHCs and other specialties (DH)	5 132	5 731	6 328	6 554	6 812

Paediatricians, Out-Patient Clinics and other specialties (HA)	1 226	1 344	1 368	1 416	1 422
Doctors in private practice	1 859	1 844	1 652	1 611	1 533
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	424	548	505	600	655
Others	134	27	19	7	16
TOTAL	8 775	9 494	9 872	10 188	10 438

A further breakdown of the above figures by age is not available.

(b) In the past 5 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. DH has not compiled statistics on the average, the median or the longest waiting time for assessment of new cases.

(c) Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)410

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3894)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

What was the average time required for registration of pharmaceutical products in the past 5 years? Please also advise on the relevant registration procedures and the reasons for refusal.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2781)

Reply:

According to the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), all pharmaceutical products must be registered with the Pharmacy and Poisons Board (PPB), a statutory body set up under the PPO, before they can be sold or distributed in Hong Kong. The Department of Health (DH) has been tasked to provide professional and executive support to the PPB. Applications of registration of pharmaceutical products are classified into two main categories, namely New Chemical Entity (NCE) and non-NCE (generic) products.

The PPB will approve applications which satisfy the registration criteria of safety, quality and efficacy. For NCE products containing new active ingredients, the PPB would also recommend the suitable sales control for the concerned new active ingredients and the relevant legislation will become effective after relevant amendments to the Pharmacy and Poisons Regulations (Cap. 138A) have been gazetted. The amendment legislation will also be tabled in the Legislative Council for negative vetting.

The DH has a performance pledge of 5 months for approving an application for registration of pharmaceutical products when the applicant has submitted the documents as stated in the Guidance Notes of Registration of Pharmaceutical Products/Substances, and satisfied the registration criteria of safety, quality and efficacy. The statistics for the registration of pharmaceutical products approved by the PPB between 2013 and 2017 are provided in the table below. In the past 5 years, over 90% of the registered pharmaceutical products were approved within the performance pledge of 5 months.

Year	2013	2014	2015	2016	2017
Number of new pharmaceutical products approved in the year:	807	882	871	663	583
of which – (a) approvals granted within 5 months	796	869	838	660	580
(b) approvals granted exceeding 5 months' time	11	13	33	3	3
Percentage of registered pharmaceutical products approved within the performance pledge of 5 months	99%	99%	96%	99%	99%

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)411

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3947)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out, by type of developmental disorder, the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders in each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2700)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311

Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)412

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3951)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please tabulate the following information for the past 5 years:

(1) the cost per attendance for health assessment;

(2) the cost per attendance for medical consultation;

(3) the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;

(4) the annual operating costs of each EHC;

(5) the annual total enrolment quota, quota for new members, and number of members from other districts of each EHC;

(6) the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members they accounted for) of each EHC, as well as the average waiting time for enrolment as an EHC member each year (please provide a breakdown by EHC); and

(7) the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2706)

Reply:

(1) and (2) The cost per health assessment (including attendance for follow-up of results) and the cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2013-14	$1,190	$470
2014-15	$1,250	$495
2015-16	$1,310	$515
2016-17	$1,360	$535
2017-18	$1,395	$550

(3) The cost per attendance for health education activities organised by the EHCs and the Visiting Health Teams (VHTs) are not available. Information on the total expenditure of the 18 EHCs and the 18 VHTs is as follows:

Year	Total expenditure of the 18 EHCs ($ million)	Total expenditure of the 18 VHTs[#] ($ million)
2013-14 (Actual)	121.7	74.9
2014-15 (Actual)	130.6	76.7
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Revised Estimate)	151.2	83.6

[#] The expenditure also includes Public Health & Administration Section of the Elderly Health Service (EHS).

(4) The Department of Health does not have breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 5 years is as follows:

Year	Average operating expenditure of each EHC ($ million)
2013-14	6.8
2014-15	7.3
2015-16	7.8
2016-17	8.4
2017-18*	8.4

* Provisional figure

(5) The total number of enrolments and the number of new members in the 18 EHCs are as follows:

EHC	Total number of enrolments					Number of new members				
	2013	2014	2015	2016	2017*	2013	2014	2015	2016	2017*
Sai Ying Pun	2 120	2 177	2 288	2 310	2 315	120	162	698	642	761
Shau Kei Wan	2 196	2 213	2 224	2 205	2 213	204	326	665	800	668
Wan Chai	2 156	2 143	3 614	4 546	4 651	183	249	1 878	2 251	2 118
Aberdeen	2 124	2 164	2 182	2 148	2 188	163	183	467	452	494
Nam Shan	2 193	2 212	2 225	2 218	2 223	166	244	490	795	687
Lam Tin	2 218	2 220	2 220	2 223	2 220	268	410	560	634	655
Yau Ma Tei	2 079	2 162	2 216	2 254	2 215	104	128	487	930	778
San Po Kong	2 122	2 123	2 134	2 142	2 321	175	168	550	640	535
Kowloon City	2 193	2 211	2 211	2 211	2 212	98	104	554	536	742
Lek Yuen	2 121	2 129	3 541	2 550	4 897	440	238	1 629	681	1 442

Shek Wu Hui	2 119	2 155	2 162	2 144	2 131	264	210	450	716	724
Tseung Kwan O	2 136	2 136	2 136	3 471	2 130	163	191	537	1 406	708
Tai Po	2 125	2 122	2 124	2 124	2 126	192	278	581	729	633
Tung Chung	2 224	2 226	2 330	2 319	2 321	407	244	461	731	503
Tsuen Wan	2 092	2 114	2 116	2 516	2 114	386	396	520	1 032	682
Tuen Mun Wu Hong	2 109	2 127	2 149	2 208	2 215	275	360	514	653	700
Kwai Shing	2 212	2 221	2 310	2 277	2 286	184	371	620	551	641
Yuen Long	2 198	2 215	2 219	2 270	2 316	332	275	420	739	626
Total	**38 737**	**39 070**	**42 401**	**44 136**	**45 094**	**4 124**	**4 537**	**12 081**	**14 918**	**14 097**

* Provisional figures

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

EHC	**Number of members from other districts**				
	2013	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	568	621	608	559	390
Shau Kei Wan	71	72	66	60	47
Wan Chai	1 070	1 079	1 956	2 878	2 240
Aberdeen	40	48	58	51	33
Nam Shan	802	809	835	870	629
Lam Tin	129	180	196	174	106
Yau Ma Tei	790	858	853	929	721
San Po Kong	532	510	582	654	557
Kowloon City	875	935	899	867	652
Lek Yuen	46	49	76	62	71
Shek Wu Hui	106	92	119	83	89
Tseung Kwan O	266	257	238	325	126
Tai Po	308	319	246	257	169
Tung Chung	1 332	1 372	1 325	1 195	959
Tsuen Wan	729	761	734	930	584
Tuen Mun Wu Hong	82	48	42	38	17
Kwai Shing	550	532	564	580	480
Yuen Long	82	101	115	126	94
Total	**8 378**	**8 643**	**9 512**	**10 638**	**7 964**

* Provisional figures as at September 2017

(6) and (7) The number of members enrolled in a year who did not renew their membership by 2 years and their percentage among the total number of enrolments in 18 EHCs are as follows:

EHC	**EHC members who did not return by**									
	2013		**2014**		**2015**		**2016**		**2017***	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	%
Sai Ying Pun	499	24%	443	21%	467	22%	527	24%	678	30%
Shau Kei Wan	533	24%	441	20%	520	24%	559	25%	723	33%
Wan Chai	372	17%	358	17%	358	17%	411	19%	1082	30%
Aberdeen	420	20%	395	19%	404	19%	404	19%	512	23%
Nam Shan	467	21%	456	21%	437	20%	495	22%	586	26%

Lam Tin	577	26%	546	24%	500	23%	543	24%	666	30%
Yau Ma Tei	465	22%	427	20%	370	18%	426	20%	744	34%
San Po Kong	513	24%	495	23%	467	22%	493	23%	636	30%
Kowloon City	470	21%	464	21%	482	22%	497	22%	631	29%
Lek Yuen	679	31%	549	26%	618	29%	597	28%	1413	40%
Shek Wu Hui	551	26%	508	24%	492	23%	580	27%	732	34%
Tseung Kwan O	478	22%	435	20%	462	22%	502	24%	662	31%
Tai Po	329	15%	348	16%	324	15%	456	21%	578	27%
Tung Chung	391	17%	420	19%	386	17%	430	19%	536	23%
Tsuen Wan	549	26%	534	25%	569	27%	659	31%	849	40%
Tuen Mun Wu Hong	492	23%	500	23%	508	24%	602	28%	740	34%
Kwai Shing	499	23%	434	20%	473	21%	491	22%	616	27%
Yuen Long	403	18%	440	20%	420	19%	430	19%	589	27%
Total	**8 687**	**22%**	**8 193**	**21%**	**8 257**	**21%**	**9 102**	**23%**	**12 973**	**31%**

* Provisional figures as at September 2017

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as a new member and the waiting time for first-time health assessment is the same. The median waiting time for enrolment as a new member of individual EHCs is as follows:

EHC	**Median waiting time (months)**				
	2013	**2014**	**2015**	**2016**	**2017***
Sai Ying Pun	22.8	30.5	30.0	6.0	7.5
Shau Kei Wan	21.5	24.9	23.5	2.4	6.9
Wan Chai	27.8	34.4	34.3	1.4	5.4
Aberdeen	11.5	16.2	14.5	4.3	7.0
Nam Shan	17.3	18.2	15.8	2.2	5.8
Lam Tin	11.1	15.0	12.0	4.0	7.5
Yau Ma Tei	25.4	32.9	34.2	7.6	6.9
San Po Kong	15.9	24.0	18.6	1.5	6.3
Kowloon City	23.4	31.4	34.4	8.5	5.7
Lek Yuen	22.8	21.9	4.5	8.7	7.7
Shek Wu Hui	10.8	14.3	16.4	7.9	6.7
Tseung Kwan O	20.5	27.0	29.0	2.8	6.8
Tai Po	28.6	22.4	16.3	3.8	6.9
Tung Chung	10.4	12.9	15.0	6.3	3.9
Tsuen Wan	12.7	15.8	17.8	12.0	5.9
Tuen Mun Wu Hong	15.0	17.3	15.8	11.3	10.2
Kwai Shing	10.4	13.7	7.0	1.5	4.8
Yuen Long	8.7	10.7	13.4	6.0	6.7
Overall	**16.6**	**20.1**	**16.3**	**5.2**	**6.8**

* Provisional figures

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)413

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3952)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, will the Government inform this Committee of:

(1) the annual number of attendances of the elderly receiving the services, broken down by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project); and

(2) the annual expenditure incurred by the Pilot Project since its launch and the estimated expenditure for next year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2707)

Reply:

(1) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The number of attendances under ODCP for annual oral check and dental treatments was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018. Dental treatments received include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).

(2) The financial provision for implementing the ODCP was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17, $44.9 million each in 2017-18 and 2018-19.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)414

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3960)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

The Government stated that the Department of Health would set up an additional Child Assessment Centre. Please give a detailed account of the particulars, relevant allocation of resources, staff establishments and effectiveness related to this project in the past 3 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2743)

Reply:

Noting the continuous increase in demand for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)415

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3961)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by developmental problem of such children.

2. What were the longest, average and shortest waiting times for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2744)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585

Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

2. In the past 5 years, nearly all new cases at CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)416

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3962)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting situation, including the waiting queues and waiting times (the shortest, longest and median) in respect of each child assessment centre for the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 2745)

Reply:

In the past 5 years, nearly all new cases at the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 89% in 2013 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)417

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4578)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out, by type of developmental disorder, the number of children who attended the Child Assessment Service of the Department of Health and were diagnosed with developmental disorders in each of the past 5 years.

Type of developmental disorder	2014	2015	2016	2017	2018
Language Delay					
Developmental Delay					
Attention Deficit / Hyperactivity Disorder					
Psychological Problems / Emotional and Behavioural Problems / Disorders					
Developmental Coordination Disorder					
Delayed Motor Milestones / Delayed Motor Milestones (pre-school)					
Dyslexia and Mathematics Learning Disorder					
Mental Retardation					
Autism Spectrum Disorders					
Cerebral Palsy					
Hearing Impairment (moderate to severe)					
Visual Impairment (moderate to severe)					

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. (LegCo use): 1069)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**				
	2013	**2014**	**2015**	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 325	2 541	2 890	2 809	2 855
Autism Spectrum Disorder	1 478	1 720	2 021	1 905	1 716
Borderline Developmental Delay	1 915	2 073	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	482	535	643	506	507
Hearing Loss (Moderate to profound grade)	88	109	76	67	71
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	55	41	61	60	40
Significant Developmental Delay/Intellectual Disability	1 213	1 252	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	41	36	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)418

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5342)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. What were the number of students attending the Student Health Service, the number and type of referrals to the Special Assessment Centres as well as the specialist clinics of the Department of Health and the Hospital Authority for follow-up, and the unit cost for handling each case for each school year from 2014/2015 to 2017/2018 (if applicable)?

2. What were the number of schools and students joining the Adolescent Health Programme, the number of school visits made and activities arranged, and the expenditure involved for each school year from 2014/2015 to 2017/2018 (if applicable)?

Asked by: Hon IP Kin-yuen (Member Question No. (LegCo use): 74)

Reply:

1. The number of students attended the Student Health Service Centres and referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2014/2015, 2015/2016 and 2016/2017 are shown in the table below. Figures for school year 2017/2018 are not yet available.

School Year	**2014/2015**	**2015/2016**	**2016/2017**
Number of students attended Student Health Service Centres	415 365	413 456	415 913
Number of referrals to Special Assessment Centre *	71 088	72 492	71 637

School Year	2014/2015	2015/2016	2016/2017
Number of referrals by specialty including Department of Health and Hospital Authority *			
Ophthalmology	475	494	469
Ear, Nose, Throat	1 248	1 380	1 379
Paediatrics	5 060	5 490	5 808
Medicine	115	102	113
Surgery	2 219	2 343	2 350
Orthopaedics	1 049	1 103	1 194
Gynaecology	395	411	362
Psychiatry	461	489	631
Adolescent Medicine	15	9	6
Dermatology	824	919	995
Child Assessment Service	92	109	82
Family Medicine	23	27	15
Others	82	91	82
Total	12 058	12 967	13 486

Note : * A student might have more than 1 referral.

The unit cost per attendance under Student Health Service for 2014-15, 2015-16, 2016-17 and 2017-18 is as follows:

Financial Year	**Unit cost per attendance ($)**
2014-15	530
2015-16	555
2016-17	580
2017-18	590

2. For school years 2014/2015, 2015/2016 and 2016/2017, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

School Year	**2014/2015**	**2015/2016**	**2016/2017**
No. of schools	317	318	314
No. of students	75 000	69 000	66 000

Figures for school year 2017/2018 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

School Year	**2014/2015**	**2015/2016**	**2016/2017**
Number of school visits for programme delivery	2 600	2 600	2 400
Number of briefing/debriefing sessions with teachers/school management	5 500	5 500	5 200

The expenditure of AHP for 2014-15, 2015-16, 2016-17 and 2017-18 is as follows:

Financial Year	**Amount**
	$ million
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Revised Estimate)	75.2

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)419

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5345)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please set out the respective numbers of students who received seasonal influenza vaccination in the maternal and child health centres and student health service centres of the Department of Health (DH) and subvented clinics in each of the past school years from 2015/2016 to 2017/2018, as well as the respective percentages of students vaccinated in the age groups to which they belong.

2. What is the quantity of vaccines procured in each school year and the unit cost per dose?

3. What is the expenditure on subventing private medical practitioners under the Childhood Influenza Vaccination Subsidy Scheme in each school year?

4. The DH sends inoculation teams to schools to provide vaccination for primary one and primary six students under the existing Childhood Immunisation Programme. What are the staff establishments of the inoculation teams as well as the manpower and expenditure involved in each year?

5. How many schools are provided with vaccination services and how many students have received vaccination in each school year?

6. Will the DH consider including the seasonal influenza vaccination in the Childhood Immunisation Programme on a regular basis and sending inoculation teams to schools to provide vaccination for students every year so as to boost the vaccination rates? If so, what are the details? If not, why?

Asked by: Hon IP Kin-yuen (Member Question No. (LegCo use): 75)

Reply:

The Department of Health (DH) has been administering the following vaccination programmes/schemes to provide free/subsidised seasonal influenza vaccination (SIV) to eligible persons –

- Government Vaccination Programme (GVP), which provides free SIV to eligible children, elders and other target groups at clinics of DH and the Hospital Authority; and

- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elders and other target groups through the involvement of private doctors.

(1) – (3)

The number of seasonal influenza (SI) vaccines administered to eligible children by Maternal and Child Health Centres (MCHCs) and Student Health Service Centres (SHSCs) in the past 3 years are as follows –

Year	Number of doses administered to children by MCHS	Number of doses administered to children by SHSCs
2015-16	3 160	Not Applicable [@]
2016-17	1 569	359
2017-18	1 732 (as at 10 March 2018)	481 (as at 4 March 2018)

[@] Starting from 2016-17 season, children who are from families receiving CSSA or holders of certificate for medical waiver of medical charges can receive free vaccinations at SHSCs.

The number and percentage of children who received SIV under GVP and VSS in the past 3 vaccination seasons are detailed at Annex I. As some children may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured under GVP in the past 3 years and the contract amount:

Year	Number of doses	Amount ($ million)
2015-16	400 000	21.0
2016-17	430 000	23.3
2017-18	527 000[~]	28.0[~]

[~] This includes 20 000 doses of Southern Hemisphere SIV which have been procured for the 2017-18 vaccination season at the contract price of $1.16 million.

