

**Replies in written questions raised by Finance Committee Members  
in examining the Estimates of Expenditure 2019-20**

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

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)197</a>	0378	Hon CHAN Han-pan	Statutory Functions
<a href="#">FHB(H)198</a>	0382	Hon CHAN Han-pan	Disease Prevention
<a href="#">FHB(H)199</a>	0383	Hon CHAN Han-pan	Statutory Functions
<a href="#">FHB(H)200</a>	0256	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)201</a>	0257	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)202</a>	0258	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)203</a>	0259	Hon CHAN Hoi-yan	Rehabilitation
<a href="#">FHB(H)204</a>	0260	Hon CHAN Hoi-yan	Rehabilitation
<a href="#">FHB(H)205</a>	0303	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)206</a>	2286	Hon CHAN Hoi-yan	Statutory Functions
<a href="#">FHB(H)207</a>	2287	Hon CHAN Hoi-yan	Statutory Functions
<a href="#">FHB(H)208</a>	2288	Hon CHAN Hoi-yan	Curative Care
<a href="#">FHB(H)209</a>	2290	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)210</a>	2295	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)211</a>	3299	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)212</a>	0316	Hon CHAN Kin-por	Statutory Functions
<a href="#">FHB(H)213</a>	0317	Hon CHAN Kin-por	Disease Prevention
<a href="#">FHB(H)214</a>	1256	Hon CHAN Pierre	-
<a href="#">FHB(H)215</a>	1257	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)216</a>	1270	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)217</a>	1276	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)218</a>	1279	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)219</a>	1280	Hon CHAN Pierre	Curative Care
<a href="#">FHB(H)220</a>	1282	Hon CHAN Pierre	Statutory Functions
<a href="#">FHB(H)221</a>	1283	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)222</a>	1292	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)223</a>	1295	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)224</a>	3040	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)225</a>	3055	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)226</a>	2118	Hon CHEUNG Kwok-kwan	Disease Prevention
<a href="#">FHB(H)227</a>	0436	Hon CHEUNG Wah-fung, Christopher	Statutory Functions
<a href="#">FHB(H)228</a>	0732	Hon CHIANG Lai-wan	Disease Prevention
<a href="#">FHB(H)229</a>	1709	Hon CHOW Ho-ding, Holden	Curative Care
<a href="#">FHB(H)230</a>	3297	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)231</a>	0939	Hon HUI Chi-fung	Disease Prevention
<a href="#">FHB(H)232</a>	2628	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)233</a>	2634	Hon KWOK Ka-ki	Rehabilitation
<a href="#">FHB(H)234</a>	2636	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)235</a>	3212	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)236</a>	1408	Hon LAM Kin-fung, Jeffrey	Disease Prevention
<a href="#">FHB(H)237</a>	1193	Hon LAU Ip-keung, Kenneth	Disease Prevention
<a href="#">FHB(H)238</a>	0184	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)239</a>	0185	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)240</a>	0186	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)241</a>	0187	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)242</a>	0188	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)243</a>	0189	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)244</a>	0190	Hon LEE Kok-long, Joseph	Rehabilitation
<a href="#">FHB(H)245</a>	1348	Hon LEE Wai-king, Starry	Curative Care
<a href="#">FHB(H)246</a>	3195	Hon LEE Wai-king, Starry	Disease Prevention
<a href="#">FHB(H)247</a>	3252	Hon LEE Wai-king, Starry	Disease Prevention
<a href="#">FHB(H)248</a>	1562	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
<a href="#">FHB(H)249</a>	1563	Hon LEUNG Mei-fun, Priscilla	Curative Care
<a href="#">FHB(H)250</a>	0680	Hon LO Wai-kwok	Disease Prevention
<a href="#">FHB(H)251</a>	1714	Hon MA Fung-kwok	Statutory Functions, Health Promotion
<a href="#">FHB(H)252</a>	3205	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)253</a>	0625	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)254</a>	0626	Hon MAK Mei-kuen, Alice	Curative Care
<a href="#">FHB(H)255</a>	0627	Hon MAK Mei-kuen, Alice	Rehabilitation
<a href="#">FHB(H)256</a>	0628	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)257</a>	1067	Hon MAK Mei-kuen, Alice	Statutory Functions, Health Promotion
<a href="#">FHB(H)258</a>	1914	Hon MAK Mei-kuen, Alice	Curative Care

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)259</a>	0879	Hon OR Chong-shing, Wilson	Disease Prevention
<a href="#">FHB(H)260</a>	2201	Hon OR Chong-shing, Wilson	Statutory Functions
<a href="#">FHB(H)261</a>	2241	Hon QUAT Elizabeth	Disease Prevention
<a href="#">FHB(H)262</a>	2244	Hon QUAT Elizabeth	Disease Prevention
<a href="#">FHB(H)263</a>	3273	Hon QUAT Elizabeth	Statutory Functions
<a href="#">FHB(H)264</a>	0150	Hon SHEK Lai-him, Abraham	Disease Prevention
<a href="#">FHB(H)265</a>	1464	Hon SHEK Lai-him, Abraham	Disease Prevention
<a href="#">FHB(H)266</a>	0497	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)267</a>	0498	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)268</a>	0499	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)269</a>	0500	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)270</a>	0501	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)271</a>	0502	Hon SHIU Ka-fai	Disease Prevention
<a href="#">FHB(H)272</a>	0503	Hon SHIU Ka-fai	Health Promotion
<a href="#">FHB(H)273</a>	0504	Hon SHIU Ka-fai	Health Promotion
<a href="#">FHB(H)274</a>	0505	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)275</a>	1017	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)276</a>	1018	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)277</a>	1019	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)278</a>	1020	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)279</a>	1932	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#">FHB(H)280</a>	1933	Hon WONG Pik-wan, Helena	Disease Prevention
<a href="#">FHB(H)281</a>	1940	Hon WONG Pik-wan, Helena	-
<a href="#">FHB(H)282</a>	1955	Hon WONG Pik-wan, Helena	Rehabilitation
<a href="#">FHB(H)283</a>	1958	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#">FHB(H)284</a>	1959	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#">FHB(H)285</a>	1528	Hon YIU Si-wing	Disease Prevention
<a href="#">FHB(H)488</a>	4723	Hon CHAN Chi-chuen	Statutory Functions
<a href="#">FHB(H)489</a>	4724	Hon CHAN Chi-chuen	Statutory Functions
<a href="#">FHB(H)490</a>	5207	Hon CHAN Chi-chuen	Statutory Functions
<a href="#">FHB(H)491</a>	7278	Hon CHAN Pierre	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)492</a>	6032	Hon CHAN Tanya	-
<a href="#">FHB(H)493</a>	5912	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)494</a>	5913	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)495</a>	6358	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)496</a>	6359	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)497</a>	6360	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)498</a>	6361	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)499</a>	6362	Hon CHEUNG Chiu-hung, Fernando	Statutory Functions
<a href="#">FHB(H)500</a>	6544	Hon CHEUNG Chiu-hung, Fernando	-
<a href="#">FHB(H)501</a>	6547	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)502</a>	5167	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)503</a>	4911	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)504</a>	5340	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)505</a>	5341	Hon IP Kin-yuen	Statutory Functions
<a href="#">FHB(H)506</a>	5353	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)507</a>	5354	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)508</a>	5379	Hon IP Kin-yuen	Health Promotion
<a href="#">FHB(H)509</a>	5380	Hon IP Kin-yuen	Rehabilitation
<a href="#">FHB(H)510</a>	3800	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)511</a>	4799	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)512</a>	4800	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)513</a>	5256	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)514</a>	5260	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)515</a>	5263	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)516</a>	5264	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)517</a>	5265	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)518</a>	5267	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)519</a>	5269	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)520</a>	5272	Hon KWOK Ka-ki	Statutory Functions

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)521</a>	5278	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)522</a>	5282	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)523</a>	5285	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)524</a>	5596	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)525</a>	5597	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)526</a>	5598	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)527</a>	5599	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)528</a>	5600	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)529</a>	5601	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)530</a>	5602	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)531</a>	5603	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)532</a>	5631	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)533</a>	5892	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)534</a>	5893	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)535</a>	5894	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)536</a>	6141	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)537</a>	6142	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)538</a>	6143	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)539</a>	6311	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)540</a>	6312	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)541</a>	6326	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)542</a>	6329	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)543</a>	6339	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)544</a>	6340	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)545</a>	3882	Hon KWOK Wing-hang, Dennis	Rehabilitation
<a href="#">FHB(H)546</a>	3883	Hon KWOK Wing-hang, Dennis	Rehabilitation
<a href="#">FHB(H)547</a>	4426	Hon KWONG Chun-yu	Disease Prevention
<a href="#">FHB(H)548</a>	4459	Hon KWONG Chun-yu	Statutory Functions
<a href="#">FHB(H)549</a>	3430	Hon LAM Kin-fung, Jeffrey	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)550</a>	3386	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)551</a>	3387	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)552</a>	3388	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)553</a>	3389	Hon LEE Kok-long, Joseph	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)554</a>	3390	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)555</a>	3391	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)556</a>	3392	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)557</a>	3393	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)558</a>	3394	Hon LEE Kok-long, Joseph	Health Promotion
<a href="#">FHB(H)559</a>	3395	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)560</a>	3396	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)561</a>	4653	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)562</a>	3326	Hon LEUNG Yiu-chung	Rehabilitation
<a href="#">FHB(H)563</a>	3660	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)564</a>	7280	Hon MO Claudia	Statutory Functions
<a href="#">FHB(H)565</a>	4022	Hon QUAT Elizabeth	Rehabilitation
<a href="#">FHB(H)566</a>	4033	Hon QUAT Elizabeth	Disease Prevention
<a href="#">FHB(H)567</a>	4283	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)568</a>	4284	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)569</a>	4286	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)570</a>	4288	Hon SHIU Ka-chun	Disease Prevention, Health Promotion
<a href="#">FHB(H)571</a>	5027	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)572</a>	5028	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)573</a>	5033	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)574</a>	5035	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)575</a>	5036	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)576</a>	5037	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)577</a>	5038	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)578</a>	5040	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)579</a>	5041	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)580</a>	5043	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)581</a>	5414	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)582</a>	5415	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)583</a>	5418	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)584</a>	5434	Hon SHIU Ka-chun	Curative Care
<a href="#">FHB(H)585</a>	5436	Hon SHIU Ka-chun	Health Promotion, Curative Care
<a href="#">FHB(H)586</a>	5439	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)587</a>	5453	Hon SHIU Ka-chun	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#"><u>FHB(H)588</u></a>	<b>5710</b>	Hon SHIU Ka-chun	Health Promotion
<a href="#"><u>FHB(H)589</u></a>	<b>6241</b>	Hon SHIU Ka-chun	Rehabilitation
<a href="#"><u>FHB(H)590</u></a>	<b>6571</b>	Hon SHIU Ka-chun	Disease Prevention
<a href="#"><u>FHB(H)591</u></a>	<b>5544</b>	Hon TAM Man-ho, Jeremy	Disease Prevention
<a href="#"><u>FHB(H)592</u></a>	<b>6066</b>	Hon TAM Man-ho, Jeremy	Curative Care
<a href="#"><u>FHB(H)593</u></a>	<b>3968</b>	Hon WONG Pik-wan, Helena	Disease Prevention, Health Promotion, Personnel Management of Civil Servants Working in Hospital Authority
<a href="#"><u>FHB(H)594</u></a>	<b>4674</b>	Hon WU Chi-wai	Disease Prevention
<a href="#"><u>FHB(H)595</u></a>	<b>4675</b>	Hon WU Chi-wai	Curative Care
<a href="#"><u>FHB(H)596</u></a>	<b>4676</b>	Hon WU Chi-wai	Disease Prevention
<a href="#"><u>FHB(H)597</u></a>	<b>4677</b>	Hon WU Chi-wai	Curative Care
<a href="#"><u>FHB(H)598</u></a>	<b>4678</b>	Hon WU Chi-wai	-
<a href="#"><u>FHB(H)599</u></a>	<b>4679</b>	Hon WU Chi-wai	Rehabilitation
<a href="#"><u>FHB(H)600</u></a>	<b>4680</b>	Hon WU Chi-wai	Disease Prevention
<a href="#"><u>FHB(H)601</u></a>	<b>4104</b>	Hon YEUNG Alvin	Disease Prevention
<a href="#"><u>CSB060</u></a>	<b>1359</b>	Hon CHAN Hak-kan	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB061</u></a>	<b>1667</b>	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB062</u></a>	<b>1668</b>	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB063</u></a>	<b>2046</b>	Hon YUNG Hoi-yan	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB107</u></a>	<b>5266</b>	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB108</u></a>	<b>6327</b>	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#"><u>CSB109</u></a>	<b>7231</b>	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#"><u>SB199</u></a>	<b>1529</b>	Hon YIU Si-wing	Treatment of Drug Abusers
<a href="#"><u>SB499</u></a>	<b>4801</b>	Hon KWOK Ka-ki	Treatment of Drug Abusers
<a href="#"><u>S-FHB(H)004</u></a>	<b>S071</b>	Hon CHAN Hoi-yan	Disease Prevention



**Replies in written questions raised by Finance Committee Members  
in examining the Estimates of Expenditure 2019-20**

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

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)197</a>	0378	Hon CHAN Han-pan	Statutory Functions
<a href="#">FHB(H)198</a>	0382	Hon CHAN Han-pan	Disease Prevention
<a href="#">FHB(H)199</a>	0383	Hon CHAN Han-pan	Statutory Functions
<a href="#">FHB(H)200</a>	0256	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)201</a>	0257	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)202</a>	0258	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)203</a>	0259	Hon CHAN Hoi-yan	Rehabilitation
<a href="#">FHB(H)204</a>	0260	Hon CHAN Hoi-yan	Rehabilitation
<a href="#">FHB(H)205</a>	0303	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)206</a>	2286	Hon CHAN Hoi-yan	Statutory Functions
<a href="#">FHB(H)207</a>	2287	Hon CHAN Hoi-yan	Statutory Functions
<a href="#">FHB(H)208</a>	2288	Hon CHAN Hoi-yan	Curative Care
<a href="#">FHB(H)209</a>	2290	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)210</a>	2295	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)211</a>	3299	Hon CHAN Hoi-yan	Disease Prevention
<a href="#">FHB(H)212</a>	0316	Hon CHAN Kin-por	Statutory Functions
<a href="#">FHB(H)213</a>	0317	Hon CHAN Kin-por	Disease Prevention
<a href="#">FHB(H)214</a>	1256	Hon CHAN Pierre	-
<a href="#">FHB(H)215</a>	1257	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)216</a>	1270	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)217</a>	1276	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)218</a>	1279	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)219</a>	1280	Hon CHAN Pierre	Curative Care
<a href="#">FHB(H)220</a>	1282	Hon CHAN Pierre	Statutory Functions
<a href="#">FHB(H)221</a>	1283	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)222</a>	1292	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)223</a>	1295	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)224</a>	3040	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)225</a>	3055	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention



<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)226</a>	2118	Hon CHEUNG Kwok-kwan	Disease Prevention
<a href="#">FHB(H)227</a>	0436	Hon CHEUNG Wah-fung, Christopher	Statutory Functions
<a href="#">FHB(H)228</a>	0732	Hon CHIANG Lai-wan	Disease Prevention
<a href="#">FHB(H)229</a>	1709	Hon CHOW Ho-ding, Holden	Curative Care
<a href="#">FHB(H)230</a>	3297	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)231</a>	0939	Hon HUI Chi-fung	Disease Prevention
<a href="#">FHB(H)232</a>	2628	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)233</a>	2634	Hon KWOK Ka-ki	Rehabilitation
<a href="#">FHB(H)234</a>	2636	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)235</a>	3212	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)236</a>	1408	Hon LAM Kin-fung, Jeffrey	Disease Prevention
<a href="#">FHB(H)237</a>	1193	Hon LAU Ip-keung, Kenneth	Disease Prevention
<a href="#">FHB(H)238</a>	0184	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)239</a>	0185	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)240</a>	0186	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)241</a>	0187	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)242</a>	0188	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)243</a>	0189	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)244</a>	0190	Hon LEE Kok-long, Joseph	Rehabilitation
<a href="#">FHB(H)245</a>	1348	Hon LEE Wai-king, Starry	Curative Care
<a href="#">FHB(H)246</a>	3195	Hon LEE Wai-king, Starry	Disease Prevention
<a href="#">FHB(H)247</a>	3252	Hon LEE Wai-king, Starry	Disease Prevention
<a href="#">FHB(H)248</a>	1562	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
<a href="#">FHB(H)249</a>	1563	Hon LEUNG Mei-fun, Priscilla	Curative Care
<a href="#">FHB(H)250</a>	0680	Hon LO Wai-kwok	Disease Prevention
<a href="#">FHB(H)251</a>	1714	Hon MA Fung-kwok	Statutory Functions, Health Promotion
<a href="#">FHB(H)252</a>	3205	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)253</a>	0625	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)254</a>	0626	Hon MAK Mei-kuen, Alice	Curative Care
<a href="#">FHB(H)255</a>	0627	Hon MAK Mei-kuen, Alice	Rehabilitation
<a href="#">FHB(H)256</a>	0628	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)257</a>	1067	Hon MAK Mei-kuen, Alice	Statutory Functions, Health Promotion

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#"><u>FHB(H)258</u></a>	1914	Hon MAK Mei-kuen, Alice	Curative Care
<a href="#"><u>FHB(H)259</u></a>	0879	Hon OR Chong-shing, Wilson	Disease Prevention
<a href="#"><u>FHB(H)260</u></a>	2201	Hon OR Chong-shing, Wilson	Statutory Functions
<a href="#"><u>FHB(H)261</u></a>	2241	Hon QUAT Elizabeth	Disease Prevention
<a href="#"><u>FHB(H)262</u></a>	2244	Hon QUAT Elizabeth	Disease Prevention
<a href="#"><u>FHB(H)263</u></a>	3273	Hon QUAT Elizabeth	Statutory Functions
<a href="#"><u>FHB(H)264</u></a>	0150	Hon SHEK Lai-him, Abraham	Disease Prevention
<a href="#"><u>FHB(H)265</u></a>	1464	Hon SHEK Lai-him, Abraham	Disease Prevention
<a href="#"><u>FHB(H)266</u></a>	0497	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)267</u></a>	0498	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)268</u></a>	0499	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)269</u></a>	0500	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)270</u></a>	0501	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)271</u></a>	0502	Hon SHIU Ka-fai	Disease Prevention
<a href="#"><u>FHB(H)272</u></a>	0503	Hon SHIU Ka-fai	Health Promotion
<a href="#"><u>FHB(H)273</u></a>	0504	Hon SHIU Ka-fai	Health Promotion
<a href="#"><u>FHB(H)274</u></a>	0505	Hon SHIU Ka-fai	Statutory Functions
<a href="#"><u>FHB(H)275</u></a>	1017	Hon WONG Kwok-kin	Disease Prevention
<a href="#"><u>FHB(H)276</u></a>	1018	Hon WONG Kwok-kin	Disease Prevention
<a href="#"><u>FHB(H)277</u></a>	1019	Hon WONG Kwok-kin	Disease Prevention
<a href="#"><u>FHB(H)278</u></a>	1020	Hon WONG Kwok-kin	Disease Prevention
<a href="#"><u>FHB(H)279</u></a>	1932	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#"><u>FHB(H)280</u></a>	1933	Hon WONG Pik-wan, Helena	Disease Prevention
<a href="#"><u>FHB(H)281</u></a>	1940	Hon WONG Pik-wan, Helena	-
<a href="#"><u>FHB(H)282</u></a>	1955	Hon WONG Pik-wan, Helena	Rehabilitation
<a href="#"><u>FHB(H)283</u></a>	1958	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#"><u>FHB(H)284</u></a>	1959	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#"><u>FHB(H)285</u></a>	1528	Hon YIU Si-wing	Disease Prevention
<a href="#"><u>FHB(H)488</u></a>	4723	Hon CHAN Chi-chuen	Statutory Functions
<a href="#"><u>FHB(H)489</u></a>	4724	Hon CHAN Chi-chuen	Statutory Functions
<a href="#"><u>FHB(H)490</u></a>	5207	Hon CHAN Chi-chuen	Statutory Functions
<a href="#"><u>FHB(H)491</u></a>	7278	Hon CHAN Pierre	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#"><u>FHB(H)492</u></a>	6032	Hon CHAN Tanya	-

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)490</a>	5207	Hon CHAN Chi-chuen	Statutory Functions
<a href="#">FHB(H)491</a>	7278	Hon CHAN Pierre	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)492</a>	6032	Hon CHAN Tanya	-
<a href="#">FHB(H)493</a>	5912	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)494</a>	5913	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)495</a>	6358	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)496</a>	6359	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)497</a>	6360	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)498</a>	6361	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)499</a>	6362	Hon CHEUNG Chiu-hung, Fernando	Statutory Functions
<a href="#">FHB(H)500</a>	6544	Hon CHEUNG Chiu-hung, Fernando	-
<a href="#">FHB(H)501</a>	6547	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)502</a>	5167	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)503</a>	4911	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)504</a>	5340	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)505</a>	5341	Hon IP Kin-yuen	Statutory Functions
<a href="#">FHB(H)506</a>	5353	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)507</a>	5354	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)508</a>	5379	Hon IP Kin-yuen	Health Promotion
<a href="#">FHB(H)509</a>	5380	Hon IP Kin-yuen	Rehabilitation
<a href="#">FHB(H)510</a>	3800	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)511</a>	4799	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)512</a>	4800	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)513</a>	5256	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)514</a>	5260	Hon KWOK Ka-ki	Statutory Functions

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)515</a>	5263	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)516</a>	5264	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)517</a>	5265	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)518</a>	5267	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)519</a>	5269	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)520</a>	5272	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)521</a>	5278	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)522</a>	5282	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)523</a>	5285	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)524</a>	5596	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)525</a>	5597	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)526</a>	5598	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)527</a>	5599	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)528</a>	5600	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)529</a>	5601	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)530</a>	5602	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)531</a>	5603	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)532</a>	5631	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)533</a>	5892	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)534</a>	5893	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)535</a>	5894	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)536</a>	6141	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)537</a>	6142	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)538</a>	6143	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)539</a>	6311	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)540</a>	6312	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)541</a>	6326	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)542</a>	6329	Hon KWOK Ka-ki	Statutory Functions
<a href="#">FHB(H)543</a>	6339	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)544</a>	6340	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)545</a>	3882	Hon KWOK Wing-hang, Dennis	Rehabilitation
<a href="#">FHB(H)546</a>	3883	Hon KWOK Wing-hang, Dennis	Rehabilitation
<a href="#">FHB(H)547</a>	4426	Hon KWONG Chun-yu	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)548</a>	4459	Hon KWONG Chun-yu	Statutory Functions
<a href="#">FHB(H)549</a>	3430	Hon LAM Kin-fung, Jeffrey	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)550</a>	3386	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)551</a>	3387	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)552</a>	3388	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)553</a>	3389	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)554</a>	3390	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)555</a>	3391	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)556</a>	3392	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)557</a>	3393	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)558</a>	3394	Hon LEE Kok-long, Joseph	Health Promotion
<a href="#">FHB(H)559</a>	3395	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)560</a>	3396	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)561</a>	4653	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)562</a>	3326	Hon LEUNG Yiu-chung	Rehabilitation
<a href="#">FHB(H)563</a>	3660	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)564</a>	7280	Hon MO Claudia	Statutory Functions
<a href="#">FHB(H)565</a>	4022	Hon QUAT Elizabeth	Rehabilitation
<a href="#">FHB(H)566</a>	4033	Hon QUAT Elizabeth	Disease Prevention
<a href="#">FHB(H)567</a>	4283	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)568</a>	4284	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)569</a>	4286	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)570</a>	4288	Hon SHIU Ka-chun	Disease Prevention, Health Promotion
<a href="#">FHB(H)571</a>	5027	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)572</a>	5028	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)573</a>	5033	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)574</a>	5035	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)575</a>	5036	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)576</a>	5037	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)577</a>	5038	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)578</a>	5040	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)579</a>	5041	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)580</a>	5043	Hon FAN Kwok-wai, Gary	Disease Prevention
<a href="#">FHB(H)581</a>	5414	Hon SHIU Ka-chun	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)582</a>	5415	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)583</a>	5418	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)584</a>	5434	Hon SHIU Ka-chun	Curative Care
<a href="#">FHB(H)585</a>	5436	Hon SHIU Ka-chun	Health Promotion, Curative Care
<a href="#">FHB(H)586</a>	5439	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)587</a>	5453	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)588</a>	5710	Hon SHIU Ka-chun	Health Promotion
<a href="#">FHB(H)589</a>	6241	Hon SHIU Ka-chun	Rehabilitation
<a href="#">FHB(H)590</a>	6571	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)591</a>	5544	Hon TAM Man-ho, Jeremy	Disease Prevention
<a href="#">FHB(H)592</a>	6066	Hon TAM Man-ho, Jeremy	Curative Care
<a href="#">FHB(H)593</a>	3968	Hon WONG Pik-wan, Helena	Disease Prevention, Health Promotion, Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)594</a>	4674	Hon WU Chi-wai	Disease Prevention
<a href="#">FHB(H)595</a>	4675	Hon WU Chi-wai	Curative Care
<a href="#">FHB(H)596</a>	4676	Hon WU Chi-wai	Disease Prevention
<a href="#">FHB(H)597</a>	4677	Hon WU Chi-wai	Curative Care
<a href="#">FHB(H)598</a>	4678	Hon WU Chi-wai	-
<a href="#">FHB(H)599</a>	4679	Hon WU Chi-wai	Rehabilitation
<a href="#">FHB(H)600</a>	4680	Hon WU Chi-wai	Disease Prevention
<a href="#">FHB(H)601</a>	4104	Hon YEUNG Alvin	Disease Prevention
<a href="#">CSB060</a>	1359	Hon CHAN Hak-kan	Medical and Dental Treatment for Civil Servants
<a href="#">CSB061</a>	1667	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<a href="#">CSB062</a>	1668	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<a href="#">CSB063</a>	2046	Hon YUNG Hoi-yan	Medical and Dental Treatment for Civil Servants
<a href="#">CSB107</a>	5266	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#">CSB108</a>	6327	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#">CSB109</a>	7231	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#">SB199</a>	1529	Hon YIU Si-wing	Treatment of Drug Abusers
<a href="#">SB499</a>	4801	Hon KWOK Ka-ki	Treatment of Drug Abusers

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#"><u>S-FHB(H)004</u></a>	<b>S071</b>	Hon CHAN Hoi-yan	Disease Prevention



**CONTROLLING OFFICER'S REPLY**

**FHB(H)197**

**(Question Serial No. 0378)**

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, please provide:

1. in table form, the numbers of complaints received about illegal smoking, verbal and written warnings issued and prosecutions by summonses, as well as the manpower and expenditure involved in 2018-19;
2. in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel during daytime in 2018-19;
3. in table form, the number of hours of patrol and outdoor duties performed by tobacco control personnel in the evening and at nighttime in 2018-19;
4. details of work with regard to the promotion of smoke-free culture as well as the manpower and expenditure involved in 2018-19; and
5. details of the work in tobacco control targeted at young people as well as the manpower and expenditure involved in 2018-19.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 31)

Reply:

(1)

The Tobacco and Alcohol Control Office (TACO) 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 TACO in 2018 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		18 100
Inspections conducted		32 255
Warning letters issued		3
FPNs issued (for smoking offences)		8 684
Summonses issued	for smoking offences	140
	for other offences (such as wilful obstruction and failure to produce identity document)	68

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

The Tobacco Control Office has been renamed as TACO in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), Cap. 371 and Cap. 600. The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures and approved establishment of TACO in 2018-19 are at **Annexes 1 and 2** respectively.

(2)&(3)

The number of operations for inspecting statutory no smoking areas conducted by TACO during 2018 are tabulated as follows:

<b>Month of 2018</b>	<b>Day Operations<sup>1</sup></b>	<b>Night Operations<sup>2</sup></b>
January	117	102
February	105	87
March	113	94
April	106	97
May	114	104
June	112	98
July	106	97
August	136	92
September	114	65
October	127	68
November	107	64
December	116	34

<sup>1</sup> “Day operations” covers the “morning and afternoon shift” for the period from 6.30am – 6.30pm.

<sup>2</sup> “Night operations” covers the “afternoon and evening shift” and “evening shift” for the period 10am – 11pm and the “overnight shift” for the period 8pm – 6am.

(4)&(5)

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

cessation, provide smoking cessation services and carry out publicity programmes on smoking prevention.

Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 6 smoking cessation clinics (5 for civil servants, and 1 open to members of the public) operated by DH, and 15 full-time and 54 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, DH collaborates with NGOs in providing a range of community-based smoking cessation services including counselling and consultations by doctors or Chinese medicine practitioners, targeted services to smokers among ethnic minorities and new immigrants, as well as in workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients quit smoking.

The DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes, theatre programmes, etc., in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The expenditures and approved establishment of TACO in 2018-19 are at **Annexes 1 and 2** respectively. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

- End -

Expenditures of the Department of Health's Tobacco and Alcohol Control Office

	<b>2018-19 Revised Estimate (\$ million)</b>
<b><u>Enforcement</u></b>	
Programme 1: Statutory Functions	73.9
<b><u>Health Education and Smoking Cessation</u></b>	
Programme 3: Health Promotion	128.5
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	53.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	23.9
<b><i>Sub-total</i></b>	<b><u>77.5</u></b>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0
<i>Subvention to Pok Oi Hospital</i>	7.3
<i>Subvention to Po Leung Kuk</i>	1.7
<i>Subvention to Lok Sin Tong</i>	2.7
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>202.4</u></b>

**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2018-19
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	105
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>163</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)198**

**(Question Serial No. 0382)**

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

1. 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 2018-19; and
2. 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 2018-19?

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 35)

Reply:

(1)

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 -

Surveillance

For surveillance of communicable diseases, the Centre for Health Protection (CHP) of the 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, the CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. From April 2018 to February 2019, the CHP conducted 869 field visits to 857 schools and institutions for investigation of outbreaks.

## Health Promotion

The 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. The CHP has produced a variety of health education materials such as thematic web pages, television and radio Announcements in the Public Interest, guidelines, pamphlets, posters, infographics, booklets, Frequently Asked Questions and videos. Various publicity and health education channels, e.g. websites, Facebook Page, YouTube Channel, television and radio stations, health education hotline, GovHK Notifications app, media interviews have been deployed all along for the 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

The 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.

The 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, the 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 2018, over 1 100 sessions of such training, with around 10 000 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 2018, 1 300 health talks on communicable diseases, with 21 000 attendances, were delivered. In addition, the Infection Control Branch of the CHP organised 36 sessions of infection prevention and control training for RCHEs with about 1 100 attendees.

## Emergency Preparedness and Contingency Planning



Contingency plan for infectious diseases are in place. The 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 (SCVDP) under the 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, SCVDP regularly reviews the local epidemiology scientific evidence and makes recommendations on seasonal influenza vaccination (SIV).

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

(2)

Hong Kong usually experiences two 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 the 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 SIV through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) 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. Starting from 2018/19, the VSS has been expanded its eligible groups to cover people aged between 50 and 64. In addition, the DH launched the School Outreach Vaccination Pilot Programme (Pilot Programme) in October 2018 which provides free SIV to eligible primary school students.