The subsidy of SIV under VSS was $160 per dose in 2015-16 season and was raised to $190 per dose starting from the 2016-17 season. The total amount of subsidy claimed by enrolled doctors for eligible children receiving SIV under VSS in 2015-16, 2016-17 and 2017-18 (as at 4 March 2018) were $9.3 million, $25.9 million and $32.9 million respectively.

(4)

Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Team (SIT) of the DH provides 'Measles, Mumps and Rubella vaccine' (MMR) and 'Diphtheria, Tetanus, acellular Pertussis & Inactivated Poliovirus vaccine' to all primary 1 students, and 'Diphtheria, Tetanus, acellular Pertussis (reduced dose) and Inactivated Poliovirus vaccine' to all primary 6 students. The SIT also provides mop-up

vaccination for MMR and hepatitis B vaccine for a small number of primary 6 students who have not completed the vaccination. The establishment of the SIT from 2015-16 to 2017-18 is shown in the following table –

Rank*	**Number**
Senior Nursing Officer	1
Nursing Officer	2
Registered Nurse	9
Enrolled Nurse	12
Senior Inoculator	4
Inoculator	28
Assistant Clerical Officer	2
Total:	**58**

* Not including 4 drivers and 4 workmen providing logistic support

The total annual recurrent cost of these 58 posts in 2017-18 is $18.9 million.

(5)
As school year 2017/2018 is yet to complete, the number of primary schools and students covered by SIT in the previous 3 school years (September to August) is shown in the following table (as of 15 March 2018) –

School year#	**Number of schools**	**Number of students covered**	**Number of vaccine doses administered**
2014/2015	634	113 204	167 005
2015/2016	638	112 464	164 152
2016/2017	639	116 021	167 710

September to August

(6)
The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the DH makes recommendations regarding the HKCIP from the public health perspective. Although seasonal influenza vaccination is not included in the HKCIP, the SCVPD recommends that all members of the public aged 6 months or above, except those with known contraindications, should receive SI vaccine for personal protection. In addition, the SCVPD recommends children between the age of 6 months to 11 years as one of the priority groups for SIV in Hong Kong.

To encourage more schools to arrange outreaching vaccination activities under VSS, the Government has established contact with many school organisations to encourage and facilitate their schools in organising outreaching vaccination for their students. We have also been providing outreaching guidelines, assistance and support to school management and healthcare professionals through briefing sessions and online publications. Meanwhile, extensive promotion on SIV has been made through multiple channels, including press conferences, press releases, TV/radio, expert interviews/videos, online information, posters and leaflets.

There is room for improvement to encourage more children taking SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students. The Government will continue to explore measures to further increase the SIV coverage for children.

- End -

Annex I

Number of children who received SIV under GVP and VSS in the past 3 years -

Target groups	**Vaccination programme/ scheme**	**2015-16**	
		No. of recipients	**Percentage of population in the age group**
Children between the age of 6 months and less than 6 years	GVP	2 400	15.1%
	CIVSS &	45 200	

Target groups	**Vaccination programme/ scheme**	**2016-17**		**2017-18 (as at 4 March 2018)**	
		No. of recipients	**Percentage of population in the age group**	**No. of recipients**	**Percentage of population in the age group**
Children between the age of 6 months and less than 12 years	GVP	1 600	17.4%	1 700	22.4%
	VSS &	110 600		145 800	

& Starting from 2016-17, Childhood Influenza Vaccination Subsidy Scheme (CIVSS), Elderly Vaccination Subsidy Scheme and Persons with Intellectual Disabilities Vaccination Subsidy Scheme were merged into a single VSS.

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)420

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3766)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the Matters Requiring Special Attention in 2018-19 that the Health Branch will continue the effort for promotion of breastfeeding. In this connection, will the Government inform this Committee of the following:

a. the specific measures for promoting breastfeeding as well as the expenditure, manpower and resources involved and the intended effectiveness of each measure;

b. the breastfeeding rates of infants in the first 6 months, 1 year and 2 years after discharge from hospitals in the past 5 years;

c. the respective numbers of venues with breastfeeding rooms (BF rooms) and baby-sitting rooms (BS rooms) for public use in Government office buildings, recreational and sports facilities under the Leisure and Cultural Services Department, public transport interchanges, public markets under the Food and Environmental Hygiene Department, MTR stations and shopping centres in Hong Kong, and their percentages in the total number of the venues concerned (set out in the table below); whether the Government has any specific plans to encourage shopping centres to provide BF rooms and BS rooms; if it has, of the details; if not, the reasons for that;

Year	Government office buildings		Recreation and sports facilities		Public transport interchanges		Public markets		MTR stations		Shopping centres	
	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms	BF rooms	BS rooms
2017 Number												
Percentage												
2016 Number												
Percentage												
2015 Number												
Percentage												
2014 Number												

Percentage												
2013 Number												
Percentage												

d. whether it has any specific breastfeeding-friendly measures to encourage employers to provide BF rooms and BS rooms in the workplace and provide breast pumping and breastfeeding time to employees; if it has, of the details; if not, whether it has any plans to put in place such measures; and

e. whether it has promoted breastfeeding to the public (including the mass media) through different channels; if it has, of the details, and the publicity activities and expenditures involved in the past 5 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 62)

Reply:

(a.)

In 2018-19, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed by the existing manpower resources of the Family Health Service, hence breakdown by items is not available.

(b.)

The DH conducted regular surveys to monitor the local trend of breastfeeding. Information available in the past years as included in the table below shows the breastfeeding rates of children born in 2010, 2012, 2014 and 2016, collected through surveys conducted in 2011, 2013, 2015 and 2017:

		Year of birth			
		2010	2012	2014	2016
Ever breastfeeding rate[a] at hospital discharge		80%	85%	86%	87%
Breastfeeding rate[b]	At 1 month of age	60%	69%	73%	78%
	At 2 months of age	45%	56%	61%	67%
	At 4 months of age	34%	44%	50%	56%
	At 6 months of age	25%	33%	41%	47%

	At 12 months of age	10%	14%	25%	28%
Exclusive breastfeeding rate[c]	At 1 month of age	19%	22%	31%	34%
	At 2 months of age	18%	22%	30%	33%
	At 4 months of age	15%	19%	27%	31%

Note:

[a] *"Ever breastfeeding rate" refers to the percentage of newborn babies who had ever been breastfed.*

[b] *"Breastfeeding rate" refers to the percentage of children who are on any form of breastfeeding, including children exclusively breastfed as well as those breastfed children who are supplemented with formula milk and/or solid food feeding.*

[c] *"Exclusive breastfeeding rate" refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk).*

(c.)-(e.)

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

i) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
ii) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;
iii) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;
iv) DH issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
v) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
iv) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

As at December 2017, there are a total of 294 babycare rooms in government premises which are listed in the table below:

Government department/organisation	Venue type	No. of babycare rooms
Department of Health	Maternal and child health centres	31
	Health education centre	1
Hospital Authority	Hospitals and clinics in Hospital Authority clusters	84
	General out-patient clinics	10
Home Affairs Department	Community halls/centres	7

Housing Department	Shopping centres managed by the Housing Authority	10
Immigration Department	Birth registries	2
	Immigration branch offices	1
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	5
	Music Centre	1
	Leisure venues (Note 1)	76
Airport Authority	Passenger Terminal Buildings	39
Others	Others (Note 2)	14
Total		**294**

(Note 1) Including sports centres, swimming pools, sports grounds, stadia, tennis courts, parks, etc.
(Note 2) Including the Central Government Complex, departmental headquarters buildings, Wetland Park, etc.

A list of babycare rooms in government premises with location details is available in the website of Family Health Service (FHS) at:
http://www.fhs.gov.hk/english/breastfeeding/babycare_facilities_list.html

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding -

i) providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
ii) providing health information on breastfeeding for parents through workshops and individual counselling;
iii) production and distribution of educational materials;
iv) providing guidance and skill support for breastfeeding mothers; and
v) conducting publicity activities such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; conducting poster campaigns, to promote public awareness and acceptance of breastfeeding.

The expenditure on promotion of breastfeeding in 2013-14 and 2014-15 was absorbed by FHS of the DH and cannot be separately identified. The expenditures on promotion of

breastfeeding in the financial years 2015-16, 2016-17 and 2017-18 (revised estimate) were $5.0 million, $5.0 million and $6.0 million respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)421

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3802)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the programmes/schemes to provide pneumococcal vaccination for elders and young children, will the Government advise on:

(a) the numbers of elders who received pneumococcal vaccination in the past 3 years, the estimated number of elders who will receive pneumococcal vaccination in 2018-19, the percentage of the elderly population who had received pneumococcal vaccination, as well as the expenditure involved;

(b) the numbers of young children who received pneumococcal vaccination in the past 3 years, the estimated number of young children who will receive pneumococcal vaccination in 2018-19, the percentage of the young children population who had received pneumococcal vaccination, as well as the expenditure involved;

(c) the number of private clinics which have enrolled in the programmes/schemes to provide pneumococcal vaccination; and

(d) whether it has any measures to increase the coverage rate of pneumococcal vaccination among local residents. If so, what are the measures and the expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 60)

Reply:

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

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

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

- Hong Kong Childhood Immunisation Programme, which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at 2, 4, 6 months of age followed by a booster dose at 12 months at DH's Maternal and Child Health Centres (MCHCs)

(a) Relevant statistics and estimated number of recipients for the 2017-18 vaccination season, and the expenditure are detailed at Annex 1. It should be noted that some elders may have received pneumococcal vaccination outside GVP and VSS and hence not included in these statistics.

(b) The statistics on PCV vaccinations administered by MCHCs in the past 3 years are tabulated as follows, children may have received PCV outside MCHCs and they are not included in these statistics.

Year	**Number of PCV doses administered by MCHCs**	**Cost of total administered doses of PCV($ million)**
2015	218 900	77.9
2016	215 000	76.5
2017	212 000	78.9

Based on the figure of 2017, the number of PCV doses administered by MCHCs in 2018 is estimated to be about 212 000 and the vaccine cost is $78.9 million.

According to an immunisation survey conducted by the DH in 2015, the PCV vaccination coverage among surveyed local children for the 1st, 2nd, 3rd and the booster dose were 99.6%, 99.2%, 98.5% and 95.8% respectively.

(c) As at 4 March 2018, 1 280 doctors (involving 1 596 clinics) have enrolled in VSS providing subsidised pneumococcal vaccination to eligible elders.

(d) Both GVP and VSS have been providing the 23-valent pneumococcal polysaccharide vaccine (23vPPV) to eligible persons aged 65 or above since 2009. Starting from October 2017, an additional dose of free or subsidised PCV13 has been offered to people aged 65 or above who have high-risk conditions. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases. Upon implementation of the above new initiative, eligible elders with high-risk conditions will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/subsidised 23vPPV. For elders without high risk conditions, they are eligible for receiving 1 dose of subsidised 23vPPV under VSS.

In 2017-18, $77.2 million has been provided for implementing the above initiative. The expenses include cost for procuring and administering the vaccines under the GVP, payment of subsidies under VSS, cost for employing extra staff and other administrative costs, etc.

- End -

Annex 1

Pneumococcal vaccination for elders under GVP and VSS

Target groups	**Vaccination programme/ scheme**	**2015-16***			**2016-17***		
		No. of recipients[#]	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated[+]**	**No. of recipients[#]**	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated[+]**
People aged 65 or above	GVP	19 600	Not applicable	33.9%	27 500	Not applicable	34.1%
	VSS	15 400	2.9		15 600	3.0	
Total:		**35 000**	**2.9**		**43 100**	**3.0**	

Annex 1 (Cont'd)

Pneumococcal vaccination for elders under GVP and VSS

Target groups	**Vaccination programme/ scheme**		**2017-18 (as at 4 March 2018)***		
			No. of recipients#	**Subsidy claimed ($ million)**	**Accumulative percentage of population in the age group vaccinated+**
People aged 65 or above	GVP	23vPPV	1 500	Not applicable	37.7%
		PCV13	38 500 ^		
	VSS	23vPPV	14 400	2.7	
		PCV13	5 000 ^	3.7	
Total:			**59 400**	**6.4**	

* Elderly people aged 65 or above received a single dose of 23vPPV in 2015-16 and 2016-17. Starting from October 2017, an additional dose of free or subsidised PCV13 has been offered to people aged 65 or above who have high-risk conditions.

\# Refers to new recipients only.

^ This does not include a total of 37 500 mop up doses administered under GVP (26 500 doses) and VSS (11 000 doses at a cost of $8 million) respectively.

+ Based on the accumulated number of recipients excluding those already deceased.

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)422

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4189)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, please advise on the following for each of the past 5 years:

a. the number of eligible persons;

b. the actual number and percentage of eligible persons who had used the vouchers, the number of vouchers used, the total amount claimed, with a breakdown by gender and age group (65-69, 70-74, 75-79, 80-84, 85 or above);

c. the actual expenditure incurred in the Elderly Health Care Voucher Scheme;

d. the number of healthcare service providers enrolled in the Scheme, with a breakdown by profession (medical practitioners, Chinese medicine practitioners, dentists, chiropractors, registered and enrolled nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and optometrists);

e. the number of persons whose voucher account balance was less than $200 before the issuance of new vouchers on 1 January, and the percentage of such persons out of the total population of elderly persons aged 65 or above;

f. the number of complaints received in relation to the Elderly Health Care Vouchers, the types of complaints, the categories of healthcare services involved and the number of substantiated complaints;

g. the number of complaints received about shops/medical centres misleading elderly persons into purchasing products with the vouchers, with a breakdown by (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, as well as the amount of money and the number of shops/medical centres involved;

h. the number of government-initiated inspections concerning shops/medical centres which had misled elderly persons into purchasing products with the vouchers, and the number of "decoy operations" carried out, with a breakdown by (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, as well as the amount of money and the number of shops/medical centres involved; and

i. the number of complaints received or the number of government-initiated inspections concerning medical centres which had charged elderly voucher users different fees, the number of substantiated complaints, the number of clinics or medical centres involved, as well as the follow-up actions taken by the Government.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 56)

Reply:

a. & b. The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers and the cumulative voucher amount involved in the past 5 years, broken down by gender and age group:

	2013			2014			2015			2016			2017		
	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)	Number of elders	% of eligible elders	Cumulative Amount of vouchers claimed by end of the year^ (in $'000)
a. Number of eligible elders (i.e. elders aged 65/70[Note 1] or above)*	724 000	-	-	737 000	-	-	760 000	-	-	775 000	-	-	1 221 000	-	-
b. Cumulative number of elders who had made use of vouchers by the end of the year	488 000	67%	629,814	551 000	75%	1,194,029	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095
(i) By gender															
- Male	211 000	65%	263,482	242 000	73%	504,467	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267
- Female	277 000	70%	366,332	309 000	76%	689,562	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828
(ii) By age group															
- 65 – 69[Note 1]	-	-	-	-	-	-	-	-	-	-	-	-	239 000	58%	278,966
- 70 – 74	124 000	58%	133,323	142 000	67%	249,793	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863
- 75 – 79	150 000	71%	209,470	164 000	78%	389,961	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283
- 80 – 84	119 000	75%	164,669	133 000	81%	314,084	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326
- 85 or above	95 000	66%	122,352	112 000	74%	240,191	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657

Note 1: The eligibility age for the Elderly Health Care Voucher (EHV) Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

* Source: Hong Kong Population Projections 2012 – 2041, Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

^ Face value of each voucher was changed from $50 to $1 on 1 July 2014.

c. The actual/estimated voucher expenditures for 2013-14 to 2017-18 are as follows:

Financial year	Voucher Expenditure (in $ million)
2013-14 (Actual)	341.0
2014-15 (Actual)	682.2
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Revised Estimate)	1,910.1

d. The table below shows the number of healthcare service providers enrolled in the EHV Scheme in the past 5 years, broken down by types of healthcare professionals:

	As at 31.12.2013	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017
Medical Practitioners	1 645	1 782	1 936	2 126	2 387
Chinese Medicine Practitioners	1 282	1 559	1 826	2 047	2 424
Dentists	408	548	646	770	895
Occupational Therapists	39	45	45	51	69
Physiotherapists	267	306	312	344	396
Medical Laboratory Technologists	25	26	30	35	48
Radiographers	19	21	21	24	40
Nurses	79	108	124	148	182
Chiropractors	45	51	54	66	71
Optometrists	167	185	265	533	641
Sub-total (Hong Kong)	3 976	4 631	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital Note 2	-	-	1	1	1
Total:	3 976	4 631	5 260	6 145	7 154

Note 2: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

e. The number of elders with voucher balance at $200 or less as at end of 2017 and its percentage as compared to the eligible elderly population are as follows:

	2017
Number of elders with voucher balance at $200 or less as at end of the year	278 000
Number of eligible elders (i.e. elders aged 65 Note 3 or above)*	1 221 000
Percentage of eligible elders with voucher balance at $200 or less as at end of the year	23%

Note 3: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

*Source: Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

The relevant statistics for previous years are not readily available.

f. Below are the number of complaints against the EHV Scheme handled by the Department of Health (DH) in the past 5 years, involving the coverage of the scheme, operational procedures, administrative and supporting services, suspected fraud, improper voucher claims and issues related to service charges of participating service providers.

	2013	**2014**	**2015**	**2016**	**2017**
Number of complaints against the EHV Scheme	14	11	24	42	72

Among 128 cases with investigation completed, 36 cases were found to be substantiated or partially substantiated.

g. & h.