During the implementation of the SIV 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 SIV. The quantities of seasonal influenza vaccines procured by the Government in the past 3 years is shown in the following table:

<b>Year</b>	<b>Number of doses of seasonal influenza vaccines procured</b>	<b>Amount (\$ million)</b>
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	727 000	33.5

The CHP operates a surveillance system to monitor influenza-like illness (ILI) through a network of general out-patient clinics, clinics of private medical practitioners, Accident and Emergency Departments, clinics of Chinese medicine practitioners, RCHEs and child care centres/ kindergartens. Besides, the 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. The 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.

The 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 the CHP’s website every week.

During influenza seasons, the CHP steps up publicity and health education activities to disseminate advice on personal and environmental hygiene, to remind the community to stay vigilant against influenza and to encourage them to receive influenza vaccination. 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. Moreover, the CHP conducts epidemiological investigation and implements control measures for reported institutional ILI outbreaks. For residential care homes with confirmed influenza outbreaks, the CHP provides Tamiflu post-exposure chemoprophylaxis to asymptomatic residents if necessary.

The 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 the DH and the expenditure involved in the past 3 years are shown in the following table:

<b>Year</b>	<b>Type</b>	<b>Quantity (doses)</b>	<b>Expenditure (\$ million)</b>
2016/17	Tamiflu oral suspension	100 100	\$1.6
	Tamiflu capsule 30mg	483 600	\$3.6
2017/18	Tamiflu oral suspension	200 200	\$3.4
2018/19	Tamiflu oral suspension	200 200	\$3.6

The 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)199**

**(Question Serial No. 0383)**

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 Government's effort to prohibit the sale of alcoholic products to persons under the age of 18, please provide:

1. in table form, the numbers of complaints received about illegal sale of alcoholic products to persons under the age of 18, verbal and written warnings issued and prosecutions by summonses, as well as the manpower and expenditure involved in 2018-19;
2. in table form, the number of hours of patrol and outdoor duties performed by enforcement staff during daytime in 2018-19;
3. in table form, the number of hours of patrol and outdoor duties performed by enforcement staff in the evening and at nighttime in 2018-19;
4. details of the Government's effort to prohibit the sale of alcoholic products to persons under the age of 18, as well as the manpower and expenditure involved in 2018-19; and
5. details of the Government's effort targeted at young people to prohibit the sale of alcoholic products to persons under the age of 18, as well as the manpower and expenditure involved in 2018-19.

Asked by: Hon CHAN Han-pan (LegCo internal reference no.: 36)

Reply:

(1), (4) & (5)

The ban on the sale or supply of intoxicating liquor to minors in the course of business has come into effect on 30 November 2018. Announcements in the Public Interest and other publicity materials have been produced to raise public awareness on the new regulation. In particular, the Tobacco and Alcohol Control Office (TACO) has issued a letter to all secondary schools in November 2018 to remind youngsters about the ban. Inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether

vendors have complied with the relevant requirements. The numbers of complaints received regarding the suspected sale or supply of intoxicating liquor to minors in the course of business, and the numbers of summonses issued from the period of 30 November 2018 to 31 December 2018 are as follows:

Complaints received for the suspected sales or supply of intoxicating liquor to minors in the course of business	12
Summonses Issued	0

In general, TACO will prosecute offenders who have sold or supplied intoxicating liquor to minors in the course of business without prior warning.

In response to the 12 complaint cases, investigations were conducted and no cases of contravention of the law were found.

The Department of Health's Tobacco Control Office has been renamed as TACO in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The expenditures and approved establishment of TACO in 2018-19 are at **Annexes 1 and 2** respectively.

(2) & (3)

During the period from 30 November 2018 to 31 December 2018, TACO conducted 17 and 29 operations for enforcement of alcohol control at shift periods 10 am to 8 pm and 1 pm to 11 pm respectively.

- End -

Expenditures of the Department of Health's Tobacco and Alcohol Control Office

	<b>2018-19 Revised Estimate (\$ million)</b>
<b><u>Enforcement</u></b>	
Programme 1: Statutory Functions	73.9
<b><u>Health Education and Smoking Cessation</u></b>	
Programme 3: Health Promotion	128.5
(a) <u>General health education and promotion of smoking cessation</u>	
<i>TACO</i>	53.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	23.9
<b><i>Sub-total</i></b>	<b><u>77.5</u></b>
(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u>	
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0
<i>Subvention to Pok Oi Hospital</i>	7.3
<i>Subvention to Po Leung Kuk</i>	1.7
<i>Subvention to Lok Sin Tong</i>	2.7
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>202.4</u></b>

**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2018-19
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	105
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>163</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)200**

**(Question Serial No. 0256)**

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, please give a breakdown of the following by type of service:

- I. the number of voucher claims, the total amount claimed and the average amount claimed per transaction by type of service in each of the past 5 years;
- II. the highest and lowest amounts spent in a single transaction of all voucher claims by type of service in each of the past 5 years; and
- III. the numbers of transactions in which an amount below \$500 or over \$2,000 was spent on a single occasion, and the respective percentages of such claims in the total number of voucher claims in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 14)

Reply:

I.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the average amount of vouchers claimed per transaction by types of healthcare professionals in the past 5 years:



**Amount of Vouchers Claimed (in HK\$'000)**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	444,401	611,860	638,006	774,088	1,154,745
Chinese Medicine Practitioners	82,369	142,265	171,599	256,563	533,136
Dentists	55,131	98,563	105,455	144,331	287,044
Occupational Therapists	390	230	271	2,506	5,681
Physiotherapists	3,981	6,381	7,007	8,344	16,452
Medical Laboratory Technologists	2,273	3,820	9,905	11,256	17,808
Radiographers	1,358	2,365	3,197	5,447	13,400
Nurses	773	1,389	3,335	5,122	7,447
Chiropractors	1,276	1,825	1,913	2,303	5,225
Optometrists	5,587	37,092	128,399	288,582	759,750
<b>Sub-total (Hong Kong):</b>	<b>597,539</b>	<b>905,790</b>	<b>1,069,087</b>	<b>1,498,542</b>	<b>2,800,688</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	-	537	1,471	1,855	3,492
<b>Total :</b>	<b>597,539</b>	<b>906,327</b>	<b>1,070,558</b>	<b>1,500,397</b>	<b>2,804,180</b>

**Number of Voucher Claim Transactions**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	1 734 967	2 006 263	1 955 048	2 218 938	2 917 895
Chinese Medicine Practitioners	383 613	533 700	607 531	860 927	1 502 140
Dentists	73 586	109 840	119 305	168 738	294 950
Occupational Therapists	584	478	620	2 217	3 515
Physiotherapists	13 201	19 947	21 835	25 076	40 874
Medical Laboratory Technologists	3 697	5 646	9 748	12 044	18 662
Radiographers	3 047	4 971	5 886	8 935	16 785
Nurses	921	1 457	3 079	5 079	6 523
Chiropractors	1 975	3 125	5 003	5 346	10 743
Optometrists	5 956	21 326	72 572	173 279	359 343
<b>Sub-total (Hong Kong):</b>	<b>2 221 547</b>	<b>2 706 753</b>	<b>2 800 627</b>	<b>3 480 579</b>	<b>5 171 430</b>
HKU-SZH <sup>Note 3</sup>	-	2 287	5 667	6 755	11 418
<b>Total :</b>	<b>2 221 547</b>	<b>2 709 040</b>	<b>2 806 294</b>	<b>3 487 334</b>	<b>5 182 848</b>

**Average Amount of Vouchers Claimed Per Transaction (HK\$)**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	256	305	326	349	396
Chinese Medicine Practitioners	215	267	282	298	355
Dentists	749	897	884	855	973
Occupational Therapists	668	481	437	1,130	1,616
Physiotherapists	302	320	321	333	403
Medical Laboratory Technologists	615	677	1,016	935	954
Radiographers	446	476	543	610	798
Nurses	839	953	1,083	1,008	1,142
Chiropractors	646	584	382	431	486
Optometrists	938	1,739	1,769	1,665	2,114
HKU-SZH <sup>Note 3</sup>	-	235	260	275	306

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 3: The Pilot Scheme for use of EHV at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

II.

In each of the past 5 years from 2014 to 2018, the minimum voucher amount claimed per transaction was in the category of “\$250 or below” for all types of healthcare service providers. As for the maximum voucher amount claimed per transaction, details are provided below:

	<b>Maximum Voucher Amount Claimed Per Transaction (HK\$)</b>				
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 4</sup>	<b>2018</b> <sup>Note 5</sup>
Medical Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Chinese Medicine Practitioners	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Dentists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Occupational Therapists	3,251 – 3,500	3,001 – 3,250	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Physiotherapists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Medical Laboratory Technologists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Radiographers	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Nurses	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Chiropractors	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
Optometrists	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	3,751 – 4,000	4,751 – 5,000
University of Hong Kong - Shenzhen Hospital <sup>Note 6</sup>	-	3,251 – 3,500	3,751 – 4,000	3,251 – 3,500	4,501 – 4,750

Note 4: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

Note 5: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 6: The Pilot Scheme for use of EHV at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

III.

The table below shows the number of voucher claim transactions with amount of “\$500 or below” and “more than \$2,000” made by participating healthcare service providers in Hong Kong in the past 5 years, and their respective percentage of the total number of voucher claim transactions in Hong Kong in the relevant year:

<b>Amount of vouchers claimed per transaction</b>	<b>Number of voucher claim transactions (Percentage of the total number of voucher claim transactions in the year)</b>				
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
\$500 or below	2 075 162 (93%)	2 423 493 (90%)	2 422 122 (86%)	2 884 279 (83%)	4 001 849 (77%)
More than \$2,000	9 821 (0.4%)	30 375 (1%)	48 731 (2%)	67 773 (2%)	254 107 (5%)

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)201**

**(Question Serial No. 0257)**

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, please advise on:

- I. the number of persons eligible for voucher claims whose voucher account balance fell below \$200 in each of the past 3 years; and
- II. the number of eligible persons who spent over \$2,000 in a single transaction in each of the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 16)

Reply:

- I. The table below shows the number of elders with voucher balance of \$200 or less as at end of 2016, 2017 and 2018:

	<b>2016</b>	<b>2017</b> <small>Note 1</small>	<b>2018</b> <small>Note 2</small>
Number of elders with voucher balance of \$200 or less as at end of the year	164 000	278 000	260 000

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.

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

- II. Statistics on the number of elders who had used more than \$2,000 worth of vouchers in a single transaction are not readily available. The number of voucher claim transactions made by participating healthcare service providers in Hong Kong with voucher amount more than \$2,000 were 48 731, 67 773 and 254 107 in 2016, 2017 and 2018 respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)202**

**(Question Serial No. 0258)**

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 School Dental Care Service, please advise on:

- I. the related expenditure and the staffing involved in the past 3 financial years;
- II. the average unit cost for each participating student; and
- III. whether the Government will consider progressively extending the Service to cover secondary students or all people under 18 in Hong Kong; if yes, the details and if not, the reasons.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 18)

Reply:

- I. The annual expenditure of the School Dental Care Service (SDCS) of the Department of Health (DH) in financial years 2016-17, 2017-18 and the revised estimate for 2018-19 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2016-17 (Actual)	259.7
2017-18 (Actual)	260.1
2018-19 (Revised estimate)	276.1

In the service years of 2016-17, 2017-18 and 2018-19 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 <sup>Note 1</sup>		
	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)	2018-19 (As at 1 February 2019)
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.

- II. The average unit cost for each participating student was \$1,095 in year of 2018-19.
- III. 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 -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)203**

**(Question Serial No. 0259)**

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 services of the Child Assessment Centres (CACs) of the Department of Health, the completion rate of assessment for new cases within 6 months failed to meet the target for 2 consecutive years. In this connection, please advise on:

1. the detailed process of completing the assessment (including the number of healthcare professionals and the procedures involved);
2. the staff establishment and wastage rate in the past 3 years (broken down by grade);
3. the number of referred cases received, the number of children assessed by the CACs, and the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment in the past 3 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 19)

Reply:

(1)

The Child Assessment Service (CAS) provides comprehensive assessments, diagnosis, formulates rehabilitation plan, provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age 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 assessment and 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 assessment is not available.

2.

The approved establishment in CAS by grade from 2016-17 to 2018-19 is as follows-

Grade	Approved establishment		
	2016-17	2017-18	2018-19
Medical and Health Officer	24	24	25
Registered Nurse	30	30	30
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	23	22*	22*
Speech Therapist	13	13	13
Optometrist	2	2	2
Occupational Therapist	8	8	8
Physiotherapist	6	6	6
Hospital Administrator	1	1	1
Electrical Technician	2	1	1
Executive Officer	1	2	2
Clerical Officer	12	12	12
Clerical Assistant	19	20	20
Office Assistant	2	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
<b>Total:</b>	<b>161</b>	<b>160</b>	<b>161</b>

\* 2 Clinical Psychologist posts were upgraded to 1 Senior Clinical Psychologist post in 2017-18.

Records on wastage of staff for individual offices are not separately kept.

3. The number of new referrals cases received and number of children assessed by the CAS in the past three years are as follows –

	2016	2017	2018 (provisional figure)
Number of new cases referred to CAS	10 188	10 438	10 466
Number of children assessed by CAS	15 395	15 589	17 020

DH has not compiled statistics on the number and percentage of children with urgent and more serious conditions accorded with higher priority in assessment after their first appointment.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)204**

**(Question Serial No. 0260)**

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 services of the Child Assessment Centres (CACs) of the Department of Health (DH), please set out:

1. the number of cases diagnosed with developmental disability by type of developmental condition in the past 3 years;
2. the staff establishment, payroll cost and mid-point salary of the healthcare professionals of each of the 7 CACs under the DH;
3. in the table below, the attendances, the number of children who have completed the assessment and the rate for completion of assessment for new cases within 6 months at the 7 CACs under the DH in the past 3 years.

Year:			
	Attendances	Number of children who have completed assessment	Rate for completion of assessment for new cases within 6 months
Central Kowloon Child Assessment Centre			
Ha Kwai Chung Child Assessment Centre			
Pamela Youde Child Assessment Centre (Kwun Tong)			
Pamela Youde Child Assessment Centre (Sha Tin)			
Fanling Child Assessment Centre			
Tuen Mun Child Assessment Centre			

Ngau Tau Kok Child Assessment Centre			
Total			

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 20)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) of Department of Health (DH) from 2016 to 2018 are as follows-

Developmental conditions	Number of newly diagnosed cases		
	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/Disorders	2 809	2 855	3 284
Autism Spectrum Disorder	1 905	1 716	1 861
Borderline Developmental Delay	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	506	507	534
Hearing Loss (Moderate to profound grade)	67	71	85
Language Delay/Disorders and Speech Problems	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	29	38	28

Note: A child might have been diagnosed with more than 1 developmental condition.

2. The approved establishment and the mid-point salary of the healthcare professionals of the CAS in 2018-19 are as follows –

Rank	Mid-point Salary of the Rank	No.
<b>Medical Support</b>		
Consultant	\$181,650	1
Senior Medical and Health Officer	\$120,495	10
Medical and Health Officer	\$93,315	14
<b>Nursing Support</b>		
Senior Nursing Officer	\$78,380	1
Nursing Officer	\$61,060	9
Registered Nurse	\$38,490	20
<b>Professional Support</b>		
Scientific Officer (Medical)	\$78,380	5
Senior Clinical Psychologist	\$120,495	2
Clinical Psychologist	\$78,380	20
Speech Therapist	\$50,825	13

<b>Rank</b>	<b>Mid-point Salary of the Rank</b>	<b>No.</b>
Optometrist	\$36,665	2
Occupational Therapist I	\$58,345	8
Physiotherapist I	\$58,345	6
<b>Total</b>		<b>111</b>

The financial provision on personal emolument of individual CAC cannot be separately quantified.

3. The attendance at the seven CACs under the CAS in the past three years is as follows –

<b>Child Assessment Centre (CAC)</b>	<b>2016</b>	<b>2017</b>	<b>2018 (Provisional figure)</b>
Central Kowloon CAC	5 666	5 489	5 632
Ha Kwai Chung CAC	7 373	7 209	6 413
Pamela Youde (Kwun Tong)	7 120	7 187	7 315
Pamela Youde (Sha Tin)	7 933	8 262	8 493
Fanling	3 882	3 892	4 182
Tuen Mun	5 194	5 384	5 610
Ngau Tau Kok	0*	0*	1 682*
<b>Total:</b>	<b>37 168</b>	<b>37 423</b>	<b>39 327</b>

\* Ngau Tau Kok CAC commenced operation from January 2018.

The number of new referred cases received and the number of children assessed by the CAS in the past 3 years are as follows. The statistics for individual centres are not readily available.

	<b>2016</b>	<b>2017</b>	<b>2018 (provisional figures)</b>
Number of new cases referred to CAS	10 188	10 438	10 466
Number of children assessed by CAS	15 395	15 589	17 020

In the past three years, nearly all new cases of CAS were seen within three weeks after registration. Due to continuous increase in the demand for services of 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 six months has dropped from 61% in 2016 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)205**

**(Question Serial No. 0303)**

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) Scheme, please advise on:

- I. the number of staff in the Department of Health (DH) currently handling complaints and undertaking enforcement duties in relation to the EHV Scheme (broken down by grade);
- II. whether the DH had employed means of inspections, proactive investigations or decoy operations to ensure that the operation of the EHVS was in line with the original policy objectives in the past 3 years and if so, the details; and
- III. the number of complaints about the EHV Scheme received by the DH, and the respective numbers of cases with investigation completed, found to be substantiated, and that were related to fraud or improper voucher claims, broken down by type of service, in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 17)

Reply:

- I. The Elderly Health Care Voucher (EHV) Scheme is administered by the Health Care Voucher Unit (HCVU) of the Department of Health (DH). In 2018-19, the approved establishment of the HCVU for the administration and monitoring of the EHV Scheme is 48 posts, with breakdown by grade as follows -

<u>Grade</u>	<u>Number</u>
Medical and Health Officer	2
Registered Nurse	1
Executive Officer	21
Clerical Officer	16
Clerical Assistant	4
Statistical Officer	1
Accounting Officer	3
<b>Total:</b>	<b>48</b>

The manpower on handling of complaints and monitoring of the EHV Scheme cannot be separately quantified.

- II. 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 investigation of complaints. Over the past 3 years from 2016 to 2018, the DH conducted checking of over 147 000 claim transactions (representing about 1.3% of all claim transactions made during that period).
- III. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the DH in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	5	15	33	67	120	240

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 116 cases with investigation completed, 40 cases were found to be substantiated or partially substantiated.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)206**

**(Question Serial No. 2286)**

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 the work on tobacco and alcohol control, please advise on:

- I. the staff establishment of the Department of Health's Tobacco and Alcohol Control Office (TACO) (broken down by grade), as well as the respective numbers of enforcement staff undertaking tobacco control or alcohol control duties;
- II. the numbers of staff departed or newly recruited (broken down by grade) in the TACO in the past 5 years;
- III. the numbers of enforcement actions, broken down by type of action (including inspections conducted, as well as warnings, fixed penalty notices and summonses issued), in the past 3 years; and
- IV. among the above, the respective numbers of enforcement actions taken upon receipt of complaints and during proactive inspections.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 41)

Reply:

(I)

The Tobacco Control Office of the Department of Health has been renamed as Tobacco and Alcohol Control Office (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The approved establishment of TACO from 2014-15 to 2019-20 is at **Annex**.

(II)

Records on wastage and recruitment of staff for individual offices are not separately kept.

(III) & (IV)

The numbers of inspections conducted, warning letters issued, and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2016 to 2018 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

	2016	2017	2018	
Inspections conducted	30 395	33 159	32 255	
Warning letters issued	6	9	3	
FPNs issued (for smoking offences)	8 650	9 711	8 684	
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68

The ban on the sale or supply of intoxicating liquor to minors in the course of business has come into effect on 30 November 2018. Inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They also conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. 12 complaints were received regarding the suspected sale or supply of intoxicating liquor to minors in the course of business during the period of 30 November 2018 to 31 December 2018. Investigations were conducted on the 12 cases and no cases of contravention of the law were found.

- End -

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**

<b>Rank</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
<b><u>Head, TACO</u></b>						
Consultant	-	-	-	-	1	1
Principal Medical & Health Officer	1	1	1	1	-	-
<b><u>Enforcement</u></b>						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer	2	1	1	1	1	1
Scientific Officer (Medical)	-	-	-	-	1	1
Land Surveyor	1	1	1	1	1	1
Police Officer	5	5	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89	89	105	121
Senior Executive Officer/ Executive Officer	9	9	9	9	13	13
<i>Sub-total</i>	<b><u>107</u></b>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>127</u></b>	<b><u>143</u></b>
<b><u>Health Education and Smoking Cessation</u></b>						
Senior Medical & Health Officer	1	1	1	1	1	1
Medical & Health Officer	1	1	1	1	1	1
Scientific Officer (Medical)	1	2	2	2	2	2
Nursing Officer/ Registered Nurse	3	3	3	3	3	3
Hospital Administrator II	4	4	4	4	4	4
<i>Sub-total</i>	<b><u>10</u></b>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>						
Senior Executive Officer/ Executive Officer	4	4	4	4	4	4
Clerical and support staff	17	17	17	17	19	19
Motor Driver	1	1	1	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>24</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>163</u></b>	<b><u>179</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)207**

**(Question Serial No. 2287)**

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 enforcement of tobacco control legislation, please advise on:

- I. the numbers of enforcement actions taken in restaurants, shops, indoor workplaces, public transport facilities, public outdoor places and bus interchanges, and/or other statutory no smoking areas over the past 3 years (broken down by type of no smoking area);
- II. the numbers of warnings, fixed penalty notices and/or summonses issued to minors under 18 by law enforcement officers concerned over the past 3 years; and
- III. whether the Government has any plans to review the prevailing tobacco control measures in 2019-20 to, among other things, explore the extension of no smoking areas or impose a prohibition on smoking while walking; if yes, the details and the timetable; if not, the reasons.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 42)

Reply:

- I. The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Control Office (TACO) for the period from 2016 to 2018 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600) at food premises, shops and shopping malls, public transport facilities, bus interchanges and other statutory no-smoking areas (NSAs) are as follows:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
Inspections conducted		30 395	33 159	32 255
- Food premises		(3 538)	(3 838)	(3 088)
- Shops and shopping malls		(4 746)	(5 816)	(7 492)
- Public transport facilities		(2 116)	(2 380)	(2 303)
- Bus interchanges		(637)	(1 088)	(965)
- Other statutory NSAs		(19 358)	(20 037)	(18 407)
FPNs issued (for smoking offences)		8 650	9 711	8 684
- Food premises		(592)	(656)	(537)
- Shops and shopping malls		(1 668)	(2 024)	(2 013)
- Public transport facilities		(770)	(929)	(1 181)
- Bus interchanges		(652)	(1 000)	(495)
- Other statutory NSAs		(4 968)	(5 102)	(4 458)
Summonses issued	for smoking offences	207	149	140
	- Food premises	(6)	(16)	(5)
	- Shops and shopping malls	(16)	(19)	(22)
	- Public transport facilities	(12)	(20)	(13)
	- Bus interchanges	(5)	(20)	(12)
	- Other statutory NSAs	(168)	(74)	(88)
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68

TACO does not have separate figures on enforcement at indoor workplace or the different outdoor public places. TACO also does not maintain the breakdown of summonses issued for other related offences by premise types.

- II. The numbers of FPNs/summonses issued by TACO to persons under the age of 18 for the period from 2016 to 2018 are as follows:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
FPNs issued (for smoking offences)		127	112	90
Warning letters issued		6	9	3
Summonses issued	for smoking offences	5	0	4
	for other offences (such as wilful obstruction and failure to produce identity document)	0	0	0

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

- III. Since the amendment of Cap. 371 in 2006, the statutory smoking ban has been gradually extended and now covers all indoor working places and public places as well as many outdoor public places. Around 240 public transport facilities have been designated as NSAs progressively. Since 2016, the Government has also extended the smoking ban to 11 bus interchanges leading to expressways or tunnels by phases.

The main purpose of designating NSAs or introducing tobacco control measures is to minimise the effect of secondhand smoke on the public. There is also a need to balance the interests of all parties, including both smokers and non-smokers. Before putting any smoking ban or other tobacco control measures in place, it is imperative to ensure that they can be effectively enforced and can be easily complied with by the public, such as whether there are clear and conspicuous demarcations between NSAs and non-NSAs. The Government has received both supporting and opposing views when extending the smoking ban in the past. We must therefore carefully consider and take into account different views when further extending the smoking ban.

Under the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong”, the Government has already laid down the target of further reducing smoking prevalence to 7.8% by 2025. We will review our tobacco control measures regularly with reference to international experience. We will also reference international experience in exploring the way forward in achieving a tobacco endgame.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)208**

**(Question Serial No. 2288)**

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, please advise on:

- I. the number of attendances by age group and the age distribution (in percentage terms) in each of the past 5 years;
- II. the total numbers of discs available, service sessions and attendances in GP sessions at government dental clinics across Hong Kong in each of the past 5 years;
- III. the actual number of patients attending (as against attendances in) GP sessions at government dental clinics across Hong Kong and the number of patients who consulted more than once in GP sessions in each of the past 5 years by age group; and
- IV. the staff establishment, the number of additional staff, the number of staff departed, the median salary and the total payroll cost involved in the operation of GP sessions at government dental clinics across Hong Kong in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 43)

Reply:

- I. 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.

The number of attendance and the breakdowns by age group in GP sessions in the financial years 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

<b>Year</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
No. of attendance	35 221	34 580	36 783	35 957	31 363

	<b>% Distribution of attendances by age group</b>				
<b>Age group</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
0-18	2.06%	2.09%	1.8%	1.76%	1.71%
19-42	13.28%	14.20%	14.45%	15.39%	15.32%
43-60	28.22%	27.46%	27.66%	26.38%	24.84%
61 or above	56.45%	56.25%	56.09%	56.47%	58.13%

II. In 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the total number of discs allocated and total number of attendances for each dental clinic with GP sessions are as follows –

<b>Dental clinic with GP sessions</b>	<b>No. of attendances (No. of discs allocated)</b>				
	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Kowloon City Dental Clinic	5 089 (5 140)	5 177 (5 220)	5 329 (5 341)	5 234 (5 268)	4 612 (4 633)
Kwun Tong Dental Clinic	4 124 (4 159)	4 028 (4 065)	4 295 (4 310)	3 990 (4 003)	3 438 (3 443)
Kennedy Town Community Complex Dental Clinic	5 796 (5 811)	5 905 (5 940)	6 903 (6 951)	6 599 (6 647)	6 044 (6 090)
Fanling Health Centre Dental Clinic	2 261 (2 273)	2 218 (2 230)	2 356 (2 371)	2 262 (2 262)	1 899 (1 908)
Mona Fong Dental Clinic	1 796 (1 804)	1 952 (1 965)	1 909 (1 930)	1 898 (1 918)	1 630 (1 636)
Tai Po Wong Siu Ching Dental Clinic	1 889 (1 902)	1 978 (2 026)	2 026 (2 035)	2 011 (2 028)	1 678 (1 681)



<b>Dental clinic with GP sessions</b>	<b>No. of attendances (No. of discs allocated)</b>				
	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Tsuen Wan Dental Clinic	8 005 (8 033)	7 193 (7 237)	7 567 (7 621)	7 808 (7 837)	6 734 (6 766)
Yan Oi Dental Clinic	2 099 (2 109)	2 071 (2 072)	2 152 (2 152)	2 015 (2 015)	1 722 (1 723)
Yuen Long Jockey Club Dental Clinic	3 851 (3 867)	3 769 (3 780)	3 999 (4 007)	3 851 (3 860)	3 286 (3 304)
Tai O Dental Clinic	102 (102)	97 (97)	95 (96)	90 (91)	80 (81)
Cheung Chau Dental Clinic	188 (188)	192 (193)	152 (152)	199 (207)	240 (242)

In 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the number of service sessions for each dental clinic with GP sessions are as follows –

<b>Dental clinic with GP sessions</b>	<b>No. of sessions</b>				
	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Kowloon City Dental Clinic	97	98	97	97	83
Kwun Tong Dental Clinic	51	50	52	50	42
Kennedy Town Community Complex Dental Clinic	99	94	96	95	83
Fanling Health Centre Dental Clinic	49	50	49	49	39
Mona Fong Dental Clinic	47	51	51	51	43
Tai Po Wong Siu Ching Dental Clinic	47	51	51	51	43
Tsuen Wan Dental Clinic	98	97	99	98	82

Dental clinic with GP sessions	No. of sessions				
	2014-15	2015-16	2016-17	2017-18	2018-19 (up to 31 January 2019)
Yan Oi Dental Clinic	51	50	52	50	42
Yuen Long Jockey Club Dental Clinic	98	97	99	98	82
Tai O Dental Clinic	12	12	12	12	12
Cheung Chau Dental Clinic	12	12	12	12	12

III. DH does not maintain the number of patients attended the GP sessions. The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2014-15, 2015-16, 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2014-15	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	0-18	140	158	96	92	79
	19-42	694	719	770	805	706
	43-60	1 325	1 336	1 474	1 381	1 146
	61 or above	2 930	2 964	2 989	2 956	2 681
Kwun Tong Dental Clinic	0-18	58	88	77	70	58
	19-42	441	398	621	614	527
	43-60	1 064	942	1 188	1 053	854
	61 or above	2 561	2 600	2 409	2 253	1 999
Kennedy Town Community Complex Dental Clinic	0-18	130	112	124	116	103
	19-42	1 028	1 190	998	1 016	926
	43-60	1 635	1 578	1 909	1 741	1 501
	61 or above	3 003	3 025	3 872	3 726	3 514
Fanling Health Centre Dental Clinic	0-18	47	45	42	40	32
	19-42	300	287	340	348	291
	43-60	637	698	652	597	472
	61 or above	1 277	1 188	1 322	1 277	1 104

Dental clinic with GP sessions	Age group	Attendance in 2014-15	Attendance in 2015-16	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19 (up to 31 January 2019)
Mona Fong Dental Clinic	0-18	47	57	34	33	28
	19-42	267	249	276	292	250
	43-60	512	605	528	501	405
	61 or above	970	1 041	1 071	1 072	947
Tai Po Wong Siu Ching Dental Clinic	0-18	45	34	37	35	29
	19-42	196	261	293	309	257
	43-60	585	608	560	531	417
	61 or above	1 063	1 075	1 136	1 136	975
Tsuen Wan Dental Clinic	0-18	124	123	136	137	115
	19-42	824	896	1 094	1 202	1 032
	43-60	2 160	1 916	2 093	2 060	1 673
	61 or above	4 897	4 258	4 244	4 409	3 914
Yan Oi Dental Clinic	0-18	32	24	39	35	29
	19-42	364	287	311	310	264
	43-60	523	519	595	532	428
	61 or above	1 190	1 241	1 207	1 138	1 001
Yuen Long Jockey Club Dental Clinic	0-18	101	77	72	68	56
	19-42	539	566	578	592	504
	43-60	1 380	1 221	1 106	1 016	816
	61 or above	1 831	1 905	2 243	2 175	1 910
Tai O Dental Clinic	0-18	1	1	2	2	1
	19-42	11	22	14	14	12
	43-60	21	23	26	23	20
	61 or above	69	51	53	51	47
Cheung Chau Dental Clinic	0-18	6	7	3	4	4
	19-42	30	35	22	31	37
	43-60	54	44	42	52	60
	61 or above	98	106	85	112	139

DH does not maintain information on the number of cases of repeated visits in the past 5 years.

IV. The establishment and staff remuneration for the operation of the GP sessions are not available as they have been absorbed within the provision for dental services under Programme (4).

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)209**

**(Question Serial No. 2290)**

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 seasonal influenza vaccination, please provide information on:

- (1) the number of recipients, the expenditure on subsidies and the coverage rate of the Government's various subsidised vaccination programmes/schemes in each of the past 5 years (broken down by age group);
- (2) the number of staff and expenditure involved in the School Outreach Vaccination Pilot Programme rolled out last year, as well as the number of school children benefited and their percentage in the total number of school children in the respective age groups; and
- (3) whether statistics are available on the coverage rate of seasonal influenza vaccination among the overall population in the territory; if yes, the details; if not, the reasons and whether the Government will consider compiling such statistics in the future.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 45)

Reply:

- (1) 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;
  - Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
  - School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through the DH or Public-Private Partnership (PPP).

The number of recipients, the expenditure on subsidies, as well as coverage rate of specific target groups, under the aforesaid SIV programmes/schemes in the past 5 years are detailed at Annex. As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

- (2) To further encourage students to receive SIV, the DH rolled out the Pilot Programme in 2018/19 to reach out to primary schools and provide SIV for students through DH or PPP. As at 3 March 2019, the number of primary schools that arranged for outreach vaccination increased from 65 in 2017/18 to 405 in 2018/19, while the number of kindergartens and child care centres that arranged for outreach vaccination increased from 60 to 184. Overall, there were 306 600 children aged 6 months to under 12 in 2018/19 under various programmes received SIV.

The number of recipients under the Pilot Programme, the amount of subsidy claimed by doctors joining the programme and the percentage of population in the corresponding age group in 2018/19 are as follows -

Target groups	Vaccination programmes/schemes	2018/19 (as at 3 March 2019)		
		No. of recipients	Subsidy claimed (\$ million)	Percentage of population in the age group
Children aged between 6 and less than 12	Pilot Programme	100 300	7	27.6%

The staff establishment/cost of DH in supporting the Pilot Programme in 2018/19 has been absorbed within the overall establishment/provision for all vaccination programmes.

- (3) The DH keeps statistics on the SIV coverage rate of target groups under Government's vaccination programmes/schemes but not the rate of total population. Moreover, as some target group members may have received SIV outside the Government's vaccination programme/schemes, they are not included in the statistics captured by the DH. The DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups to receive SIV, as well as that of the total population in Hong Kong.

- End -

**Numbers of recipients of SIV under the GVP, the VSS and the Pilot Programme in the past 5 years**

Target groups	Vaccination programmes/ schemes	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
Elderly aged 65 or above	GVP	193 200	Not applicable	35%	320 900~	Not applicable	40.8%
	EVSS@	179 500	28.7		136 900	21.9	
Persons aged between 50 and 64 *	GVP	1 900	Not applicable	#	6 700	Not applicable	#
	VSS	Not applicable	Not applicable		Not applicable	Not applicable	
Children between 6 months and less than 6	GVP	2 400	Not applicable	18%	2 400	Not applicable	15.1%
	CIVSS@	55 200	11.5		45 200	9.3	
Others ^	GVP/VSS	60 600	Not applicable	#	64 300	Not applicable	#
<b>Total</b>		<b>492 800</b>	<b>40.2</b>		<b>576 400</b>	<b>31.2</b>	

Target groups	Vaccination programmes/ schemes	2016/17			2017/18		
		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
Elderly aged 65 or above	GVP	331 000	Not applicable	40.8%	386 700	Not applicable	43.5%
	VSS	147 000	27.9		144 700	27.5	
Persons aged between 50 and 64*	GVP	6 700	Not applicable	#	7 400	Not applicable	#
	VSS	Not applicable	Not applicable		Not applicable	Not applicable	
Children between 6 months and less than 12	GVP	1 600	Not applicable	17.4%	1 900	Not applicable	23%
	VSS	110 600	25.9		149 500	35.5	
Others ^	GVP/VSS	79 900	1.0	#	91 700	1.1	#
<b>Total</b>		<b>676 800</b>	<b>54.8</b>		<b>781 900</b>	<b>64.1</b>	

Target groups	Vaccination programmes/ schemes	2018/19 (as at 3 March 2019)		
		No. of recipients	Subsidy claimed (\$ million)	Percentage of population in the age group
Elderly aged 65 or above	GVP	377 100	Not applicable	42.5%
	VSS	164 400	34.5	
Persons aged between 50 and 64 *	GVP	6 900	Not applicable	8.2%
	VSS	146 500	30.8	
Children between 6 months and less than 12	GVP	900	Not applicable	45.6%
	VSS	205 400	57.3	
	Pilot Programme &	100 300	7	
Others ^	GVP/VSS	98 300	1.4	#
<b>Total</b>		<b>1 099 800</b>	<b>131</b>	

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

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

\* For 2014/15 to 2017/18, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19, the VSS has been expanded to cover all persons aged between 50 and 64.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities (from 2015/16); Disability Allowance recipients (from 2016/17); and pregnant women (from 2016/17 under the VSS), etc.

& The Pilot Programmes was launched in October 2018 to provide free SIV to eligible primary students aged between 6 and less than 12.

# No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.



**CONTROLLING OFFICER'S REPLY**

**FHB(H)210**

**(Question Serial No. 2295)**

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) Scheme, please set out:

- I. the number of persons eligible for the EHV's and the cumulative number of elders who have made voucher claims in each of the past 5 years; and
- II. among those eligible for the EHV's, the respective numbers of persons who have never made any voucher claims and those who have not made any voucher claims in a year in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 15)

Reply:

I. & II.

The table below shows the number of eligible elders and those who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
i) Number of eligible elders (i.e. elders aged 65/70 <sup>Note 1</sup> or above)*	737 000	760 000	775 000	1 221 000	1 266 000
ii) Cumulative number of elders who had made use of vouchers by end of the year	551 000	600 000	649 000	953 000	1 191 000

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

\*Sources: Hong Kong Population Projections 2012–2041, Hong Kong Population Projections 2015–2064 and Hong Kong Population Projections 2017–2066, Census and Statistics Department

Based on the estimated number of eligible elders provided in the Hong Kong Population Projections 2017-2066, about 75 000 (6%) eligible elders had never made use of vouchers as

at end-2018. The Department of Health does not maintain statistics on the number of elders who had not made use of vouchers in a year.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)211**

**(Question Serial No. 3299)**

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:

An additional \$1,000 worth of Elderly Health Care Vouchers (EHVs) will be provided this year, involving an amount of \$1.024 billion. In this connection, please advise on:

- I. the overall estimated expenditure earmarked for the EHV Scheme this year; and
- II. the estimated expenditure and overall actual expenditure on the EHV Scheme in each of the past 5 financial years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: 13)

Reply:

- I. Other than providing an additional \$1,000 worth of vouchers to each eligible elder on a one-off basis in 2019, the Government also proposes to raise the accumulation limit of the vouchers under the Elderly Health Care Voucher Scheme from \$5,000 to \$8,000 as a regular measure. Upon implementation of the above initiatives, the estimated voucher expenditure for 2019-20 is about \$4,206.9 million.
- II. The actual/estimated voucher expenditures for 2014-15 to 2018-19 are as follows:

Financial Year	Actual/ Estimated Voucher Expenditure (in \$ million)
2014-15 (Actual)	682.2
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Actual)	1,697.5
2018-19 (Revised Estimate)	2,983.3

**CONTROLLING OFFICER'S REPLY**

**FHB(H)212**

**(Question Serial No. 0316)**

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 states that it will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site. In this connection, please inform this committee of:

1. the estimated expenditure to be incurred on the operation of the GCMTI in 2019-20;
2. the details of the staff structure and the corresponding remuneration of each post in the GCMTI; and
3. whether the DH has considered identifying a location for operating the GCMTI in the long run; if so, the details of the action timetable; if not, the reasons for not doing so.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 14)

Reply:

1. The financial provision for the temporary Government Chinese Medicines Testing Institute (GCMTI) in 2019-20 is about \$47.9 million.
2. The approved establishment of the temporary GCMTI in 2019-20 is 29 with breakdown as follows:

<u>Rank</u>	<u>Mid-point Salary of the Rank</u>	<u>No.</u>
Senior Chemist	\$120,495	1
Chemist	\$78,380	3
Pharmacist	\$78,380	1
Scientific Officer (Medical)	\$78,380	14
Science Laboratory Technologist	\$63,930	1

<u>Rank</u>	<u>Mid-point Salary of the Rank</u>	<u>No.</u>
Science Laboratory Technician I	\$48,540	2
Science Laboratory Technician II	\$30,165	3
Senior Executive Officer	\$89,460	1
Executive Officer II	\$42,330	1
Assistant Clerical Officer	\$22,865	1
Laboratory Attendant	\$19,030	<u>1</u>
	<b>Total :</b>	<b><u>29</u></b>

3. The Government is now actively pursuing the permanent site for the operation of the GCMTI.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)213**

**(Question Serial No. 0317)**

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 (DH) pledges to promote and implement the Elderly Health Care Voucher (EHV) Scheme. In this connection, please advise this Committee on:

1. the numbers of complaints received by the DH about EHV abuse in the past 3 years and the total amount involved;
2. the number of successful prosecutions by the DH in cases of EHV abuse; and
3. with regard to the problem of abuse, the measures to be put in place by the DH to protect the elderly from scams when using vouchers, and the resources estimated to be allocated in this respect.

Asked by: Hon CHAN Kin-por (LegCo internal reference no.: 15)

Reply:

1.&2.

The table below shows the number of complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme received by the Department of Health (DH) from 2016 to 2018:

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	33	67	120	220

These complaint cases involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The amount of vouchers associated with these complaint cases is not readily available.

The DH had conducted investigation for each complaint. Appropriate actions/ measures were taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Of the 16 complaint cases received from 2016 to 2018 and referred to the Police, investigation of 11 cases was completed by them with no prosecution made.

3.

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 investigation of complaints. The DH also regularly issues to participating healthcare service providers guidelines to remind them of the requirements of the EHV Scheme.

Besides, the DH will strengthen its efforts in promoting better use of vouchers through more proactively reaching out to elders, in addition to the existing publicity efforts. The 18 Visiting Health Teams of DH will be mobilised to conduct health talks to promote the concept of primary healthcare and educate elders on the wise and proper use of vouchers through easy-to-understand illustrations. The DH will also continue to regularly update key statistics on the EHV Scheme and voucher usage to help both elders and the general public better understand the EHV Scheme.

The estimated administrative expenses for administering the EHV Scheme in 2019-20 is \$35.8 million. The estimated expenditure on the above measures cannot be separately quantified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)214**

**(Question Serial No. 1256)**

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:

The Department of Health plans to create 332 non-directorate posts and 4 directorate posts in 2019-20. Please advise on the respective ranks, salaries and duties of these posts.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 3)

Reply:

Details of the net increase of 336 posts in the Department of Health are at **Annex**.

- End -



### Creation and Deletion of Posts in Department of Health in 2019-20

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<i>Programme 1 – Statutory Functions</i>		
Controller #	1	2,793,000
Senior Medical and Health Officer	6	8,675,640
Medical and Health Officer	6	6,718,680
Senior Nursing Officer	1	940,560
Nursing Officer	7	5,129,040
Registered Nurse	5	2,309,400
Principal Dental Officer #	1	1,836,600
Senior Dental Officer	1	1,445,940
Dental Officer	2	1,967,400
Dental Hygienist	1	328,080
Senior Dental Surgery Assistant	2	970,080
Dental Surgery Assistant	1	309,480
Chief Pharmacist #	1	1,836,600
Pharmacist	2	1,881,120
Scientific Officer (Medical)	3	2,821,680
Senior Physicist	1	1,445,940
Physicist	1	940,560
Chief Hospital Administrator	1	1,445,940
Senior Hospital Administrator	3	3,220,560
Hospital Administrator I	4	3,068,640
Hospital Administrator II	1	485,040
Senior Foreman	4	1,312,320
Foreman	12	3,108,240
Chief Executive Officer	2	2,891,880
Senior Executive Officer	2	2,147,040
Executive Officer I	3	2,301,480
Executive Officer II	-1	-507,960
Clerical Officer	3	1,319,940
Assistant Clerical Officer	4	1,097,520
Clerical Assistant	3	642,780
Personal Secretary I	1	439,980
Personal Secretary II	1	274,380
Chemist	1	940,560
Electrical and Mechanical Engineer / Assistant Electrical and Mechanical Engineer	1	780,570
Chief Technical Officer (Electrical)	1	1,073,520
Chief Technical Officer (Mechanical)	1	1,073,520
Health Inspector I/II	1	539,160
Science Laboratory Technician I	1	582,480
Treasury Accountant	1	983,700

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
Senior Systems Manager	1	1,445,940
Systems Manager	2	2,147,040
Analyst/Programmer I	1	767,160
Analyst/Programmer II	1	507,960
Workman II	1	170,340
<b>Total (Programme 1):</b>	<b>98</b>	<b>76,609,530</b>

### ***Programme 2 – Disease Prevention***

Assistant Director of Health #	-1	-2,179,800
Senior Medical and Health Officer	3	4,337,820
Medical and Health Officer	9	10,078,020
Senior Nursing Officer	3	2,821,680
Nursing Officer	12	8,792,640
Registered Nurse	18	8,313,840
Enrolled Nurse	4	1,447,920
Senior Pharmacist	1	1,445,940
Pharmacist	2	1,881,120
Scientific Officer (Medical)	6	5,643,360
Clinical Psychologist	3	2,821,680
Dietitian	1	609,900
Occupational Therapist I	2	1,400,280
Optometrist	1	439,980
Senior Hospital Administrator	3	3,220,560
Hospital Administrator I	5	3,835,800
Hospital Administrator II	2	970,080
Chief Executive Officer	2	2,891,880
Senior Executive Officer	6	6,441,120
Executive Officer I	9	6,904,440
Executive Officer II	15	7,619,400
Clerical Officer	8	3,519,840
Assistant Clerical Officer	26	7,133,880
Clerical Assistant	3	642,780
Personal Secretary I	1	439,980
Personal Secretary II	-1	-274,380
Statistician	1	940,560
Statistical Officer I	2	1,164,960
Assistant Director of Accounting Services #	1	2,179,800
Chief Treasury Accountant #	-1	-1,836,600
Senior Accounting Officer	1	1,073,520
Accounting Officer II	2	970,080
Chief Systems Manager #	1	1,836,600
Analyst/Programmer I	1	767,160
Workman II	6	1,022,040

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
<b>Total (Programme 2):</b>	<b>157</b>	<b>99,317,880</b>

### ***Programme 3 – Health Promotion***

Assistant Director of Health #	1	2,179,800
Nursing Officer	2	1,465,440
Registered Nurse	2	923,760
Scientific Officer (Medical)	1	940,560
Senior Clinical Psychologist	2	2,891,880
Clinical Psychologist	2	1,881,120
Senior Dietitian	2	2,147,040
Dietitian	2	1,219,800
Principal Information Officer	1	1,168,080
Information Officer	1	767,160
Assistant Information Officer	2	970,080
Chief Executive Officer	1	1,445,940
Executive Officer I	3	2,301,480
Assistant Clerical Officer	1	274,380
<b>Total (Programme 3):</b>	<b>23</b>	<b>20,576,520</b>

### ***Programme 4 – Curative Care***

Senior Dental Officer	1	1,445,940
Dental Officer	1	983,700
Dental Surgery Assistant	2	618,960
Radiographer II	1	439,980
Radiographic Technician	-1	-291,240
<b>Total (Programme 4):</b>	<b>4</b>	<b>3,197,340</b>

### ***Programme 5 – Rehabilitation***

Senior Nursing Officer	1	940,560
Nursing Officer	2	1,465,440
Registered Nurse	7	3,233,160
Speech Therapist	3	1,829,700
Senior Occupational Therapist	1	940,560
Senior Physiotherapist	1	940,560
Assistant Clerical Officer	4	1,097,520
Clerical Assistant	3	642,780
<b>Total (Programme 5):</b>	<b>22</b>	<b>11,090,280</b>

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
-------------	---	---

***Programme 7 – Medical and Dental Treatment for Civil Servants***

Registered Nurse	4	1,847,520
Senior Dental Officer	1	1,445,940
Dental Officer	1	983,700
Dental Hygienist	5	1,640,400
Dental Surgery Assistant	5	1,547,400
Pharmacist	1	940,560
Dispenser / Student Dispenser	1	277,560
Dietitian	1	609,900
Clerical Officer	1	439,980
Assistant Clerical Officer	4	1,097,520
Clerical Assistant	6	1,285,560
Accounting Officer II	1	485,040
Workman II	1	170,340
<b><i>Total (Programme 7):</i></b>	<b>32</b>	<b>12,771,420</b>
<b><i>Total (Overall):</i></b>	<b>336</b>	<b>223,562,970</b>

# Directorate post

**CONTROLLING OFFICER'S REPLY**

**FHB(H)215**

**(Question Serial No. 1257)**

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 will regularise the Colorectal Cancer Screening Pilot Programme (the Pilot Programme). As regards the details of the regularization of the Pilot Programme, will the Government please inform this Committee of:

1. the number of participants in 2018-19, broken down by age group and gender, and the respective numbers of participants found to have polyp(s) and diagnosed with cancer through the Pilot Programme;
2. the expenditure and staff establishment in 2019-20; and
3. the number of eligible persons and the estimated number of participants after the regularisation of the Programme, broken down by age group and gender?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 4)

Reply:

- (1) Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases, as in the Pilot Programme, to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. As at end February 2019, about 130 000 eligible persons have participated in the CRCSP. Among those participants who underwent colonoscopy examination services, 9 167 persons were found to have colorectal adenomas and 892 persons colorectal cancers. Breakdown of the number of participants (as at end February 2019) since the introduction of the Pilot Programme, by year of birth and gender, is appended below -

Phase (Launch date) (A)	Year of birth of new eligible participants covered in respective phase	Number of participants since the launch date (column (A)) up to end February 2019	
		Male	Female
<b><i>Pilot phase</i></b>			
Phase 1 (28 September 2016)	1946-1948	14 100	15 900
Phase 2 (27 February 2017)	1949-1951	15 200	18 200
Phase 3 (27 November 2017)	1952-1955	16 600	22 000
<b><i>Regularised phase</i></b>			
Phase 1 (6 August 2018)	1942-1945 1956-1957	10 000	12 100
Phase 2 (1 January 2019)	1958-1963	2 200	3 300

- (2) In 2019-20, the total provision of the CRCSP is \$216.4 million and the number of civil service establishment involved in the CRCSP in the Department of Health is 25.
- (3) At the time of planning the regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Its breakdown by age group and gender is appended below -

Age group	Estimated population size	
	Male	Female
50-59	636 600	701 000
60-69	461 400	470 000
70-75	143 000	142 500

Based on the experience in the Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)216**

**(Question Serial No. 1270)**

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 on and the manpower for the prevention of abuse of the EHV Scheme in the past 3 years and in the coming year;
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 their percentages in all the claim transactions made and in all the enrolled healthcare service providers involved in the past 3 years;
3. the number of complaints related to the EHV Scheme received each year, broken down by type of complaint; and among them, the numbers of substantiated cases and cases 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, The Chinese University of Hong Kong to conduct a comprehensive review of the EHV Scheme; whether the prevention of abuse of the EHV's will be reviewed as well and when the results of the study will be published.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 24)

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 for the administration and monitoring of the EHV Scheme as at end of 2016-17 was 24, while that as at end of 2017-18, 2018-19 and 2019-20 was/ will be 48.

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

2016-17 (Actual) \$ million	2017-18 (Actual) \$ million	2018-19 (Revised Estimate) \$ million	2019-20 (Estimate) \$ million
14.3	19.7	30.4	35.8

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

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
31.12.2016	Number of inspections conducted	11 022	2 740	63	<b>13 825</b>	2.2%	92.6%
	Number of claims checked	190 936	50 265	15 566	<b>256 767</b>		
31.12.2017	Number of inspections conducted	13 309	3 058	123	<b>16 490</b>	2.0%	92.9%
	Number of claims checked	235 811	56 019	17 435	<b>309 265</b>		
31.12.2018	Number of inspections conducted	15 327	3 571	230	<b>19 128</b>	1.8%	95.5%
	Number of claims checked	272 224	64 650	21 231	<b>358 105</b>		

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

3. The DH received 220 complaints against participating healthcare service providers under the EHV Scheme from 2016 to 2018, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges.

The DH had conducted investigation for each complaint. Appropriate actions/ measures were taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or



recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Of the 16 complaint cases received from 2016 to 2018 and referred to the Police, investigation of 11 cases was completed by them with no prosecution made.

Among the 96 cases with investigation completed, 32 cases were found to be substantiated or partially substantiated.

4. The DH completed a review of the EHV Scheme in Q1 2019, with reference to studies conducted in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care, data extracted from the eHealth System (Subsidies), and a report issued by the University of Hong Kong - Shenzhen Hospital on the use of vouchers under the Pilot Scheme there. The review assessed, among others, the operational arrangements of the EHV Scheme, including the monitoring aspects (e.g. complaints handling mechanism).

Taking into consideration the findings of the review, the Government proposes, in relation to monitoring and public education, empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance; as well as stepping up monitoring efforts against suspected abuse/ misuse of vouchers. The results of the review and the above recommended enhancement measures were reported to the Panel on Health Services of the Legislative Council in March 2019.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)217**

**(Question Serial No. 1276)**

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 vaccination programmes/schemes for pneumococcal infection and seasonal influenza for the elderly and young children, please provide the following information:

- (a) costs per dose of seasonal influenza vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV);
- (b) numbers of private doctors participating in the Elderly Vaccination Subsidy Scheme (EVSS) and the numbers of seasonal influenza and 23vPPV vaccinations given/to be given in 2017, 2018 and 2019 (plan);
- (c) amounts of subsidies provided/to be provided for each dose of seasonal influenza vaccine and 23vPPV in 2017, 2018 and 2019 (plan);
- (d) numbers of hospital admissions for seasonal influenza and pneumonia, broken down by age group, in 2017, 2018 and the first 2 months of 2019;
- (e) whether PCV13 will be included in the EVSS in the future and if so, the estimated annual expenditure involved; if not, the reasons for that; and
- (f) quantities of seasonal influenza vaccines procured/to be procured in 2017, 2018 and 2019 (plan), as well as the quantities and costs of expired influenza vaccines arranged for disposal in the past 3 years.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 30)

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 by the Government, under the Government Vaccination Programme (GVP) and School Outreach Vaccination Pilot Programme as appropriate, for 2018/19 are as follows –

Vaccine	Number of Doses	Amount (\$ million)
SI vaccine	727 000	33.5
PCV13	283 000	109.8
23vPPV	19 000	3.0

- (b) There have been about 1 700 private doctors enrolled under the Vaccination Subsidy Scheme (VSS) for providing subsidised vaccination to elders in the past 3 seasons. The number of elders receiving subsidised SI vaccination and 23vPPV under the VSS for the past 3 seasons are appended below –

	2016/17	2017/18	2018/19 (as at 3 March 2019)
Number of elders receiving SI vaccination	147 000	144 700	164 300
Number of elders receiving 23vPPV	15 300	16 600	16 600

- (c) The subsidy of SI vaccination under the VSS was \$190 per dose in 2016/17 and 2017/18, and has been raised to \$210 per dose starting from the 2018/19.

The subsidy for 23vPPV is \$190 per dose for 2016/17 and 2017/18, and has been raised to \$250 per dose starting from 2018/19.

- (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 2017, 2018 and the first 2 months of 2019 are as follows –

Year	Number of hospital admissions for influenza (including ICD9 diagnosis codes starting with 487)	Number of hospital admissions for pneumonia (including ICD9 diagnosis codes 480 – 486 and 487.0)
2017	13 175	82 675
2018	11 963	77 992
2019 (for the first 2 months)*	6 514	14 903

\* Provisional figures

Breakdown of the above figures by age groups, as provided by HA, is set out in the tables below –

#### Number of hospital admissions for influenza in public hospitals

Year	Influenza			
	0-4 years	5-64 years	≥65 years	Total
2017	2 560	4 062	6 553	13 175
2018	2 826	4 741	4 396	11 963
2019 (as at 2 March 2019)*	1 644	2 600	2 270	6 514

\* Provisional figures

**Number of hospital admissions for pneumonia (including pneumonia caused by influenza) in public hospitals**

Year	Pneumonia			
	0-4 years	5-64 years	≥65 years	Total
2017	4 289	14 983	63 403	82 675
2018	3 571	13 206	61 215	77 992
2019 (as at 2 March 2019)*	614	2 771	11 518	14 903

\* Provisional figures

According to data provided by private hospitals, there were 4 709 episodes of inpatient discharges and deaths due to influenza (including ICD10 diagnosis codes J09-J11) in 2017. The total number of inpatient discharges and deaths for pneumonia (including ICD10 diagnosis codes J12-J18) was 4 667 in 2017. Breakdown for the above figures by age groups is provided in the table below. Relevant figures for 2018 and 2019 are not yet available.

Age group	Influenza (ICD10: J09-J11)	Pneumonia (ICD10: J12-J18)
0-4 years	2 016	1 317
5-64 years	2 354	2 356
≥65 years	339	994
Total	4 709	4 667

- (e) The Government has been providing free/subsidised PCV13 to eligible high risk elders through the GVP and the VSS since October 2017. There has been a total of 259 000 recipients so far (as at 3 March 2019).
- (f) The quantities of SI vaccines procured by the Government, the contract amount, and the number of vaccines expired, unused, and/or damaged in the past 3 seasons are set out below –

Season	Number of doses	Amount (\$ million)	Number of expired, unused and/or damaged doses
2016/17	430 000	23.3	10 000
2017/18	527 000	28.0	45 000
2018/19	727 000	33.5	No available information yet

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)218**

**(Question Serial No. 1279)**

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 2019-20;
2. the amount 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 in the past 3 years and the coming year;
3. the non-governmental organisations (NGOs) participating in the Programme and the number of outreach dental teams of each NGO (broken down by the administrative district of the Social Welfare Department (SWD)); and
4. the percentage of residential care homes and day care centres for the elderly in different districts participating in the Programme (broken down by administrative district of the SWD)?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 33)

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)			
	2016-17	2017-18	2018-19	2019-20
(a) Subvention to non-governmental organisations for operating outreach dental teams	39.9	39.9	39.9	46.5
(b) Administrative costs	4.9	5.0	5.0	5.2
Total:	44.8	44.9	44.9	51.7

Six civil service posts have been provided for implementing the ODCP. Since the implementation of the ODCP in October 2014 up to end-January 2019, the number of attendances was about 187 400.

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 -

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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
	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



<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
	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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
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.

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

	<b>2017-19 Service Year of ODCP<sup>Note 1</sup> (position as at 31 January 2019)</b>		
	<b>(a)</b>	<b>(b)</b>	<b>(a)/(b) %</b>
Central, Western, Southern and Islands	81	105	77%
Eastern and Wan Chai	89	111	80%
Kwun Tong	59	67	88%
Wong Tai Sin and Sai Kung	60	67	90%
Kowloon City and Yau Tsim Mong	124	137	91%
Sham Shui Po	74	95	78%
Tsuen Wan and Kwai Tsing	103	118	87%
Tuen Mun	53	57	93%
Yuen Long	55	62	89%
Sha Tin	55	64	86%
Tai Po and North	87	93	94%
<b>Total:</b>	<b>840</b>	<b>976</b>	<b>86%<sup>Note 2</sup></b>

*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 16 months of 2017-19 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

**CONTROLLING OFFICER'S REPLY**

**FHB(H)219**

**(Question Serial No. 1280)**

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 number of discs available in each session at each dental clinic in the past 3 years and in the coming year; and
2. the attendances, broken down by age group, and the overall utilisation rate of the service sessions at each dental clinic in the past 3 years?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 34)

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 –

<b>Dental clinics with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>
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
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84
	Friday (AM)	84
Yan Oi Dental Clinic	Wednesday (AM)	42

<b>Dental clinics with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42
	Friday (AM)	42
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32

# 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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2016-17</b>	<b>Attendance in 2017-18</b>	<b>Attendance in 2018-19 (up to 31 January 2019)</b>
Kowloon City Dental Clinic	0-18	96	92	79
	19-42	770	805	706
	43-60	1 474	1 381	1 146
	61 or above	2 989	2 956	2 681
Kwun Tong Dental Clinic	0-18	77	70	58
	19-42	621	614	527
	43-60	1 188	1 053	854
	61 or above	2 409	2 253	1 999
Kennedy Town Community Complex Dental Clinic	0-18	124	116	103
	19-42	998	1 016	926
	43-60	1 909	1 741	1 501
	61 or above	3 872	3 726	3 514
Fanling Health Centre Dental Clinic	0-18	42	40	32
	19-42	340	348	291
	43-60	652	597	472
	61 or above	1 322	1 277	1 104
Mona Fong Dental Clinic	0-18	34	33	28
	19-42	276	292	250
	43-60	528	501	405
	61 or above	1 071	1 072	947
Tai Po Wong Siu Ching Dental Clinic	0-18	37	35	29
	19-42	293	309	257
	43-60	560	531	417
	61 or above	1 136	1 136	975

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2016-17</b>	<b>Attendance in 2017-18</b>	<b>Attendance in 2018-19 (up to 31 January 2019)</b>
Tsuen Wan Dental Clinic <sup>#</sup>	0-18	136	137	115
	19-42	1 094	1 202	1 032
	43-60	2 093	2 060	1 673
	61 or above	4 244	4 409	3 914
Yan Oi Dental Clinic	0-18	39	35	29
	19-42	311	310	264
	43-60	595	532	428
	61 or above	1 207	1 138	1 001
Yuen Long Jockey Club Dental Clinic	0-18	72	68	56
	19-42	578	592	504
	43-60	1 106	1 016	816
	61 or above	2 243	2 175	1 910
Tai O Dental Clinic	0-18	2	2	1
	19-42	14	14	12
	43-60	26	23	20
	61 or above	53	51	47
Cheung Chau Dental Clinic	0-18	3	4	4
	19-42	22	31	37
	43-60	42	52	60
	61 or above	85	112	139

<sup>#</sup> 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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

<b>Dental clinic with GP sessions</b>	<b>Overall utilisation rate in %</b>		
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Kowloon City Dental Clinic	88.8	86.5	89.5
Kwun Tong Dental Clinic	98.2	95.2	97.5
Kennedy Town Community Complex Dental Clinic	85.6	82.3	86.7
Fanling Health Centre Dental Clinic	96.3	92.5	97.3
Mona Fong Dental Clinic	89.4	88.2	90.6
Tai Po Wong Siu Ching Dental Clinic	94.6	93.7	92.9
Tsuen Wan Dental Clinic <sup>#</sup>	90.5	94.6	97.7
Yan Oi Dental Clinic	98.4	96.2	97.8

<b>Dental clinic with GP sessions</b>	<b>Overall utilisation rate in %</b>		
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Yuen Long Jockey Club Dental Clinic	96.1	93.3	95.1
Tai O Dental Clinic	24.7	23.4	25.0
Cheung Chau Dental Clinic	39.6	51.8	75.0

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)220**

**(Question Serial No. 1282)**

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 of:

1. in table form, the numbers of smoking complaints received, inspections conducted and warning letters/fixd penalty notices/summonses issued in the past 3 years;
2. the expenditure and staff establishment of the Tobacco Control Office in the past 3 years and in the coming year; and
3. the expenditure on the implementation of smoking cessation programmes and the details of work in the past 3 years and in the coming year?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 36)

Reply:

1. The numbers of complaints received, inspections conducted, warning letters issued and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) for the period from 2016 to 2018 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:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
Complaints received		22 939	18 354	18 100
Inspections conducted		30 395	33 159	32 255
Warning letters issued		6	9	3
FPNs issued (for smoking offences)		8 650	9 711	8 684
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68



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

2. The expenditures/provisions and approved establishment of TACO from 2016-17 to 2019-20 are at **Annexes 1 and 2** respectively.
3. DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiry and provide counselling on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 6 smoking cessation clinics (5 are for civil servants, and 1 is open to members of the public) operated by DH, and 15 full-time and 54 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, 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 the workplace, as well as a hotline to provide counselling service tailored for young smokers over the phone. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients quit smoking.