The DH has put in place measures and procedures for checking and auditing voucher claims to ensure proper disbursement of public monies in handling reimbursements. These include routine checking, monitoring and investigation of aberrant patterns of transactions and, where necessary, investigation of complaints. Since the EHV Scheme was launched in 2009 and up till December 2017, the DH has conducted checking of over 309 000 claim transactions (representing about 2% of all claim transactions made). The checking has identified 258 anomalous cases involving 3 294 claims (amounting to some $1.6 million). These cases included the improper use of vouchers on the purchase of products. Breakdown of the cases by nature is not readily available.

i. To protect the interest of elders, it is stipulated under the terms and conditions of the EHV Scheme Agreement that participating service providers should ensure that the voucher amount used by an elder does not exceed the fee for the healthcare service received. They should not charge the elders any fees for creating a voucher account or using voucher. In general, if any participating service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the service provider concerned. Between 2013 and 2017, the DH has handled 37 complaints related to the service fees charged by enrolled healthcare providers under the EHV Scheme. After investigation, 2 cases were found to be substantiated. The DH has issued advisory letters and asked the service providers concerned to stop the improper practice and also take remedial actions as appropriate.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)423

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4193)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Centres (CACs), will the Government advise on the following:

(a) What were the respective numbers of children waiting for assessments in the Government CACs, children who had received assessments and children assessed as having developmental disorders for the past 3 years? Please provide a breakdown by developmental problem of such children.

(b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years?

(c) What are the staff establishments of the CACs? What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

(d) Will follow-up services be provided accordingly by staff of the CACs to school children who have rehabilitation plans formulated after their developmental diagnosis? What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by developmental problem of such children.

(e) What were the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Please provide a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 64)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 3 years are as follows:

	2015	**2016**	**2017 (provisional figures)**
Number of new cases referred to CAS	9 872	10 188	10 438
Number of children assessed by CAS	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 3 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The statistics on the lower quartile, median, average or longest waiting time for assessment of new cases are not available.

(c) The approved establishment of CAS as at 31 March 2018 is as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1

Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	
Electrical Technician	1
Administrative and General Support	
Senior Executive Officer / Executive Officer II	2
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

(d) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

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

Duration for follow-up action on children depends on the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2015	2016	2017 (provisional figures)
Number of cases participated in interim support	8 187	8 524	7 994
Number of new cases referred to CAS	9 872	10 188	10 438

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 13 197 in 2015, 12 903 in 2016 and 14 294 (provisional) in 2017. Case statistics by support service are not available.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)424

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4194)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

The target completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is set at over 90%, yet the actual figures for 2016 and 2017 were 61% and 55% respectively. In this regard, will the Government advise on:

(a) the reasons for failing to meet the target; whether there are plans for improvement and if so, what are the details as well as the staff establishment and resources involved; if not, why; and

(b) why the planned target rate for 2018 is lowered to over 60%?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 88)

Reply:

The Department of Health (DH) was unable to meet the target of 90% of completion of assessment for new cases in the Child Assessment Centres (CACs) within 6 months mainly due to the increasing demand for the services provided by the Child Assessment Service (CAS), as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the

temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2018 has been adjusted accordingly to over 60%.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)425

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

Question:

Regarding Chinese medicine practitioners ("CMPs"), will the Government please advise on the following:

(a) What is the current total number of CMPs in Hong Kong? What are the numbers of listed CMPs and registered CMPs? What is the ratio of CMPs to the Hong Kong population?

(b) What were the numbers of training places for CMPs in the past 3 years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year?

(c) What were the numbers of application for registration of CMPs trained in places other than Hong Kong, including those trained on the Mainland and from other channels, and successful registration in the past 3 years? Please set out the numbers by location of training.

(d) Does the Government have any five-year or ten-year plan in respect of the number of CMPs? If so, what are the details? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 92)

Reply:

(a) As at 28 February 2018, there were a total of 10 078 Chinese medicine practitioners ("CMPs") in Hong Kong. Amongst these CMPs, 7 457 were registered CMPs and 2 621 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2016 were 1:1 016 and 1:2 786 respectively.

(b) At present, there are 3 local universities offering full-time Chinese medicine ("CM") undergraduate programme accredited by the Chinese Medicine Practitioners Board ("PB") of the Chinese Medicine Council of Hong Kong, namely Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong. There are around 80 undergraduates enrolled each year. Those who have successfully completed the above courses are eligible to sit for the Chinese Medicine Practitioners Licensing Examination ("CMPLE") organised by the PB. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. The number of undergraduates from the 3 local universities who passed the CMPLE and got registered in 2015, 2016 and 2017 were 61, 67 and 68 respectively.

(c) In addition, there are 30 universities in the Mainland offering full-time CM degree courses recognised by the PB. Those who have successfully completed the above courses in the Mainland are eligible to sit for the CMPLE. Candidates who have passed the CMPLE are qualified to apply for registration as registered CMPs for practising CM in Hong Kong. In 2015, 2016 and 2017, the number of non-locally trained graduates who passed the CMPLE and got registered were 87, 114 and 102 respectively.

(d) According to the manpower projection conducted under the Strategic Review of Healthcare Manpower Planning and Professional Development, there will be sufficient manpower of CMPs in the short term and a slight shortage in the medium term. There is no urgent need to adjust the training places for CMPs considering that there will be sufficient manpower in the profession in the next 10 years. The Government will kick-start a new round of manpower projection exercise to update the demand and supply projection of healthcare professionals (including CMPs).

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)426

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4203)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Despite substantial funding allocated by the Government to HIV testing and venue outreach activities for the prevention of HIV/AIDS in recent years, the HIV epidemic has become more serious at a rapid pace. According to the statistics compiled by the Department of Health, the cumulative number of HIV infection cases has increased by over 45% (46%) during the 5 years from 2011 to 2015. The failure to contain the HIV/AIDS epidemic implies that the Government would need to cover the lifelong medical expenses of an increasing number of patients and bear heavy healthcare burden.

Given the critical situation of the HIV/AIDS epidemic mentioned above, please advise on the following issues concerning the treatment of patients with sexually transmitted infections and the control of such infections:

1. How much resources were allocated for healthcare staff to provide HIV/AIDS treatment and care in the public healthcare system in the past 3 years? Will additional resources be allocated to prepare for a rising epidemic in the future? Please provide a detailed breakdown of the expenditure involved.

2. With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

3. Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 104)

Reply:

1.

From 2015-16 to 2017-18, there are a total of 25 healthcare staff providing treatment services for HIV infected patients at the HIV/AIDS clinic of the Department of Health (DH). The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2017-18 is $17 million, which is solely used to cover the manpower cost of the posts and the breakdown of the recurrent cost by rank is set out in the following table.

Rank	Number of posts	Annual Recurrent Cost in 2017-18 ($)
Senior Medical and Health Officer	2	2,779,080
Medical and Health Officer	2	2,152,200
Senior Nursing Officer	1	903,840
Nursing Officer	9	6,309,900
Registered Nurse	11	4,861,560
Total	**25**	**17,006,580**

The Government will keep in view the demand in the coming years for resource allocation.

2.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS (ACA), the AIDS Trust Fund (the Fund) has accorded priority to provide funding to programmes targeted at 5 high risk groups, which include male clients of female sex workers (MCFSW). From 2015-16 to 2017-18, the Fund approved a total of $4.9 million for 4 projects targeted at MCFSW. The Fund also supported projects other than the 5 high risk groups (including cross border travellers, prisoners, ethnic minorities and general public) to prevent HIV transmission through heterosexual contacts. A total of $11.9 million was granted for 12 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of $3.1 million for 2 projects which served more than 1 high risk group including MCFSW.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown of resources targeted at heterosexual men is not available.

The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 16% in 2017. On the contrary, HIV infection through homosexual/bisexual contact has increased from 17% to 63% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practiced homosexual/bisexual contact) was 5.9% in 2014, while that of heterosexual males was less than 0.1%. In response to the latest situation, the Fund will accord priority among the 5 targeted high risk groups, which MCFSW is one of them, to fund programmes. Other than the 5 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)427

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4204)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a detailed breakdown of the expenditures on counselling and treatment provided for patients living with HIV/AIDS by the Department of Health (DH) in the past 3 years.

2. It is estimated that the number of patients attending HIV/AIDS services will increase in 2017. Will the DH allocate additional resources to provide counselling and treatment for patients living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 105)

Reply:

1. & 2.

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The Government will keep in view the demand in the coming years for resource allocation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)428

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4205)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide a breakdown of the numbers of people from most-at-risk populations for HIV requesting post-exposure prophylaxis (PEP), the numbers of PEP recipients and the expenditures involved in the past 3 years.

2. Please provide a breakdown of the research expenditures on HIV pre-exposure prophylaxis (PrEP) in the past 3 years.

3. Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2018-19.

4. Please advise on the estimated number of people requesting PEP, the estimated number of PEP recipients as well as the estimated expenditure and financial provision involved in 2018-19.

5. Please advise on the estimated expenditure on PEP if the stringent requirements for receiving such treatment is relaxed in 2018-19.

6. Please provide a breakdown of the medical expenses for each HIV patient in the past 3 years.

7. Please provide a breakdown of the expenditures incurred in preventing HIV infection for each person from most-at-risk populations for HIV in the past 3 years.

8. Please provide a breakdown of the expenditures on HIV prevention researches in the past 3 years.

9. Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

10. Why does the Government not consider allocating more resources on HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation, provision of sexuality education catering for present-day circumstances as well as vigorous promotion of the pathological knowledge of "U=U", to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 106)

Reply:

1.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) for post-sexual exposure by the Department of Health (DH) were 53, 62 and 91 in 2015-16, 2016-17 and 2017-18 respectively. The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

2.

The Council for the AIDS Trust Fund (the Fund) approved a sum of $5.8 million from 2015-16 to 2017-18 to support the following research studies –

(a) Operability of a pilot incentivised pre-exposure prophylaxis (PrEP) programme for men who have sex with men (MSM) in Hong Kong;
(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong ("PrEP tourists");
(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP; and
(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study.

Breakdown of the research expenditure is not available.

3.

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the DH, is responsible for advising the Government, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV PrEP which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and
(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience

accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the Fund. It is expected that results of the PrEP-related projects could provide more local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

4.

For 2018-19, it is estimated that 140 cases will be given HIV PEP for post-sexual exposure from the DH. The estimated expenditure is not available as it has been subsumed as part of the HIV care services provided by the DH.

5.

In January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure.

For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

6.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. Components such as psychological counselling and health education are integrated into patient care and the cost incurred cannot be separately identified. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, medical cost of HIV/AIDS treatment per person cannot be readily computed.

7.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the Fund for programmes targeted at the 5 high risk groups, namely men who have sex with men (MSM); male clients of female sex workers (MCFSW); injecting drug users (IDU); sex workers (SW); and people living with HIV (PLHIV).

From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects with the breakdown as follows –

Target high risk group of the project	Amount of funding approved
MSM	$37.8 million

MCFSW	$4.9 million
IDU	$4.1 million
SW	$5.2 million
PLHIV	$14.1 million
More than 1 high risk group	$3.1 million

8.

From 2015-16 to 2017-18, the Fund approved a total of $17.7 million for conducting 22 researches with the breakdown as follows –

Target high risk group of the research	Amount of funding approved
MSM	$7 million
IDU	$0.5 million
PLHIV	$10.2 million

9.

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline), we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these 2 scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

10.

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up ACA in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

(b) setting up the Fund since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects for the prevention of HIV among 5 high risk groups.

(c) allocation of resources by DH on Student Health Services (SHS), Special Preventive

Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

(d) Regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk MSM to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted funding support to PrEP-related projects from 2015-16 to 2017-18. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

(e) As for PEP, in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, DH does not have plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)429

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4206)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of the Elderly Health Care Voucher Scheme, would the Government please advise this Committee of the following:

1. The numbers of elderly people participating in the scheme in each of the past 5 financial years and the expenditures involved;

2. The numbers and percentages of private medical service providers participating in the scheme by healthcare discipline and District Council district in each of the past 5 financial years;

3. The numbers and percentages of the participating elders who have used their vouchers for preventive care services and acute illness treatments in each of the past 5 financial years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 107)

Reply:

1. Under the Elderly Health Care Voucher (EHV) Scheme, eligible elders are issued with the annual voucher amount on a calendar year basis. Below are the number of elders who had made use of vouchers under the EHV Scheme in the past 5 years:

	2013	**2014**	**2015**	**2016**	**2017**
Cumulative number of elders who had made use of vouchers by the end of the year	488 000	551 000	600 000	649 000	953 000

The amount of vouchers claimed is $314.7 million in 2013, $597.5 million in 2014, $906.3 million in 2015, $1,070.6 million in 2016 and $1,500.4 million in 2017.

2. The table below shows the number of healthcare service providers enrolled in the EHV Scheme in the past 5 years, broken down by types of healthcare professionals:

	As at 31.12.2013	**As at 31.12.2014**	**As at 31.12.2015**	**As at 31.12.2016**	**As at 31.12.2017**
	Number of Service Providers	Number of Service Providers	Number of Service Providers	Number of Service Providers	Number of Service Providers (Percentage [Note 1])
Medical Practitioners	1 645	1 782	1 936	2 126	2 387 (45%)
Chinese Medicine Practitioners	1 282	1 559	1 826	2 047	2 424 (38%)
Dentists	408	548	646	770	895 (49%)
Occupational Therapists	39	45	45	51	69 (7%)
Physiotherapists	267	306	312	344	396 (24%)
Medical Laboratory Technologists	25	26	30	35	48 (5%)
Radiographers	19	21	21	24	40 (5%)
Nurses	79	108	124	148	182 (1%)
Chiropractors	45	51	54	66	71 (37%)
Optometrists	167	185	265	533	641 (78%)
Sub-total (Hong Kong)	3 976	4 631	5 259	6 144	7 153
University of Hong Kong - Shenzhen Hospital [Note 2]	-	-	1	1	1
Total:	3 976	4 631	5 260	6 145	7 154

Note 1: Amongst all the registered healthcare professionals in Hong Kong, some are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the EHV Scheme, we have excluded them.

Note 2: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital was launched on 6 October 2015.

A service provider can register more than 1 place of practice for accepting the use of vouchers. A breakdown of the places of practice by enrolled healthcare professions and 18 districts in Hong Kong in the past 5 years are at the Annex.

3. The table below shows the number of voucher claim transactions made by enrolled service providers in Hong Kong for preventive care and management of acute episodic condition in the past 5 years, and its percentage as compared to the total number of voucher claim transactions in the respective years:

Type of Service	**2013**	**2014**	**2015**	**2016**	**2017**
	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)	Number of voucher claim transactions (Percentage)
Preventive care	99 986 (7%)	177 300 (8%)	246 090 (9%)	305 610 (11%)	465 155 (13%)
Management of acute episodic condition	981 512 (67%)	1 404 249 (63%)	1 647 390 (61%)	1 632 758 (58%)	1 874 310 (54%)

- End -

Annex

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(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**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2014)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	198	147	70	7	34	3	4	4	15	8	490
Eastern	161	161	66	7	25	0	1	9	5	17	452
Southern	41	51	13	0	2	1	1	0	0	0	109
Wan Chai	146	189	70	3	45	2	1	10	5	48	519
Kowloon City	136	105	48	9	44	1	0	20	1	73	437
Kwun Tong	227	213	96	13	32	10	6	29	3	9	638
Sham Shui Po	96	138	26	4	20	4	1	3	0	1	293
Wong Tai Sin	84	115	41	5	19	0	0	2	0	75	341
Yau Tsim Mong	381	363	136	15	130	16	8	29	34	93	1 205
Sha Tin	129	121	46	13	30	0	0	10	1	31	381
Tai Po	83	109	41	1	8	3	2	23	0	3	273
Sai Kung	129	75	27	8	22	3	1	2	0	8	275
North	54	78	24	0	2	1	0	0	8	1	168
Kwai Tsing	109	78	38	3	11	0	0	15	1	70	325
Tsuen Wan	137	145	25	4	26	5	6	11	9	9	377
Tuen Mun	131	141	33	2	12	0	1	2	0	3	325
Yuen Long	145	80	39	0	8	0	0	6	5	1	284
Islands	35	27	6	0	3	0	0	0	0	0	71
Total	**2 422**	**2 336**	**845**	**94**	**473**	**49**	**32**	**175**	**87**	**450**	**6 963**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2015)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	323	197	107	8	46	3	4	6	14	27	735
Eastern	189	206	77	6	32	2	1	10	3	37	563
Southern	40	66	15	0	2	0	0	0	0	1	124
Wan Chai	182	232	79	4	45	2	1	12	7	59	623
Kowloon City	142	153	51	8	32	1	0	18	1	80	486
Kwun Tong	286	285	110	20	52	9	2	37	3	15	819
Sham Shui Po	103	210	38	5	22	4	1	3	0	13	399
Wong Tai Sin	86	175	46	9	22	0	0	4	0	78	420
Yau Tsim Mong	524	436	165	11	124	21	9	28	41	120	1 479
Sha Tin	167	144	58	10	43	0	0	13	3	45	483
Tai Po	90	115	53	1	9	3	1	10	4	5	291
Sai Kung	160	92	38	8	24	3	0	2	0	16	343
North	61	99	27	0	3	1	0	1	8	2	202
Kwai Tsing	122	97	47	3	13	0	0	22	1	72	377
Tsuen Wan	148	183	40	3	32	5	8	12	10	16	457
Tuen Mun	153	180	39	1	11	0	1	2	0	11	398
Yuen Long	179	91	48	0	9	0	0	7	6	7	347
Islands	40	32	8	0	3	0	0	0	0	3	86
Total	**2 995**	**2 993**	**1 046**	**97**	**524**	**54**	**28**	**187**	**101**	**607**	**8 632**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2016)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	385	274	144	7	48	5	4	9	21	62	959
Eastern	229	277	95	7	34	3	3	13	3	109	773
Southern	44	175	16	3	4	0	0	0	0	7	249
Wan Chai	209	293	100	4	53	7	2	11	9	110	798
Kowloon City	147	267	60	8	36	1	0	21	2	104	646
Kwun Tong	280	453	118	20	49	12	4	51	3	65	1 055
Sham Shui Po	111	259	49	4	34	4	1	3	0	53	518
Wong Tai Sin	86	347	53	7	22	0	0	4	0	108	627
Yau Tsim Mong	638	504	224	14	139	25	10	36	42	228	1 860
Sha Tin	185	296	91	11	46	2	0	19	4	105	759
Tai Po	98	166	52	1	10	3	2	12	4	13	361
Sai Kung	173	158	55	7	30	3	0	2	2	71	501
North	68	186	32	0	3	1	0	1	8	11	310
Kwai Tsing	138	163	51	4	17	0	0	29	1	105	508
Tsuen Wan	155	283	44	3	41	7	8	11	9	52	613
Tuen Mun	148	385	46	1	16	0	1	2	0	43	642
Yuen Long	194	205	66	0	10	1	0	11	5	32	524
Islands	44	82	11	0	3	0	0	0	0	8	148
Total	**3 332**	**4 773**	**1 307**	**101**	**595**	**74**	**35**	**235**	**113**	**1 286**	**11 851**

Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong
(Position as at 31 December 2017)

Healthcare Professionals / District	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
Central & Western	421	399	162	3	47	13	5	9	21	145	1 225
Eastern	243	485	114	8	35	3	2	11	3	166	1 070
Southern	44	267	14	2	4	0	0	0	0	26	357
Wan Chai	239	324	116	4	60	15	8	16	9	201	992
Kowloon City	172	351	69	7	34	1	0	19	2	145	800
Kwun Tong	290	640	135	17	50	18	5	60	3	112	1 330
Sham Shui Po	110	386	62	3	40	4	2	5	0	97	709
Wong Tai Sin	102	516	70	7	22	0	0	3	0	136	856
Yau Tsim Mong	801	666	284	14	165	48	22	39	45	379	2 463
Sha Tin	279	413	114	12	43	2	0	33	5	169	1 070
Tai Po	105	196	61	2	10	3	3	13	3	24	420
Sai Kung	190	277	60	11	28	3	0	3	2	109	683
North	66	254	31	0	5	2	1	3	10	21	393
Kwai Tsing	140	220	66	4	21	0	0	29	0	124	604
Tsuen Wan	175	422	61	4	44	14	7	12	9	92	840
Tuen Mun	157	579	55	4	22	0	1	5	0	66	889
Yuen Long	203	313	84	1	10	1	1	13	4	91	721
Islands	34	101	12	0	1	0	0	0	0	7	155
Total	**3 771**	**6 809**	**1 570**	**103**	**641**	**127**	**57**	**273**	**116**	**2 110**	**15 577**

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)430

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4229)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In 2016, the former Secretary for Food and Health, Dr KO Wing-man, attended the 69th World Health Assembly (WHA) of the World Health Organisation. At the WHA, environmental and social determinants of health were discussed and a resolution was passed to draw up a draft road map for an enhanced global response to the adverse health effects of air pollution.

Air pollution, as the most important environmental determinant, has not only significantly increased the morbidity caused by non-communicable diseases, but also led to premature deaths of more than 7 million persons around the globe. As a participant of the WHA, Hong Kong should implement the air pollution control measures of the draft road map. In this connection, will the Government inform this Committee of whether it has allocated manpower and provision in the Estimates this year for stepping up education and publicity efforts to raise public awareness of the adverse health effects of air pollution as a major environmental determinant. If yes, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 149)

Reply:

The Government has policies and measures to support cleaner transport, more energy-efficient power generation and so on to support the reduction of urban air pollution. The Environment Bureau (ENB), in collaboration with the Transport and Housing Bureau, the Food and Health Bureau and the Development Bureau, published "A Clean Air Plan for Hong Kong" in 2013 to outline the challenges Hong Kong was facing with regard to air quality and to give an overview of the relevant air quality improvement policies and measures. The Department of Health (DH) takes part in the Air Quality Objectives Review Working Group led by ENB and Environmental Protection Department (EPD), with a view to adopting the World Health Organization (WHO) Air Quality Guidelines as a long-term goal for protection of public health. DH also worked with EPD in developing the Air Quality Health Index (AQHI) and has maintained communication with EPD on AQHI forecast so as to offer timely and appropriate advice to the general public. Resources for these activities are absorbed by the DH's overall provision for disease prevention and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)431

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4247)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs), will the Government advise on the following:

(a) What were the numbers of enrolment in each EHC for the past 3 years? Please provide a breakdown by age group.

(b) What were the numbers of elders waiting for health assessments and medical consultations for the past 3 years? What were the median and longest waiting times?

(c) Does the Government have any plans to enhance the services of the EHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 168)

Reply:

(a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age group in the past 3 years is as follows:

EHC	**2015**					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	449	442	572	540	285	2 288
Shau Kei Wan	456	387	488	579	314	2 224
Wan Chai	1 130	720	794	598	372	3 614
Aberdeen	428	365	504	581	304	2 182
Nam Shan	406	473	548	523	275	2 225
Lam Tin	482	419	466	524	329	2 220
Yau Ma Tei	260	389	534	608	425	2 216
San Po Kong	354	355	482	621	322	2 134

Kowloon City	292	385	610	643	281	2 211
Lek Yuen	1 141	662	692	648	398	3 541
Shek Wu Hui	394	415	412	559	382	2 162
Tseung Kwan O	346	500	571	477	242	2 136
Tai Po	451	389	532	472	280	2 124
Tung Chung	564	688	572	366	140	2 330
Tsuen Wan	421	398	498	496	303	2 116
Tuen Mun Wu Hong	533	485	474	399	258	2 149
Kwai Shing	551	503	522	494	240	2 310
Yuen Long	498	499	498	467	257	2 219
Total	9 156	8 474	9 769	9 595	5 407	42 401

EHC	**2016**					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	500	518	507	459	326	2 310
Shau Kei Wan	592	401	393	508	311	2 205
Wan Chai	1 642	955	823	720	406	4 546
Aberdeen	440	438	431	513	326	2 148
Nam Shan	600	473	449	408	288	2 218
Lam Tin	572	460	392	475	324	2 223
Yau Ma Tei	561	445	416	473	359	2 254
San Po Kong	453	406	401	547	335	2 142
Kowloon City	329	368	535	654	325	2 211
Lek Yuen	615	470	518	557	390	2 550
Shek Wu Hui	519	450	386	443	346	2 144
Tseung Kwan O	970	779	767	632	323	3 471
Tai Po	584	398	431	448	263	2 124
Tung Chung	658	650	496	367	148	2 319
Tsuen Wan	769	510	481	454	302	2 516
Tuen Mun Wu Hong	614	513	396	452	233	2 208
Kwai Shing	557	507	465	491	257	2 277
Yuen Long	691	515	432	387	245	2 270
Total	11 666	9 256	8 719	8 988	5 507	44 136

EHC	**2017***					
	Age 65-69	**Age 70-74**	**Age 75-79**	**Age 80-84**	**Age 85 or over**	**Total**
Sai Ying Pun	522	400	304	296	222	1 744
Shau Kei Wan	438	366	303	310	247	1 664
Wan Chai	1 481	889	483	381	261	3 495
Aberdeen	398	390	268	335	250	1 641
Nam Shan	507	381	317	298	215	1 718
Lam Tin	479	385	254	304	247	1 669

Yau Ma Tei	358	386	283	355	284	1 666
San Po Kong	407	354	286	403	295	1 745
Kowloon City	389	384	294	366	224	1 657
Lek Yuen	1 164	873	556	605	483	3 681
Shek Wu Hui	476	331	248	307	248	1 610
Tseung Kwan O	514	420	297	256	147	1 634
Tai Po	506	357	244	318	218	1 643
Tung Chung	465	530	377	277	103	1 752
Tsuen Wan	406	394	279	276	234	1 589
Tuen Mun Wu Hong	464	481	269	257	195	1 666
Kwai Shing	522	426	301	284	193	1 726
Yuen Long	475	437	307	312	213	1 744
Total	9 971	8 184	5 670	5 940	4 279	34 044

*Provisional figures as at September 2017

(b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting time and longest median waiting time for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2015	**2016**	**2017***
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	12 439	11 226	21 815
Median waiting time for first-time health assessment (months)	16.3	5.2	6.8
Longest median waiting time for first-time health assessments among all EHCs (months)	34.4 (Kowloon City EHC)	12.0 (Tsuen Wan EHC)	10.2 (Tuen Mun Wu Hong EHC)

*Provisional figures

(c) A provision of $11.1 million has been provided to the Department of Health (DH) in 2018-19 to enhance the service capacity of Elderly Health Service, including establishment of 2 new clinical teams. 1 new clinical team will commence operation in July 2018. Another new clinical team will be established within 2018-19. Each clinical team will comprise a doctor and 3 nurses; and is supported by a clerical staff and a workman grade staff. The 2 new clinical teams together are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year. DH will flexibly deploy the additional clinical teams and continue to closely monitor the waiting time for health assessments.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)432

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4248)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding woman health service, will the Government advise on the following:

(a) What were the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) for the past 3 years?

(b) What were the numbers of women waiting for woman health service in each WHC and MCHC for the past 3 years? What were the respective median and longest waiting times?

(c) Does the Government have any plans to enhance the services of the WHCs and MCHCs? If so, what are the details and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 169)

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 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2015, 2016 and 2017, the number of enrolment for woman health service in individual centres are:

Centre	**No. of enrolment**		
	2015	**2016**	**2017**
Chai Wan WHC	4 204	3 698	3 371
Lam Tin WHC	5 056	4 891	4 603
Tuen Mun WHC	4 908	4 341	3 823
Ap Lei Chau MCHC	231	227	248
Fanling MCHC	488	550	607
Lek Yuen MCHC	640	643	634
Ma On Shan MCHC	352	292	340
Sai Ying Pun MCHC	36	28	28
South Kwai Chung MCHC	168	189	196

Tseung Kwan O Po Ning Road MCHC	214	176	124
Tsing Yi MCHC	141	112	106
Wang Tau Hom MCHC	130	118	122
West Kowloon MCHC	234	263	225
Total (nearest hundred)	**16 800**	**15 500**	**14 400**

(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 1 week to 11 weeks, with a median waiting time of 2 weeks.

(c) The Government does not have plan to increase women health services provided by WHCs and MCHCs. DH will continue to monitor the demand on women health service.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)433

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4249)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding cervical screening service, will the Government advise on the following:

(a) What were the numbers of women waiting for the said service as well as the median and longest waiting times in the past 3 years?

(b) What were the numbers of attendances for the said service, broken down by age group, in the past 3 years?

(c) What were the numbers of recipients of the screening service found to be in need of referral for treatment, broken down by age group, in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 170)

Reply:

Maternal and Child Health Centres (MCHCs) under the Family Health Service (FHS) of the Department of Health provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks through telephone booking. In the past 3 years, the actual appointment varied from 2 days to 4 weeks each year.

In 2015, 2016 and 2017, the numbers of attendance for cervical screening service provided at MCHCs were 97 000, 102 000 and 103 000 respectively. Based on information kept by the Cervical Screening Information System, the age distribution of women receiving cervical screening tests at MCHCs in these 3 years was fairly constant. The proportion of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 21.5%, 31.2%, 28.1% and 18.1% respectively. A total of 4 911, 5 179, and 5 256 referrals to specialists were made for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)434

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4250)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding oral health services, will the Government introduce an "Elderly Dental Care Service" by making reference to the School Dental Care Service to provide elders with services including oral check-up, scaling and polishing as well as filling so as to protect their oral health? If so, what are the implementation details as well as the expenditure and manpower involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 171)

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. To enhance the oral health of the public, the Oral Health Education Unit of the Department of Health (DH) has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

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

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties.

The Elderly Health Care Voucher (EHV) Scheme was launched in 2009 to subsidise eligible elderly persons to use primary care services in the private sector, including dental services. In the 2018-19 Budget, the Government proposed to enhance the EHV Scheme in 2018 by raising, as a regular measure, the accumulation limit of the vouchers from $4,000 to $5,000 to allow greater flexibility to users and to provide, on a one-off basis, an additional $1,000 worth of vouchers to eligible elderly persons. The above initiatives will be implemented within a month after passage of the Appropriation Bill 2018.

In 2011, the Government launched a three-year pilot project to provide free outreach dental services for elders in residential care homes or day care centres through outreach dental teams set up by NGOs with government subsidies. The pilot project was converted into a regular programme, namely Outreach Dental Care Programme for the Elderly in October 2014 with the expanded scope of treatments to cover filings, extractions, dentures, etc. and the expanded pool of beneficiaries to cover elders in similar facilities.

In September 2012, the Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched for provision of free removable dentures and related dental services to low-income elders who are users of the home care service or home help service schemes subvented by the Social Welfare Department. The programme was expanded in phases in September 2015, October 2016 and July 2017 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above and 70 or above respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)435

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4251)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Oral Health Survey, which has not been undertaken again since 2001, be conducted in 2018-19? If so, what are the plan, resources and manpower involved? If not, why? What is the timetable for the next survey?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 172)

Reply:

The Department of Health (DH) conducts the Oral Health Survey (OHS) every 10 years. DH conducted the first and second OHS in 2001 and 2011 respectively. The next survey will be conducted in 2021. DH will seek resources for implementation of the OHS in accordance with established procedures.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)436

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4252)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the Pilot Colorectal Cancer Screening Programme (the Pilot Programme), will the Government advise on the following:

a. What were the number of recipients of the screening service, number of cases with symptoms detected, and number of cases referred for further examinations during the previous 3 phases of the Pilot Programme?
b. What were the provisions, manpower and expenditure involved?
c. The Financial Secretary stated that the Pilot Programme would be regularised. In this regard, what are the anticipated number of participants each year and the effectiveness of the Pilot Programme? What are the provisions, manpower and expenditure involved?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 173)

Reply:

a. Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. Assuming that 30% of eligible persons who are users of the electronic Health Record Sharing System will enrol in the three-year Pilot Programme, the Department of Health (DH) expects some 300 000 numbers of participants. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. Among the participants, 428 colorectal cancer cases have been diagnosed and referred to public or private sector for further management.

b. The revised estimates in 2016-17 and 2017-18 are $51.7 million and $119.3 million respectively. The civil service posts involved in the Pilot Programme are listed in the table below:

Rank	No.
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	**14**

c. In 2018-19, the DH will prepare for regularisation of the screening programme which will eventually cover around 2.39 million eligible persons aged between 50 and 75 in phases. The DH will make reference to the participation rates in the Pilot Programme in projecting participation response and step up publicity and educational activities to promote screening. DH is in the process of working out the implementation details and will make announcements in due course. This initiative will incur a total expenditure of $940 million over the coming 5 years.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)437

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4253)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Does the Government earmark any resources for implementing a breast cancer screening programme for women in the 2018-19 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 174)

Reply:

The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to providing recommendations on suitable measures for cancer prevention and screening for the local population. Having studied prevailing and increasing international evidence that questions overall benefits of population screening over harm, the CEWG considers there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. A study has been commissioned to develop a locally validated risk prediction tool to identify individuals who are more likely to benefit from screening. Meanwhile, the Department of Health (DH) promotes a healthy lifestyle as the primary cancer prevention strategy, which includes avoidance of alcohol, having regular physical activity and healthy eating, as well as maintenance of a healthy body weight and waistline. DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be noted. Mammography is offered to high risk women receiving DH's woman health services.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)438

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4254)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Does the Government earmark any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-up, counselling service etc. in the 2018-19 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 175)

Reply:

DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice upon request to raise public awareness and increase understanding of men's health issues. Other communication channels include printed materials, media and web-based publicity and a telephone education hotline. The Programme does not include health check and personalised counselling which are provided primarily in the private and non-governmental sectors. Regarding screening for prostate cancer, the Cancer Expert Working Group on Cancer Prevention and Screening considers that there is insufficient evidence to recommend for or against population-based screening in asymptomatic men.

Resources for the above activities are absorbed by the Department's overall provision for disease prevention and cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)439

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4255)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding antenatal and postnatal services, will the Government advise on the following:

(a) What are the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women?

(b) What are the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women?

(c) What are the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 176)

Reply:

Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the Department of Obstetrics and Gynaecology of hospitals under the Hospital Authority (HA), provide an antenatal shared care programme to pregnant women. In 2017, there were 27 700 pregnant women registered in MCHCs and a total of 137 700 attendances for antenatal care in MCHCs. Antenatal check-up is provided in the first and subsequent antenatal attendances. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to HA's obstetrics department for follow up and management if necessary.

In 2017, there were 29 100 postnatal women registered in MCHCs and a total of 29 700 attendances for postnatal care in MCHCs. Postnatal check-up is provided in the first postnatal attendance. Follow-up appointment for further assessment or referral will be arranged if necessary.

The maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)440

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4256)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases", the strategic framework for non-communicable diseases (NCD) should encompass such goals as: 1) to create an environment conducive to promoting health; 2) to prevent and/or delay the onset of NCD for individuals and population groups; and 3) to reduce avoidable hospital admissions and healthcare procedures. However, the number of registered deaths related to respiratory and cardiovascular diseases increased by 8.2% from 19 168 to 20 737 during the 5 years between 2011 and 2015.

Regarding the goals of the above NCD strategic framework, will the Government advise this Committee of the following:

1) Whether the Government considers that the goal of "creating an environment conducive to promoting health" has been achieved? If so, what are the details? If not, what are the reasons?

2) What are the causes for the increase in the number of registered deaths related to respiratory and cardiovascular diseases and whether measures and policy objectives are put in place by the Department of Health (DH) to reduce the number of such registered deaths? If so, what are the details? If not, what are the reasons?

3) Whether estimation can be made by the DH regarding the number of hospital admissions and healthcare procedures that will be avoided each year due to improvement in air quality as well as the consequential cost effectiveness, given that air pollution is the most significant determinant of public health environment as revealed by the World Health Organization? If so, what are the details? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 177)

Reply:

(1) The Government launched the "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" in 2008 and established a high-level steering committee (SC) chaired by the Secretary of Food and Health to deliberate on and oversee the overall roadmap for implementation. Spearheaded by the SC, the Department of Health (DH) actively promotes healthy lifestyle through a life-course and setting-based approach in order to make healthy choices easier for the community. Various ongoing programmes include:

(a) StartSmart@school.hk Campaign targeting on pre-primary institutions;
(b) EatSmart@school.hk Campaign targeting on primary schools;
(c) EatSmart@restaurant.hk Campaign offering healthier dishes for the general public;
(d) Joyful@Healthy Workplace Programme promoting workplace health; and
(e)"I'm So Smart" Community Health Promotion Programme supporting healthy living in the neighbourhood.

These programmes will be strengthened and adjusted to meet changing circumstances.

(2) Factors like population growth and ageing population contribute to the increase in the number of registered deaths due to diseases of the circulatory system and respiratory system. After removing the effects of these factors by using age-standardisation methods, the overall mortality rate (per 100 000 standard population) of diseases of the circulatory system and respiratory system has decreased from 130.8 in 2012 to 116.0 in 2016. The details on age-standardised mortality rates during 2012-2016 are shown in the Table below:

Type of diseases	**2012**	**2013**	**2014**	**2015**	**2016**
Diseases of the circulatory system	70.8	64.8	66.6	62.0	60.1
Diseases of the respiratory system	60.0	54.9	56.5	57.3	55.9
Overall rate	130.8	119.7	123.1	119.3	116.0

Note: The age-standardised rates were compiled based on the world standard population specified in GPE Discussion Paper Series: No.31, EIP/GPE/EBD, World Health Organization, 2001.

(3) During the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the DH, experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every 10$\mu g/m^3$ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

Recently, the DH takes part in the Air Quality Objectives Review Working Group led by Environment Bureau and EPD to assess, among other things, air quality improvements and health benefits brought about by different air pollution control scenarios. The DH will continue to work closely with EPD on air pollution issues.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)441

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4258)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the "Outreach Dental Care Programme for the Elderly", please provide the following information:

1) the attendances of elders for the services under the Programme in different districts over the past 5 years and their age distribution;
2) the establishment of each outreach dental team, the manpower involved and the costs of the services; details of the services provided to the elders, including oral care training and on-site oral health assessment; the length of each service session and the number of elders served;
3) the expenditures on the various services under the Programme in the past 5 years; and
4) the estimated expenditures on the various services under the Programme in 2018-19.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 179)

Reply:

1) & 2)

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014 to provide free on-site oral check-up for elders and oral care training to caregivers of residential care homes (RCHEs), day care centres (DEs) and similar facilities in 18 districts of Hong Kong through outreach dental teams set up by non-governmental organisations. If the elder is considered suitable for further curative treatment, free dental treatments will be provided on-site or at dental clinic. The outreach dental teams also design oral care plans for elders to suit their oral care needs and self-care abilities. Each outreach dental team comprises at least 1 dentist and 1 dental surgery assistant.

The number of attendances under ODCP was about 138 400 between October 2014 and September 2017, and about 21 100 between October 2017 and January 2018. The distribution of the participating RCHEs and DEs by the administrative districts of the Social Welfare Department under ODCP from October 2014 to September 2017 and from October 2017 to January 2018 are at **Annex (1)** and **Annex (2)** respectively.

3) The financial provision for implementing ODCP was $25.1 million in 2014-15, $44.5 million in 2015-16, $44.8 million in 2016-17 and $44.9 million in 2017-18.

4) For 2018-19, $44.9 million has been earmarked for implementing ODCP.

- End -

Annex (1)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2014-15 Service Year of ODCP Note 1			2015-16 Service Year of ODCP Note 1			2016-17 Service Year of ODCP Note 1		
	(a)	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**	**(a)**	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	69	110	63%	88	109	81%	88	109	81%
Eastern and Wan Chai	76	102	75%	81	103	79%	84	105	80%
Kwun Tong	44	66	67%	52	69	75%	53	71	75%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	61	72	85%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	120	134	90%
Sham Shui Po	58	88	66%	56	91	62%	60	91	66%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	96	110	87%
Tuen Mun	47	54	87%	49	54	91%	49	54	91%
Yuen Long	54	59	92%	56	60	93%	58	60	97%
Sha Tin	48	64	75%	49	64	77%	52	65	80%
Tai Po and North	74	92	80%	84	93	90%	89	93	96%
Total:	**705**	**944**	**75%**	**773**	**959**	**81%**	**810**	**964**	**84%**

Note 1: Service year refers to the period from 1 October of the current year to 30 September of the following year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

Annex (2)

Distribution of the participating RCHEs and DEs
by Administrative District of the Social Welfare Department

	2017-19 Service Year of ODCP [Note 2] **(position as at 31 January 2018)**		
	(a)	**(b)**	**(a)/(b) %**
Central, Western, Southern and Islands	13	104	13%
Eastern and Wan Chai	22	107	21%
Kwun Tong	26	67	39%
Wong Tai Sin and Sai Kung	34	67	51%
Kowloon City and Yau Tsim Mong	81	136	60%
Sham Shui Po	35	93	38%
Tsuen Wan and Kwai Tsing	65	116	56%
Tuen Mun	44	57	77%
Yuen Long	43	59	73%
Sha Tin	38	63	60%
Tai Po and North	64	93	69%
Total:	**465**	**962**	**48%** [Note 3]

Note 2: 2017-19 Service year refers to the period from 1 October 2017 to 31 March 2019.

Note 3: This figure represents the participation rate of the first 4 months of 2017-19 Service Year, and this rate will be increased gradually throughout the Service Year.

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)442

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4259)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Centres (CACs), will the Government advise on the following:

(a) What were the respective numbers of children waiting for assessments in the Government CACs, children who had received assessments and children assessed as having developmental disorders for the past 3 years? Please provide a breakdown by developmental problem of such children.

(b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years?

(c) What are the staff establishments of the CACs? What types of professional staff as well as healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.

(d) Will follow-up services be provided accordingly by staff of the CACs to school children who have rehabilitation plans formulated after their developmental diagnosis? What is the manpower involved? What are the average and longest follow-up durations? Please provide a breakdown by developmental problem of such children.

(e) What were the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

(f) Please provide a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 180)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past 3 years are as follows:

	2015	**2016**	**2017 (provisional figures)**
Number of new cases referred to CAS	9 872	10 188	10 438
Number of children assessed by CAS	15 958	15 395	15 589

The number of newly diagnosed cases of developmental conditions in the CAS in the past 3 years are as follows:

Developmental conditions	**Number of newly diagnosed cases**		
	2015	**2016**	**2017 (Provisional figure)**
Attention/Hyperactive Problems/Disorders	2 890	2 809	2 855
Autism Spectrum Disorder	2 021	1 905	1 716
Borderline Developmental Delay	2 262	2 205	2 371
Developmental Motor Coordination Problems/Disorders	1 888	1 822	2 124
Dyslexia & Mathematics Learning Disorder	643	506	507
Hearing Loss (Moderate to profound grade)	76	67	71
Language Delay/Disorders and Speech Problems	3 487	3 627	3 585
Physical Impairment (i.e. Cerebral Palsy)	61	60	40
Significant Developmental Delay/Intellectual Disability	1 443	1 323	1 311
Visual Impairment (Blind to Low Vision)	43	29	38

Note: A child might have been diagnosed with more than 1 developmental disability/problem.

(b) In the past 3 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 71% in 2015 to 55% in 2017. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The statistics on the lower quartile, median, average or longest waiting time for assessment of new cases are not available.

(c) The approved establishment of CAS as at 31 March 2018 is as follows:

Grades	**Number of posts**
Medical Support	
Consultant	1

Senior Medical and Health Officer / Medical and Health Officer	23
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
Professional Support	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
Technical Support	
Electrical Technician	1
Administrative and General Support	
Senior Executive Officer / Executive Officer II	2
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	20
Office Assistant	1
Personal Secretary I	1
Workman II	12
Total:	**160**

(d) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

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

Duration for follow-up action on children depends on the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2015	2016	2017 (provisional figures)
Number of cases participated in interim support	8 187	8 524	7 994
Number of new cases referred to CAS	9 872	10 188	10 438

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 13 197 in 2015, 12 903 in 2016 and 14 294 (provisional) in 2017. Case statistics by support service are not available.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)443

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4261)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the expenditures on different dental services, including the School Dental Care Service, outpatient services of dental clinics and the services provided under the Outreach Dental Care Programme for the Elderly, etc. in the past 5 years. What are the estimated expenditures on the aforesaid services in 2018-19?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 182)

Reply:

The expenditure of School Dental Care Service of the Department of Health (DH) in financial years 2013-14, 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 are as follows:-

Financial Year	Annual Expenditure ($ million)
2013-14 (Actual)	227.8
2014-15 (Actual)	229.4
2015-16 (Actual)	240.1
2016-17 (Actual)	259.7
2017-18 (Revised estimate)	262.1
2018-19 (Estimate)	277.4

The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The financial provision for ODCP since implementation is as follows:

Financial Year	Amount ($ million)
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.9
2018-19	44.9

Under Programme (4), DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. Expenditure incurred for the operation of the GP sessions is not available as it has been absorbed within the provision for dental services under Programme (4).

In mid-2018, the Government will launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disability. The financial provision in 2018-19 is $10.1 million.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)444

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4280)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Undesirable Medical Advertisements Ordinance, will the Government advise on the following: in the past 5 years, the work of the Government in screening products claimed as health food products, medicines, etc. in the market. Please tabulate the numbers of screening, categories of products, offences, prosecutions instituted and convictions.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 201)

Reply:

The Undesirable Medical Advertisements Ordinance (UMAO) (Cap. 231) aims to protect public health through prohibiting or restricting advertisements, which may lead to the seeking of improper management of certain diseases and health conditions. The Department of Health has an established protocol for screening medical advertisements and enforcement of the UMAO.

Figures regarding screening of advertisements and related enforcement actions from 2013 to 2017 are tabulated as follows:

Year	No. of advertisements screened			No. of warning letters issued	No. of convicted cases
	Medicines*	Health Food	Surgical Appliances and Treatments		
2013	10 696	29 281	28 174	1 930	12
2014	9 729	30 840	31 425	1 881	11
2015	8 726	31 496	31 071	1 786	6
2016	6 898	28 172	22 254	1 705	7
2017	6 786	27 665	24 127	1 421	5

*Medicines include registered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and proprietary Chinese medicines under the Chinese Medicine Ordinance (Cap. 549).

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)445

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4300)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

According to "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" published by the Government, urban air pollution is among the top ten risk factors for mortality. Its mortality rate is similar to that of high body mass index and physical inactivity. To enhance public capability in preventing non-communicable diseases, will the Government advise this Committee on the following:

Does the Government have any data on the increase in morbidity and mortality risks of non-communicable diseases attributable to various air pollutants? If so, please set out in table form the increase in morbidity and mortality risks by type of pollutants and diseases. If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 254)

Reply:

According to the World Health Organization Air Quality Guidelines (Guidelines), for every $10\mu g/m^3$ increase in average level of fine suspended particulates PM2.5, there will be an increase of 2 to 11%, or an average of about 6%, of annual mortality rates for long-term exposure. The Guidelines do not provide an exposure-response relationship for long term exposure to nitrogen dioxide, ozone and sulphur dioxide. Locally, during the development of Air Quality Health Index by the Environmental Protection Department (EPD) with support from the Department of Health (DH), experts and academics on health and air science, the risk of emergency hospital admissions for respiratory and cardiovascular diseases for the general population was found to increase by 0.45%, 0.51%, 0.28% and 0.14% for every $10\mu g/m^3$ rise in concentration of nitrogen dioxide, ozone, respirable suspended particulates and sulphur dioxide respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)446

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6351)

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, will the Government advise on:

a. the service sessions, maximum numbers of discs available per service session, actual numbers of discs given out, actual numbers of attendances and numbers of health care voucher claims in respect of public dental clinics with general public sessions (GP sessions) in the past 3 years;

b. the number of cases of repeated visits in the past 3 years, broken down by the number of visits (i. 2 times; ii. 3 times; iii. 4 times; iv. 5 times or more);

c. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit, including unutilised disc quota of GP sessions, etc; as well as the manpower and resources required for implementing the improvement measures; and

d. whether the Government has any plans to provide GP sessions on a daily basis or extend GP sessions to cover dental clinics in all 18 districts in the long run so as to provide convenience to members of the public seeking consulations; if so, the details; if not, the reasons why?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 30)

Reply:

a. 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 2015-16, 2016-17 and 2017-18 (up to 31 January 2018), the maximum numbers of disc allocated and total number of attendances for each dental clinic with GP sessions are as follows –

Dental clinic with GP sessions	**Service session**	**Max. no. of discs allocated per session@**	**No. of attendances (No. of discs allocated)**		
			2015-16	**2016-17**	**2017-18 (up to 31 January 2018)**
Kowloon City Dental Clinic	Monday (AM)	84	5 177 (5 220)	5 329 (5 341)	4 554 (4 587)
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 028 (4 065)	4 295 (4 310)	3 414 (3 424)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 905 (5 940)	6 903 (6 951)	5 743 (5 783)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 218 (2 230)	2 356 (2 371)	1 954 (1 954)
Mona Fong Dental Clinic	Thursday (PM)	42	1 952 (1 965)	1 909 (1 930)	1 605 (1 625)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 978 (2 026)	2 026 (2 035)	1 700 (1 712)
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	7 193 (7 237)	7 567 (7 621)	6 732 (6 756)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 071 (2 072)	2 152 (2 152)	1 696 (1 696)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 769 (3 780)	3 999 (4 007)	3 323 (3 331)
	Friday (AM)	42			
Tai O Dental Clinic	2nd Thursday (AM) of each month	32	97 (97)	95 (96)	81 (82)
Cheung Chau Dental Clinic	1st Friday (AM) of each month	32	192 (193)	152 (152)	177 (184)

* Kwun Tong Jockey Club Dental Clinic was renamed as Kwun Tong Dental Clinic with effect from January 2015.

\# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from

1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

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.

b. DH does not maintain information on the number of cases of repeated visits in the past 3 years.

c. To enhance utilisation rate of disc quotas of GP sessions, DH has stepped up effort to promote the service of the GP sessions at Kennedy Town Community Complex Dental Clinic (KTCCDC) and Kowloon City Dental Clinic (KCDC), including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the KTCCDC and KCDC. With the above promotional effort, and following the provision of MTR service in Kennedy Town and Whampoa, the percentage of unutilised disc quota of KTCCDC has dropped from 25.2% (in 2015-16) to 14.45% (in 2016-17) and KCDC from 15% (in 2015-16) to 11.24% (in 2016-17). We anticipate that the percentage of unutilised disc quota will continue to decrease. DH will absorb any additional workload by flexible redeployment of resources.

d. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminates oral health information through different channels. In recent years, the Government prioritises its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

In addition to the GP sessions, the DH provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units of 7 public hospitals.

Since 2013/2014 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in August 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

The Government provides free/subsidised dental services for elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance

Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)447

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5955)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Centres (CACs), please inform this Committee of the following:

(a) What were the respective numbers of new cases and total attendances at the CACs for each of the past 5 years? Please set out the figures in tabular form.

(b) The percentages of new cases in the CACs with an appointment time given within 3 weeks for 2016 and 2017 were both 100%, yet the planned percentage for 2018 has been set at only "over 90%"; why?

(c) The target completion rate of assessment for new cases in the CACs within 6 months has been set at over 90%, yet the actual figures for 2016 and 2017 were 61% and 55% respectively. In this connection, (i) what were the actual numbers of cases handled in these 2 years; (ii) why were the actual figures far below the target; and (iii) what follow-up work were carried out upon completion of the assessment?

(d) Why has the planned completion rate of assessment for 2018 been set at only "over 60%"? What measures will the Government implement in view of the situation? Please provide a detailed breakdown of the expenditure on such measures in tabular form.

Asked by: Hon KWOK Wing-hang, Dennis (Member Question No. (LegCo use): 25)

Reply:

(a) The number of newly referred cases received by and the total attendance at the Child Assessment Service (CAS) in the past 5 years are as follows:

	2013	2014	2015	2016	2017 (provisional figures)
Number of new cases referred to CAS	8 775	9 494	9 872	10 188	10 438
Attendance at CAS	33 600	34 600	37 400	37 200	37 400

(b) In view of the continuous increase in the number of new referrals received by the CAS, the target for appointment time for new cases in Child Assessment Centres (CACs) within 3 weeks has been kept at over 90%.

(c)(i) The number of children assessed by the CAS in the past 2 years are 15 395 (2016) and 15 589 (provisional figure for 2017).

(ii) The Department of Health (DH) was unable to meet the target of 90% of completion of assessment for new cases in the CACs within 6 months mainly due to the increasing demand for the services provided by the CAS, as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

(iii) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

(d) Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2018 has been adjusted accordingly to over 60%.