The expenditures/provisions related to health promotion activities and smoking cessation services by TACO and its subvented organisations from 2016-17 to 2019-20 are at **Annex 1**. For HA, smoking cessation services form an integral part of HA's overall services provision; and therefore such expenditure is not separately accounted for.

- End -

**Expenditures/Provision of**  
**the Department of Health's Tobacco and Alcohol Control Office<sup>1</sup>**

	2016-17 (\$ million)	2017-18 (\$ million)	2018-19 Revised Estimate (\$ million)	2019-20 Estimate (\$ million)
<b><u>Enforcement</u></b>				
Programme 1: Statutory Functions	54.5	61.5	73.9	110.5
<b><u>Health Education and Smoking Cessation</u></b>				
Programme 3: Health Promotion	130.0	124.4	128.5	129.4
<b><u>(a) General health education and promotion of smoking cessation</u></b>				
<i>TACO</i>	46.8	49.8	53.6	53.7
<i>Subvention to Hong Kong Council on Smoking and Health</i>	22.9	23.9	23.9	24.7
<b><i>Sub-total</i></b>	<b><u>69.7</u></b>	<b><u>73.7</u></b>	<b><u>77.5</u></b>	<b><u>78.4</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>				
<i>Subvention to Tung Wah Group of Hospitals</i>	41.5	34.0	34.0	34.0
<i>Subvention to Pok Oi Hospital</i>	7.6	7.2	7.3	7.3
<i>Subvention to Po Leung Kuk</i>	2.0	1.5	1.7	1.5
<i>Subvention to Lok Sin Tong</i>	2.4	2.7	2.7	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.6	2.9	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.3	2.4	2.4	2.4
<i>Subvention to The University of Hong Kong<sup>2</sup></i>	1.9	-	-	-
<b><i>Sub-total</i></b>	<b><u>60.3</u></b>	<b><u>50.7</u></b>	<b><u>51.0</u></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>184.5</u></b>	<b><u>185.9</u></b>	<b><u>202.4</u></b>	<b><u>239.9</u></b>

<sup>1</sup> The Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified.

<sup>2</sup> Designated as World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, TACO collaborated with the University of Hong Kong to develop the evaluation tool on smoking cessation service. The project has been completed.

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**

<b>Rank</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
<b><u>Head, TACO</u></b>				
Consultant	-	-	1	1
Principal Medical & Health Officer	1	1	-	-
<b><u>Enforcement</u></b>				
Senior Medical & Health Officer	1	1	1	1
Medical & Health Officer	1	1	1	1
Scientific Officer (Medical)	-	-	1	1
Land Surveyor	1	1	1	1
Police Officer	5	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	105	121
Senior Executive Officer/ Executive Officer	9	9	13	13
<i>Sub-total</i>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>127</u></b>	<b><u>143</u></b>
<b><u>Health Education and Smoking Cessation</u></b>				
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
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>				
Senior Executive Officer/ Executive Officer	4	4	4	4
Clerical and support staff	17	17	19	19
Motor Driver	1	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>24</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>163</u></b>	<b><u>179</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)221**

**(Question Serial No. 1283)**

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 please 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 amount of EHVs involved, broken down by specialty;
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 in the Mainland; (iv) the New Territories of Hong Kong; and (v) other parts of Hong Kong; and
3. when the Government will complete evaluation of the effectiveness of the Pilot Scheme and when the results of the evaluation will be published?

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 38)

Reply:

1. As at end-December 2018, about 3 400 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 over HK\$7.3 million (to pay for healthcare service fees of around RMB6.3 million). Breakdown of the total amount of vouchers claimed by clinic/ department of the HKU-SZ Hospital is provided as follows:

<b>Clinic/ Department</b>	<b>Amount of vouchers claimed (HK\$'000)</b>
Family Medicine Clinic	292
Health Assessment and Management Centre	658
Accident and Emergency Department	331
Orthopaedic Clinic	482
Ophthalmology Clinic	434

Dental Clinic	681
Chinese Medicine Clinic	585
Medicine Clinic	2,891
Gynaecology Clinic	44
Surgery Clinic	900
Physiotherapy Department	53
Department of Medical Imaging	0.2
Department of Pathology	2
Rehabilitation Clinic	2

2. The Department of Health (DH) does not maintain statistics on the residence of elders using the vouchers. Nevertheless, according to the information provided by HKU-SZ Hospital, as at end-December 2018, among the elders who had ever made use of vouchers at the HKU-SZ Hospital and provided their residential information, about 59% were residing in the Mainland while 41% were residing in Hong Kong.
  
3. The DH completed a review of the EHV Scheme in Q1 2019. Among other things, the Government proposes to regularise the Pilot Scheme at the HKU-SZ Hospital. The results of the review and recommended enhancement measures were reported to the Panel on Health Services of the Legislative Council in March 2019.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)222**

**(Question Serial No. 1292)**

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 2016, 2017 and 2018:

- (a) the amount of EHVs claimed by various healthcare disciplines and the total amount of claims;
- (b) the number of persons who have used the EHVs, the number of eligible persons and the percentage of eligible persons who have used the EHVs;
- (c) the percentage and number of eligible persons who have used the 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 (LegCo internal reference no.: 48)

Reply:

(a)

The table below shows the amount of vouchers claimed in the past 3 years from 2016 to 2018:

**Amount of Vouchers Claimed (in HK\$'000)**

	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	638,006	774,088	1,154,745
Chinese Medicine Practitioners	171,599	256,563	533,136
Dentists	105,455	144,331	287,044
Occupational Therapists	271	2,506	5,681
Physiotherapists	7,007	8,344	16,452
Medical Laboratory Technologists	9,905	11,256	17,808
Radiographers	3,197	5,447	13,400
Nurses	3,335	5,122	7,447
Chiropractors	1,913	2,303	5,225
Optometrists	128,399	288,582	759,750
<b>Sub-total (Hong Kong):</b>	<b>1,069,087</b>	<b>1,498,542</b>	<b>2,800,688</b>
University of Hong Kong - Shenzhen Hospital <sup>Note 3</sup>	1,471	1,855	3,492
<b>Total :</b>	<b>1,070,558</b>	<b>1,500,397</b>	<b>2,804,180</b>

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 3: The Pilot Scheme for use of EHV at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015. HKU-SZH joined the EHV Scheme on a hospital basis.

(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 of 2016, 2017 and 2018, broken down by gender and age group:

	2016		2017		2018	
	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 <sup>Note 4</sup> or above)*	775 000	-	1 221 000	-	1 266 000	-
(2) Cumulative number of elders who had made use of vouchers up to end of the year	649 000	84%	953 000	78%	1 191 000	94%
(i) By gender						
-Male	290 000	83%	430 000	75%	552 000	93%
-Female	359 000	85%	523 000	80%	639 000	95%
(ii) By age group						
-65 – 69 <sup>Note 4</sup>	-	-	239 000	58%	394 000	92%
-70 – 75	214 000	81%	259 000	91%	323 000	100%
-76 – 80	175 000	86%	176 000	87%	176 000	91%
-Above 80	260 000	84%	279 000	87%	298 000	92%

Note 4: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

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

The Department of Health (DH) does not maintain statistics on the residence of elders using the vouchers.



(d)

The table below shows the average cumulative amount of vouchers in monetary value used per person up to end of 2016, 2017 and 2018 since the EHV Scheme was launched in 2009, broken down by gender and age group:

	Average cumulative amount of vouchers (HK\$) used since the EHV Scheme was launched in 2009		
	Up to 31.12.2016	Up to 31.12.2017	Up to 31.12.2018 <sup>Note 6</sup>
(i) By gender			
-Male	4,483	4,431	5,605
-Female	4,743	4,696	6,059
(ii) By age Group			
-65 – 69 <sup>Note 5</sup>	-	1,167	3,164
-70 – 75	3,722	4,228	5,283
-76 – 80	5,287	6,789	8,752
-Above 80	4,927	6,424	8,294

Note 5: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

Note 6: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

The DH does not maintain statistics on the residence of elders using the vouchers.

(e)

The table below shows the number of healthcare service providers enrolled in the EHV Scheme as at end of 2016, 2017 and 2018, broken down by types of healthcare professionals:

	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018
Medical Practitioners	2 126	2 387	2 591
Chinese Medicine Practitioners	2 047	2 424	2 720
Dentists	770	895	1 047
Occupational Therapists	51	69	74
Physiotherapists	344	396	441
Medical Laboratory Technologists	35	48	54
Radiographers	24	40	44
Nurses	148	182	182
Chiropractors	66	71	91
Optometrists	533	641	697
<b>Sub-total (Hong Kong):</b>	<b>6 144</b>	<b>7 153</b>	<b>7 941</b>
(HKU-SZH) <sup>Note 7</sup>	1	1	1
<b>Total :</b>	<b>6 145</b>	<b>7 154</b>	<b>7 942</b>

Note 7: The Pilot Scheme for use of EHV at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)223**

**(Question Serial No. 1295)**

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 use of the Elderly Health Care Voucher (EHV) Scheme, please provide in table form, information on the following over the past 3 years:

1. the number of claim transactions and the amount of vouchers claimed by healthcare service provider;
2. the largest amount of voucher claim in a single transaction by healthcare service provider; and
3. the number of complaints related to EHV's received by the Department of Health (DH); the number of follow-up actions taken as appropriate in respect of the complaints, related media coverage or intelligence reports; the number of cases in which voucher claims were not reimbursed by the Government; the number of cases in which the Government took actions to recover the claimed amount from healthcare service providers and the amount so recovered; the number of cases referred by the DH to the Police and/or relevant law enforcement agencies; and the number of cases of successful prosecutions by the Police and/or relevant law enforcement agencies.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 53)

Reply:

1. & 2.

The tables below show the amount of vouchers claimed, the number of voucher claim transactions and the range of maximum voucher amount claimed in a transaction under the Elderly Health Care Voucher (EHV) Scheme by types of healthcare professionals in the past 3 years:

<b>Amount of vouchers claimed and number of voucher claim transactions in 2016</b>			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	638,006	1 955 048	3,751 – 4,000
Chinese Medicine Practitioners	171,599	607 531	3,751 – 4,000
Dentists	105,455	119 305	3,751 – 4,000
Occupational Therapists	271	620	3,751 – 4,000
Physiotherapists	7,007	21 835	3,751 – 4,000
Medical Laboratory Technologists	9,905	9 748	3,751 – 4,000
Radiographers	3,197	5 886	3,751 – 4,000
Nurses	3,335	3 079	3,751 – 4,000
Chiropractors	1,913	5 003	3,751 – 4,000
Optometrists	128,399	72 572	3,751 – 4,000
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 1</sup>	1,471	5 667	3,751 – 4,000

<b>Amount of vouchers claimed and number of voucher claim transactions in 2017</b>			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	774,088	2 218 938	3,751 – 4,000
Chinese Medicine Practitioners	256,563	860 927	3,751 – 4,000
Dentists	144,331	168 738	3,751 – 4,000
Occupational Therapists	2,506	2 217	3,751 – 4,000
Physiotherapists	8,344	25 076	3,751 – 4,000
Medical Laboratory Technologists	11,256	12 044	3,751 – 4,000
Radiographers	5,447	8 935	3,751 – 4,000
Nurses	5,122	5 079	3,751 – 4,000
Chiropractors	2,303	5 346	3,751 – 4,000
Optometrists	288,582	173 279	3,751 – 4,000
HKU-SZH <sup>Note 1</sup>	1,855	6 755	3,251 – 3,500

<b>Amount of vouchers claimed and number of voucher claim transactions in 2018</b>			
	Amount of vouchers claimed (HK\$'000)	Number of voucher claim transactions	Range of maximum voucher amount claimed per transaction (HK\$)
Medical Practitioners	1,154,745	2 917 895	4,751 – 5,000
Chinese Medicine Practitioners	533,136	1 502 140	4,751 – 5,000
Dentists	287,044	294 950	4,751 – 5,000
Occupational Therapists	5,681	3 515	4,751 – 5,000
Physiotherapists	16,452	40 874	4,751 – 5,000
Medical Laboratory Technologists	17,808	18 662	4,751 – 5,000
Radiographers	13,400	16 785	4,751 – 5,000
Nurses	7,447	6 523	4,751 – 5,000
Chiropractors	5,225	10 743	4,751 – 5,000
Optometrists	759,750	359 343	4,751 – 5,000
HKU-SZH <sup>Note 1</sup>	3,492	11 418	4,501 – 4,750

Note 1: The HKU-SZH joined the EHV Scheme on a hospital basis.

3.

From 2016 to 2018, the Department of Health (DH) received a total of 220 complaints (including media reports and relevant reports) involving healthcare service providers participating in the EHV Scheme. DH would conduct investigation for every complaint received, and if any violation of Scheme rules is found during DH's investigation, appropriate follow-up actions will be taken. The relevant statistics of complaints received from 2016 to 2018 are provided in the table below.

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints (including media reports and relevant reports) received by DH involving healthcare service providers participating in the EHV Scheme	33	67	120	220

	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaint cases requiring withholding of reimbursements or recovering paid reimbursements and the amount of vouchers involved <sup>Note 2</sup>	5 \$562,170	5 \$15,454	1 \$2,250	11 \$579,874
Number of complaint cases referred to the Police by DH <sup>Note 2 and 3</sup>	5	6	5	16
Number of cases successfully prosecuted by the Police <sup>Note 2</sup>	0	0	0	0

Note 2: Provisional figures as at end-December 2018. Some of the cases are still under investigation.

Note 3: Among the 16 complaint cases received in 2016 to 2018 and referred to the Police for follow-up action, investigation of 11 cases by the Police was completed and no follow-up was required, and 5 cases were still under investigation as at end-December 2018.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)224**

**(Question Serial No. 3040)**

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:

Will the Government please advise on:

1. the number of children referred to the child assessment centres (CACs) of the Department of Health (DH) for assessment in each of the past 5 years;
2. the number of children diagnosed as having developmental disabilities by the CACs of the DH, broken down by CAC, developmental problem, age (in a total of 13 age groups from 0 to 12) and rehabilitation service referred in each of the past 5 years;
3. the shortest, longest and average waiting times for appointment at the CACs of the DH and the completion time for assessment of new cases in CACs within 6 months in each of the past 5 years; the reasons if the completion time failed to reach the target rate of 90%;
4. the staff establishment and manpower shortage of the CACs of the DH in each of the past 5 years; and
5. the average per capita cost of assessment at the CACs of the DH in each of the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.:3000)

Reply:

1. The number of new referred cases received by the Child Assessment Service (CAS) in the past five years are as follows-

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (Provisional figures)</b>
Number of new cases referred to CAS	9 494	9 872	10 188	10 438	10 466

2. The number of newly diagnosed cases of developmental conditions in the CAS in the past five years are set out in the table below. A further breakdown of the figures by individual child assessment centre (CAC), age and rehabilitation service referred is not available.

Developmental conditions	Number of newly diagnosed cases				
	2014	2015	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/ Disorders	2 541	2 890	2 809	2 855	3 284
Autism Spectrum Disorder	1 720	2 021	1 905	1 716	1 861
Borderline Developmental Delay	2 073	2 262	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	535	643	506	507	534
Hearing Loss (Moderate to profound grade)	109	76	67	71	85
Language Delay/Disorders and Speech Problems	3308	3 487	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	41	61	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 252	1 443	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	36	43	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

3.

In the past five years, nearly all new cases were seen within three weeks after registration. Due to 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 six months dropped from 83% in 2014 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) has not compiled statistics on the shortest, longest or average waiting time for assessment of new cases.

4. The approved establishment of the CAS from 2014-15 to 2018-19 are as follows-

Grades	2014-15	2015-16	2016-17	2017-18	2018-19
<b>Medical Support</b>					
Consultant	1	1	1	1	1

<b>Grades</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Senior Medical and Health Officer / Medical and Health Officer	16	20	23	23	24
<b>Nursing Support</b>					
Senior Nursing Officer / Nursing Officer / Registered Nurse	27	27	30	30	30
<b>Professional Support</b>					
Scientific Officer (Medical)	5	5	5	5	5
Senior Clinical Psychologist / Clinical Psychologist	17	21	23	22*	22*
Speech Therapist	10	12	13	13	13
Optometrist	2	2	2	2	2
Occupational Therapist I	7	7	8	8	8
Physiotherapist I	5	5	6	6	6
<b>Technical Support</b>					
Electrical Technician	2	2	2	1	1
<b>Administrative and General Support</b>					
Hospital Administrator II	1	1	1	1	1
Senior Executive Officer / Executive Officer I / Executive Officer II	1	1	1	2	2
Clerical Officer / Assistant Clerical Officer	11	11	12	12	12
Clerical Assistant	17	17	19	20	20
Office Assistant	2	2	2	1	1
Personal Secretary I	1	1	1	1	1
Workman II	11	10	12	12	12
<b>Total:</b>	<b>136</b>	<b>145</b>	<b>161</b>	<b>160</b>	<b>161</b>

\* Two Clinical Psychologist posts were upgraded to one Senior Clinical Psychologist post in 2017-18.

The CAS has been facing manpower shortage problem in respect of Senior Medical and Health Officer (SMO) and Medical and Health Officer (MO) rank officers in recent years. As at 1 February 2019, the approved establishment of SMO/MO in the CAS is 24 while the number of vacancy is ten. The DH will continue the effort to recruit suitable SMO/MO to fill the vacancies.

5. The financial provision of the CAS in the past five years are set out in the table below. The DH does not compile figures on the average per capita cost of assessment at the CACs.

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (Revised Estimate)</b>
Financial provision to CAS (\$ million)	102.1	110.2	129.6	131.8	138.6

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)225**

**(Question Serial No. 3055)**

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 cost 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 their percentage in the total number of members) 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 (LegCo internal reference no.: 1601)

Reply:

(1) and (2) The average cost per health assessment (including attendance for follow up of results) and the average cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

Year	Health Assessment	Medical Consultation
2014-15	\$1,250	\$495
2015-16	\$1,310	\$515
2016-17	\$1,360	\$535
2017-18	\$1,395	\$550
2018-19	\$1,455	\$570

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

Year	Total expenditure of the 18 EHCs (\$ million)	Total expenditure of the 18 VHTs # (\$ million)
2014-15 (Actual)	130.6	76.7
2015-16 (Actual)	140.0	77.8
2016-17 (Actual)	150.7	84.5
2017-18 (Actual)	154.5	85.4
2018-19 (Revised estimate)	165.0	86.2

# The expenditure also includes Public Health & Administration Section of the Elderly Health Service.

(4) The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 5 years are as follows:

Year	Average operating expenditure of each EHC (\$ million)
2014-15	7.3
2015-16	7.8
2016-17	8.4
2017-18	8.6
2018-19*	9.2

\*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				
	2014	2015	2016	2017	2018*	2014	2015	2016	2017	2018*
Sai Ying Pun	2 177	2 288	2 310	2 315	3 895	162	698	642	761	1 623
Shau Kei Wan	2 213	2 224	2 205	2 213	2 213	326	665	800	668	737
Wan Chai	2 143	3 614	4 546	4 651	4 709	249	1 878	2 251	2 118	2 148
Aberdeen	2 164	2 182	2 148	2 188	2 212	183	467	452	494	632
Nam Shan	2 212	2 225	2 218	2 223	2 214	244	490	795	687	723
Lam Tin	2 220	2 220	2 223	2 220	2 219	410	560	634	655	739
Yau Ma Tei	2 162	2 216	2 254	2 215	2 211	128	487	930	778	687
San Po Kong	2 123	2 134	2 142	2 321	2 321	168	550	640	535	699
Kowloon City	2 211	2 211	2 211	2 212	2 214	104	554	536	742	742
Lek Yuen	2 129	3 541	2 550	4 896	4 900	238	1 629	681	1 442	1 716

EHC	Total number of enrolments					Number of new members				
	2014	2015	2016	2017	2018*	2014	2015	2016	2017	2018*
Shek Wu Hui	2 155	2 162	2 144	2 131	2 107	210	450	716	724	703
Tseung Kwan O	2 136	2 136	3 471	2 130	2 127	191	537	1 406	708	731
Tai Po	2 122	2 124	2 124	2 126	2 124	278	581	729	633	649
Tung Chung	2 226	2 330	2 319	2 321	2 321	244	461	731	500	693
Tsuen Wan	2 114	2 116	2 516	2 114	3 093	396	520	1 032	682	1 209
Tuen Mun Wu Hong	2 127	2 149	2 208	2 215	2 212	360	514	653	700	712
Kwai Shing	2 221	2 310	2 277	2 286	2 300	371	620	551	641	643
Yuen Long	2 215	2 219	2 270	2 316	2 318	275	420	739	626	665
<b>Total</b>	<b>39 070</b>	<b>42 401</b>	<b>44 136</b>	<b>45 093</b>	<b>47 710</b>	<b>4 537</b>	<b>12 081</b>	<b>14 918</b>	<b>14 094</b>	<b>16 451</b>

\*Provisional figures

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

EHC	Number of members from other districts				
	2014	2015	2016	2017	2018*
Sai Ying Pun	621	608	559	514	485
Shau Kei Wan	72	66	60	63	56
Wan Chai	1 079	1 956	2 878	2 970	2 294
Aberdeen	48	58	51	42	42
Nam Shan	809	835	870	840	648
Lam Tin	180	196	174	137	91
Yau Ma Tei	858	853	929	948	704
San Po Kong	510	582	654	747	579
Kowloon City	935	899	867	869	667
Lek Yuen	49	76	62	94	76
Shek Wu Hui	92	119	83	114	75
Tseung Kwan O	257	238	325	164	139
Tai Po	319	246	257	213	155
Tung Chung	1 372	1 325	1 195	1 275	809
Tsuen Wan	761	734	930	754	638
Tuen Mun Wu Hong	48	42	38	28	21
Kwai Shing	532	564	580	622	512
Yuen Long	101	115	126	125	97
<b>Total</b>	<b>8 643</b>	<b>9 512</b>	<b>10 638</b>	<b>10 519</b>	<b>8 088</b>

\*Provisional figures from January to September 2018

(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 enrollments in 18 EHCs are as follows:

EHC	EHC members who did not return by									
	2014		2015		2016		2017		2018*	
	Number	%	Number	%	Number	%	Number	%	Number	%
Sai Ying Pun	443	21%	467	22%	527	24%	633	28%	729	32%
Shau Kei Wan	441	20%	520	24%	559	25%	653	29%	923	42%
Wan Chai	358	17%	358	17%	411	19%	1 012	28%	1 667	37%
Aberdeen	395	19%	404	19%	404	19%	480	22%	605	28%
Nam Shan	456	21%	437	20%	495	22%	541	24%	862	39%
Lam Tin	546	24%	500	23%	543	24%	623	28%	749	34%
Yau Ma Tei	427	20%	370	18%	426	20%	611	28%	997	44%
San Po Kong	495	23%	467	22%	493	23%	605	28%	769	36%
Kowloon City	464	21%	482	22%	497	22%	580	26%	739	33%
Lek Yuen	549	26%	618	29%	597	28%	1 058	30%	664	26%
Shek Wu Hui	508	24%	492	23%	580	27%	619	29%	1 098	51%
Tsung Kwan O	435	20%	462	22%	502	24%	642	30%	1 646	47%
Tai Po	348	16%	324	15%	456	21%	525	25%	695	33%
Tung Chung	420	19%	386	17%	430	19%	485	21%	676	29%
Tsuen Wan	534	25%	569	27%	659	31%	709	34%	1 322	53%
Tuen Mun Wu Hong	500	23%	508	24%	602	28%	612	28%	973	44%
Kwai Shing	434	20%	473	21%	491	22%	589	25%	619	27%
Yuen Long	440	20%	420	19%	430	19%	549	25%	714	32%
<b>Total</b>	<b>8 193</b>	<b>21%</b>	<b>8 257</b>	<b>21%</b>	<b>9 102</b>	<b>23%</b>	<b>11 526</b>	<b>27%</b>	<b>16 447</b>	<b>37%</b>

\*Provisional figures from January to September 2018

As health assessment is conducted on the day of enrolment, the waiting time for enrolment as a new member and the waiting time for first-time health assessment is the same. The median waiting time for enrolment as a new member of individual EHCs are as follows:

EHC	Median waiting time (months)				
	2014	2015	2016	2017	2018*
Sai Ying Pun	30.5	30.0	6.0	7.5	10.3
Shau Kei Wan	24.9	23.5	2.4	6.9	15.0
Wan Chai	34.4	34.3	1.4	5.4	9.1
Aberdeen	16.2	14.5	4.3	7.0	12.1
Nam Shan	18.2	15.8	2.2	5.8	10.7
Lam Tin	15.0	12.0	4.0	7.5	12.4
Yau Ma Tei	32.9	34.2	7.6	6.9	13.8
San Po Kong	24.0	18.6	1.5	6.3	11.5

EHC	Median waiting time (months)				
	2014	2015	2016	2017	2018*
Kowloon City	31.4	34.4	8.5	5.7	10.9
Lek Yuen	21.9	4.5	8.7	7.7	14.7
Shek Wu Hui	14.3	16.4	7.9	6.7	12.3
Tseung Kwan O	27.0	29.0	2.8	6.8	14.5
Tai Po	22.4	16.3	3.8	6.9	14.8
Tung Chung	12.9	15.0	6.3	3.9	8.4
Tsuen Wan	15.8	17.8	12.0	5.9	13.3
Tuen Mun Wu Hong	17.3	15.8	11.3	10.2	17.3
Kwai Shing	13.7	7.0	1.5	4.8	9.3
Yuen Long	10.7	13.4	6.0	6.7	14.3
<b>Overall</b>	<b>20.1</b>	<b>16.3</b>	<b>5.2</b>	<b>6.8</b>	<b>12.3</b>

\*Provisional figures

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)226**

**(Question Serial No. 2118)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. As proposed in the Budget, the accumulation limit of Elderly Health Care Vouchers (EHVs) would be raised from \$5,000 to \$8,000. In this connection, please advise on the total number of EHV accounts with balances reaching the upper limit of \$5,000 as at 31 December 2018, and the percentage of all EHV accounts they accounted for.
2. While the Government raises the accumulation limit of EHVs, are there any measures to protect the elderly from financial exploitation by unscrupulous merchants who lure them into buying expensive healthcare products?

Asked by: Hon CHEUNG Kwok-kwan (LegCo internal reference no.: 47)

Reply:

1. As at end-2018, there were around 80 000 elders with voucher balance within the range of \$4,751 to \$5,000, accounting for about 7% of the total number of elders with voucher accounts created.
2. The Department of Health (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 investigation of complaints. The DH also regularly issues to participating healthcare service providers guidelines to remind them of the requirements of the EHV Scheme, including not imposing different charges on voucher users and non-users; not charging the elderly any fees for creating a voucher account or using vouchers; enhancing the transparency of service charges as far as possible; explaining the charges to elders at their request before providing service; and allowing elders to choose from different healthcare treatment/ management options which may have different service charges.

Besides, the DH will strengthen its efforts in promoting better use of vouchers through more proactively reaching out to elders, in addition to the existing publicity efforts. The 18 Visiting Health Teams of DH will be mobilised to conduct health talks to promote

the concept of primary healthcare and educate elders on the wise and proper use of vouchers through easy-to-understand illustrations. The DH will also continue to regularly update key statistics on the EHV Scheme and voucher usage to help both elders and the general public better understand the EHV Scheme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)227**

**(Question Serial No. 0436)**

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:

- a. the respective numbers of inspections conducted and prosecutions initiated by the Tobacco Control Office (TCO) as well as the successful prosecutions in the past 3 years?
- b. the operational expenses, staff establishment and annual payroll costs of the TCO in 2017-18 and 2018-19?

Asked by: Hon CHEUNG Wah-fung, Christopher (LegCo internal reference no.: 14)

Reply:

- (a) The Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) conducts inspections at venues concerned in response to smoking complaints. The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2016 to 2018 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:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
Inspections conducted		30 395	33 159	32 255
FPNs issued (for smoking offences)		8 650	9 711	8 684
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68
	(as of 5 March 2019)			
	- Convicted	(267)	(191)	(167)
	- Pending hearing results	(10)	(22)	(36)
	- Not convicted	(9)	(14)	(5)



- (b) The Tobacco Control Office has been renamed as TACO in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), Cap. 371 and Cap. 600. The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures (including civil service emoluments) for TACO in 2017-18 and 2018-19 (Revised Estimate) are \$185.9 million and \$202.4 million respectively. The annual recurrent cost of civil service posts concerned in 2017-18 and 2018-19 are \$52.4 million and \$63.6 million respectively. The approved establishment of TACO in 2017-18 and 2018-19 is at **Annex**.

- End -

**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2017-18	2018-19
<b><u>Head, TACO</u></b>		
Consultant	-	1
Principal Medical & Health Officer	1	-
<b><u>Enforcement</u></b>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	-	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	89	105
Senior Executive Officer/ Executive Officer	9	13
<i>Sub-total</i>	<b><u>106</u></b>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	17	19
Motor Driver	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>163</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)228**

**(Question Serial No. 0732)**

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 Programme (2) Disease Prevention of Head 37 of the current Estimates that during 2019-20, the Department of Health will launch a free human papillomavirus vaccination programme for school girls, regularise the colorectal cancer screening programme to cover persons at specific ages in phases and continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups. In this connection, will the Government please advise on:

1. the details of and expenditure on the free human papillomavirus vaccination programme launched for school girls;
2. the details of and expenditure on the regularisation of the colorectal cancer screening programme to cover persons at specific ages in phases; and
3. the details of and expenditure on the enhancement of the seasonal influenza vaccination arrangements for better protection of high risk groups?

Asked by: Hon CHIANG Lai-wan (LegCo internal reference no.: 26)

Reply:

- (1) The Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection (CHP) of the Department of Health (DH) have been closely monitoring the scientific evidence on the use of human papillomavirus (HPV) vaccine in prevention of cervical cancer all along.

In July 2018, after reviewing the latest scientific evidence on the effectiveness and safety of HPV vaccines, recommendations of the World Health Organization, overseas practices and local studies on acceptability and cost-benefit analyses, the SCAS and the SCVPD jointly recommended HPV vaccination to be included in the Hong Kong

Childhood Immunisation Programme (HKCIP) as a public health programme for cervical cancer prevention for girls of suitable ages before sexual debut.

To take forward the recommendations by the SCAS and the SCVDP, DH will launch the HPV vaccination programme as part of the HKCIP to be rolled out in the 2019/20 school year. HPV vaccination will be provided to school girls via outreach by the School Immunisation Teams of the DH. Nine-valent HPV vaccine will be provided under the programme. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year. In 2019-20, the total provision for HPV vaccination programme is \$61.4 million.

- (2) Regularised in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. The implementation details of the CRCSP are set out below. In 2019-20, the total provision of the CRCSP is \$216.4 million.

<b>Phase</b>	<b>Launch date</b>	<b>Age of eligible population</b>
1	6 August 2018	Between 61 and 75
2	1 January 2019	Between 56 and 75
3	To be announced in due course	Between 50 and 75

- (3) 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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through DH or Public-Private Partnership.

Similar to the arrangement in 2018/19, the VSS will cover people aged between 50 and 64 and the subsidy level of the VSS will be \$210 per dose in 2019/20. To increase the coverage rate of SIV, the DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups to receive SIV, as well as that of the total population in Hong Kong.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures, in consultation with relevant stakeholders, so

as to come up with the best mode in providing outreach vaccination service. The DH will announce the details in due course.

In 2019-20, the additional provision of the above enhancement of the SIV programmes/schemes is \$190 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)229**

**(Question Serial No. 1709)**

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 under Programme (4) that the Department of Health (DH) has removed the target "appointment time for new dermatology cases within 12 weeks (% of cases)" as from 2018. In this connection, will the Government please inform this Committee of:

1. whether the DH has continued to keep statistics on the appointment time for new dermatology cases (without serious dermatoses) within 12 weeks; if yes, the details;
2. the total number of dermatologists working in specialist outpatient clinics under the DH across the territory (broken down by specialist outpatient clinic);
3. the expenditure involved in relation to question 2 above; and
4. the ratio of DH dermatologists to patients in the past 5 years?

Asked by: Hon CHOW Ho-ding, Holden (LegCo internal reference no.: 47)

Reply:

(1)

In 2018, 32% of all new dermatology cases were accorded appointment within 12 weeks at the Social Hygiene Service (SHS) of the Department of Health (DH).

(2) to (4)

In 2018-19, there are 27 posts in the Medical and Health Officer grade in the dermatological and social hygiene clinics in SHS of the DH. As at the end of February 2019, 11 are specialists in Dermatology and Venereology or have completed their relevant specialist training. These doctors are assigned to work at various clinics under the SHS. Other doctors are either undertaking specialist training or pending for enrolment to the specialist training programme. The annual recurrent cost for Medical and Health Officer grade posts in the SHS in 2018-19 is \$30,621,900. The SHS does not keep data on the ratio of doctors to patients.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)230</b>
------------------

**(Question Serial No. 3297)**

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 to implement the Elderly Health Care Voucher (EHV) Scheme in 2019-20. In this connection, please set out:

- in the table below, the total amounts of EHVs spent on different services in the past 3 years:

	2016	2017	2018
Medical Practitioners			
Chinese Medicine Practitioners			
Registered Nurses and Enrolled Nurses			
Physiotherapists			
Occupational Therapists			
Radiographers			
Medical Laboratory Technologists			
Optometrists			
Others			
Total (\$)			

- in the table below, the numbers of complaints about the EHV Scheme received, the parties complained against and the numbers of substantiated cases in the past 3 years:

Parties complained against (number of substantiated cases)	2016	2017	2018
Medical Practitioners			
Chinese Medicine Practitioners			
Registered Nurses and Enrolled Nurses			
Physiotherapists			
Occupational Therapists			
Radiographers			
Medical Laboratory Technologists			
Optometrists			
Others			
Total			

Asked by: Hon FAN Kwok-wai, Gary (LegCo internal reference no.: 49)

Reply:

1. The table below shows the amount of vouchers claimed under the Elderly Health Care Voucher (EHV) Scheme in the past 3 years:

**Amount of Vouchers Claimed (in HK\$'000)**

	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	638,006	774,088	1,154,745
Chinese Medicine Practitioners	171,599	256,563	533,136
Dentists	105,455	144,331	287,044
Occupational Therapists	271	2,506	5,681
Physiotherapists	7,007	8,344	16,452
Medical Laboratory Technologists	9,905	11,256	17,808
Radiographers	3,197	5,447	13,400
Nurses	3,335	5,122	7,447
Chiropractors	1,913	2,303	5,225
Optometrists	128,399	288,582	759,750
Sub-total (Hong Kong):	<b>1,069,087</b>	<b>1,498,542</b>	<b>2,800,688</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	1,471	1,855	3,492
Total :	<b>1,070,558</b>	<b>1,500,397</b>	<b>2,804,180</b>

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 3: The Pilot Scheme for use of EHV at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

2. The Department of Health (DH) received 220 complaints against participating healthcare service providers under the EHV Scheme from 2016 to 2018, with breakdown by year and type of healthcare professionals being complained against as follows:

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Medical Practitioners	18	21	33
Chinese Medicine Practitioners	4	16	55
Dentists	5	3	11
Occupational Therapists	0	1	0



Physiotherapists	0	0	2
Medical Laboratory Technologists	0	1	2
Radiographers	0	0	0
Nurses	0	3	1
Chiropractors	0	0	0
Optometrists	6	22	16
<b>Total</b>	<b>33</b>	<b>67</b>	<b>120</b>

Among the 96 cases with investigation completed, 32 cases were found to be substantiated or partially substantiated.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)231**

**(Question Serial No. 0939)**

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, please advise this Committee on the following:

- a) details of promoting breastfeeding friendly measures and the expenditure involved in the past 5 years and in the coming year;
- b) in table form, the number of premises managed by Government departments/bodies that have breastfeeding rooms or baby care rooms, and their respective percentages in the total number of premises concerned; and
- c) in table form, the ever breastfeeding rates at hospital discharge, the breastfeeding rates up to 2 years of age and the exclusive breastfeeding rates up to 2 years of age in the past 5 years.

Asked by: Hon HUI Chi-fung (LegCo internal reference no.: 18)

Reply:

(a)

The Government has endeavored to promote, protect and support breastfeeding through a multi-pronged approach, including 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; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children"; and strengthening the surveillance on local breastfeeding situation.

The financial provision for promotion of breastfeeding in 2014-15 was absorbed within the overall resources of the Department of Health (DH). Specific provisions for promotion of breastfeeding has been set aside since 2015-16. Provisions in 2015-16 and 2016-17 were 5.0 million, and 2017-18 and 2018-19 were \$6.0 million. A provision of \$6.0 million has been earmarked in 2019-20 for promotion of breastfeeding.

(b)

The Government has been actively promoting the provision of baby care facilities in government offices and public places. The “Advisory Guidelines on Baby care Facilities” were developed in August 2008 to encourage the provision of baby care rooms in public venues managed by the Government. Since then, a total of 324 baby care rooms (as of December 2018) are set up in premises of government departments and organisations (breakdown at the table below). To step up the efforts, starting from early 2019, communal lactation rooms for staff as well as communal baby care rooms for the public will be provided in suitable new government premises.

Government Departments/Organisations	Venue type	No. of baby care rooms
Department of Health	Maternal and child health centre	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	8
Housing Department	Shopping centres managed by the Housing Authority	16
Immigration Department	Birth registries	2
	Immigration branch offices	2
	Smart Identity Card Replacement Centres	13
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	6
	Music Office	1
	Leisure venues (Note 1)	84
Airport Authority	Passenger Terminal Building	39
Others	Others (Note 2)	14
<b>Total</b>		<b>324</b>

(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.

(c)

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. The DH does not maintain statistics on the breastfeeding rate beyond 12 months of age and exclusive breastfeeding rate beyond 6 months of age.

		Year of birth			
		2010	2012	2014	2016
Ever breastfeeding rate <sup>a</sup> at hospital discharge		80%	85%	86%	87%
Breastfeeding rate <sup>b</sup>	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 <sup>c</sup>	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%
	At 6 months of age	N/A	N/A	26%	28%

Note:

- <sup>a</sup> “Ever breastfeeding rate” refers to the percentage of newborn babies who had ever been breastfed.
- <sup>b</sup> “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.
- <sup>c</sup> “Exclusive breastfeeding rate” refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk). In the survey conducted in 2015 and 2017, information on complementary food at 6 months was collected to facilitate better understanding of the infant feeding practice.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)232**

**(Question Serial No. 2628)**

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 seasonal influenza vaccination, please advise on the following:

- (a) the coverage rates of seasonal influenza vaccination among local residents in the past 3 years (please set out the information in the table below);

Target Group	Coverage Rate of 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) the coverage rates of seasonal influenza vaccination among local residents belonging to "high risk groups" in the past 3 years (please set out the information in the table below);

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

- (c) the numbers of people who received influenza vaccination through the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) in the past 3 years, broken down by target group of the Programme/Scheme;
- (d) the number of influenza vaccine doses procured, the expenditure involved, as well as the quantities of vaccines used, left unused and disposed of in each of the past 3 years;
- (e) the respective costs per dose of influenza vaccine given through the GVP and the VSS;
- (f) the number of private clinics participating in the VSS;

- (g) the effectiveness of the School Outreach Vaccination Pilot Programme, the number of participating schools, the number of students receiving influenza vaccination, the number of private doctors providing assistance and the expenditure involved, as well as the timetable for expanding the programme; and
- (h) apart from the above, whether the Government has any other measures in place to increase the rate of seasonal influenza vaccination among local residents and if so, the plan and the expenditure involved.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 40)

Reply:

(a) to (c)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through the DH or Public-Private Partnership (PPP).

The number of recipients, as well as coverage rate of specific target groups, under the aforesaid SIV programmes/schemes in the past 3 years are detailed at Annex. As some target group members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics.

(d) and (e)

The quantities of seasonal influenza (SI) vaccines procured by the Government, the contract amount, and the number of vaccines expired, unused and/or damaged in the past 3 years are set out below. Since 2018/19, the subsidy level of the VSS has been \$210 per dose.

<b>Year</b>	<b>Number of doses</b>	<b>Amount (\$ million)</b>	<b>Number of expired, unused and/or damaged doses</b>
2016/17	430 000	23.3	10 000
2017/18	527 000	28.0	45 000
2018/19	727 000	33.5	No available information yet

(f)

As at 3 March 2019, about 1 700 private doctors (involving about 2 550 clinics) have enrolled under the VSS.

(g)

To further encourage students to receive SIV, the DH rolled out the Pilot Programme in 2018/19 to reach out to primary schools and provide SIV for students through DH or PPP. As at 3 March 2019, the number of primary schools that arranged for outreach vaccination increased from 65 in 2017/18 to 405 in 2018/19, while the number of kindergartens and child care centres that arranged for outreach vaccination increased from 60 to 184. Overall, there were 306 600 children aged 6 months to under 12 in 2018/19 under various programmes received SIV.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the Pilot Programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service. The DH will announce the details in due course.

(h)

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.

We have also been providing outreaching guidelines, assistance and support to schools, community groups, elderly centres 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, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2018/19, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools, including the launch of the Pilot Programme.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students

- End -

**Numbers of recipients of SIV  
under the GVP, the VSS and the Pilot Programme in the past 3 years**

Target groups	Vaccination programme/ scheme	2016/17		2017/18		2018/19 (as at 3 March 2019)	
		No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group	No. of recipients	Percentage of population in the age group
Elderly aged 65 or above	GVP	331 000	40.8%	386 700	43.5%	377 100	42.5%
	VSS	147 000		144 700		164 400	
Persons aged between 50 and 64 *	GVP	6 700	#	7 400	#	6 900	8.2%
	VSS	Not applicable		Not applicable		146 500	
Children aged between 6 months and less than 12 years old	GVP	1 600	17.4%	1 900	23%	900	45.6%
	VSS	110 600		149 500		205 400	
	Pilot Programme &	Not applicable		Not applicable		100 300	
Others ^	GVP/VSS	79 900	#	91 700	#	98 300	#
<b>Total</b>		<b>676 800</b>		<b>781 900</b>		<b>1 099 800</b>	

\* For 2016/17 and 2017/18, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19, the VSS has been expanded to cover all persons aged between 50 and 64.

& The Pilot Programme was launched in October 2018 to provide free SIV to eligible primary students aged between 6 and less than 12.

^ Others include healthcare workers; poultry workers; pig farmers or pig slaughtering industry personnel; persons with intellectual disabilities (from 2015/16), Disability Allowance recipients (from 2016/17); and pregnant women (from 2016/17 under the VSS), etc.



# No accurate population statistics for this group for meaningful projection to be made for the uptake rate of the population concerned.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)233**

**(Question Serial No. 2634)**

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 completion time for assessment of new cases in child assessment centres (CACs) within six months, against the target rate of more than 70%, the actual rates for 2017 and 2018 were 55% and 49% respectively. In this connection, will the Government please advise on:

- (a) the reasons for failing to reach the target rate for 2018 of more than 60%. Are there any plans to improve the situation? If yes, the details of the plans as well as the staff establishment and resources involved. If not, the reasons;
- (b) the measures the Department of Health will take to ensure the target rate for 2019 of more than 70% is reached;
- (c) the respective numbers of children waiting for assessment in the Government CACs, children who have received assessment and children assessed as having developmental disorders over the past 3 years. Please provide a breakdown by developmental problem of such children;
- (d) the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years;
- (e) 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;
- (f) whether follow-up services will 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;

(g) 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; the percentages of the total numbers of help-seeking parents and children such parents and children accounted for; and

(h) 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): 47)

Reply:

(a),(b)&(d)

In the past three years, nearly all new cases of the Child Assessment Service (CAS) were seen within three weeks after registration. Due to 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 six months has dropped from 61% in 2016 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the lower quartile, average, median or longest waiting time for assessment of new cases.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC has commenced operation in January 2018. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of CAS.

(c) The number of newly referred cases received and the number of children assessed by the CAS in the past three years are as follows –

	<b>2016</b>	<b>2017</b>	<b>2018</b> <b>(provisional figures)</b>
Number of new cases referred to CAS	10 188	10 438	10 466
Number of children assessed by CAS	15 395	15 589	17 020

The number of newly diagnosed cases of developmental conditions in the CAS in the past three years are as follows:

Developmental conditions	Number of newly diagnosed cases		
	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/Disorders	2 809	2 855	3 284
Autism Spectrum Disorder	1 905	1 716	1 861
Borderline Developmental Delay	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	506	507	534
Hearing Loss (Moderate to profound grade)	67	71	85
Language Delay/Disorders and Speech Problems	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	29	38	28

Note: A child might have been diagnosed with more than 1 developmental condition.

(e) The approved establishment of the CAS in 2018-19 is as follows:

Grades	Number of posts
<b>Medical Support</b>	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
<b>Nursing Support</b>	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
<b>Professional Support</b>	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	13
Optometrist	2
Occupational Therapist I	8
Physiotherapist I	6
<b>Technical Support</b>	
Electrical Technician	1
<b>Administrative and General Support</b>	
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
<b>Total:</b>	<b>161</b>

(f) 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 assessment and 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.

The 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 readily available.

(g) 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 three years are as tabulated below. The children and their families may join these interim support activities before or after the assessment.

	<b>2016</b>	<b>2017</b>	<b>2018</b> <b>(provisional figures)</b>
Number of cases participated in interim support	8 524	7 994	8 033
Number of new cases referred to CAS	10 188	10 438	10 466

(h) The number of cases referred to pre-school and school placement for training, remedial and special education in 2016, 2017 and 2018 are 12 903, 14 294 and 17 359 (provisional) respectively. Case statistics by support service are not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)234**

**(Question Serial No. 2636)**

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 please 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 (LegCo internal reference no.: 100)

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
2016-17	15.5 million doses	0.9 million doses	0.3 million doses	0.2 million doses	1.7 million doses
2017-18	14.7 million doses	0.8 million doses	0.3 million doses	0.1 million doses	1.7 million doses

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle	Relenza 5mg/dose inhalation powder
2018-19 (up to 11 March 2019)	14.4 million doses	0.8 million doses	0.3 million doses	0.2 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
2016-17	-	0.5 million doses	-	0.1 million doses	-
2017-18	-	-	-	0.2 million doses	-
2018-19 (up to 11 March 2019)	-	-	-	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
2016-17	301 000 capsules	24 310 capsules	600 capsules	7 953 bottles	52 boxes
2017-18	826 780 capsules	133 020 capsules	5 200 capsules	34 833 bottles	134 boxes
2018-19 (up to 11 March 2019)	285 130 capsules	31 430 capsules	50 capsules	6 836 bottles	5 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. All the borrowed antiviral stocks had 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 appended below -

Financial Year	Tamiflu Capsule 75mg	Tamiflu Capsule 30mg	Tamiflu Capsule 45mg	Tamiflu for Oral Suspension 6mg/ml, 390mg/bottle
2016-17	-	-	-	-
2017-18	100 000 capsules	50 000 capsules	-	12 000 bottles
2018-19 (up to 11 March 2019)	-	-	-	-

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)235**

**(Question Serial No. 3212)**

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 Family Planning Association of Hong Kong, please advise on:

1. the utilisation rate of its services, the number of cases on the waiting list and the waiting time in the past 5 years;
2. its staff establishment in the past 5 years; and
3. whether there will be any plans to improve its services in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 398)

Reply:

1. The Department of Health provides subvention to the Family Planning Association of Hong Kong (FPA) in providing family planning services, termination of pregnancy and vasectomy (subvented services). The attendance/number of cases over the past 5 years for the subvented services are set out in the table below:

<b>Type of subvented service</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Attendance for family planning services at Birth Control Clinics	109 117	110 316	105 506	102 265	104 910
Attendance for family planning services at Youth Health Care Centres	19 973	21 785	16 494	13 378	14 934
Termination of pregnancy (No. of cases performed)	3 155	3 425	3 110	2 861	2 770
Vasectomy (No. of cases performed)	294	309	327	331	386

The Birth Control Clinics serve walk-in clients. Clients will be seen by nurses, who will provide basic assessment and contraceptive services. If further non-urgent management by doctor is required, clients will be asked to make an appointment and the waiting time may vary from 1 to 3 months.

The Youth Health Care Centres provide integrated medical and counselling service in sexual and reproductive health to unmarried young people under the age of 26. They serve walk-in clients and also accept booking of appointments. Clients will be seen by doctors, nurses or counselors depending on their service needs. Most of the clients would be served upon walking-in. Under some special circumstances which the clients could not be served immediately, they would be offered an appointment within 2 days.

For termination of pregnancy procedures, the waiting time is around 1 week for multiparous cases and around 2 weeks for nulliparous cases.

For vasectomy, the waiting time varies from 3 to 5 months depending on the client's schedule as well as availability of the FPA's Honorary Medical Consultants who perform the procedure.

The FPA does not maintain statistics on the number of clients waiting for the subvented services.

2. The establishment for the subvented services in the past 5 years is shown below:

<b>Financial year</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Number of posts	163	163	162	162	160

3. In 2019-20, the FPA has scheduled replacement of equipment to ensure steady and efficient provision of subvented services to the clients.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)236**

**(Question Serial No. 1408)**

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:

Given that Hong Kong is one of the regions faced with a major outbreak of influenza, please advise this Committee on:

- (1) the arrangements and response plans the Department of Health has put in place to respond to the influenza outbreak;
- (2) the quantities of influenza vaccines procured and the number of vaccine recipients over the past 2 years in tabular form;
- (3) the number of unused vaccines and the details of their disposal over the past 2 years; and
- (4) the details of enhancing the arrangements for seasonal influenza vaccination; whether the Government will consider implementing a comprehensive influenza vaccination scheme across the kindergartens, primary and secondary schools to enhance the effectiveness of influenza vaccination; if yes, the details; if not, the reasons.

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 8)

Reply:

(1)

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

Influenza vaccination

The 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 (HA);
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through DH or Public-Private Partnership.

The Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection (CHP) of the DH 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 SI, the SCVPD regularly reviews the local epidemiology and scientific evidence, and makes recommendations on SIV. The DH takes into account the SCVPD recommendations to take forward the SIV programmes.

### Surveillance and monitoring

The CHP has been closely monitoring influenza activity in the community through a series of surveillance systems involving child care centres, residential care homes for the elderly, the HA's clinics and Accident and Emergency Departments, clinics of private practitioners and clinics of Chinese medicine practitioners. The CHP also collaborates with the 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, the CHP has set up a case-based reporting system for surveillance of paediatric influenza-associated severe complications or deaths among children (aged below 18). The CHP investigates each reported case with a press release issued for risk communication. For adults, the CHP has also collaborated with the HA and private hospitals to monitor cases of intensive care unit admission or death with laboratory confirmation of influenza throughout the year since 2018. This surveillance system has been regularised as a routine surveillance operating throughout the year since 2018.

From 2019, the CHP has piloted to use intensity levels established by Moving Epidemic Method (MEM)<sup>1</sup> for 2 influenza surveillance parameters in Hong Kong, i.e. (i) weekly number of outbreaks of influenza-like illness (ILI) in schools and institutions (reflecting the transmissibility of seasonal influenza in the community); and (ii) weekly influenza-associated admission rate in public hospitals (reflecting the clinical severity of season influenza). 3 intensity thresholds, namely medium, high and very high, were calculated using MEM for each of the above surveillance parameters based on the corresponding historical data for objective comparisons of the current data with the historical data.

---

<sup>1</sup> MEM is an internationally adopted mathematical method for establishing epidemic and intensity thresholds to monitor the impact and severity of seasonal influenza epidemics. It is promulgated by the World Health Organization (WHO) and the European Centre for Disease Prevention and Control, and has been used in overseas countries such as the United States, Europe (e.g. United Kingdom, Ireland), Australia and New Zealand.

The CHP also monitors the effectiveness of SI vaccines. In the 2017/18 and 2018/19, the CHP has collaborated with private medical practitioners participating in its sentinel surveillance system to collect data to estimate the effectiveness of SI vaccines. Preliminary results showed that SIV offers approximately 60% protection against laboratory-confirmed influenza infections in local primary care setting in the 2018/19. The CHP will continue to collect data from the private medical practitioners to monitor the effectiveness of SI vaccines.

The CHP maintains close liaison with the WHO, the National Health Commission, and the health authorities of Guangdong, Macao 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

The 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 outbreaks of ILI, the CHP conducts prompt epidemiological investigations, implements necessary public health control measures and provides appropriate health advice to the institutions concerned. Following field investigations, the CHP continues to closely monitor the institutions to ascertain that the outbreak is under control.

The 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, the 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

The 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 the CHP’s website every week.

When there is upsurge in local influenza activity, the 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.

The CHP also keeps relevant stakeholders (such as government bureaux and departments, District Councils, Healthy Cities Projects and non-governmental organisations (NGOs), etc.)

updated 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

The CHP has stepped up publicity and health education activities to disseminate advice on personal and environmental hygiene, to remind the community to stay vigilant against influenza and encourage them to receive influenza vaccination. The CHP has produced a variety of health education materials on the prevention of influenza such as thematic web pages, television and radio Announcements in the Public Interest, guidelines, pamphlets, posters, infographics, booklets, Frequently Asked Questions and videos. Various publicity and health education channels, e.g. websites, Facebook Page, YouTube Channel, television and radio stations, health education hotline, GovHK Notifications app, media interviews have been deployed for the promulgation of health advice.

The CHP has also widely distributed relevant health education materials to public and private housing estates, healthcare institutions, schools and NGOs. Targeting 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 SI vaccines procured by the Government in the past 2 years and the contract amount –

<b>Year</b>	<b>Number of doses</b>	<b>Amount (\$ million)</b>
2017/18	527 000	28.0
2018/19	727 000	33.5

The number of recipients for the past 2 years under various SIV programmes/ schemes are as follows –

<b>Target groups</b>	<b>Number of SIV recipients</b>	
	<b>2017/18</b>	<b>2018/19 (as at 3 March 2019)</b>
Elderly aged 65 or above	531 400	541 500
Persons aged between 50 to 64 years*	7 400	153 400
Children between the age of 6 months to less than 12 years old	151 400	306 600
Others #	91 700	98 300
<b>Total</b>	<b>781 900</b>	<b>1 099 800</b>

\* For 2016/17 and 2017/18, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19, the VSS has been expanded to cover all persons aged between 50 and 64.

# Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities (from 2015/16), Disability Allowance recipients (from 2016/17), and pregnant women (from 2016/17 under the VSS), etc.

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

(3)

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 accordance with the statutory requirements. Among the SI vaccines procured by the DH for 2017/18, about 45 000 doses expired. As the Government's vaccination programmes/schemes launched in 2018/19 have yet to end, the number of unused vaccines for this season is not available at this stage.

(4)

Similar to the arrangement in 2018/19, the VSS will cover persons aged between 50 and 64 and the subsidy level will be \$210 per dose in 2019/20. To increase the coverage rate of SIV, the DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups to receive SIV, as well as that of the total population in Hong Kong.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service, as well as to assess the manpower and estimated expenditure involved. The DH will announce the details in due course.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)237**

**(Question Serial No. 1193)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

During 2019-20, the Department of Health will regularise the colorectal cancer screening programme to cover persons at specific ages in phases. In this connection, please advise on:

1. the details and the timetable for implementation of the programme covering persons at specific ages in phases;
2. the estimated number of beneficiaries, staff establishment and the estimated expenditure involved;
3. the average waiting time for receiving the service of the colorectal cancer screening programme;
4. the number of participants since the implementation of the colorectal cancer screening programme and the number of participants diagnosed with the cancer after joining the programme.

Asked by: Hon LAU Ip-keung, Kenneth (LegCo internal reference no.: 311)

Reply:

(1) and (2)

Regularised in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. The implementation details of the CRCSP is set out below. In 2019-20, the total provision of the CRCSP is \$216.4 million and the number of civil service establishment involved in the CRCSP in the Department of Health is 25.



<b>Phase</b>	<b>Launch date</b>	<b>Age of eligible population</b>	<b>Estimated population size</b>
1	6 August 2018	Between 61 and 75	Around 1.22 million
2	1 January 2019	Between 56 and 75	Around 1.84 million
3	To be announced in due course	Between 50 and 75	Around 2.55 million

(3) and (4)

Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors (PCDs). Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists (CS) through a public-private partnership model. The CRCSP has been operating smoothly since its implementation. As at the end of February 2019, about 740 PCDs have enrolled in the CRCSP covering nearly 1 100 locations. Eligible persons can easily attend consultations with the PCDs. In addition, 185 CS have joined the CRCSP to provide colonoscopy examination services at about 390 service locations. The mean waiting time for receiving colonoscopy is about 3 weeks.

As at the end of February 2019, about 130 000 eligible persons have participated in the CRCSP. Among them, 892 cases of colorectal cancers have been diagnosed and referred to public or private sector for further management.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)238**

**(Question Serial No. 0184)**

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

- a. the operating expenditure, the manpower, the number of registration applications and the average time required for approval for each application in 2018;
- 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 of Health has earmarked sufficient resources and manpower to meet the demand of this year in view of the rising number 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 (LegCo internal reference no.: 26)

Reply:

In 2018, the relevant statutory boards/councils of healthcare professionals subject to statutory registration ("boards and councils") processed 6 293 registration applications. The types and numbers of applications, and the average time taken for approval are as follows -

<b>Healthcare Profession</b>	<b>No. of registration applications processed in 2018</b>	<b>Average time taken for approval<sup>#</sup></b>
Chiropractors	11	2 - 3 months
Dental Hygienists (Enrolled)	29	1 - 2 months
Dentists	104	

<b>Healthcare Profession</b>	<b>No. of registration applications processed in 2018</b>	<b>Average time taken for approval<sup>#</sup></b>
- <i>Full registration</i>	(88*)	2 - 3 weeks
- <i>Specialist registration</i>	(16)	2 - 3 months
Doctors	1 504	
- <i>Full registration</i>	(472)	1 day
- <i>Provisional registration</i>	(477)	2 - 3 weeks
- <i>Limited registration</i>	(174)	2 weeks
- <i>Temporary registration</i>	(96)	2 weeks
- <i>Specialist registration</i>	(285)	2 - 3 months
Midwives	78	1 week
Nurses (Registered and Enrolled)	2 605	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	158	1 week
Chinese Medicine Practitioners	334	4 weeks
Supplementary Medical Profession Practitioners	1 470	1 week (for applicants holding qualifications prescribed under the law)
- Medical Laboratory Technologists		2 - 3 months
- Occupational Therapists		(for applicants holding other qualifications)
- Optometrists		
- Physiotherapists		
- Radiographers		
Total:	6 293	

*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 17 cases of deemed-to-be registered dentists.*

In 2018, the relevant boards and councils received 957 complaints and conducted 66 inquiries against healthcare professionals. The breakdown figures are as follows -

<b>Healthcare Profession</b>	<b>No. of complaints received in 2018</b>	<b>No. of inquiries conducted in 2018</b>
Chiropractors	5	0
Dental Hygienists (Enrolled)	2	0
Dentists	118	4
Doctors	639	24

<b>Healthcare Profession</b>	<b>No. of complaints received in 2018</b>	<b>No. of inquiries conducted in 2018</b>
Midwives	1	0
Nurses (Registered and Enrolled)	46	7
Pharmacists	1	0
Chinese Medicine Practitioners	105	24
Supplementary Medical Profession Practitioners	40	7
- Medical Laboratory Technologists	(7)	(2)
- Occupational Therapists	(3)	(0)
- Optometrists	(15)	(2)
- Physiotherapists	(12)	(1)
- Radiographers	(3)	(2)
<b>Total:</b>	<b>957</b>	<b>66</b>

In 2018, 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 45 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2018-19 are around \$12.6 million and \$17.2 million respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)239**

**(Question Serial No. 0185)**

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 its implementation;
- b. the number of attendances by scope of service (including fillings, extractions and dentures); and
- c. whether the Programme will be extended to all 18 districts for elders not in residential care homes/day care centres and similar facilities to enjoy dental services and if so, the details.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 27)

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 \$51.7 million in 2019-20, 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 2019, the number of attendances was about 187 400.
- b. Eligible elders received annual oral check and dental treatments under the ODCP. Dental treatments provided include scaling and polishing, denture cleaning, fluoride, X-ray and other curative treatments (such as fillings, extractions, dentures, etc).
- c. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care

Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)240**

**(Question Serial No. 0186)**

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 students participating in the School Dental Care Service (SDCS) has been surging. In this regard, please advise on the following:

- a. the expenditures required for providing such service in the past 3 years, broken down by year;
- b. the numbers of personnel involved in providing such service in the past 3 years, broken down by grade;
- c. whether the Department of Health (DH) has earmarked sufficient resources, including manpower, to meet the demand of this year; if so, the manpower, resources and details involved; if not, the reasons for that; and
- d. whether the DH will consider extending the SDCS to cover secondary school students; if so, the manpower, resources and details involved; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 28)

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 2016-17, 2017-18 and the revised estimate for 2018-19 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2016-17 (Actual)	259.7
2017-18 (Actual)	260.1
2018-19 (Revised estimate)	276.1

- b. In the service years of 2016-17, 2017-18 and 2018-19 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 <sup>Note 1</sup>		
	2016-17 (As at 1 February 2017)	2017-18 (As at 1 February 2018)	2018-19 (As at 1 February 2019)
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 2019, DH will continue to 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 -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)241**

**(Question Serial No. 0187)**

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. In this connection, please provide the following information:

- a. the average waiting time and the number of elders waiting for enrolment in respect of the 18 EHCs in the past 3 years;
- b. the expenditures required for providing the related services in the past 3 years, broken down by year;
- c. the numbers of staff involved for providing the related services in the past 3 years, broken down by grade; and
- d. the Department of Health (DH) mentioned previously 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 item in 2018. What are the specific work plan, timetable as well as the estimated manpower and resources required for 2019? Will the DH further increase the number of new clinical teams to enhance the services of the EHCs? If yes, what are the details? If not, what are the reasons?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 29)

Reply:

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

	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
	2016	2017	2018*	2016	2017	2018*
<b>EHC</b>						
Sai Ying Pun	6.0	7.5	10.3	837	1 262	948
Shau Kei Wan	2.4	6.9	15.0	674	1 317	1 236
Wan Chai	1.4	5.4	9.1	1 279	2 143	2 933
Aberdeen	4.3	7.0	12.1	411	847	935
Nam Shan	2.2	5.8	10.7	153	829	771
Lam Tin	4.0	7.5	12.4	370	866	947
Yau Ma Tei	7.6	6.9	13.8	789	1 144	1 270
San Po Kong	1.5	6.3	11.5	299	754	688
Kowloon City	8.5	5.7	10.9	374	887	1 081
Lek Yuen	8.7	7.7	14.7	1 096	2 727	3 269
Shek Wu Hui	7.9	6.7	12.3	375	807	1 060
Tseung Kwan O	2.8	6.8	14.5	602	1 224	1 371
Tai Po	3.8	6.9	14.8	507	1 245	1 468
Tung Chung	6.3	3.9	8.4	355	629	549
Tsuen Wan	12.0	5.9	13.3	704	1 350	1 070
Tuen Mun Wu Hong	11.3	10.2	17.3	1 386	1 688	2 056
Kwai Shing	1.5	4.8	9.3	206	569	635
Yuen Long	6.0	6.7	14.3	809	1 527	1 840
<b>Overall</b>	<b>5.2</b>	<b>6.8</b>	<b>12.3</b>	<b>11 226</b>	<b>21 815</b>	<b>24 127</b>

\* Provisional figures

- b. The expenditures for the EHCs in 2016-17, 2017-18 and 2018-19 are \$150.7 million (actual) and \$154.5 million (actual) and \$165.0 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 2017	As at 31 March 2018*	As at 31 March 2019
Medical and Health Officer	27	28	29
Registered Nurse	60	63	66
Dispenser	5	5	5
Clinical Psychologist	4	4.5 <sup>#</sup>	4.5 <sup>#</sup>
Dietitian	4	4.5 <sup>#</sup>	4.5 <sup>#</sup>
Occupational Therapist	4	4.5 <sup>#</sup>	4.5 <sup>#</sup>
Physiotherapist	4	4.5 <sup>#</sup>	4.5 <sup>#</sup>
Clerical Officer	20	21	22
Clerical Assistant	20	20	20
Workman II	19	20	21
<b>Total</b>	<b>167</b>	<b>175</b>	<b>181</b>

\* 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 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in 2018. Together, they 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 new clinical teams and continue to closely monitor the waiting time for health assessments in 2019.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)242**

**(Question Serial No. 0188)**

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 continuous implementation of the Elderly Health Care Voucher (EHV) Scheme, please advise on:

- a. the utilisation of EHV<sub>s</sub>, the expenditure involved and the percentage of beneficiaries in the total number of eligible persons in the past 3 years;
- b. the progress/results of the review of the EHV Scheme, the number of complaints received and the details of the complaints, if any;
- c. whether the Government will further extend the scope of the EHV Scheme; if yes, the details and if not, the reasons;
- d. whether the voucher amount will be increased or specific "elderly dental care vouchers" be introduced to subsidise and encourage elders to use dental services to improve their dental health; if yes, the details and if not, the reasons.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 30)

Reply:

- a. The table below shows 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:

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cumulative number of elders who had made use of vouchers by end of the year	649 000	953 000	1 191 000
Number of eligible elders (i.e. elders aged 65/70 <sup>Note 1</sup> or above)*	775 000	1 221 000	1 266 000
Percentage of eligible elders who had made use of vouchers	84%	78%	94%

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

Regarding the utilisation of vouchers, the number of voucher claim transactions and the amount of vouchers claimed in the past 3 years from 2016 to 2018 are as follow:

**Number of Voucher Claim Transactions**

	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	1 955 048	2 218 938	2 917 895
Chinese Medicine Practitioners	607 531	860 927	1 502 140
Dentists	119 305	168 738	294 950
Occupational Therapists	620	2 217	3 515
Physiotherapists	21 835	25 076	40 874
Medical Laboratory Technologists	9 748	12 044	18 662
Radiographers	5 886	8 935	16 785
Nurses	3 079	5 079	6 523
Chiropractors	5 003	5 346	10 743
Optometrists	72 572	173 279	359 343
<b>Sub-total (Hong Kong):</b>	<b>2 800 627</b>	<b>3 480 579</b>	<b>5 171 430</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	5 667	6 755	11 418
<b>Total :</b>	<b>2 806 294</b>	<b>3 487 334</b>	<b>5 182 848</b>

**Amount of Vouchers Claimed (in HK\$'000)**

	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
Medical Practitioners	638,006	774,088	1,154,745
Chinese Medicine Practitioners	171,599	256,563	533,136
Dentists	105,455	144,331	287,044
Occupational Therapists	271	2,506	5,681
Physiotherapists	7,007	8,344	16,452
Medical Laboratory Technologists	9,905	11,256	17,808
Radiographers	3,197	5,447	13,400
Nurses	3,335	5,122	7,447
Chiropractors	1,913	2,303	5,225
Optometrists	128,399	288,582	759,750
<b>Sub-total (Hong Kong):</b>	<b>1,069,087</b>	<b>1,498,542</b>	<b>2,800,688</b>
HKU-SZH <sup>Note 3</sup>	1,471	1,855	3,492
<b>Total :</b>	<b>1,070,558</b>	<b>1,500,397</b>	<b>2,804,180</b>

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 3: The Pilot Scheme for use of EHV at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

b. & c.

The Department of Health (DH) completed a review of the EHV Scheme in Q1 2019. The Government proposes the following enhancement measures for the EHV Scheme: allowing the use of vouchers at District Health Centres which will be set up in every district in Hong Kong; empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance; stepping up monitoring efforts against suspected abuse/misuse of vouchers; tackling over concentration of voucher use on optometry services by introducing a cap of \$2,000 every 2 years on the amount of vouchers that can be spent by each elder on such services; regularisation of the Pilot Scheme at the HKU-SZH; and streamlining enrolment procedures for healthcare service providers. The results of the review and the above recommended enhancement measures were reported to the Panel on Health Services of the Legislative Council in March 2019

The DH received 220 complaints against participating healthcare service providers under the EHV Scheme from 2016 to 2018, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges.

d. We do not have any plan to separately introduce a dental voucher. Under the EHV Scheme, eligible elders can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have enrolled under the Scheme, including dental services. The present arrangement provides elders with flexibility for using the vouchers for healthcare services that best suit their health needs. The Government has further proposed to raise the accumulation limit of the vouchers under the EHV Scheme from \$5,000 to \$8,000 as a regular measure, and to provide an additional \$1,000 worth of vouchers to each eligible elder on a one-off basis.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)243**

**(Question Serial No. 0189)**

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 programme, 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 vaccines left unused each year; if so, the quantity and expenditure involved, as well as the way of disposal;
- (d) how 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;
- (f) among the deaths from influenza during the winter surge recorded to date, the respective numbers of those vaccinated and unvaccinated, broken down by age group; and
- (g) the Government stated earlier that the School Outreach Vaccination Pilot Programme would be regularised from next year onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. In this connection, please advise on the details of the programme, as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 31)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through DH or Public-Private Partnership.

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

<u>Year</u>	<u>Number of doses</u>	<u>Amount (\$ million)</u>
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	727 000	33.5

(b) The number of recipients for the past 3 years under the aforesaid SIV programmes/schemes are as follows –

<b>Target groups</b>	<b>Number of SIV recipients</b>		
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19 (as at 3 March 2019)</b>
Elderly aged 65 or above	478 000	531 400	541 500
Persons aged 50 to 64 years old *	6 700	7 400	153 400



Target groups	Number of SIV recipients		
	2016/17	2017/18	2018/19 (as at 3 March 2019)
Children between 6 months to under 12 years old	112 200	151 400	306 600
Others #	79 900	91 700	98 300
<b>Total:</b>	<b>676 800</b>	<b>781 900</b>	<b>1 099 800</b>

\* For 2016/17 and 2017/18, people aged between 50 and 64 receiving Comprehensive Social Security Assistance or holding valid Certificate for Waiver of Medical Charges were eligible for receiving SIV under the GVP. Starting from 2018/19, the VSS has been expanded to cover all persons aged between 50 and 64.

# Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities (from 2015/16), Disability Allowance recipients (from 2016/17), and pregnant women (from 2016/17 under the VSS), etc.

As some target groups members may have received SIV outside the Government's vaccination programmes/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 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 in the coming winter influenza season. Among the SI vaccines procured by the DH for 2016/17 and 2017/18, about 10 000 doses and about 45 000 doses expired respectively. As the Government's vaccination programmes/schemes launched in 2018/19 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.

We have also been providing outreaching guidelines, assistance and support to schools, community groups, elderly centres 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, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2018/19, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools, including the launch of the Pilot Programme.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students.

- (f) In 2018/19, the DH has recorded 272 cases of influenza-associated death (as at 4 March 2019). The breakdown of the number of cases by age group and status of receiving SIV is shown in the following table:

<b>Age group</b>	<b>Total number of cases of influenza-associated death</b>	<b>Received SIV</b>	<b>Not known to have SIV</b>
0-5	1	0	1
6-11	0	0	0
12-17	0	0	0
18-49	5	0	5
50-64	34	9	25
≥65	232	92	140
<b>Total</b>	<b>272</b>	<b>101</b>	<b>171</b>

- (g) Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service, as well as to assess the manpower and estimated expenditure involved. The DH will announce the details in due course.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)244**

**(Question Serial No. 0190)**

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. given that the completion time for assessment of new cases in child assessment centres (CACs) within 6 months fell short of the target of 90% for the past 2 years and further dropped to 49% in 2018, please advise on the reasons for failing to meet the target;
- b. please advise on the number of children who received assessment services, and among them, the number of children 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 of new cases, the staff establishment and the number of children assessed in the CACs for each of the past 3 years;
- d. please advise on the number of additional service quotas as well as the reduction in waiting time of new cases in 2018 resulting from the additional CAC set up on a temporary basis by the Department of Health in January 2018; and
- e. in view of the increasing attendances at the CACs, as well as the persistently low completion rate of assessment of new cases within 6 months, please advise if the Government has any plans to allocate additional resources to expand the CACs or set up more of them, and to provide more manpower for enhanced assessment services to meet the demand.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 32)

Reply:

(a), (b) and (c)

In the past three years, nearly all new cases of the Child Assessment Service (CAS) were seen within three weeks after registration. Due to continuous increase in the demand for services of 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 six months has dropped from 61% in

2016 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the lower quartile, average, median or longest waiting time for assessment of new cases.

The number of newly referred cases received and the number of children assessed by the CAS in the past three years are as follows –

	<b>2016</b>	<b>2017</b>	<b>2018</b> <b>(provisional figures)</b>
Number of new cases referred to CAS	10 188	10 438	10 466
Number of children assessed by CAS	15 395	15 589	17 020

The number of newly diagnosed cases of developmental conditions in the CAS from 2016 to 2018 are as follows –

<b>Developmental conditions</b>	<b>Number of newly diagnosed cases</b>		
	<b>2016</b>	<b>2017</b>	<b>2018</b> <b>(Provisional figure)</b>
Attention/Hyperactive Problems/Disorders	2 809	2 855	3 284
Autism Spectrum Disorder	1 905	1 716	1 861
Borderline Developmental Delay	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	506	507	534
Hearing Loss (Moderate to profound grade)	67	71	85
Language Delay/Disorders and Speech Problems	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	60	40	48
Significant Developmental Delay/Intellectual Disability	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

The approved establishment in CAS by grade from 2016-17 to 2018-19 are as follows-

<b>Grade</b>	<b>Approved establishment</b>		
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Medical and Health Officer	24	24	25
Registered Nurse	30	30	30
Scientific Officer (Medical)	5	5	5
Clinical Psychologist	23	22*	22*
Speech Therapist	13	13	13

Optometrist	2	2	2
Occupational Therapist	8	8	8
Physiotherapist	6	6	6
Hospital Administrator	1	1	1
Electrical Technician	2	1	1
Executive Officer	1	2	2
Clerical Officer	12	12	12
Clerical Assistant	19	20	20
Office Assistant	2	1	1
Personal Secretary	1	1	1
Workman II	12	12	12
<b>Total:</b>	<b>161</b>	<b>160</b>	<b>161</b>

\* Two Clinical Psychologist posts were upgraded to one Senior Clinical Psychologist post in 2017-18.

(d) and (e)

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC has commenced operation in January 2018. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand for CAS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)245**

**(Question Serial No. 1348)**

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 for 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 cost 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, please provide the details and if not, the reasons for that.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 20)

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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), 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 <sup>@</sup>	No. of attendances		
			2016-17	2017-18	2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	Monday (AM)	84	5 329	5 234	4 612
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 295	3 990	3 438
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 903	6 599	6 044
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 356	2 262	1 899
Mona Fong Dental Clinic	Thursday (PM)	42	1 909	1 898	1 630
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 026	2 011	1 678
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 567	7 808	6 734
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152	2 015	1 722
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 999	3 851	3 286
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95	90	80
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	152	199	240

<sup>#</sup> 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.

<sup>@</sup> 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. In order to work out the best way forward in meeting their dental care needs, a new three-year programme named "Healthy Teeth Collaboration" was launched on 16 July 2018. The objective of the programme is to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability.

The Government provides free/subsidised dental services for elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. Besides, eligible elders may also use elderly health care vouchers for private dental services.

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

- End -



**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)246</b>
------------------

**(Question Serial No. 3195)**

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 (EHV) Scheme, the Government provides EHV's with a total value of \$2,000 per person annually to eligible elderly persons aged 70 or above. As mentioned in this year's Budget, the Government will provide, on a one-off basis, an additional \$1,000 worth of EHV's to eligible elderly persons. Please advise on the annual number of elders benefiting from the EHV Scheme and the expenditure involved over the past 3 years, the number of elders concerned and the expenditure involved if the eligibility age for the EHV Scheme is lowered to 65 and 60 respectively, as well as the additional expenditure involved in 2019-20.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 18)

Reply:

The table below shows 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:

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Number of eligible elders (i.e. elders aged 65/70 <sup>Note</sup> or above)*	775 000	1 221 000	1 266 000
Cumulative number of elders who had made use of vouchers by end of the year	649 000	953 000	1 191 000

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

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

The amount of vouchers claimed was \$1,070.6 million in 2016, \$1,500.4 million in 2017 and \$2,804.2 million in 2018.

Other than providing an additional \$1,000 worth of vouchers to each eligible elder on a one-off basis in 2019, the Government also proposes to raise the accumulation limit of the

vouchers from \$5,000 to \$8,000 as a regular measure. Upon implementation of the above initiatives, the estimated voucher expenditure for 2019-20 is about \$4,206.9 million.

According to the Hong Kong Population Projections 2017-2066, the number of elders aged between 60 and 64 in 2019 is about 574 000. The eligibility age for the EHV Scheme was lowered in July 2017 from 70 to 65. The Government has no plans to further lower the eligibility age for the EHV Scheme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)247**

**(Question Serial No. 3252)**

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) Scheme, 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 EHV Scheme? If so, please provide the details and if not, the reasons for that.

Asked by: Hon LEE Wai-king, Starry (LegCo internal reference no.: 19)

Reply:

The table below shows 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:

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cumulative number of elders who had made use of vouchers by end of the year	649 000	953 000	1 191 000
Number of eligible elders (i.e. elders aged 65/70 <sup>Note</sup> or above)*	775 000	1 221 000	1 266 000
Percentage of eligible elders who had made use of vouchers	84%	78%	94%

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

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

The amount of vouchers claimed was \$1,070.6 million in 2016, \$1,500.4 million in 2017 and \$2,804.2 million in 2018.

The Department of Health completed a review of the EHV Scheme in Q1 2019. The Government proposes the following enhancement measures for the EHV Scheme: allowing

the use of vouchers at District Health Centres which will be set up in every district in Hong Kong; empowering elders to make informed choices and use vouchers wisely through more proactively reaching out to elders and enhancing the mechanism for checking voucher balance; stepping up monitoring efforts against suspected abuse/ misuse of vouchers; tackling over concentration of voucher use on optometry services by introducing a cap of \$2,000 every 2 years on the amount of vouchers that can be spent by each elder on such services; regularisation of the Pilot Scheme at the University of Hong Kong - Shenzhen Hospital; and streamlining enrolment procedures for healthcare service providers. The results of the review and the above recommended enhancement measures were reported to the Panel on Health Services of the Legislative Council in March 2019.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)248**

**(Question Serial No. 1562)**

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 (ODCP), please advise on the expenditures involved, the manpower required, the number of attendances and the number of residential care homes (RCHes) and day care centres (DEs) visited in the past 3 years. Are there any statistics on the number of attendances by type of services and treatments the participants received? If so, please provide a breakdown of the number of attendances. Will the Government consider extending the ODCP to allow elders aged over 60 other than those in RCHes and DEs to receive oral check-up, oral care and dental treatments with an appointment disc at a specified time at RCHes and DEs?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 9)

Reply:

The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$44.8 million in 2016-17, \$44.9 million each in 2017-18 and 2018-19. Six civil service posts have been provided for implementing the ODCP.

Since the implementation of the ODCP in October 2014 up to end-January 2019, the number of attendances was about 187 400. 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).

The number of participating residential care homes/day care centres under the ODCP was 773 in 2015-16 service year<sup>Note 1</sup>, 810 in 2016-17 service year<sup>Note 1</sup>, and 840 in 2017-19 service year<sup>Note 2</sup> (up to 31 January 2019).

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.

*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.*

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)249**

**(Question Serial No. 1563)**

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 (GDCs) providing free emergency dental treatments for the public through designated sessions (i.e. general public sessions) at the District Council districts, please advise on the total population, population aged 65 or above, consultation quota and attendances (with a breakdown by age group) in the past 3 financial years of each of the district where the 11 GDCs are located. Will there be an increase in the number of GDCs providing general public session service or an increase in the number of consultation quotas in the existing GDCs in the coming year? Have there been studies examining whether it should operate its own mobile dental clinics or subsidise more non-profit-making organisations to operate them to provide dental services for members of the public, especially the elderly, with walking difficulties or living far away from the GDCs with general public sessions?

Asked by: Hon LEUNG Mei-fun, Priscilla (LegCo internal reference no.: 10)

Reply:

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 in the coming year are as follows –

<b>Dental clinics with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>
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

<b>Dental clinics with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>
Mona Fong Dental Clinic	Thursday (PM)	42
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42
Tsuen Wan Dental Clinic <sup>#</sup>	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	2 <sup>nd</sup> Thursday (AM) of each month	32
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32

<sup>#</sup> 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 total population and the population of aged 65 or over by District Council districts are as below:

<b>Dental clinics with GP sessions</b>	<b>District Council Districts</b>	<b>*Total population by District Council Districts (population of aged 65 or over)</b>		
		<b>2015</b>	<b>2016</b>	<b>2017</b>
Kowloon City Dental Clinic	Kowloon City	405 400 (65 100)	413 800 (59 800)	411 900 (62 500)
Kwun Tong Dental Clinic	Kwun Tong	641 100 (111 400)	643 600 (107 200)	664 100 (113 300)
Kennedy Town Community Complex Dental Clinic	Central & Western	246 600 (34 500)	240 600 (36 200)	241 500 (38 500)
Fanling Health Centre Dental Clinic	North	310 800 (34 500)	310 700 (45 000)	312 700 (47 900)
Mona Fong Dental Clinic	Sai Kung	457 400 (49 900)	459 100 (67 300)	463 700 (71 900)
Tai Po Wong Siu Ching Dental Clinic	Tai Po	307 100 (36 700)	300 100 (42 600)	303 700 (44 400)



Dental clinics with GP sessions	District Council Districts	*Total population by District Council Districts (population of aged 65 or over)		
		2015	2016	2017
Tsuen Wan Dental Clinic	Tsuen Wan	303 600 (43 800)	314 600 (43 000)	313 600 (46 100)
Yan Oi Dental Clinic	Tuen Mun	495 900 (62 200)	481 200 (68 300)	480 500 (71 500)
Yuen Long Jockey Club Dental Clinic	Yuen Long	607 200 (65 500)	610 900 (90 200)	625 000 (94 500)
Tai O Dental Clinic	Islands	146 900 (16 500)	154 500 (22 600)	160 300 (24 100)
Cheung Chau Dental Clinic	Islands	146 900 (16 500)	154 500 (22 600)	160 300 (24 100)

\* Data from the Census and Statistics Department's website.

The breakdown by age group of the number of attendances in GP sessions for each dental clinic in the financial years 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

Dental clinic with GP sessions	Age group	Attendance in 2016-17	Attendance in 2017-18	Attendance in 2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	0-18	96	92	79
	19-42	770	805	706
	43-60	1 474	1 381	1 146
	61 or above	2 989	2 956	2 681
Kwun Tong Dental Clinic	0-18	77	70	58
	19-42	621	614	527
	43-60	1 188	1 053	854
	61 or above	2 409	2 253	1 999
Kennedy Town Community Complex Dental Clinic	0-18	124	116	103
	19-42	998	1 016	926
	43-60	1 909	1 741	1 501
	61 or above	3 872	3 726	3 514
Fanling Health Centre Dental Clinic	0-18	42	40	32
	19-42	340	348	291
	43-60	652	597	472
	61 or above	1 322	1 277	1 104
Mona Fong Dental Clinic	0-18	34	33	28
	19-42	276	292	250
	43-60	528	501	405
	61 or above	1 071	1 072	947

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2016-17</b>	<b>Attendance in 2017-18</b>	<b>Attendance in 2018-19 (up to 31 January 2019)</b>
Tai Po Wong Siu Ching Dental Clinic	0-18	37	35	29
	19-42	293	309	257
	43-60	560	531	417
	61 or above	1 136	1 136	975
Tsuen Wan Dental Clinic <sup>#</sup>	0-18	136	137	115
	19-42	1 094	1 202	1 032
	43-60	2 093	2 060	1 673
	61 or above	4 244	4 409	3 914
Yan Oi Dental Clinic	0-18	39	35	29
	19-42	311	310	264
	43-60	595	532	428
	61 or above	1 207	1 138	1 001
Yuen Long Jockey Club Dental Clinic	0-18	72	68	56
	19-42	578	592	504
	43-60	1 106	1 016	816
	61 or above	2 243	2 175	1 910
Tai O Dental Clinic	0-18	2	2	1
	19-42	14	14	12
	43-60	26	23	20
	61 or above	53	51	47
Cheung Chau Dental Clinic	0-18	3	4	4
	19-42	22	31	37
	43-60	42	52	60
	61 or above	85	112	139

<sup>#</sup> 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 concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles. In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited. Therefore, for the elders residing in residential care homes or receiving services in day care centres who may be too weak to be mobilized, we considered it more cost effective to provide dental care through the Outreach Dental Care Programme for the Elderly.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)250**

**(Question Serial No. 0680)**

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 School Outreach Vaccination Pilot Programme, would the Government please inform this Committee of the following:

1. whether the Programme will be extended to cover primary schools, kindergartens and child care centres in Hong Kong; if yes, the implementation timetable;
2. whether it has consulted relevant stakeholders and assessed the feasibility of extending the Programme; if yes, the details; and
3. the measures to be taken by the Government to increase manpower so that the outreach vaccination services can be provided for primary schools, kindergartens and child care centres across Hong Kong (The Programme was first introduced to primary schools by the Centre for Health Protection last year. With the Department of Health directly arranging private doctors to give vaccinations to students at schools, there was no need for schools to contact the doctors by themselves. However, due to inadequate manpower, only 184 primary schools participated in the Programme, accounting for only one third of the total number of primary schools.).

Asked by: Hon LO Wai-kwok (LegCo internal reference no.: 24)

Reply:

(1) – (3)

The Department of Health (DH) launched the School Outreach Vaccination Pilot Programme (Pilot Programme) for primary school students in 2018/19. The Pilot Programme provides free seasonal influenza vaccination to eligible primary school students through DH or Public-Private Partnership.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the Pilot Programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing

the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service, as well as to assess the manpower required. The DH will announce the details in due course.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)251**

**(Question Serial No. 1714)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

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

Director of Bureau: Secretary for Food and Health

Question:

1. Please provide details of 2019-20's publicity plan in relation to the Dutiable Commodities (Amendment) Bill 2017 since its enactment and the estimated expenditure involved;
2. measures to step up publicity about the hazards of alcohol in 2019-20 and the estimated expenditure involved;
3. alcohol treatment services to be provided in 2019-20 and the estimated expenditure involved;
4. measures to publicise the hazards of smoking in 2019-20 and the estimated expenditure involved; and
5. smoking cessation services to be provided in 2019-20 and the estimated expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 32)

Reply:

- (1) The Tobacco Control Office of the Department of Health (DH) has been renamed as Tobacco and Alcohol Control Office (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The provision of TACO in 2019-20 is at **Annex**.

To facilitate stakeholders' compliance with the new law, TACO publicised the new measures through various means, including advertising, briefings for stakeholders, vendors, and retailers, developing guidelines on statutory requirements for businesses,

and the deployment of Alcohol Control Ambassadors to educate the public and to distribute publicity materials.

- (2) The subject of alcohol and health, including the problem of alcoholism among youths, has been a major area of work of DH. DH educates the public and publicises alcohol-related harm through a range of media, including health education materials, 24-hour education hotline, Announcement in Public Interest (API), websites, social media, electronic publications, health talks, etc.

In 2019-20, DH will continue the aforesaid education activities including 2 promotional campaigns, namely “Young and Alcohol Free” campaign which targets young people and their parents and teachers, and “Alcohol Fails” campaign which targets health care professionals and the general public.

Resources for the above activities are absorbed by DH’s overall provision for disease prevention which is not separately accounted for.

- (3) DH does not provide treatment services to people with alcohol dependence.
- (4) & (5)

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

Smoking cessation is an integral part of the Government’s tobacco control measures to protect public health. DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 6 smoking cessation clinics (5 for civil servants, and 1 open to members of the public) operated by DH, and 15 full-time and 54 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, 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 the workplace. For young smokers, DH collaborates with the University of Hong Kong to operate a hotline to provide counselling service tailored for young smokers over the phone. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients quit smoking.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes, theatre programmes, etc., in schools to raise awareness on

smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by TACO of DH and its subvented organisations in 2019-20 is at **Annex**. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

- End -

Provision of the Department of Health's Tobacco and Alcohol Control Office

	<b>2019-20 Estimate (\$ million)</b>
<b><u>Enforcement</u></b>	
Programme 1: Statutory Functions	110.5
<b><u>Health Education and Smoking Cessation</u></b>	
Programme 3: Health Promotion	129.4
<b>(a) <u>General health education and promotion of smoking cessation</u></b>	
<i>TACO</i>	53.7
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	24.7
<b><i>Sub-total</i></b>	<b><u>78.4</u></b>
<b>(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>	
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0
<i>Subvention to Pok Oi Hospital</i>	7.3
<i>Subvention to Po Leung Kuk</i>	1.5
<i>Subvention to Lok Sin Tong</i>	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>239.9</u></b>



**CONTROLLING OFFICER'S REPLY**

**FHB(H)252**

**(Question Serial No. 3205)**

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 information on the date, purpose and mode of establishment of the following fund as well as its respective year-end balances, capital injections, incomes from investments or other sources and total expenditures in 2015-16, 2016-17 and 2017-18. If the Department of Health (DH) has other funds under its purview, please also provide such information.
  - i. AIDS Trust Fund
- 2) With regard to the funds under its purview, how does the DH assess and monitor the operation of the funds; and are there indicators in place to review their effectiveness? If yes, the latest data; if not, the reasons for that?

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 7)

Reply:

- 1) 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 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. The balances of the Fund as at 31 March of 2016, 2017 and 2018 are \$310.3 million, \$289.6 million and \$235.2 million (provisional) respectively. The income and expenditure in 2015-16, 2016-17 and 2017-18 are tabulated below.

<b>Financial Year</b>	<b>2015-16 (\$ million)</b>	<b>2016-17 (\$ million)</b>	<b>2017-18 (Provisional) (\$ million)</b>
<b>Income</b>	6.6	9.5	6.6
<b>Expenditure</b>	34.2	30.1	61.0

- 2) The Fund is administered on the advice of the Council for the AIDS Trust Fund (the Council), which is appointed by the Chief Executive. In order to target efforts and resources more efficiently and effectively, the Fund accords higher priorities to funding applications targeting the high risk groups according to the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” issued by the Hong Kong Advisory Council on AIDS. Successful applicants are required to submit a detailed written report on the project and their evaluation of the extent to which the original objectives of the project have been achieved, within two months of the project’s completion. They are also required to submit a detailed statement of income and expenditure (supported by certified receipts and invoices) of the project and to return to the Fund any unspent balance of the grant. The approved funding would only be released subject to the submission of satisfactory progress and final reports. In addition, visits to funded organisations would be arranged for members of the Council and the Secretariat.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)253**

**(Question Serial No. 0625)**

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 advise this Committee on:

- a) the number of persons eligible for the EHV, the number of persons who actually used the EHV and the total amount of subsidy for EHV in each of the past 3 years;
- b) the number of healthcare service providers enrolled in the EHV Scheme and their respective professions, broken down by hospital cluster, in the past 3 years;
- c) given the elderly's demand for dental outpatient services which are now lacking in the public sector, whether the Government will explore the feasibility of extending the coverage of the EHV Scheme to dental services, thereby enabling elders to obtain such services in private healthcare facilities.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 16)

Reply:

- a) The table below shows 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:

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cumulative number of elders who had made use of vouchers by end of the year	649 000	953 000	1 191 000
Number of eligible elders (i.e. elders aged 65/70 <sup>Note 1</sup> or above)*	775 000	1 221 000	1 266 000
Percentage of eligible elders who had made use of vouchers	84%	78%	94%

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

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

The amount of vouchers claimed was \$1,070.6 million in 2016, \$1,500.4 million in 2017 and \$2,804.2 million in 2018.

- b) The table below shows the number of healthcare service providers enrolled under the EHV Scheme as at end of 2016, 2017 and 2018, broken down by types of healthcare professionals:

	<b>As at 31.12.2016</b>	<b>As at 31.12.2017</b>	<b>As at 31.12.2018</b>
Medical Practitioners	2 126	2 387	2 591
Chinese Medicine Practitioners	2 047	2 424	2 720
Dentists	770	895	1 047
Occupational Therapists	51	69	74
Physiotherapists	344	396	441
Medical Laboratory Technologists	35	48	54
Radiographers	24	40	44
Nurses	148	182	182
Chiropractors	66	71	91
Optometrists	533	641	697
<b>Sub-total (Hong Kong):</b>	<b>6 144</b>	<b>7 153</b>	<b>7 941</b>
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 2</sup>	1	1	1
<b>Total :</b>	<b>6 145</b>	<b>7 154</b>	<b>7 942</b>

Note 2: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

The Department of Health does not maintain statistics on healthcare service providers by hospital clusters.