Noting the continuous increase in demand for the services provided by the CAS, the DH has been preparing for the establishment of a new CAC with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding from 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities. The setting up of a temporary CAC involved creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The temporary CAC has commenced operation in January 2018. Of the 16 civil service posts approved for DH, the recruitment of 1 Senior Medical and Health Officer and 2 Medical and Health Officers are underway. A recurrent provision of $11.8 million was approved for setting up of the temporary CAC in 2017-18. With the establishment and full functioning of the new CAC, it is expected that the situation will be improved.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)448

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5349)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

The temporary Government Chinese Medicines Testing Institute (GCMTI) currently set up at the Hong Kong Science Park has commenced operation in phases since early 2017 to conduct research on reference standards and testing methods of Chinese medicines. The Chinese Medicines Herbarium is housed in the GCMTI with an aim to promote public knowledge of Chinese medicines. In this regard, will the Government please inform this Committee of the following;

1. What is the provision for the GCMTI for 2018-19?

2. Will the Government draw up a schedule for setting up a permanent GCMTI?

3. Having published the Hong Kong Chinese Materia Medica Standards last year, what are the work objectives of the GCMTI for the coming year?

4. What is the number of visitors to the Chinese Medicines Herbarium in the past year? Has it organised any guided tour to promote public understanding of Chinese medicines? If yes, what are the numbers of guided tours and participants? If no, why?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. (LegCo use): 26)

Reply:

1. The financial provision for the temporary Government Chinese Medicines Testing Institute (GCMTI) in 2018-19 is about $47.7 million.

2. To develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control, the Government will speed up the establishment of the permanent GCMTI. The Food and Health Bureau is liaising with other works department on the capital works project.

3. The Hong Kong Chinese Materia Medica Standards (HKCMMS) Volume 8 was published in March 2017, with its Volume 9 planned for issuance in the third quarter of 2018. Research work for the HKCMMS project is ongoing and the results will be published by volumes once available.

4. Last year, about 100 scientific research personnel and representatives from the Chinese medicines industry visited the herbarium at the temporary GCMTI at the Hong Kong Science Park. Pending the establishment of the GCMTI at a permanent site, the existing herbarium will only cater for visitors on scientific research, exchange, training and study purposes.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)449

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5372)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. What measures were put in place by the Department to promote breastfeeding in 2017-18? What was the actual expenditure involved?

2. What are the specific work plan and estimated expenditure for 2018-19?

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 96)

Reply:

1.

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

(a) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
(b) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;
(c) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;
(d) the Department of Health (DH) issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
(e) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and

(f) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

In addition, the voluntary Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children (HK Code) was launched in June 2017 with the aims to protect breastfeeding and contribute to the provision of safe and adequate nutrition for infants and young children aged below 36 months.

The DH also collaborates with relevant professional healthcare bodies, academia as well as the private and public birthing hospitals in the following areas to promote and support breastfeeding -

(a) providing training for maternal and child health personnel and producing a training kit on breastfeeding for their reference;
(b) providing health information on breastfeeding for parents through workshops and individual counselling;
(c) production and distribution of educational materials;
(d) providing guidance and skill support for breastfeeding mothers; and
(e) conducting publicity activities such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; conducting poster campaigns, to promote public awareness and acceptance of breastfeeding.

The actual expenditure in 2017-18 on the promotion of breastfeeding was $6.0 million. Breakdown by items are as follows:

Items	**Expenditure ($ million)**
Publicity (e.g. celebrating events, broadcasting of promotional video and health messages, health talks and briefings)	2.4
Production of a series of video to strengthen the promotion of breastfeeding, infant and young child nutrition	1.8
Production and dissemination of health education resources and guidelines for establishing "Breastfeeding Friendly Workplace Policy", "Breastfeeding Friendly Premises Policy" and HK Code	1.0
Research and studies on breastfeeding and child nutrition	0.3
Implementation of a programme on peer support for lactating mothers	0.5

2.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding.

In 2018-19, the DH will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of “Breastfeeding Friendly Workplace Policy” to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the “Breastfeeding Friendly Premises Policy” and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the HK Code; and strengthening the surveillance on local breastfeeding situation.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)450

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5437)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the respective year-end balances, capital injections, incomes from investments or other sources and total expenditures in respect of the AIDS Trust Fund in 2016-17 and 2017-18. If the Department has other funds under its purview, please also provide such information.

Asked by: Hon MA Fung-kwok (Member Question No. (LegCo use): 100)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

The Director of Accounting Services is responsible for keeping the accounts of the Fund which are audited annually by the Director of Audit. According to the Audited Accounts, the balances of the Fund as at 31 March of 2016 and 2017 were $310.3 million and $289.6 million respectively. The income and expenditure in 2016-17 are $9.5 million and $30.1 million respectively, while those in 2017-18 is not yet available.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)451

CONTROLLING OFFICER'S REPLY

(Question Serial No. 6352)

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Food and Health

Question:

For a better understanding of the mixed staff situation of the Hospital Authority, will the Government please advise on:

(a) the number of civil servants in 2017-18 and the estimated figure for 2018-19.

Asked by: Hon POON Siu-ping (Member Question No. (LegCo use): 22)

Reply:

(a) The number of civil servants working in the Hospital Authority as at 1 April 2017 is 1 354 and the estimated figure as at 1 April 2018 is 1 166.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)452

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5474)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned in the *Matters Requiring Special Attention in 2018-19* that the Department of Health will continue the effort for promotion of breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children". What are the specific initiatives? What relevant ancillary facilities will the Government provide to promote breastfeeding (especially the provision of more babycare rooms and breastfeeding rooms for the public)? What is the expenditure involved?

Asked by: Hon QUAT Elizabeth (Member Question No. (LegCo use): 63)

Reply:

In 2018-19, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging the adoption of "Breastfeeding Friendly Workplace Policy" to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through implementing the "Breastfeeding Friendly Premises Policy" and provision of babycare facilities so that the breastfeeding mothers can breastfeed their children or express milk anytime, anywhere; promulgating and evaluating the effectiveness of the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

The Government has been proactively promoting the provision of babycare facilities in public and private premises. Measures included such as:

(a) the "Advisory Guidelines on Babycare Facilities" issued in August 2008 to encourage incorporation of desirable babycare facilities in public premises under government's management;
(b) the "Practice Note on the Provision of Babycare Rooms in Commercial Buildings" issued in February 2009 to encourage and facilitate the provision of babycare rooms in private commercial premises;

(c) a circular issued in May 2014 to set out the Government's accommodation policy on the provision of lactation rooms for staff in government premises;
(d) DH issued relevant guidelines including "Employers' Guide to Establishing Breastfeeding Friendly Workplace" and "Employee's Guide to Combining Breastfeeding with Work", and promulgated the "Breastfeeding Friendly Workplace Policy" to private and public sectors in the community;
(e) to impose mandatory requirement in the sale conditions of government land sale sites for new commercial developments comprising office premises and/or retail outlets, eating places, etc. to enhance provision of babycare rooms and lactation rooms in the community; and
(f) to impose mandatory requirements for certain new government premises to provide babycare rooms and lactation rooms.

To further enhance support from various sectors of the community on breastfeeding, the Hong Kong Committee for the United Nations Children's Fund in collaboration with the Food and Health Bureau and the DH, have launched a promotion campaign entitled "Say Yes to Breastfeeding" since July 2015. The campaign aims to encourage private organisations to implement the "Breastfeeding Friendly Workplace Policy" and introduce breastfeeding friendly initiatives in public places such as restaurants and shopping malls.

Various public transport including some ferry routes and Mass Transit Railway stations have provided babycare rooms for breastfeeding mothers to breastfeed their children. The Government will continue to collaborate with different sectors and organisations to promote and support breastfeeding in various aspects.

A provision of $6.0 million has been earmarked in 2018-19 for enhancing the effort for promotion of breastfeeding.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)453

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4924)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please list out, in each of the past 3 years, the number of people who were found to have colorectal cancer when participating in the Colorectal Cancer Screening Pilot Programme (the Pilot Programme), the median age of those diagnosed with the cancer, and the number of people who enrolled in the Pilot Programme.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 85)

Reply:

Launched in September 2016, the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) currently provides subsidised screening to asymptomatic Hong Kong residents born from 1946 to 1955. As at the end of February 2018, over 65 000 eligible persons have participated in the Pilot Programme. Among the participants, 428 colorectal cancer cases have been diagnosed and their median age at diagnosis is 68.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)454

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4954)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. How many cases of children whose parent(s) is/are suspected to have substance abuse were handled by the Maternal and Child Health Centres (MCHCs) in the past 3 years?

2. What follow-up actions had been taken by the MCHCs on such cases?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 137)

Reply:

(1) and (2)

The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services for children from birth to 5 years of age through an integrated child health and development programme which include immunisation services, growth and developmental surveillance, and health education for parents.

The Comprehensive Child Development Service (CCDS), jointly implemented by the Labour and Welfare Bureau, the Education Bureau, the DH, the Hospital Authority (HA) and the Social Welfare Department, aims to identify at an early stage various health and social needs of children and those of their families and to provide the necessary services to foster the healthy development of children. Through MCHCs, HA hospitals and other relevant service units, such as Integrated Family Service Centres, Integrated Services Centres and pre-primary institutions, CCDS identifies at-risk pregnant women and family (including parent(s) who is/are suspected to have substance abuse), and children with health, developmental and behavioural problems.

Families and children whose parent(s) is/are suspected to have substance abuse will be referred to relevant service units including social services with a view to strengthening

family’s capability in taking care of children, and paediatric service of HA for management if necessary.

The number of children with mother having history of substance abuse identified in MCHCs in 2015, 2016 and 2017 were 410, 427 and 497 respectively.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)455

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4965)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

a) What are the numbers of attendances for AIDS counselling provided by the divisions under the Department of Health (DH) and its partnering organisations, as well as the manpower for providing the service over the past 5 financial years?

b) What is the utilisation of the AIDS telephone enquiry service provided by the divisions under the DH and its partnering organisations over the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 156)

Reply:

(a)

The number of attendances for HIV counselling and testing at the AIDS Counselling and Testing Services (ACTS) under the Department of Health (DH) in the past 5 financial years are as follows:

Financial year	Number of attendances
2013-14	3 610
2014-15	3 047
2015-16	2 869
2016-17	2 876
2017-18*	2 295

* Figures updated as of 28 February 2018

The number of staff providing HIV counselling and testing services to the clients at the ACTS remained the same from 2013-14 to 2017-18 as follows:

Rank	**Number of staff**
Nursing Officer	2
Registered Nurse	3
Clerical Assistant	1
Workman II	1
Total	**7**

(b)

The number of telephone enquiries handled by the AIDS Hotline Unit under DH in the past 5 financial years are as follows:

Financial year	**Number of telephone enquiries**
2013-14	24 451
2014-15	21 865
2015-16	25 076
2016-17	22 484
2017-18*	15 856

* Figures updated as of 28 February 2018

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)456

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5029)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1) Does the Government allocate additional resources to healthcare services in view of the ever-increasing number of HIV infection cases reported in recent years?

2) Did the Government, in view of a growing population, allocate additional resources or manpower to strengthen the Social Hygiene Service for preventing sexually transmitted infections and HIV infections in Hong Kong in the past 10 years?

3) Will the Government please list the staff establishments and the estimates for the Social Hygiene Service in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 299)

Reply:

1. The Government is committed to providing quality care for HIV infected persons. Resources have been allocated to allow antiretroviral treatment for all patients in line with international recommendations. For 2017-18, the annual recurrent cost (revised estimate) for the establishment of professional staff of the HIV/AIDS clinic under the Department of Health (DH) is $17 million.

   The Government will keep in view service demand in the coming years for resource allocation.

2. For the past 10 years, the level of manpower of Social Hygiene Service (SHS) in prevention and control of sexually transmitted infections maintained at a similar level. The number of new cases of sexually transmitted diseases recorded in the Social Hygiene Clinics have remained stable.

3. The financial provision and manpower establishment of SHS in prevention and control of sexually transmitted infections for the past 5 financial years are shown as follows:

Financial Provision of SHS in Prevention and Control of Sexually Transmitted Infections from 2013-14 to 2017-18

	Expenditure ($ million)
2013-14 (Actual)	63.0
2014-15 (Actual)	67.8
2015-16 (Actual)	68.1
2016-17 (Actual)	68.9
2017-18 (Revised Estimate)	69.4

Establishment of SHS from 2013-14 to 2017-18

	Establishment as at				
Rank	31.3.2014	31.3.2015	31.3.2016	31.3.2017	1.3.2018
Consultant	2	2	2	2	2
Senior Medical and Health Officer	5	5	5	5	5
Medical and Health Officer	23	23	23	23	23
Senior Nursing Officer	2	2	2	2	2
Nursing Officer	18	18	18	18	18
Registered Nurse	86	86	86	86	86
Enrolled Nurse	12	12	12	12	12
Senior Dispenser	1	1	1	1	1
Dispenser	2	2	2	2	2
Executive Officer II	1	1	1	1	1
Clerical Officer	1	1	1	1	1
Assistant Clerical Officer	9	9	9	9	9
Clerical Assistant	22	22	22	22	22
Office Assistant	5	5	5	5	5
Personal Secretary I	1	1	1	1	1
Statistical Officer II	1	1	1	1	1
Workman II	17	17	15	15	15
Total :	*208*	*208*	*206*	*206*	*206*

Note: Some Social Hygiene Clinics also provide outpatient dermatological service.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)457

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5030)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please list the expenditures incurred by the Government for the procurement of anti-HIV drugs in the past 5 financial years.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 302)

Reply:

The total drug expenses in HIV clinic under the Department of Health (DH) for the past 5 financial years are set out as below. The DH does not maintain breakdown of the expenses by drug items.

Financial Year	Amount ($ million)
2013-14	186.6
2014-15	211.0
2015-16	245.3
2016-17	275.7
2017-18 (up to December 2017)	220.2

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)458

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5031)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

1) The use of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as a public strategy to prevent the spread of HIV infection has become more and more common worldwide. Does the Government have any plans to include these 2 types of medication as part of the local measures for HIV prevention as soon as practicable in 2018-19?

2) Please provide a breakdown of the research expenditures on HIV PrEP in the past 3 years, apart from the funding granted to the research project titled "Perceptions on Pre-exposure Prophylaxis and Post-exposure Prophylaxis among Men who have Sex with Men in Hong Kong" by the Council for the AIDS Trust Fund in 2014-15.

3) Please advise on the estimated expenditure involved if the Government proposes incorporating PrEP into the Drug Formulary to subsidise most-at-risk populations for HIV to prevent HIV infection in 2018-19.

4) Please advise on the economic cost as measured by the difference between the expenditure incurred in preventing HIV infection for each person from most-at-risk populations and the lifelong medical expense for each HIV patient.

5) Will the Government consider allocating more resources in 2018-19 on HIV prevention, including the provision of PrEP and PEP, legislation against discrimination on the grounds of sexual orientation as well as provision of sexuality education catering for present-day circumstances, to minimise the number of infected people, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 304)

Reply:

1 & 3

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection (CHP) of the Department of Health (DH), is responsible for advice, on the basis of scientific evidence, on the prevention, care and control of AIDS and sexually transmitted infections (STI). In December 2016, the Scientific Committee issued an interim statement on HIV pre-exposure prophylaxis (PrEP) which states that, among others –

(a) before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness; and

(b) further studies are needed to ascertain acceptability and demand of PrEP among high risk groups, their willingness to pay and, above all, effective ways to reach the targeted population. Similarly, data from local studies and experience of implementation should be collected, especially in relation to the setting of delivery, adherence, safety, level of risk compensation and overall prevention effectiveness. As such experience accumulates, estimation of demand can be made and the appropriate model of PrEP delivery determined.

The CHP encourages relevant studies on PrEP and is aware of the several local PrEP studies supported by the AIDS Trust Fund (the Fund). It is expected that results of the PrEP-related projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the CHP will keep abreast of the continuing development of PrEP locally and internationally. At this stage, the Government has no plan to incorporate PrEP into the Drug Formulary.

Regarding post-exposure prophylaxis (PEP), in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

2)

The Council for the Fund (the Fund) approved a sum of $5.8 million from 2015-16 to 2017-18 to support the following research studies –

(a) Operability of a pilot incentivised PrEP programme for men who have sex with men (MSM) in Hong Kong;

(b) A pilot needs assessment of MSM who obtain PrEP in Bangkok, Thailand and use it in Hong Kong ("PrEP tourists");

(c) An exploratory study of pharmacologic measure of Tenofovir diphosphate and Emtricitabine triphosphate in dried blood spots as adherence testing for monitoring PrEP; and

(d) PrEP with on-demand versus daily TDF/FTC in MSM at high risk of HIV infection – a crossover study.

Breakdown of the research expenditure is not available.

4)

Treatment and care for HIV/AIDS is complex and varies among patients and the stage of disease. In addition, drug costs vary greatly with the regimen used and will be adjusted with time and patient profile. Hence, the estimated unit cost of life-long medical expenses cannot be readily computed. In addition, it is difficult to estimate the number of infection that would have occurred if there was no preventive measures at all (the baseline); we cannot predict the number of infections that might have been averted with the current preventive measures, and also the number of people that would have to be treated under these two scenarios.

HIV treatment by itself also has prevention effect as it helps reduce the risk of transmitting the virus to others. Therefore, it may not be appropriate to assess the economic cost by just comparing the prevention cost and treatment cost of HIV.

5)

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS which includes –

(a) setting up Hong Kong Advisory Council on AIDS (ACA) in 1990. ACA is tasked to review the local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

(b) setting up the Fund since April 1993 with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2015-16 to 2017-18, the Fund approved a total of $69.2 million for 50 projects for prevention of HIV among 5 high risk groups, namely MSM, male clients of female sex workers, injecting drug users, sex workers and people living with HIV.