- c) Under the EHV Scheme, eligible elders can use vouchers to pay for private primary healthcare services provided by the 10 types of healthcare professionals who have enrolled under the Scheme, including dental services. The present arrangement provides elders with flexibility for using the vouchers for healthcare services that best suit their health needs.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)254**

**(Question Serial No. 0626)**

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 services in specialist outpatient clinics under the Department of Health (DH), would the Government please inform this Committee of the following:

- a) the number of new cases waiting for appointment, the average waiting time for first appointment, the number of new attendances and the total number of attendances of the dermatological outpatient clinics in Hong Kong in the past 5 years;
- b) the healthcare staff establishment and the annual wastage rate of doctors (including their ranks, years of service and reasons for departing) of the dermatological outpatient clinics under the DH in the past 5 years;
- c) the number of doctors who departed on reaching the retirement age in the past 5 years and the number of doctors who will reach the retirement age in the coming 5 years;
- d) the number of healthcare posts created/deleted in specialist outpatient clinics under the DH and whether there were any vacancies arising in the past 5 years; and
- e) “appointment time for new dermatology cases within 12 weeks (% of cases)”, one of the key performance measures in respect of curative care, was removed as from 2018 and replaced by “appointment time for new cases with serious dermatoses within eight weeks (% of cases)”. Will the DH consider reinstating the former target in case of a drop in the wastage rate of healthcare personnel or in service demands in the future?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 17)

Reply:

- a) The total number of attendances, the number of new cases booked for appointment and the number of new cases at outpatient clinics providing dermatology services under the Social Hygiene Service (SHS) of the Department of Health (DH) in the past 5 years are appended in the following tables -

## (i) Number of total attendances

<b>Clinics</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cheung Sha Wan Dermatological Clinic	39 785	39 683	39 646	38 090	33 294
Sai Ying Pun Dermatological Clinic	23 457	23 606	22 849	22 420	21 183
Yau Ma Tei Dermatological Clinic	46 415	46 964	46 036	44 665	41 597
Yung Fung Shee Dermatological Clinic	39 637	41 529	42 397	40 597	36 475
Fanling Integrated Treatment Center (Social Hygiene Service)	24 346	25 257	26 774	26 361	24 517
Chai Wan Social Hygiene Clinic	26 234	25 048	22 881	21 070	17 684
Wan Chai Social Hygiene Clinic	15 315	15 755	15 201	15 422	15 802
Tuen Mun Social Hygiene Clinic	30 571	30 295	28 413	27 589	26 323
<b>Total</b>	<b>245 760</b>	<b>248 137</b>	<b>244 197</b>	<b>236 214</b>	<b>216 875</b>

## (ii) Number of new cases booked for first consultation\*

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Total</b>	47 654	50 502	52 549	56 010

\* Statistics are available since 2015.

## (iii) Number of new attendances

<b>Clinics</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cheung Sha Wan Dermatological Clinic	4 041	3 541	3 270	2 909	3 086
Sai Ying Pun Dermatological Clinic	2 440	2 150	2 106	2 201	2 329
Yau Ma Tei Dermatological Clinic	4 752	4 747	4 712	4 326	4 552
Yung Fung Shee Dermatological Clinic	5 009	4 982	4 960	4 907*	4 052
Fanling Integrated Treatment Center (Social Hygiene Service)	2 604	2 933	3 233	2 793	2 639
Chai Wan Social Hygiene Clinic	3 005	2 930	2 324	2 612*	2 519
Wan Chai Social Hygiene Clinic	2 011	1 882	1 748	1 669	1 773
Tuen Mun Social Hygiene Clinic	4 632	4 201	3 674	3 802*	3 934
<b>Total</b>	<b>28 494</b>	<b>27 366</b>	<b>26 027</b>	<b>25 219</b>	<b>24 884</b>

\*Figures are revised due to reclassification of case grouping.

The status of new skin case appointment at clinics providing dermatology services under the SHS of the DH is updated on a regular basis. The information is available at the website of the Centre for Health Protection (<https://www.chp.gov.hk/en/static/24039.html>). As at end of January 2019, the average waiting time for first appointment was estimated to be 114 weeks. The SHS

has implemented a triage system of which all new case referrals will be assessed by the doctors in charge of individual clinics and accorded appointment priority as appropriate based on their professional clinical judgment. In 2018, 99% of those new cases with severe dermatoses were accorded appointment within 8 weeks.

- b) The approved establishment of the healthcare staff, including Medical and Health Officer, Registered Nurse and Enrolled Nurse grades, at dermatological outpatient clinics and social hygiene clinics under the SHS of the DH in the past 5 years, and the wastage rate of Medical and Health Officer grade staff in the SHS are appended in the following tables -

- (i) Approved establishment of the healthcare staff at dermatological outpatient clinics and social hygiene clinics

Rank	Approved Establishment	
	2014-15 to 2017-18	2018-19
Senior Medical and Health Officer	5	5
Medical and Health Officer	20	22
Nursing Officer	17	19
Registered Nurse	86	96
Enrolled Nurse	12	8
<b>Total</b>	<b>140</b>	<b>150</b>

- (ii) Wastage rate of Medical and Health Officer grade staff

Year	Percentage
<b>2014-15</b>	3.2%
<b>2015-16</b>	13.3%
<b>2016-17</b>	10.3%
<b>2017-18</b>	13.3%
<b>2018-19 (as at 1 February 2019)</b>	29.2%

The wastage of Medical and Health Officer grade staff in the past 5 years covers officers at both Senior Medical and Health Officer and Medical and Health Officer ranks mainly due to retirement and resignation. Their years of service range from 2 to 27 years.

- c) A total of 2 Medical and Health Officer grade members in the SHS left the service due to retirement in the past 5 years. It is projected that another 2 members will retire from the service in the coming 5 years.
- d) Specialised outpatient clinics provide curative services to patients with tuberculosis and chest diseases, skin diseases or human immunodeficiency virus infection. The approved creation/deletion of posts in the specialised outpatient clinics in 2018-19 are

set out below. There is no change in the posts between 2014-15 and 2017-18 in these clinics.

<b>Rank</b>	<b>Creation (“+”) / Deletion (“-”) of Posts</b>
Senior Medical and Health Officer	+1
Medical and Health Officer	+2
Nursing Officer	+4
Registered Nurse	+13
Enrolled Nurse	-4
<b>Net Change</b>	<b>+16</b>

Vacancies arose when there were creation of new posts or wastage of staff. The DH has all along endeavored to fill the vacancies through recruitment under the established mechanism.

- e) The DH will continue to review the status of the manpower strength, demand for service and revise the performance pledge as appropriate.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)255**

**(Question Serial No. 0627)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

According to the records, the completion rate of assessment for new cases in the Child Assessment Centres (CACs) within 6 months has fallen short of the target for several years in a row and further dropped to 49% in 2018. In this connection, please advise this Committee on:

- (a) the respective numbers of newly referred cases received, children currently under assessment and children who have completed assessment by the Child Assessment Service (CAS) in the past 5 years;
- (b) the average, median and longest time taken from waiting to receive assessment to completion of assessment at the CAS for children with developmental disorders in the past 5 years;
- (c) why the completion rate of assessment for new cases in the CACs within 6 months has fallen short of the target for several years in a row;
- (d) whether a mechanism is in place to regularly review the number of healthcare staff according to the demand for services provided by the CAS;
- (e) as it is estimated that the assessments for over 70% of new cases will be completed within 6 months in 2019, the measures in place to expedite the assessment process; and
- (f) as the Department of Health is preparing to establish a new CAC to meet the rising number of referred cases, the preparation progress, the expected staff establishment involved and the estimated operating expenditure.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 18)

Reply:

(a) The number of newly referred cases received and the number of children assessed by the Child Assessment Service (CAS) in the past five years are as follows -

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (provisional figure)</b>
Number of new cases referred to CAS	9 494	9 872	10 188	10 438	10 466
Number of children assessed by CAS	14 909	15 958	15 395	15 589	17 020

The statistics on the number of children currently under assessment by the CAS are not available.

(b)&(c)

In the past five years, nearly all new cases were seen within three weeks after registration. Due to continuous increase in the demand for services of 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 six months dropped from 83% in 2014 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) has not compiled statistics on the average, median or longest waiting time for assessment of new cases.

(d)-(f)

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC has commenced operation in January 2018. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of CAS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)256**

**(Question Serial No. 0628)**

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, will the Government please inform this committee of:

- a) the numbers of new and relapse cases of breast cancer and cervical cancer in the past 5 years, with a breakdown by age group (29 or below, 30-39, 40-49, 50-59, 60-69, 70 or above);
- b) the number of deaths from breast cancer or cervical cancer or the number of either cancer's survivors in the past 5 years; and
- c) the progress of the study to develop a locally validated risk prediction tool in order to identify individuals who will be more likely to benefit from a population-based breast cancer screening programme and the expenditure involved?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 19)

Reply:

- (a) The number of new cases, with breakdown by age groups, of (female) breast cancer and cervical cancer from 2014 to 2016 are shown below. The Department of Health (DH) does not keep statistics on relapse cases of breast cancer and cervical cancer.

(i) Number of new cases of (female) breast cancer

<b>Age group</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>29 or below</b>	17	21	24
<b>30 - 39</b>	250	256	246
<b>40 - 49</b>	995	929	966
<b>50 - 59</b>	1 173	1 214	1 238

<b>Age group</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>60 - 69</b>	813	795	920
<b>70 or above</b>	619	685	714
<b>Unknown age</b>	1	0	0
<b>Total</b>	<b>3 868</b>	<b>3 900</b>	<b>4 108</b>

Figures for 2017 and 2018 are not yet available.

(ii) Number of new cases of cervical cancer

<b>Age group</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>29 or below</b>	4	8	6
<b>30 - 39</b>	64	73	53
<b>40 - 49</b>	136	118	128
<b>50 - 59</b>	106	114	142
<b>60 - 69</b>	79	94	86
<b>70 or above</b>	83	93	95
<b>Total</b>	<b>472</b>	<b>500</b>	<b>510</b>

Figures for 2017 and 2018 are not yet available.

- (b) The number of deaths from (female) breast cancer and cervical cancer from 2014 to 2017 are shown below. The DH does not keep statistics on recovered cases of (female) breast cancer and cervical cancer.

<b>Year</b>	<b>Cancer deaths</b>	
	<b>(Female) Breast cancer</b>	<b>Cervical cancer</b>
<b>2014</b>	604	131
<b>2015</b>	637	169
<b>2016</b>	702	151
<b>2017</b>	721	150

Figures for 2018 are not yet available.

- (c) The commissioned study on the risk factors associated with breast cancer among local women is funded by the Health and Medical Research Fund administered under the Food and Health Bureau, and is approved at the amount of \$19 million by the Research Council after undergoing rigorous peer review and established procedures. The study aims at developing a breast cancer risk prediction model for Hong Kong, identifying risk factors among the local population through a case-control study, as well as building a comprehensive tissue bank and clinical database. The research team will translate predicted risk values into recommendations on whether women in Hong Kong should undergo regular breast cancer screening. The study is ongoing and is expected to be completed in the latter half of 2019.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)257**

**(Question Serial No. 1067)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (3) Health Promotion

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 inform this Committee of the following:

- a) the numbers of complaints received, inspections, summonses issued and fixed penalty notices issued by the Tobacco Control Office (TCO) in the past 3 years;
- b) the number of cases relating to alternative smoking products (including electronic cigarettes, heat-not-burn tobacco products and herbal cigarettes) among the complaints received and the number of follow-up actions taken; and
- c) the number of promotional and educational activities in relation to tobacco control, the target groups and the number of participants in these activities, the expenditure and staff establishment involved in the past 3 years?

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 15)

Reply:

- (a) The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health for the period from 2016 to 2018 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:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
Complaints received		22 939	18 354	18 100
Inspections conducted		30 395	33 159	32 255
FPNs issued (for smoking offences)		8 650	9 711	8 684
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68

- (b) Cap.371 stipulates that any person who smokes in a no smoking area (NSA) commits an offence and is subject to a fixed penalty of \$1,500. The numbers of FPNs/summons issued by TACO for the period from 2016 to 2018 for smoking electronic cigarettes (e-cigarettes) and heat-not-burn (HNB) products in NSAs are as follows:

	2016		2017		2018	
	Summons	FPN	Summons	FPN	Summons	FPN
E-cigarettes	0	4	1	11	0	15
HNB products	0	0	2	22	1	70

TACO does not have separate enforcement figures on the use of herbal cigarettes in NSAs.

- (c) The expenditures related to health promotion activities and smoking cessation services by TACO and its subvented organisations and the approved establishment of TACO in this respect in the past 3 years are at **Annexes 1 and 2** respectively.

The respective service details and numbers of clients served by non-governmental organisations during each biennial Funding and Service Agreement period in the past three years are listed below:

<b>Organisations / Contents of the Programme</b>	<b>Numbers of clients served (Figures as of Dec 2018)</b>	
	<b>Subvention period Apr 2015 – Mar 2017</b>	<b>Subvention period Apr 2017 – Mar 2019</b>
Tung Wah Group of Hospitals - Pharmacotherapy and counselling	8 038	5 927
Pok Oi Hospital - Acupuncture treatment and counselling	2 360	1 934
United Christian Nethersole Community Health Service - Pharmacotherapy and counselling to smoking ethnic minorities and new immigrants	467	536
	<b>Subvention period Jan 2015 – Dec 2016</b>	<b>Subvention period Jan 2017 – Dec 2018</b>
Lok Sin Tong - Outreach smoking cessation programme targeting the workplace	725	801

<b>Organisations / Contents of the Programme</b>	<b>Numbers of clients served (Figures as of Dec 2018)</b>	
	<b>Subvention period Sept 2015 – Aug 2017</b>	<b>Subvention period Sept 2017 – Aug 2019</b>
Life Education Activity Programme - Smoking prevention programme targeting primary and secondary schools	34 411	24 670
Po Leung Kuk - Smoking prevention programme targeting kindergartens	12 640	11 416

- End -

**Expenditures of the Health Promotion and Smoking Cessation Services by the Department of Health's Tobacco and Alcohol Control Office<sup>1</sup>**

	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
	<b>(\$ million)</b>	<b>(\$ million)</b>	<b>Revised Estimate (\$ million)</b>
<b>(a) General health education and promotion of smoking cessation</b>			
<i>TACO</i>	46.8	49.8	53.6
<i>Subvention to Hong Kong Council on Smoking and Health</i>	22.9	23.9	23.9
<b><i>Sub-total</i></b>	<b><u>69.7</u></b>	<b><u>73.7</u></b>	<b><u>77.5</u></b>
<b>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</b>			
<i>Subvention to Tung Wah Group of Hospitals</i>	41.5	34.0	34.0
<i>Subvention to Pok Oi Hospital</i>	7.6	7.2	7.3
<i>Subvention to Po Leung Kuk</i>	2.0	1.5	1.7
<i>Subvention to Lok Sin Tong</i>	2.4	2.7	2.7
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.6	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.3	2.4	2.4
<i>Subvention to The University of Hong Kong<sup>2</sup></i>	1.9	-	-
<b><i>Sub-total</i></b>	<b><u>60.3</u></b>	<b><u>50.7</u></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>130.0</u></b>	<b><u>124.4</u></b>	<b><u>128.5</u></b>

<sup>1</sup> The Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified.

<sup>2</sup> Designated as World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, TACO has collaborated with the University of Hong Kong to develop the evaluation tool on smoking cessation service. The project was completed.



**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office  
related to Health Promotion and Smoking Cessation Services**

Rank	2016-17	2017-18	2018-19
<b><u>Head, TACO</u></b>			
Consultant	-	-	1
Principal Medical & Health Officer	1	1	-
<b><u>Health Education and Smoking Cessation</u></b>			
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
<i>Sub-total</i>	<u>11</u>	<u>11</u>	<u>11</u>
<b><u>Administrative and General Support<sup>3</sup></u></b>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	19
Motor Driver	1	1	1
<i>Sub-total</i>	<u>22</u>	<u>22</u>	<u>24</u>
<b>Total no. of staff:</b>	<u>34</u>	<u>34</u>	<u>36</u>

---

<sup>3</sup> The staff also provide administrative and general support to the law enforcement activities.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)258**

**(Question Serial No. 1914)**

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 services of government public dental clinics, please provide information on:

- a) the number and utilisation rate of general public sessions (GP sessions) provided by each dental clinic in each of the past 3 years;
- b) the service sessions and the number of attendances of GP sessions provided by each dental clinic in each of the past 3 years; and
- c) the total number of attendances and a breakdown by age group of the number of attendances of GP sessions (and the percentage of total attendances each age group accounted for) in the past 3 years.

Asked by: Hon MAK Mei-kuen, Alice (LegCo internal reference no.: 45)

Reply:

- a) Under Programme (4), the Department of Health 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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the total number of disc available and the average utilisation rate for each dental clinic with GP sessions are as follows –

<b>Dental clinic with GP sessions</b>	<b>Total number of disc available</b>			<b>Average utilisation rate in %</b>		
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
Kowloon City Dental Clinic	6 006	6 006	5 166	88.8	86.5	89.5
Kwun Tong Dental Clinic	4 368	4 200	3 528	98.2	95.2	97.5
Kennedy Town Community Complex Dental Clinic	8 064	7 980	6 972	85.6	82.3	86.7
Fanling Health Centre Dental Clinic	2 450	2 450	1 950	96.3	92.5	97.3
Mona Fong Dental Clinic	2 142	2 142	1 806	89.4	88.2	90.6
Tai Po Wong Siu Ching Dental Clinic	6 720	2 142	1 806	94.6	93.7	92.9
Tsuen Wan Dental Clinic	8 316	8 232	6 888	90.5	94.6	97.7
Yan Oi Dental Clinic	2 184	2 100	1 764	98.4	96.2	97.8
Yuen Long Jockey Club Dental Clinic	4 158	4 116	3 444	96.1	93.3	95.1
Tai O Dental Clinic	384	384	320	24.7	23.4	25.0
Cheung Chau Dental Clinic	384	384	320	39.6	51.8	75.0

- b) In 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), 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 <sup>@</sup>	No. of attendances		
			2016-17	2017-18	2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	Monday (AM)	84	5 329	5 234	4 612
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 295	3 990	3 438
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 903	6 599	6 044
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 356	2 262	1 899
Mona Fong Dental Clinic	Thursday (PM)	42	1 909	1 898	1 630
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 026	2 011	1 678
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 567	7 808	6 734
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152	2 015	1 722
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 999	3 851	3 286
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95	90	80
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	152	199	240

<sup>#</sup> 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.

<sup>@</sup> The maximum numbers of disc allocated per session at individual dental clinics remain the same in the 3 years.

- c) In 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the total numbers of attendances for GP sessions are as follows –

<b>Year</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
No. of attendance	36 783	35 957	31 363

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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows –

	<b>Distribution of attendances by age group</b>		
<b>Age group</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
0-18	662 (1.8%)	633 (1.76%)	536 (1.71%)
19-42	5 315 (14.45%)	5 534 (15.39%)	4 805 (15.32%)
43-60	10 174 (27.66%)	9 485 (26.38%)	7 791 (24.84%)
61 or above	20 632 (56.09%)	20 305 (56.47%)	18 231 (58.13%)

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)259**

**(Question Serial No. 0879)**

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 advise on the number of beneficiaries and the total amount of subsidies granted each year since it was put in place in 2009.

How many complaints about the use of EHV's has the Government ever received? If it has, 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 (LegCo internal reference no.: 18)

Reply:

The table below shows 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 10 years:

<b>Year</b>	<b>Number of eligible elders (i.e. elders aged 65/70<sup>Note 1</sup> or above)*</b>	<b>Cumulative number of elders who had made use of vouchers by the end of the year</b>
2009	671 000	186 000
2010	688 000	286 000
2011	707 000	358 000
2012	714 000	424 000
2013	724 000	488 000
2014	737 000	551 000
2015	760 000	600 000
2016	775 000	649 000
2017	1 221 000	953 000
2018	1 266 000	1 191 000

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

\*Sources: Hong Kong Population Projections 2010 - 2039, Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

The table below shows the amount of vouchers claimed in each of the years from 2009 to 2018:

<b>Year</b>	<b>Amount of Vouchers Claimed (in HK\$'000)</b>
2009 <sup>Note 2</sup>	40,123
2010	66,709
2011	89,316
2012 <sup>Note 3</sup>	163,219
2013 <sup>Note 4</sup>	314,704
2014 <sup>Note 5</sup>	597,539
2015 <sup>Note 6</sup>	906,327
2016	1,070,558
2017 <sup>Note 7</sup>	1,500,397
2018 <sup>Note 8</sup>	2,804,180

Note 2: The EHV Scheme was launched as a Pilot Scheme. Eligible elders aged 70 or above were given annually a voucher amount of \$250.

Note 3: The annual voucher amount was increased to \$500 on 1 January 2012.

Note 4: The annual voucher amount was increased to \$1,000 on 1 January 2013.

Note 5: The EHV Scheme was converted into a recurrent programme and the annual voucher amount was increased to \$2,000. The accumulation limit of vouchers of \$3,000, effective from 1 January 2014, was increased to \$4,000 from 7 June 2014.

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

Note 7: The eligibility age for the EHV Scheme was lowered from 70 to 65 with effect from 1 July 2017.

Note 8: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	5	15	33	67	120	240

These complaint cases involved operational procedures, suspected fraud, improper voucher claims and issues related to service charges. The DH had conducted investigation for each complaint. Appropriate actions/ measures were taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate.

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 investigation of complaints. The DH also regularly issues to participating healthcare service providers guidelines to remind them of the requirements of the EHV Scheme, including not imposing different charges on voucher users and non-users; not charging the elderly any fees for creating a voucher account or using vouchers; enhancing the transparency of service charges as far as possible; explaining the charges to elders at their request before providing service; and allowing elders to choose from different healthcare treatment/ management options which may have different service charges.

Besides, DH will strengthen its efforts in promoting better use of vouchers through more proactively reaching out to elders, in addition to the existing publicity efforts. The 18 Visiting Health Teams of DH will be mobilised to conduct health talks to promote the concept of primary healthcare and educate elders on the wise and proper use of vouchers through easy-to-understand illustrations. The DH will also continue to regularly update key statistics on the EHV Scheme and voucher usage to help both elders and the general public better understand the EHV Scheme.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)260**

**(Question Serial No. 2201)**

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 undertaken by the Tobacco and Alcohol Control Office of the Department of Health, will the Government please, in the context of enforcing the Smoking (Public Health) Ordinance and the Fixed Penalty (Smoking Offences) Ordinance in the past 3 years, inform this Committee of:

- (a) the expenditure and the manpower involved (broken down by year); and
- (b) the number of prosecutions instituted each year?

Asked by: Hon OR Chong-shing, Wilson (LegCo internal reference no.: 41)

Reply:

- (a) The Tobacco Control Office of the Department of Health has been renamed as Tobacco and Alcohol Control Office (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures for TACO in 2016-17, 2017-18 and 2018-19 (Revised Estimate) are \$184.5 million, \$185.9 million and \$202.4 million respectively. The approved establishment of TACO from 2016-17 to 2018-19 is at **Annex**.
- (b) The numbers of fixed penalty notices (FPNs) / summonses issued by TACO for the period from 2016 to 2018 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
FPNs issued (for smoking offences)		8 650	9 711	8 684
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68

- End -

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**

Rank	2016-17	2017-18	2018-19
<b><u>Head, TACO</u></b>			
Consultant	-	-	1
Principal Medical & Health Officer	1	1	-
<b><u>Enforcement</u></b>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	-	-	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	105
Senior Executive Officer/ Executive Officer	9	9	13
<i>Sub-total</i>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>			
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
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	19
Motor Driver	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>163</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)261**

**(Question Serial No. 2241)**

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 mentioned under Matters Requiring Special Attention in 2019-20, the Department of Health will continue to enhance the seasonal influenza vaccination arrangements for better protection of high risk groups. In this connection, please advise on the following:

1. the staff establishment and expenditure involved;
2. whether the nursing manpower of outreach teams vaccinating students at primary schools and kindergartens will be increased; if yes, the details and timetable; if not, the reasons; and
3. it is noted that some members of the public are skeptical about the efficacy of vaccinations. Will the government enhance public education to dispel their doubts? If yes, the details and if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 176)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through the DH or Public-Private Partnership.

(1) and (2)

Similar to the arrangement in 2018/19, the VSS will cover people aged between 50 and 64 and the subsidy level will be \$210 per dose in 2019/20. To increase the coverage rate of SIV, the DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups to receive SIV, as well as that of the total population in Hong Kong.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the Pilot Programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service, as well as to assess the manpower (including nurses) involved. The DH will announce the details in due course. In 2019-20, the additional provision of the above enhancement of the SIV programmes/schemes is \$190 million.

(3)

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.

We have also been providing outreaching guidelines, assistance and support to schools, community groups, elderly centres 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, videos by key opinion leaders, health talks, advertisements, social media, online information, hotlines, posters and leaflets.

In order to increase the coverage of SIV among school children in 2018/19, the DH has actively assisted schools and private doctors in organising outreach SIV activities in schools, including the launch of the Pilot Programme.

The DH will continue to take proactive measures to encourage more people in the target groups to receive SIV through enhancing the awareness of the public on the need for vaccination and improving the availability of vaccination service to young school students.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)262**

**(Question Serial No. 2244)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

It is mentioned under Matters Requiring Special Attention in 2019-20 that a free human papillomavirus vaccination (HPV) programme will be launched for school girls. Please inform this Committee of the following:

1. the staff establishment and expenditure involved;
2. whether the Government will consider extending the scope of the programme to include all secondary school girls of the relevant age cohort and women aged 26 or below for free HPV; if yes, the details and implementation timetable; if not, the reasons; and
3. whether the Government has any plans to include boys of the relevant age cohort in the programme; if yes, the details and implementation timetable; if not, the reasons.

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 184)

Reply:

(1)

The Department of Health (DH) will launch the human papillomavirus (HPV) vaccination programme as part of the Hong Kong Childhood Immunisation Programme (HKCIP) as a public health strategy for prevention of cervical cancer. The programme will be rolled out in the 2019/20 school year. HPV vaccination will be provided to school girls via outreach by the School Immunisation Teams of the DH. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year.

In 2019-20, the total provision for HPV Vaccination Programme is \$61.4 million. A total of 6 new civil servant posts will be created in 2019-20. Apart from civil servant posts, additional contract staff will be recruited.

(2)

According to a position paper of the World Health Organization (WHO) issued in 2017, the WHO recommended that, for the prevention of cervical cancer, the primary target population for HPV vaccination is girls aged between 9 and 14, prior to their becoming sexually active. The incremental cost-effectiveness for vaccinating each additional age cohort of girls and women aged 15 or above is less likely to be cost-effective because immunisation would then require a three-dose schedule.

Locally, the Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection of the DH have been closely monitoring the scientific evidence on the use of HPV vaccines in prevention of cervical cancer all along. In July 2018, the SCAS and the SCVPD jointly recommended HPV vaccination to be included in the HKCIP as a public health programme for cervical cancer prevention for girls of suitable ages before sexual debut. The SCAS and the SCVPD will continue to closely monitor the scientific evidence on the cost-benefit of providing catch-up vaccination for older girls in Hong Kong, and will revisit the recommendations if necessary.

(3)

The WHO recommended that HPV immunisation should remain the priority strategy in preventing cervical cancer. Achieving high HPV vaccination coverage in girls (over 80%) reduces the risk of HPV infection for boys. Currently, the majority of countries which have implemented universal HPV vaccination programme only offer HPV vaccinations for girls. Overseas experiences and scientific evidence on the cost-benefit of providing population-based HPV vaccination to males as a public health strategy to prevent other cancers associated with HPV infection (e.g. oropharyngeal and anogenital cancers) are still limited at this moment. The SCAS and the SCVPD will continue to monitor the latest scientific evidence on HPV vaccination for males and review the programme as appropriate.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)263**

**(Question Serial No. 3273)**

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 stated under Matters Requiring Special Attention in 2019-20, the Government will “continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines”. In this connection, please inform this Committee of the following:

1. When is the permanent GCMTI expected to commence operation?
2. What are the staff establishment and expenditure involved in the operation of the GCMTI?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 179)

Reply:

1. The Government is now actively pursuing a permanent site for the operation of the Government Chinese Medicines Testing Institute (GCMTI).
2. In 2019-20, the financial provision for the temporary GCMTI is about \$47.9 million, and the approved establishment is 29 with breakdown as follows:

<b><u>Rank</u></b>	<b><u>No.</u></b>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1



<b><u>Rank</u></b>	<b><u>No.</u></b>
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
<b>Total :</b>	<b><u>29</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)264**

**(Question Serial No. 0150)**

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 “achieving a high participation rate of new born babies of local mothers attending maternal and child health centres (MCHCs)”, please inform this Committee of:

1. whether 90% is considered a high participation rate of new born babies of local mothers attending MCHCs; if yes, on what basis; if not, the reasons;
2. the reasons why 6% of new born babies have not attended any MCHCs in the past 2 years.

Asked by: Hon SHEK Lai-him, Abraham (LegCo internal reference no.: 33)

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health provide a comprehensive range of health promotion and disease prevention services for children from birth to 5 years of age. Major service components include parenting, immunisation, as well as health and developmental surveillance programmes. From the public health perspective, high coverage of new born babies by the child health service of MCHCs is important for protecting the health of our younger generations. There are other service providers offering similar child health services in Hong Kong, providing an alternative to parents of new born babies who prefer services other than those from the MCHCs. Moreover, the participation in MCHCs' services is voluntary. In view of the above, a target of >90% participation rate of new born babies of local mothers attending MCHCs is considered appropriate. In the past two years (2017 and 2018), the target was achieved with the participation rate of 94%. We do not have information on why some new born babies have not attended the MCHCs in the past two years.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)265**

**(Question Serial No. 1464)**

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 launch of a free human papillomavirus vaccination programme for school girls, will the Department of Health inform this Committee of the implementation and results of the programme, and whether it is necessary to enhance promotional work in this respect (if yes, the details and if not, the reasons)?

Asked by: Hon SHEK Lai-him, Abraham (LegCo internal reference no.: 41)

Reply:

The Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and Scientific Committee on Vaccine Preventable Diseases (SCVDP) of the Centre for Health Protection (CHP) of the Department of Health (DH) have been closely monitoring the scientific evidence on the use of human papillomavirus (HPV) vaccine in prevention of cervical cancer all along.

In July 2018, after reviewing the latest scientific evidence on the effectiveness and safety of HPV vaccines, recommendations of the World Health Organization, overseas practices and local studies on acceptability and cost-benefit analyses, the SCAS and the SCVDP jointly recommended HPV vaccination to be included in the Hong Kong Childhood Immunisation Programme (HKCIP) as a public health programme for cervical cancer prevention for girls of suitable ages before sexual debut.

To take forward the recommendations by the SCAS and the SCVDP, the DH will launch the HPV vaccination programme as part of the HKCIP to be rolled out in the 2019/20 school year. HPV vaccination will be provided to school girls via outreach by the School Immunisation Teams of the DH. Nine-valent HPV vaccine will be provided under the programme. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year.

To ensure smooth roll-out of the programme, the DH is working out the implementation details, including preparation of health educational materials, promotion of the programme, and public engagement.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)266**

**(Question Serial No. 0497)**

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 one of the indicators, the Department of Health (“DH”) will process 3 500 registration applications of pharmaceutical products in 2019-20. In this connection, would the DH please advise on the rationale behind this figure as well as the general procedures, time and departmental expenditure required for processing the registration applications of pharmaceutical products?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 14)

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 (the Board), before they can be sold or distributed in Hong Kong. The Drug Office of the Department of Health provides professional and executive support to the Board for evaluating applications for registration of pharmaceutical products.

In 2019, the Drug Office expects to process around 3 500 applications for registration of pharmaceutical products, including both new and renewal applications. The estimation is based on the number of new applications in 2018 and of current registration certificates that will expire in 2019.

For new applications, applicants must submit relevant documents to substantiate the safety, efficacy and quality of their products, including master formula, product specifications, Pharmaceutical Inspection Cooperation Scheme Good Manufacturing Practice certificate, scientific evidence or reputable references, and stability test data. Applicants may refer to the “Guidance Notes on Registration of Pharmaceutical Products” on Drug Office’s website ([www.drugoffice.gov.hk/eps/do/en/doc/guidelines\\_forms/guid.pdf?v=oj14fkz](http://www.drugoffice.gov.hk/eps/do/en/doc/guidelines_forms/guid.pdf?v=oj14fkz)) for detailed requirements.

In 2018, the Drug Office processed 96% of the applications for registration of pharmaceutical products within the performance pledge of 5 months.