(c) allocation of resources by DH on Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and

infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

(d) Regarding PrEP, DH currently adopts the recommendations by the Scientific Committee in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk MSM to gauge relevant information on the use of PrEP, including local acceptance, service demand, drug adherence, risk compensation and cost-effectiveness, to facilitate the deliberation of public health approach to PrEP as well as the most appropriate delivery model. The Fund has granted funding support to PrEP-related projects from 2015-16 to 2017-18. It is expected that results of the projects could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

(e) As for PEP, in January 2014, the Scientific Committee updated the recommendations on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure. For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in 2018.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)459

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5033)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1) With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

2) Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 306)

Reply:

1)

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to programmes targeted at 5 high risk groups, which include male clients of female sex workers (MCFSW). From 2015-16 to 2017-18, the Fund approved a total of $4.9 million for 4 projects targeted at MCFSW. The Fund also supported projects other than the 5 high risk groups (including cross border travellers, prisoners, ethnic minorities and general public) to prevent HIV transmission through heterosexual contacts. A total of $11.9 million was granted for 12 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of $3.1 million for 2 projects which served more than 1 high risk group including MCFSW.

The Department of Health (DH) has been allocating resources to Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene

Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression thus prevents onward transmission, the SPP has been promoting early HIV testing, and hence early linkage to medical care and treatment. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. Breakdown on the resources spent for various target populations, including heterosexuals is not available.

2)

The Government has set up the Fund since April 1993, with a commitment of $350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of $350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the DH, the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 16% in 2017. On the other hand, HIV infection through homosexual/bisexual contact has increased from 17% to 63% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practiced homosexual/bisexual contact) was 5.9% in 2014, while that of heterosexual males was less than 0.1%. In response to the latest situation, the Fund will accord priority among the 5 targeted high risk groups, which MCFSW is one of them, to fund programmes. Other than the 5 high risk groups, the Fund would also assess and grant funding to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)460

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5034)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

As stated in Objective 1 of the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People, improving the human rights situation for men who have sex with men and transgender people is the cornerstone to an effective response to HIV. How much resources did the Government allocate to conduct a study on legislation against discrimination on the grounds of sexual orientation in the past 3 years in response to the recommendations by the UNIAIDS for reducing the infection rate of HIV and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon SHIU Ka-chun (Member Question No. (LegCo use): 307)

Reply:

The Government has been allocating substantial resources for the prevention and control of HIV/AIDS. The Hong Kong Advisory Council on AIDS (ACA), which was formed in 1990, has been tasked to keep under review local and international trends and development relating to HIV infection and AIDS; to advise Government on policy relating to the prevention, care and control of HIV infection and AIDS in Hong Kong; and to advise on the co-ordination and monitoring of programmes on the prevention of HIV infection and the provision of services to people with HIV/AIDS in Hong Kong.

The ACA had noted the opinion of legislating against discrimination on the grounds of sexual orientation and had deliberated on the issue during formulating the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)". Having considered the available evidence, the ACA concluded that there was insufficient scientific evidence to show that enactment of protective laws for sexual minorities would impact directly on the HIV epidemic in Hong Kong. Nevertheless, the ACA is of the view that the immediate goal should be towards health care that is discrimination-free and accepting, facilitating people of different sexual orientations to access HIV related services. This view is also in line with the recommendations of UNAIDS.

In this regard, the Department of Health has been providing training on HIV/AIDS to health care workers, staff of residential care homes and non-governmental organisations (NGOs), including social workers. The content of training includes basic HIV knowledge and counselling skills. Acceptance of people living with HIV (PLHIV) and sensitivity training to raise the awareness of the needs of PLHIV was also included.

Moreover, the Government has been collaborating with NGOs to conduct events to promote public awareness of AIDS and foster acceptance and care of PLHIV. The Government is also conducting, using existing resources, a further study on the experience of other jurisdictions in tackling discrimination on the grounds of sexual orientation through legislative and non-legislative measures.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)461

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5221)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Does the Department of Health regularly collect water samples for testing and modify the testing parameters based on scientific evidence at present? If so, what are the details? If not, why?

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 615)

Reply:

The Water Supplies Department (WSD) implements a water quality monitoring programme through a series of physical, chemical, bacteriological, biological and radiological tests to carry out surveillance of drinking water quality and to facilitate review of drinking water standards for Hong Kong. On an ongoing basis, the Department of Health provides health advice to WSD on water safety matters taking reference from the World Health Organization's Guidelines for Drinking-water Quality.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

FHB(H)462

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5233)

Head: (37) Department of Health

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

Programme: (-) Not Specified

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

Director of Bureau: Secretary for Food and Health

Question:

(a) What is the amount of funds allocated by the Hong Kong Government each year for conducting scientific researches on antibiotics and drug resistance? Has it considered making reference to the regulation of the use of antibiotics through legislation in the European Union and the United States?

(b) Please provide in table form the total number of complaints and reported cases relating to the misuse of antibiotics received by the Department of Health and the number of substantiated cases among them over the past 5 years.

Asked by: Hon TAM Man-ho, Jeremy (Member Question No. (LegCo use): 627)

Reply:

(a) The "One Health" approach has been regarded as a major element of antimicrobial resistance (AMR) control and prevention strategies by international agencies, including the World Health Organization, the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health. An incremental approach has been adopted by the Administration in the battle against AMR. The Hong Kong Strategy and Action Plan on AMR (the Action Plan) outlined fact, research and gap analysis as a start, which should proceed alongside stakeholder engagement and consultation, with a view to gauging the difficulties faced by stakeholders, and which in turn would facilitate the formulation of a pragmatic implementation plan that induce improvement among the stakeholders.

Currently, the Pharmacy and Poisons Ordinance (Cap. 138) and the Antibiotics Ordinance (Cap. 137) regulate the possession and supply of antibiotics. The Import and Export Ordinance (Cap. 60) also provides that all pharmaceutical products must be imported and exported under authorised licenses.

The Antibiotics Ordinance also stipulated that no person shall administer by way of treatment any such substance or preparation unless he is such a medical practitioner, dentist or veterinary surgeon or a person acting in accordance with the written

directions of any such medical practitioner, dentist or veterinary surgeon, or a holder of a valid permit issued by the Director of Agriculture, Fisheries and Conservation. The Drug Office of the Department of Health (DH), the drug regulatory agency, and the Customs and Excise Department, the law enforcement agency regarding import and export, perform regular and surprise inspections on drug traders to ensure compliance of regulations. Enhanced unannounced inspections and unannounced test purchases by undercover agents are conducted to authorised sellers of poisons, i.e. pharmacies. The DH has advised the Pharmacy and Poisons Board of Hong Kong to consider reviewing disciplinary actions against offenders so as to increase the deterrent effect. With the above strengthened measures, the DH will timely review the effect of the measures taken.

The CHP recognises the importance of supporting development and researches in the area of AMR as part of the control strategy. It has commissioned research institutions to conduct surveys and studies to fill the information gaps identified in AMR. Following the launch of the Action Plan, research priorities have been identified by experts and were included by the Health and Medical Research Fund (HMRF) as one of the thematic priorities to stimulate research in important areas. Apart from that, the CHP has initiated various studies to understand the situation of AMR locally, such as the prevalence of AMR; the supply of antibiotics; prevention and control strategies of multi-drug resistant organisms in hospitals; risk factors and control factors for AMR in community settings, as well as knowledge, attitude and practices towards AMR and antibiotic use among the general public. Expenditures on the aforesaid studies form part of the infection control projects and initiatives conducted by the CHP and other divisions of the DH. As these services form an integral part of the respective services, such expenditures could not be separately identified.

(b) According to the Antibiotics Ordinance, antibiotics must be supplied by registered medical practitioners, registered dentists or registered veterinary surgeons; or by pharmacies under the authority of a prescription. Illegal sale of antibiotics is an offence and the maximum penalty is a fine of $30,000 and imprisonment for 12 months upon conviction.

The number of complaints received and the number of convicted cases handled by the Drug Office of the DH from 2013 to 2017 that involved illegal sale of antibiotics are tabulated as follows:

Year	Number of complaints which involved illegal sale of antibiotics	Number of convicted cases which involved illegal sale of antibiotics
2013	16	7
2014	13	3
2015	9	1
2016	9	4
2017	18	2

- End -

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3274)

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

Question:

Provision for 2018-19 is $298.2 million (19.2%) higher than the revised estimate for 2017-18. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons (CSEPs), enhancing the medical and dental services for CSEPs, increased cash flow requirement for procurement of equipment and an increase of 45 posts in 2018-19 to meet operational needs. Will the Government inform this Committee of the estimated expenditures on enhancing the dental and medical services for civil servants and other eligible persons respectively, out of the increase of $298.2 million in the estimate for 2018-19?

Asked by: Hon CHAN Chi-chuen (Member Question No. (LegCo use): 56)

Reply:

Civil service eligible persons (CSEPs) consist of: (a) monthly paid civil servants and their eligible dependants; (b) retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their eligible dependants living in Hong Kong; (c) eligible dependants of civil servants killed on duty and living in Hong Kong; (d) eligible dependants living in Hong Kong and in receipt of a pension under the Widows and Orphans Pension Scheme or the Surviving Spouses' and Children's Pension Scheme following the death of civil servants while in service or after retirement; and (e) other persons who are eligible for civil service medical benefits by way of their terms of appointment. The medical and dental benefits provided by the Department of Health (DH) to CSEPs apply to all types of persons mentioned above. DH does not have separate estimates of expenditures for civil servants and other eligible persons.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB053

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2860)

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

Question:

Regarding the dental treatment for civil service eligible persons (CSEPs), will the Government inform this Committee of:

1. the average waiting time of CSEPs in the past 3 years, broken down by dental follow-up treatment and specialised dental service;

2. the initiatives implemented to improve the waiting time of CSEPs for dental treatment in the past 3 years (please provide details);

3. the initiatives to be implemented in the coming year to shorten the waiting time of CSEPs; and

4. the number of civil service posts in relation to dental services to be created in the coming year, broken down by function / rank, and the expenditure involved?

Asked by: Hon HO Kai-ming (Member Question No. (LegCo use): 23)

Reply:

(a) The waiting times of civil service eligible persons (CSEPs) for an appointment to receive dental follow-up treatment and specialised dental service in the past 3 years are as follows:

As at	Dental Follow-up Treatment	Specialised Dental Service
31 December 2015	2 to 19 months	5 to 41 months
31 December 2016	1 to 16 months	5 to 40 months
31 December 2017	1 to 16 months	4 to 33 months

(b) In the past 3 years, the Department of Health (DH) had secured additional resources to enhance the provision of general and specialised dental services by setting up 23 general dental surgeries, 4 prosthodontic surgeries and 1 periodontal surgery.

DH also reviews the demand of CSEPs for dental services from time to time and formulates appropriate measures, such as pairing up dental clinics with longer waiting times and those with shorter waiting times and encouraging CSEPs attending the former to switch to the latter with a view to shortening the waiting times.

(c) DH has secured additional resources for 2018-19 to enhance the provision of specialised dental service by setting up 1 orthodontic surgery, 1 periodontal surgery and 2 prosthodontic surgeries.

(d) In 2018-19, there will be an increase of 15 civil service posts in DH to enhance the provision of dental services. The details are as follows:

Function/Rank	**No. of post to be created**	**Annual recurrent expenditure in respect of the post ($)**
Dental / Para-dental support		
Senior Dental Officer	2	2,779,080
Dental Officer	2	1,890,600
Senior Dental Surgery Assistant	1	464,100
Dental Surgery Assistant	4	1,184,400
Technical support		
Laboratory Attendant	1	218,460
Administrative and general support		
Assistant Clerical Officer	1	262,560
Clerical Assistant	3	614,880
Workman II	1	162,960
	15	**7,577,040**

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB054

CONTROLLING OFFICER'S REPLY

(Question Serial No. 3028)

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

Question:

Regarding public dental services, will the Government advise on:

a. the maximum daily service capacities, actual numbers of appointments and attendances as well as utilisation rates in respect of the provision of dental services to eligible persons by public dental clinics in the past 3 years;

b. the types of dental examinations and treatment provided by public dental clinics and the costs per case for such services in the past 3 years;

c. the numbers, length of service, vacancy rates, wastage rates and average working hours per week of all ranks of healthcare staff (including dentists and dental surgery assistants) in dental clinics in the past 3 years; and

d. a breakdown of the improvements made in response to the problems with public dental services as pointed out in Report No. 68 of the Director of Audit, including long waiting time, delay in operation of dental surgeries, etc; as well as the manpower and resources required for implementing the improvement measures.

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 30)

Reply:

a. At present, the utilisation rates of all service sessions available at government dental clinics providing dental services to civil service eligible persons (CSEPs) are close to 100%.

The attendances of CSEPs at the dental clinics (including Oral Maxillofacial Surgery and Dental Units in hospitals) in the past 3 years are as follows -

Year	Attendance
2015	719 700
2016	739 800
2017	766 400

b. There is a wide variety of services on dental examination and treatment and the Department of Health (DH) does not keep statistics on the costs of such services by type.

c. The establishment and vacancy rate of Dental Officers (DOs) and Dental Surgery Assistants (DSAs) at the dental clinics under DH in the past 3 years are as follows -

	2015-16 (as at 31 March 2016)		**2016-17 (as at 31 March 2017)**		**2017-18 (as at 1 March 2018)**	
Grade	**Establishment**	**Vacancy rate**	**Establishment**	**Vacancy rate**	**Establishment**	**Vacancy rate**
DO	247	2.0%	254	2.0%	259	1.2%
DSA	268	0.4%	270	0.0%	271	0.0%

The wastage rates of the DO grade in DH for 2015-16, 2016-17 and 2017-18 (as at 1 March 2018) were 3.2%, 2.5% and 3.4% respectively, and those of the DSA grade were 1.2%, 3.1% and 4% respectively. The length of service for both DOs and DSAs working in DH ranges from over 30 years to less than 1 year, and their conditioned hours of work are 44 hours gross per week.

d. DH is actively following up the recommendations on the provision of dental services to CSEPs made in Report No. 68 of the Director of Audit, including the redeployment of resources for specialised and general dental services in the light of the service demands of the dental clinics, with a view to shortening the waiting times of CSEPs at clinics with higher service demands. As for the 7 new dental surgeries which have not commenced operation yet, DH has taken over the premises concerned in July 2017 and proceeded with the fitting out works shortly thereafter. It is expected that these new dental surgeries will commence operation from 2019.

As the above work involves only internal redeployment of resources and implementation of earlier plans, no additional manpower and resources are required.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB055

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0320)

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

Question:

Regarding the provision of clinical psychology services to civil servants and eligible persons (CSEPs), will the Government inform this Committee of:

a. the average waiting time and the attendances of CSEPs in each of the past 3 years; and

b. the number of civil service posts relating to the provision of clinical psychology services to be created in the coming year, by function/rank and the expenditure involved.

Asked by: Hon KWOK Wai-keung (Member Question No. (LegCo use): 26)

Reply:

a. 1 Clinical Psychologist post was created for the families clinics under the Department of Health (DH) in March 2016 to provide clinical psychology services to CSEPs. 2 additional clinical psychologists were appointed in 2017-18, who started providing the services in November 2017 and January 2018 respectively. The attendances for the services in 2016 and 2017 were around 600 and 1 300 respectively.

   The doctors of families clinics will refer CSEPs in need to receive clinical psychology services. In general, the shortest appointment time for a new case is around 4 weeks.

b. DH will create 1 additional Clinical Psychologist post in 2018-19. The estimated annual recurrent expenditure involved is about $904,000.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB056

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1710)

Head: (37) Department of Health

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

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

Question:

Regarding the provision of dental services for serving and retired civil servants and other eligible persons, please inform this Committee of:

(a) the utilisation rates of such services in various districts;

(b) the number of people waiting for such services and the average waiting time in various districts ; and

(c) the average unit cost of such services.

Asked by: Hon KWONG Chun-yu (Member Question No. (LegCo use): 64)

Reply:

(a) At present, the utilisation rates of all service sessions available at government dental clinics providing dental services to civil service eligible persons (CSEPs) are close to 100%.

(b) The Department of Health (DH) does not keep statistics on the number of patients waiting for dental services by type. In overall terms, as at 31 December 2017, the waiting times for CSEPs to receive dental follow-up treatment and specialised dental services at the dental clinics (including oral maxillofacial surgery and dental units in hospitals) were 1 to 16 months and 4 to 33 months respectively.

(c) DH does not keep statistics on the average unit cost of dental services.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB057

CONTROLLING OFFICER'S REPLY

(Question Serial No. 1205)

Head: (37) Department of Health

Subhead (No. & title): ()

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

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the medical and dental treatment for civil servants under Programme (7), the provision for 2018-19 is $298.2 million (19.2%) higher than the revised estimate for 2017-18. Will the Government advise on whether the increase in the estimated expenditure will cover the Chinese medicine services provided by the Department of Health or the Hospital Authority? If so, what is the estimated expenditure? If not, why? Will Chinese medicine services be included in the medical benefits for civil servants and eligible persons in the short run? What are the expected expenditure and manpower required for taking forward the plan?

Asked by: Hon NG Wing-ka, Jimmy (Member Question No. (LegCo use): 47)

Reply:

In accordance with the Civil Service Regulations, civil service medical benefits are only provided by the Government or Hospital Authority (HA) medical services. Neither the Department of Health (DH) nor HA provides Chinese medicine services as their standard services at present. Hence, Chinese medicine services are currently not covered as the medical benefits provided to civil service eligible persons, and the additional provision for 2018-19 will not cover Chinese medicine services. The Government will continue to keep in view closely the development of Chinese medicine and changes to the roles of DH and HA in providing Chinese medicine services in future to assess the possible implications on civil service medical benefits.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB058

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0471)

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

Question:

Regarding the utilisation rates of medical and dental services for civil servants and the manpower so required in 2015-16, 2016-17 and 2017-18, will the Government advise on:

(a) the attendances at the 5 families clinics and the expenditure involved;

(b) the actual attendances of dental procedures, the average waiting time of such cases and the percentage of cases failing to receive dental procedures within 1 year from the date of making the appointment;

(c) the actual attendances at periodontal surgeries, the average waiting time of such cases and the number of patients waiting for periodontal procedures by the end of January 2018; and

(d) the staff working in various services (including but not limited to families clinics, dental clinics, etc.) for the provision of medical and dental services for civil servants by grade, establishment and actual number (including staff appointed on civil service and contract terms).

Asked by: Hon POON Siu-ping (Member Question No. (LegCo use): 10)

Reply:

(a) The attendances at the 5 families clinics in the past 3 years are as follows -

Year	Attendance
2015	253 000
2016	273 000
2017	297 000

Note: Figures for attendances have been rounded to the nearest 1 000.

The actual expenditures of the families clinics for 2015-16 and 2016-17 were $125.7 million and $148.2 million respectively, and the revised estimate for 2017-18 is $164.3 million.

(b) Dental procedures vary in types and complexities, which include general and specialised dental treatment. Civil service eligible persons (CSEPs) can receive general dental follow-up treatment by appointment or specialised dental services by referral from general dental clinics under the Department of Health (DH). Appointments are arranged according to the urgency and nature of the medical conditions of patients, and patients with urgent conditions will be arranged to receive treatment as early as possible.

The waiting times of CSEPs for appointments for dental follow-up treatment and specialised dental services in the past 3 years are as follows -

As at	Dental Follow-up Treatment	Specialised Dental Service
31 December 2015	2 to 19 months	5 to 41 months
31 December 2016	1 to 16 months	5 to 40 months
31 December 2017	1 to 16 months	4 to 33 months

DH does not keep statistics on the attendances and the number of patients waiting for dental procedures/treatment by type. The attendances of CSEPs at the dental clinics (including Oral Maxillofacial Surgery & Dental Units in hospitals) in the past 3 years are as follows -

Year	Attendance at Dental Clinics
2015	719 700
2016	739 800
2017	766 400

(c) The attendances and the waiting times of CSEPs for periodontal services in the past 3 years are as follows -

Year	Attendance for Periodontal Services[#]
2015	680
2016	720
2017	720

[#] New attendances only

As at	Waiting Time for Periodontal Services
31 December 2015	16 to 17 months
31 December 2016	14 to 23 months
31 December 2017	13 to 26 months

DH does not keep statistics on the number of patients waiting for periodontal procedures.

(d) The grade, establishment and strength of staff working in various services responsible for the provision of medical and dental services for civil servants in the past 3 years are at Annex.

As for contract staff, including full-time and part-time staff, there were 1 Contract Doctor and 6 Contract Nurses working in the families clinics as well as 8 Contract Dentists and 1 Project Assistant working in the dental clinics as at 1 March 2018.

- End -

Annex

Grade	Families Clinics						Dental Clinics						Reimbursement of Medical Expenses					
	2015-16 Note 1		2016-17 Note 2		2017-18 Note 3		2015-16 Note 1		2016-17 Note 2		2017-18 Note 3		2015-16 Note 1		2016-17 Note 2		2017-18 Note 3	
	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength
Medical and Health Officer	35	34	36	36	37	36	-	-	-	-	-	-	1#	1#	1#	1#	1#	1#
Registered Nurse	58	49	60	55	60	53	-	-	-	-	-	-	-	-	-	-	-	-
Dental Officer	-	-	-	-	-	-	247	242	254	249	259	256	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	13	12	13	12	13	13	-	-	-	-	-	-
Dental Surgery Assistant	-	-	-	-	-	-	268	267	270	271*	271	271	-	-	-	-	-	-
Dental Technician	-	-	-	-	-	-	40	41*	40	39	40	39	-	-	-	-	-	-
Dispenser	18	18	18	18	21	21	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Psychologist	1	1	1	1	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Dietitian	1	1	1	0	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Accounting Officer	-	-	-	-	-	-	-	-	-	-	-	-	4	4	4	4	4	4
Supplies Officer	-	-	-	-	-	-	-	-	1	1	1	1	-	-	-	-	-	-
Assistant Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Clerical Officer	7	5	7	5	7	5	39	37	40	38	42	39	11	11	11	11	11	11
Clerical Assistant	22	22	22	22	27	26	78	75	78	68	81	75	3	3	3	3	3	3
Office Assistant	1	1	1	1	1	1	3	1	3	1	3	1	-	-	-	-	-	-
Laboratory Attendant	-	-	-	-	-	-	14	13	14	13	14	14	-	-	-	-	-	-
Workman II	19	19	19	19	19	19	63	56	64	56	65	58	-	-	-	-	-	-
Total:	**162**	**150**	**165**	**157**	**176**	**165**	**766**	**745**	**778**	**749**	**790**	**768**	**19**	**19**	**19**	**19**	**19**	**19**

"Est." means "Establishment".

Note 1: Figures as at 31 March 2016

Note 2: Figures as at 31 March 2017

Note 3: Figures as at 1 March 2018

* Includes 1 staff member on pre-retirement leave

\# Also supports the administrative work in relation to medical services for civil servants

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB059

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0483)

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

Question:

1(a). The Government, as an employer, fulfils its contractual obligation to provide medical and dental benefits for civil servants, as employees, through facilities of the Hospital Authority (HA) and Department of Health (DH). What was the expenditure incurred by the Government in providing civil service medical and dental benefits through HA and DH in each of the past 5 financial years?

1(b). The expenditure for providing civil service medical and dental benefits is not covered by the provisions allocated to HA, a public healthcare institution. Will the Government earmark a separate annual provision for HA to cover the civil service medical benefits?

Asked by: Hon POON Siu-ping (Member Question No. (LegCo use): 23)

Reply:

1(a).

The expenditures incurred by the Department of Health on the provision of medical and dental services for civil service eligible persons (CSEPs) in the past 5 financial years are tabulated as follows -

	2013-14 ($ million)	**2014-15 ($ million)**	**2015-16 ($ million)**	**2016-17 ($ million)**	**2017-18 (revised estimate) ($ million)**
medical services	99.5	103.1	125.7	148.2	164.3
dental services	484.7	547.5	597.5	643.3	694.4
reimbursement of medical expenses and hospital charges	351.8	400.3	410.0	576.1	692.0

The annual lump sum provision allocated by the Government to the Hospital Authority (HA) has included the resources required for the provision of medical benefits to CSEPs. The expenditures on the provision of medical services to CSEPs by HA in the past 5 years, calculated on the basis of attendances of CSEPs and the average unit cost of the services, are tabulated as follows –

2013-14 ($ billion)	**2014-15 ($ billion)**	**2015-16 ($ billion)**	**2016-17 ($ billion)**	**2017-18 (estimate) ($ billion)**
3.568	3.881	4.191	4.505	4.809

1(b).
Apart from the annual lump sum provision, the Government also provides dedicated funding to HA to enhance the provision of diagnostic and specialist out-patient services for CSEPs. In 2018-19, the dedicated funding amounts to around $87 million.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB060

CONTROLLING OFFICER'S REPLY

(Question Serial No. 0931)

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

Question:

Regarding medical and dental treatment for civil servants, will the Government inform this Committee of the following:

(1) Please set out the average waiting time and longest waiting time for appointment in respect of check-up and diagnosis, specialised outpatient treatment, emergency dental treatment, elective consultation for specialised dental service and dental follow-up treatment provided for civil service eligible persons in the past year. Does the Government have any specific measures, including the extension of service hours of clinics, to shorten the waiting time?

(2) Provision for 2018-19 is $298.2 million (19.2%) higher than the revised estimate for 2017-18, part of which is allocated for an increase of 45 posts to meet operational needs. Please set out the professional grades and ranks involved in these new posts and their terms of appointment.

(3) It is proposed in this year's Budget that a tax deduction be provided for people who purchase eligible health insurance products for themselves or their dependants under the Voluntary Health Insurance Scheme. Does the Government have any plans to procure private health insurance or provide additional tax deduction for civil servants to ensure that they receive more timely medical services and to relieve the burden on the public healthcare system on the other hand?

Asked by: Hon YUNG Hoi-yan (Member Question No. (LegCo use): 24)

Reply:

(1)

Services provided by families clinics (including check-up and diagnosis)

Families clinics provide general outpatient services for civil service eligible persons (CSEPs). Subsequent to treatment in these clinics, blood tests or other examinations will be arranged for patients or referral to the Hospital Authority (HA) will be made for further follow-up and

treatment subject to the needs of individual patients. Families clinics do not keep statistics on the waiting times for such check-up and diagnosis.

Specialised outpatient (SOP) treatment

Dedicated SOP treatments are provided by 9H Specialist Clinic in Prince of Wales Hospital, L Block of Queen Elizabeth Hospital and Saturday SOP Clinic in Queen Mary Hospital under HA to CSEPs. The median waiting times for new cases in major specialties in 2017 are listed as follows -

9H Specialist Clinic in Prince of Wales Hospital

Specialty	Median Waiting Time (week)
Ear, Nose & Throat	6
Gynaecology	6
Medicine	12
Orthopaedics & Traumatology	17
Paediatrics	<1
Surgery	5

L Block of Queen Elizabeth Hospital

Specialty	Median Waiting Time (week)
Medicine	96
Surgery	46
Gynaecology	42
Paediatrics	3
Orthopaedics & Traumatology	50

Saturday SOP Clinic in Queen Mary Hospital

Specialty	Median Waiting Time (week)
Medicine	8
Surgery	7

Dental services

CSEPs with urgent conditions may attend any government dental clinic dedicated to the provision of dental services to CSEPs for emergency dental treatment during clinic operating hours. Generally speaking, they will be seen within the same session of attendance.

As at 31 December 2017, the waiting times for CSEPs to receive dental follow-up treatment and elective specialised dental service at the dental clinics (including oral maxillofacial surgery and dental units in hospitals) were 1 to 16 months and 4 to 33 months respectively.

The Civil Service Bureau (CSB) will keep a close watch on CSEPs' needs for medical and dental treatment and continue to work closely with the Department of Health (DH) and HA with a view to further enhancing the provision of medical benefits to CSEPs. Such measures include setting up new families clinics, strengthening the dedicated SOP services for CSEPs, setting up new dental surgeries as well as pairing up dental clinics with longer waiting times and those with shorter waiting times.

(2)

In 2018-19, there will be an increase of 45 civil service posts in DH to meet operational needs and the details of these posts are at **Annex**. For candidates appointed to civil service posts, their entry pay, terms of appointment and conditions of service are subject to the provisions prevailing at the time when the offers of appointment are made.

(3)

According to the Civil Service Regulations, medical advice and treatment, X-ray examinations and medicines are available free of charge to CSEPs only when those benefits are provided by the Government or HA medical services. Procuring private health insurance for civil servants or providing additional tax deduction to civil servants who have purchased private health insurance products constitutes changes to the existing policy as well as creates significant financial burden. Hence, the Government has difficulty to consider such proposals at this stage.

Annex

Posts proposed to be created in 2018-19 under
Programme (7) : Medical and Dental Treatment for Civil Servants

Function/Rank	**No. of post to be created**
Dental / Para-dental support	
Senior Dental Officer	2
Dental Officer	2
Senior Dental Surgery Assistant	1
Dental Surgery Assistant	4
Medical support	
Consultant	1
Medical and Health Officer	1
Nursing support	
Senior Nursing Officer	1
Nursing Officer	1
Registered Nurse	6
Professional support	
Clinical Psychologist	1
Dietitian	1
Physiotherapist I	1
Optometrist	1
Technical support	
Dispenser / Student Dispenser	5
Laboratory Attendant	1
Administrative and general support	
Senior Hospital Administrator	1
Hospital Administrator I	1
Clerical Officer	1
Assistant Clerical Officer	2
Clerical Assistant	6
Personal Secretary I	1
Workman II	4
	45

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB061

CONTROLLING OFFICER'S REPLY

(Question Serial No. 2770)

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

Question:

Regarding civil service medical and dental benefits, civil servants from various grades and disciplined services have been calling for the enhancement of such benefits, so that they can receive a wider variety of medical and dental services of better quality. In this connection,

1. will the Government allocate additional resources in 2018-19 to enhance civil service medical and dental benefits? If so, what are the specific measures as well as the manpower and expenditure involved?

2. will the Government, in view of the Voluntary Health Insurance Scheme to be launched soon, study and consider the feasibility of rolling out a health insurance scheme in the civil service or particular departments, so as to relieve the financial burden of the Government in this regard and reduce the demand for medical services of the Hospital Authority? If so, what are the specific work and timetable?

Asked by: Hon YUNG Hoi-yan (Member Question No. (LegCo use): 67)

Reply:

1. In 2018-19, the Department of Health (DH) will continue to enhance the services of families clinics by setting up the Sai Kung Families Clinic, as well as a multi-disciplinary medical team to deliver a systemic health care programme to civil service eligible persons (CSEPs) with diabetes mellitus. Such measures involve the creation of 30 posts and an expenditure of about $20.9 million.

   As for dental services, DH will set up additional dental surgeries for CSEPs in 2018-19, with a view to strengthening specialised services in orthodontics, periodontology and prosthodontics. Such measures involve the creation of 15 posts and an expenditure of about $15.7 million.

2. According to the Civil Service Regulations, medical advice and treatment, X-ray examinations and medicines are available free of charge to CSEPs only when those benefits are provided by the Government or Hospital Authority medical services.

Procuring private health insurance for civil servants constitutes changes to the existing policy as well as creates significant financial burden. Hence, the Government has difficulty to consider such a proposal at this stage.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

CSB087

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4257)

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

Question:

Regarding the medical services for civil servants, will the Government advise on the number of cases of various categories of eligible persons (including monthly paid civil servants and their dependants; daily rated staff who are injured in the course of their duty; retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their dependants living in Hong Kong; dependants of civil servants killed on duty and living in Hong Kong; and dependants of civil servants who died while in service or after retirement and living in Hong Kong) receiving the services and the resources involved in the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 178)

Reply:

The Department of Health does not keep statistics on the number of cases of individual categories of eligible persons receiving services at the families clinics. The attendances of civil service eligible persons at these clinics in the past 3 years are as follows –

Year	Attendance
2015	253 000
2016	273 000
2017	297 000

Note: Figures for attendances have been rounded to the nearest 1 000.

The actual expenditures of the families clinics for 2015-16 and 2016-17 were $125.7 million and $148.2 million respectively, and the revised estimate for 2017-18 is $164.3 million.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

SB533

CONTROLLING OFFICER'S REPLY

(Question Serial No. 4260)

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

Question:

Will the Government advise on the estimated number of drug abusers currently in Hong Kong? How many people need drug treatment services? What is the ratio of the number of residential places provided by the Department of Health and the subvented organisations to the number of drug abusers?

Asked by: Hon KWOK Ka-ki (Member Question No. (LegCo use): 181)

Reply:

According to the figures of the Central Registry of Drug Abuse, the total number of reported drug abusers registered a decreasing trend in recent years. In 2017, the total number of reported drug abusers was 6 725.

Hong Kong adopts a multi-modality approach in providing residential or community-based treatment and rehabilitation services to meet the varying needs and circumstances of drug abusers. The Department of Health (DH) provides residential drug treatment and rehabilitation services through subventing non-governmental organisations, offering a total of 404 places. In 2017, they admitted a total of about 1 450 residents. DH also operates the methadone clinics. In 2017, the number of drug abusers registered with methadone clinics was about 5 800.

- End -

Examination of Estimates of Expenditure 2018-19 Reply Serial No.

SB534

CONTROLLING OFFICER'S REPLY

(Question Serial No. 5358)

Head: (37) Department of Health

Subhead (No. & title): ( )

Programme: (6) Treatment of Drug Abusers

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

Director of Bureau: Secretary for Security

Question:

As stated under Matters Requiring Special Attention in 2018-19 in the Controlling Officer's Report in 2018-19, the Government will sustain the auti-drug momentum and further enhance efforts along the five-pronged strategy in collaboration with relevant bureaux/departments and community stakeholders.

The Government has been adopting a multi-modality policy for its drug treatment and rehabilitation services, including a voluntary out-patient methadone treatment programme (MTP) administered by the Department of Health (DH). Since the implementation of the MTP in 1972, there have been different views and doubts on its effectiveness, including the April 2008 Report of the Director of Audit. Meanwhile, some methadone clinics in Kowloon West (e.g. Sham Shui Po Methadone Clinic, Hung Hom Methadone Clinic and Yau Ma Tei Methadone Clinic) are located in old areas where owners' corporations or property management companies are lacking in those old buildings. The vicinity of these old buildings has become the hot bed of crimes with frequent occurrence of offences, keeping the police constantly on the run. Will the Government inform this Committee of the following:

1. The DH engaged international consultants to review the MTP in 2012. Did the Government conduct another review on it according to the latest utilisation rate and successful detoxification rate in the past 3 years? If so, what are the details? If not, why?
2. Will more manpower and resources be deployed to improve the security of buildings around the methadone clinics in Kowloon West in the coming 3 years? If so, what are the details? If not, why?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. (LegCo use): 50)

Reply:

1. The methadone treatment programme (MTP) administered by the Department of Health (DH) for opioid abusers aims to provide opioid abusers with a legal, affordable, safe and effective out-patient treatment to help them ease their dependence on opioid and lead a normal life, and reduce crimes.

DH had commissioned international consultants in 2012 to review MTP. It was recommended in the review report that MTP be retained to provide maintenance treatment. DH has been monitoring the utilisation of methadone clinics and made appropriate adjustments as recommended in the report. The effectiveness of MTP has also been recognised by international organisations such as the World Health Organization.

DH will continue to monitor the utilisation and operation of methadone clinics.

2. DH has been liaising with the Police on the security in the vicinity of methadone clinics for taking enforcement actions against any illegal activities that may occur.

- End -