Expenditure for processing applications for registration of pharmaceutical products has been absorbed within the overall provision of the Drug Office. A breakdown of the expenditure is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)267**

**(Question Serial No. 0498)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding illegal smoking inspection, what were the number of inspections conducted by the Government and the staff establishment responsible for the relevant work (set out by post in table form) in the past 3 years?

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 15)

Reply:

The numbers of inspections conducted by the Tobacco and Alcohol Control Office (TACO) of the Department of Health for the period from 2016 to 2018 for smoking and related offences under the Smoking (Public Health) Ordinance (Cap.371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap.600) are 30 395, 33 159 and 32 255 for 2016, 2017 and 2018 respectively.

The approved establishment of the TACO in the past 3 years is at Annex.

- End -

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office<sup>1</sup>**

Rank	2016-17	2017-18	2018-19
<b><u>Head, TACO</u></b>			
Consultant	-	-	1
Principal Medical & Health Officer	1	1	-
<b><u>Enforcement</u></b>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	-	-	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	105
Senior Executive Officer/ Executive Officer	9	9	13
<i>Sub-total</i>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>			
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
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	19
Motor Driver	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>163</u></b>

<sup>1</sup> The Department of Health's Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out the alcohol and tobacco control cannot be separately identified.



**CONTROLLING OFFICER'S REPLY**

**FHB(H)268**

**(Question Serial No. 0499)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

In 2019-20, the Department of Health will enforce the law prohibiting commercial sale and supply of alcohol to minors. In this connection, please provide details of the indicators, the staff establishment (broken down by post in table form) and the estimated expenditure in connection with the relevant work.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 16)

Reply:

The ban on the sale and supply of intoxicating liquor to minors in the course of business has come into effect since 30 November 2018. Tobacco and Alcohol Control Inspectors conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements.

The Department of Health's Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control cannot be separately identified. The provision for TACO in 2019-20 is \$239.9 million. The approved establishment of TACO in 2019-20 is at **Annex**.

- End -

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**

Rank	2019-20
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	121
Senior Executive Officer/ Executive Officer	13
<i>Sub-total</i>	<b><u>143</u></b>
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>179</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)269**

**(Question Serial No. 0500)**

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 2019-20, the Department of Health will continue to operate the Government Chinese Medicines Testing Institute (GCMTI) at the temporary site to conduct research on reference standards and testing methods of Chinese medicines. In this connection, please provide details of the indicators, the implementation timetable, the staff establishment (broken down by post in table form) and the estimated expenditure in connection with the relevant work.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 17)

Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI) in February 2018, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used Chinese Materia Medica under Chinese medicines herbarium; (3) Building of a digitalised Chinese medicines herbarium; (4) Analysis of chemical markers of Chinese Materia Medica in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of Chinese Materia Medica - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021.

In 2019-20, the financial provision for the temporary GCMTI is about \$47.9 million, and the approved establishment is 29 with breakdown as follows:

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1

<b><u>Rank</u></b>	<b><u>Number of post</u></b>
Scientific Officer (Medical)	14
Science Laboratory Technologist	1
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
<b>Total :</b>	<b><u>29</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)270**

**(Question Serial No. 0501)**

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 2019-20, the Department of Health will implement the legislative proposal for regulation of medical devices. In this connection, please provide details of the implementation timetable and the staff establishment (broken down by post in table form) responsible for the above work.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 18)

Reply:

The Government has been taking steps to put in place statutory regulation of the safety, quality, performance and efficacy of medical devices supplied in Hong Kong. To this end, a voluntary Medical Device Administrative Control System has been established by the Department of Health (DH) since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing long-term statutory control. The Government last briefed the Legislative Council Panel on Health Services in July 2018 on the development on the proposed regulatory regime. The Government is working on the Medical Devices Bill on the basis of the latest proposal and aims to introduce the Bill to the Legislative Council in the current legislative session.

In 2018-19, the approved establishment of the Medical Device Control Office of the DH is 24, with breakdown by post as follows –

<u>Rank</u>	<u>Number of post</u>
Senior Medical and Health Officer	1
Senior Electronics Engineer	2
Medical and Health Officer	3
Registered Nurse	2
Scientific Officer (Medical)	9

<b><u>Rank</u></b>	<b><u>Number of post</u></b>
Physicist	1
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	2
Clerical Assistant	1
Electronics Engineer/Assistant Electronics Engineer	1
<b>Total</b> :	<b>24</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)271**

**(Question Serial No. 0502)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In 2019-20, the Department of Health will continue to promote and implement the Elderly Health Care Voucher Scheme (EHVS). In this connection, please advise on:

- (1) the indicators, the implementation timetable and the estimated expenditure in connection with the relevant work; and
- (2) the staff establishment (broken down by post in table form) and the number of staff responsible for monitoring the EHVS.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 19)

Reply:

- (1) The Department of Health (DH) has been actively promoting the Elderly Health Care Voucher (EHV) Scheme to encourage the participation of healthcare service providers and elders. As of end-2018, there were a total of 7 941 healthcare service providers in Hong Kong enrolled under the EHV Scheme, accepting the use of vouchers at 18 725 places of practice across all 18 districts in Hong Kong. Close to 1.2 million elders, accounting for about 94% of the eligible population, had made use of the vouchers.

In 2019, DH will continue to promote the EHV Scheme through seminars and conferences for healthcare professionals, and solicit support from professional bodies to publicise the EHV Scheme to their members through their newsletters/publications. Besides, DH will strengthen its efforts in promoting better use of vouchers through more proactively reaching out to elders, in addition to the existing publicity efforts. The 18 Visiting Health Teams of DH will be mobilised to conduct health talks to promote the concept of primary healthcare and educate elders on the wise and proper use of vouchers through easy-to-understand illustrations. The DH will also continue to regularly update key statistics on the EHV Scheme and voucher usage to help both elders and the general public better understand the EHV Scheme.

The estimated administrative expenses for administering the EHV Scheme in 2019-20 is \$35.8 million. The estimated expenditure on the above publicity and public education efforts cannot be separately quantified.

- (2) The EHV Scheme is administered by the Health Care Voucher Unit (HCVU) of the DH. In 2018-19, the approved establishment of the HCVU for the administration and monitoring of the EHV Scheme was 48 posts, with breakdown as follows:

<u>Rank</u>	<u>Number of posts</u>
Senior Medical and Health Officer	1
Medical and Health Officer	1
Nursing Officer	1
Chief Executive Officer	1
Senior Executive Officer	4
Executive Officer I	3
Executive Officer II	13
Assistant Clerical Officer	16
Clerical Assistant	4
Statistical Officer I	1
Senior Accounting Officer	1
Accounting Officer I	2
<b>Total:</b>	<b>48</b>

The manpower on monitoring of the EHV Scheme cannot be separately quantified.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)272**

**(Question Serial No. 0503)**

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:

The actual number of publicity/educational activities delivered by the Hong Kong Council on Smoking and Health (COSH) in 2018 was 430. In this connection, would the Government please inform this Committee of:

- (1) the expenditure on the said activities;
- (2) the funding allocated to the COSH and its staff establishment in 2018; and
- (3) the ways to monitor the COSH's funding usage.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 20)

Reply:

- (1) & (2) The revised estimate for the Hong Kong Council on Smoking and Health (COSH) for 2018-19 is \$23.9 million (including \$5.9 million for Personal Emoluments and \$18 million for Other Charges). The approved staff establishment of COSH as at 1 April 2018 is 10.
- (3) According to the Funding and Service Agreement signed between COSH and DH, COSH is required to submit monthly income and expenditure statements, audited annual financial statements and audited annual financial report to DH for review. In addition, COSH is required to report to DH statistics relating to its performance on a quarterly basis.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)273**

**(Question Serial No. 0504)**

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:

In 2019-20, the Department of Health will continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation. In this connection, please provide details of the related initiatives, the estimated expenditure, the implementation timetable and the staff establishment involved (broken down by post in table form).

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 21)

Reply:

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

Smoking cessation is an integral part of the Government's tobacco control measures to protect public health. DH operates an integrated Smoking Cessation Hotline (Quitline: 1833 183) to handle general enquiries and provide professional counselling and information on smoking cessation, and coordinates the provision of smoking cessation services in Hong Kong. DH also arranges referrals to various smoking cessation services in Hong Kong, including public clinics under DH and the Hospital Authority (HA), as well as community-based cessation programmes operated by NGOs. There are a total of 6 smoking cessation clinics (5 for civil servants, and 1 open to members of the public) operated by DH, and 15 full-time and 54 part-time centres operated by HA who has been providing smoking cessation services since 2002. Moreover, 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. DH has launched a two-year Pilot Public-Private Partnership Programme on Smoking Cessation in December 2017, to engage family doctors in helping smoker patients to quit smoking.

DH subvents COSH to carry out publicity and education programmes, such as health talks, training programmes, theatre programmes, etc., in schools to raise awareness on smoking hazards, including the use of alternative smoking products. DH also collaborates with NGOs in organising health promotional activities at schools. The programmes aim to enlighten students to discern marketing tactics used by the tobacco industry, and equip them with skills to resist picking up the smoking habit because of peer pressure through interactive teaching materials and mobile classrooms.

The provision related to health promotion activities and smoking cessation services by the Tobacco and Alcohol Control Office (TACO) of DH and its subvented organisations and the approved establishment of TACO in this respect in 2019-20 are at **Annexes 1 and 2** respectively. For HA, smoking cessation services form an integral part of HA's overall services provision, and therefore such expenditure is not separately accounted for.

- End -

Provision of the Health Promotion and Smoking Cessation Services by the Department of Health's Tobacco and Alcohol Control Office<sup>1</sup>

	<b>2019-20 Estimate (\$ million)</b>
<b>(a) <u>General health education and promotion of smoking cessation</u></b>	
<i>TACO</i>	53.7
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	24.7
<b><i>Sub-total</i></b>	<b><u>78.4</u></b>
<b>(b) <u>Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>	
<i>Subvention to Tung Wah Group of Hospitals</i>	34.0
<i>Subvention to Pok Oi Hospital</i>	7.3
<i>Subvention to Po Leung Kuk</i>	1.5
<i>Subvention to Lok Sin Tong</i>	2.9
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.9
<i>Subvention to Life Education Activity Programme</i>	2.4
<b><i>Sub-total</i></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>129.4</u></b>

---

<sup>1</sup> The Department of Health's Tobacco Control Office has been renamed as Tobacco and Alcohol Control Office in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out the alcohol and tobacco control cannot be separately identified.

**Approved Establishment of**  
**the Department of Health's Tobacco and Alcohol Control Office**  
**related to Health Promotion and Smoking Cessation Services**

Rank	2019-20
<b><u>Head, TACO</u></b>	
Consultant	1
<b><u>Health Education and Smoking Cessation</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Scientific Officer (Medical)	2
Nursing Officer/ Registered Nurse	3
Hospital Administrator II	4
<i>Sub-total</i>	<u>11</u>
<b><u>Administrative and General Support<sup>2</sup></u></b>	
Senior Executive Officer/ Executive Officer	4
Clerical and support staff	19
Motor Driver	1
<i>Sub-total</i>	<u>24</u>
<b>Total no. of staff:</b>	<u><b>36</b></u>

---

<sup>2</sup> The staff also provide administrative and general support to the law enforcement activities.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)274**

**(Question Serial No. 0505)**

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:

Provision for this Programme for 2019-20 is \$408.6 million (39.2%) higher than the revised estimate for 2018-19. It is understood that this is mainly due to increased requirement for operating expenses and a net increase of 98 posts in 2019-20 to meet operational needs. Please explain in detail and tabulate the number of staff by post as well as the major duties in respect of these 98 new posts.

Asked by: Hon SHIU Ka-fai (LegCo internal reference no.: 22)

Reply:

Provision for 2019-20 for Programme 1: statutory functions is \$408.6 million (39.2%) higher than the revised estimate for 2018-19. The increased requirement for operating expenses is mainly for:

- (a) health screening services for the Boundary Control Points at Hong Kong-Zuhai-Macao Bridge, West Kowloon Terminus and Liantang/Heung Yuen Wai;
- (b) undertaking the registration and enforcement work under the Private Healthcare Facilities Ordinance (Cap. 633); and
- (c) strengthening the support for developing and regulating Chinese Medicine in Hong Kong.

Details of the net increase of 98 posts in 2019-20 are at **Annex**.

- End -

## Creation and Deletion of Posts in Department of Health in 2019-20

### Programme (1) – Statutory Functions

<u>Rank</u>	<u>No. of posts to be created / deleted</u>
Controller #	1
Senior Medical and Health Officer	6
Medical and Health Officer	6
Senior Nursing Officer	1
Nursing Officer	7
Registered Nurse	5
Principal Dental Officer #	1
Senior Dental Officer	1
Dental Officer	2
Dental Hygienist	1
Senior Dental Surgery Assistant	2
Dental Surgery Assistant	1
Chief Pharmacist #	1
Pharmacist	2
Scientific Officer (Medical)	3
Senior Physicist	1
Physicist	1
Chief Hospital Administrator	1
Senior Hospital Administrator	3
Hospital Administrator I	4
Hospital Administrator II	1
Senior Foreman	4
Foreman	12
Chief Executive Officer	2
Senior Executive Officer	2
Executive Officer I	3
Executive Officer II	-1
Clerical Officer	3
Assistant Clerical Officer	4
Clerical Assistant	3
Personal Secretary I	1
Personal Secretary II	1
Chemist	1
Electrical and Mechanical Engineer / Assistant Electrical and Mechanical Engineer	1
Chief Technical Officer (Electrical)	1
Chief Technical Officer (Mechanical)	1
Health Inspector I/II	1
Science Laboratory Technician I	1
Treasury Accountant	1
Senior Systems Manager	1





**CONTROLLING OFFICER'S REPLY**

**FHB(H)275**

**(Question Serial No. 1017)**

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 use of Elderly Health Care Vouchers (EHVs), please advise this Committee on:

- a) the number of elders eligible for EHVs and, among them, those who have used the EHVs, broken down by age group (65-69, 70-74 and 75 or above) and District Council district in Hong Kong, in each of the past 5 financial years;
- b) the numbers of service providers enrolled in the EHV Scheme in the past 3 financial years and their respective healthcare professions;
- c) the places of practice and healthcare professions of service providers enrolled in the EHV Scheme in each of the 18 districts in the past 3 financial years; and
- d) the number of voucher claim transactions conducted at the places of practice of enrolled service providers in each of the 18 districts, broken down by healthcare profession, in each of the past 3 financial years.

Asked by: Hon WONG Kwok-kin (LegCo internal reference no.: 19)

Reply:

- a) The table below shows the number of eligible elders and the number of elders who had made use of Elderly Health Care Vouchers (EHVs), broken down by age groups, over the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Number of eligible elders (i.e. elders aged 65/70 <sup>Note 1</sup> or above)*	737 000	760 000	775 000	1 221 000	1 266 000
By age group					
65-69	-	-	-	413 000	428 000
70-74	212 000	214 000	222 000	249 000	282 000
75 or above	525 000	546 000	553 000	559 000	556 000
Cumulative number of elders who had made use of EHV's by end of the year	551 000	600 000	649 000	953 000	1 191 000
By age group					
65-69	-	-	-	239 000	394 000
70-74	142 000	158 000	183 000	225 000	283 000
75 or above	409 000	442 000	466 000	489 000	514 000

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

\*Sources: Mid-year population in Hong Kong Population Projections 2012 - 2041, Hong Kong Population Projections 2015 - 2064 and Hong Kong Population Projections 2017 - 2066, Census and Statistics Department

The Department of Health does not maintain statistics on the residence of elders using the EHV's.

- b) The table below shows the number of healthcare service providers enrolled under the EHV Scheme as at end of 2016, 2017 and 2018, broken down by types of healthcare professionals:

	<b>As at 31.12.2016</b>	<b>As at 31.12.2017</b>	<b>As at 31.12.2018</b>
Medical Practitioners	2 126	2 387	2 591
Chinese Medicine Practitioners	2 047	2 424	2 720
Dentists	770	895	1 047
Occupational Therapists	51	69	74
Physiotherapists	344	396	441
Medical Laboratory Technologists	35	48	54
Radiographers	24	40	44
Nurses	148	182	182
Chiropractors	66	71	91
Optometrists	533	641	697
<b>Sub-total (Hong Kong):</b>	<b>6 144</b>	<b>7 153</b>	<b>7 941</b>
University of Hong Kong - Shenzhen Hospital <sup>Note 2</sup>	1	1	1
<b>Total :</b>	<b>6 145</b>	<b>7 154</b>	<b>7 942</b>

Note 2: The Pilot Scheme for use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZH) was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

- c) A healthcare service provider can register more than one place of practice for accepting the use of EHV's. The number of places of practice under the EHV Scheme, broken down by enrolled healthcare professionals and 18 districts in Hong Kong in the past 3 years, is at **Annex**.
- d) The table below shows the annual number of voucher claims made at the places of practice of enrolled healthcare professionals in each of the 18 districts in Hong Kong in the past 3 years:

**Number of Voucher Claim Transactions**

	<b>2016</b>	<b>2017</b> <sup>Note 3</sup>	<b>2018</b> <sup>Note 4</sup>
Central & Western	112 430	138 303	205 695
Eastern	234 527	287 246	422 122
Southern	93 947	117 216	162 034
Wan Chai	80 211	103 586	161 239
Kowloon City	160 573	193 518	284 622
Kwun Tong	299 266	358 131	516 998
Sham Shui Po	182 441	217 384	317 768
Wong Tai Sin	234 689	271 130	332 126
Yau Tsim Mong	205 666	279 298	498 796
Sha Tin	205 167	277 515	426 336
Tai Po	99 949	129 742	201 884

Sai Kung	110 037	139 800	206 725
North	86 608	111 015	168 719
Kwai Tsing	206 699	249 489	345 390
Tsuen Wan	147 768	178 911	257 221
Tuen Mun	179 774	215 006	337 269
Yuen Long	134 027	179 592	274 011
Islands	26 848	33 697	52 475
<b>Total (Hong Kong)</b>	<b>2 800 627</b>	<b>3 480 579</b>	<b>5 171 430</b>

The table below shows the annual number of voucher claims by types of healthcare professionals in Hong Kong in the past 3 years:

**Number of Voucher Claim Transactions**

	<b>2016</b>	<b>2017</b> <sup>Note 3</sup>	<b>2018</b> <sup>Note 4</sup>
Medical Practitioners	1 955 048	2 218 938	2 917 895
Chinese Medicine Practitioners	607 531	860 927	1 502 140
Dentists	119 305	168 738	294 950
Occupational Therapists	620	2 217	3 515
Physiotherapists	21 835	25 076	40 874
Medical Laboratory Technologists	9 748	12 044	18 662
Radiographers	5 886	8 935	16 785
Nurses	3 079	5 079	6 523
Chiropractors	5 003	5 346	10 743
Optometrists	72 572	173 279	359 343
<b>Total (Hong Kong):</b>	<b>2 800 627</b>	<b>3 480 579</b>	<b>5 171 430</b>

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

Note 4: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Statistics on the number of voucher claims broken down by both healthcare professionals and districts are not readily available.

- End -

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2016)**

<b>Healthcare Professionals</b> <b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
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
<b>Total</b>	<b>3 332</b>	<b>4 773</b>	<b>1 307</b>	<b>101</b>	<b>595</b>	<b>74</b>	<b>35</b>	<b>235</b>	<b>113</b>	<b>1 286</b>	<b>11 851</b>

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2017)**

<b>Healthcare Professionals</b> <b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
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
<b>Total</b>	<b>3 771</b>	<b>6 809</b>	<b>1 570</b>	<b>103</b>	<b>641</b>	<b>127</b>	<b>57</b>	<b>273</b>	<b>116</b>	<b>2 110</b>	<b>15 577</b>

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2018)**

<b>Healthcare Professionals</b> <b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
Central & Western	535	479	247	2	65	16	6	8	35	211	1 604
Eastern	257	612	118	12	34	3	2	13	30	206	1 287
Southern	46	302	17	4	8	0	0	0	0	46	423
Wan Chai	269	331	141	5	69	17	7	16	29	263	1 147
Kowloon City	181	414	89	11	37	0	0	16	6	177	931
Kwun Tong	287	846	146	20	52	17	5	50	14	144	1 581
Sham Shui Po	135	462	77	3	45	4	2	5	0	102	835
Wong Tai Sin	94	627	85	8	27	0	0	16	0	163	1 020
Yau Tsim Mong	995	792	376	12	175	50	21	39	59	505	3 024
Sha Tin	332	539	136	12	54	2	2	34	15	202	1 328
Tai Po	104	265	66	0	9	3	3	12	3	34	499
Sai Kung	214	361	65	12	22	2	0	4	3	120	803
North	66	299	31	2	7	3	2	3	11	41	465
Kwai Tsing	144	280	76	3	16	0	0	28	0	140	687
Tsuen Wan	202	444	77	4	54	16	7	10	23	117	954
Tuen Mun	191	637	68	3	31	0	1	6	9	105	1 051
Yuen Long	208	414	99	1	15	3	1	14	10	136	901
Islands	37	119	15	0	2	0	0	1	0	11	185
<b>Total</b>	<b>4 297</b>	<b>8 223</b>	<b>1 929</b>	<b>114</b>	<b>722</b>	<b>136</b>	<b>59</b>	<b>275</b>	<b>247</b>	<b>2 723</b>	<b>18 725</b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)276**

**(Question Serial No. 1018)**

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 claims and transactions of Elderly Health Care Vouchers (EHVs), please advise this Committee of the following:

- a) the number of voucher claim transactions, the average amount claimed per transaction, and the total amount of vouchers claimed in each of the past 5 financial years;
- b) the number of claims in which an amount below \$500, between \$500 and \$999, between \$1,000 and \$1,499, between \$1,500 and \$1,999 and of \$2,000 or above was spent in a single transaction in the past 5 financial years;
- c) the number of complaints about the EHV Scheme received, their nature, the main types of services provided by the parties complained against, as well as the amounts involved in each of the past 5 years; and
- d) the investigation results of the above complaints, the types of services and amounts involved in substantiated cases, and how the Government has handled such cases.

Asked by: Hon WONG Kwok-kin (LegCo internal reference no.: 20)

Reply:

a) & b)

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:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <small>Note 1</small>	<b>2018</b> <small>Note 2</small>
(i) Total amount of vouchers claimed (\$'000)	597,539	906,327	1,070,558	1,500,397	2,804,180



(ii) Total number of voucher claim transactions	2 221 547	2 709 040	2 806 294	3 487 334	5 182 848
(iii) Average amount of vouchers claimed per transaction (\$) [i.e. (i) / (ii)]	269	335	381	430	541

The number of voucher claims made by participating healthcare service providers in Hong Kong <sup>Note 3</sup> in the past 5 years broken down by the amount claimed per transaction is as follows:

<b>Amount of vouchers claimed per transaction</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b> <sup>Note 2</sup>
\$500 or below	2 075 162	2 423 493	2 422 122	2 884 279	4 001 849
\$501 – \$1,000	105 340	180 207	222 297	321 462	586 714
\$1,001 – \$1,500	20 901	45 462	62 404	104 095	189 244
\$1,501 – \$2,000	10 323	27 216	45 073	102 970	139 516
\$2,001 or above	9 821	30 375	48 731	67 773	254 107
<b>Total</b>	<b>2 221 547</b>	<b>2 706 753</b>	<b>2 800 627</b>	<b>3 480 579</b>	<b>5 171 430</b>

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

Note 3: The Department of Health (DH) does not maintain statistics on the voucher amount claimed in each single transaction made by the University of Hong Kong – Shenzhen Hospital.

c) & d)

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 investigation of complaints. Since launch of the Scheme in 2009 until end-2018, the DH had conducted checking of some 358 000 claim transactions (representing about 2% of all claim transactions made). The checking had identified some 3 950 anomalous claims (amounting to some \$1.96 million in claim amount).

The below table shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the DH in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	5	15	33	67	120	240

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The DH had conducted investigation for each complaint. Appropriate actions/ measures were taken when violation of terms and conditions of the EHV Scheme Agreement was found during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Among the 116 cases with investigation completed, 40 cases were found to be substantiated or partially substantiated.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)277**

**(Question Serial No. 1019)**

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 amount of elderly health care voucher (EHV) balances, please inform this Committee of:

- a) the average and median amounts of EHV balances of elderly people who have made use of the vouchers for each of the past 5 financial years; and
- b) the average amount of EHV balances of elderly people who have made use of the vouchers for the past 5 financial years, broken down by age group (65-69, 70-74 and above 75).

Asked by: Hon WONG Kwok-kin (LegCo internal reference no.: 42)

Reply:

a) and b)

Analysed by year among those elders who had made use of vouchers, the average amounts of voucher balance of an elder in the past 5 calendar years are as follows:

	2014	2015	2016	2017	2018
The average amount of voucher balance of an elder as at end of the year (\$)	1,818	1,871	1,651	1,305	1,792

The above statistics broken down by age group and the median amounts of voucher balance are not readily available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)278**

**(Question Serial No. 1020)**

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" (ODCP), will the Government provide the following information:

- a) the number of outreach dental consultations at residential care homes, day care centres and similar facilities and the number of elderly beneficiaries in the past 3 years (broken down by District Council district);
- b) the major types of dental treatment provided under the ODCP and the number of elderly beneficiaries in the past 3 years; and
- c) the staff establishment and expenditure involved in the ODCP in the past 3 years?

Asked by: Hon WONG Kwok-kin (LegCo internal reference no.: 44)

Reply:

1. The number of attendances under Outreach Dental Care Programme for the Elderly (ODCP) was about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, and about 49 000 between October 2017 and January 2019. The number of elders served in different districts is dependent on the number of residential care homes for the elderly (RCHEs), day care centres (DEs) and similar facilities operating in the district and their participation rate to the ODCP. The distribution of the participating RCHEs and DEs by administrative districts of the Social Welfare Department in three service years 2015-16, 2016-17 and 2017-19 under the ODCP is at **Annex**.
2. The 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. The financial provision for implementing the ODCP was \$44.8 million in 2016-17, \$44.9 million in 2017-18 and 2018-19. Six civil service posts have been provided for implementing the ODCP.

- End -

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

	2015-16 Service Year of ODCP <sup>Note 1</sup>			2016-17 Service Year of ODCP <sup>Note 1</sup>			2017-19 Service Year of ODCP <sup>Note 2</sup> (position as at 31 January 2019)		
	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	88	109	81%	88	109	81%	81	105	77%
Eastern and Wan Chai	81	103	79%	84	105	80%	89	111	80%
Kwun Tong	52	69	75%	53	71	75%	59	67	88%
Wong Tai Sin and Sai Kung	57	72	79%	61	72	85%	60	67	90%
Kowloon City and Yau Tsim Mong	109	134	81%	120	134	90%	124	137	91%
Sham Shui Po	56	91	62%	60	91	66%	74	95	78%
Tsuen Wan and Kwai Tsing	92	110	84%	96	110	87%	103	118	87%
Tuen Mun	49	54	91%	49	54	91%	53	57	93%
Yuen Long	56	60	93%	58	60	97%	55	62	89%
Sha Tin	49	64	77%	52	65	80%	55	64	86%
Tai Po and North	84	93	90%	89	93	96%	87	93	94%
<b>Total:</b>	<b>773</b>	<b>959</b>	<b>81%</b>	<b>810</b>	<b>964</b>	<b>84%</b>	<b>840</b>	<b>976</b>	<b>86%</b> <sup>Note 3</sup>

*Note 1: 2015-16 Service Year and 2016-17 Service Year refer to the period from 1 October 2015 to 30 September 2016 and from 1 October 2016 to 30 September 2017 respectively.*

*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 16 months of 2017-19 Service Year. The participation rate for 2016-17 Service Year (from 1 October 2016 to 30 September 2017) was 84%.*

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

**CONTROLLING OFFICER'S REPLY**

**FHB(H)279**

**(Question Serial No. 1932)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

1. As regards the number of inspections conducted for smoking, commercial sale and supply of alcohol to minors and related offences under the Smoking (Public Health) Ordinance, the Fixed Penalty (Smoking Offences) Ordinance and Part 5 of the Dutiable Commodities (Liquor) Regulations, on what basis is the number of 35 000 inspections (i.e. the indicator) calculated?
2. What is the cost and manpower required for each inspection?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 13)

Reply:

1. & 2.

The estimated number of inspections in the 2019-20 draft Estimate of Expenditure is worked out with reference to the past annual inspection figure related to tobacco control and the estimated number of inspections for alcohol control, which include random and targeted inspections.

The provision and approved establishment for the enforcement duties undertaken by the Tobacco and Alcohol Control Office (TACO) in 2019-20 are \$110.5 million and 143 respectively. The cost and manpower required for inspections cannot be separately identified from the overall expenditure and manpower incurred for law enforcement.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)280**

**(Question Serial No. 1933)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. Regarding the continuous enhancement to the seasonal influenza vaccination arrangements, what are the details?
2. Have any targets been set to increase the coverage rates among children and elders? If yes, what are the respective figures?
3. Please list the expenditure on influenza vaccination as well as the number and age distribution of vaccination recipients in 2018-20.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 14)

Reply:

(1) and (2)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through DH or Public-Private Partnership.

Similar to the arrangement in 2018/19, the VSS will cover all persons aged between 50 and 64 and the subsidy level of the VSS will be \$210 per dose in 2019/20. To increase the



coverage rate of SIV, the DH will continue to review the range of eligible groups from time to time and take proactive measures to encourage more people in the target groups to receive SIV, as well as that of the total population in Hong Kong.

Given the effectiveness of the Pilot Programme in 2018/19, the DH will regularise the programme from 2019/20 onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service. The DH will announce the details in due course.

(3)

A total of \$33.5 million was incurred for procurement of SIV in 2018-19. On the other hand, in 2019-20, the additional provision of the above-mentioned enhancement of the SIV programmes/schemes is \$190 million. The number of recipients in 2018/19 (as at 3 March 2019) under the aforesaid SIV programmes/schemes by age groups are as follows –

	<b>Number of SIV recipients</b>
Elderly aged 65 or above	541 500
Persons aged between 50 and 64	153 400
Children between 6 months to under 12 years old	306 600
Others *	98 300
<b>Total:</b>	<b>1 099 800</b>

\* Others include healthcare workers; poultry workers; pig farmers or pig-slaughtering industry personnel; persons with intellectual disabilities (from 2015/16), Disability Allowance recipients (from 2016/17), and pregnant women (from 2016/17 under the VSS), etc.

As some target groups members may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the above statistics. The Government's vaccination programmes/schemes for 2019/20 have yet to commence, therefore the statistics for 2019/20 is not available at this stage.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)281**

**(Question Serial No. 1940)**

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. Please set out the names, functions in brief, development-related costs and numbers of downloads of the mobile applications developed in 2017-18 and 2018-19 respectively.
2. Please set out the names, functions in brief and estimated development costs of the mobile applications to be developed in 2019-20.
3. Did the Government review whether the applications developed could meet the needs of the public? If so, please advise on the results.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 21)

Reply:

1. The Department of Health (DH) did not develop any new mobile applications in 2017-18 and 2018-19.
2. DH does not have plans to launch any new mobile applications in 2019-20.
3. The relevant service units of DH regularly review and monitor the download statistics, user ratings and user comments of existing mobile applications to assess their effectiveness, user acceptance level, efficacy of promotion activities, etc. Moreover, enhancements have been made to some mobile applications to improve the application content and their accessibility to reach a wider audience, including persons with disabilities.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)282**

**(Question Serial No. 1955)**

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:

In the 2019-20 Budget, the financial provision for rehabilitation is 17% higher than the original estimate for 2018-19. In this connection, please inform this Committee of the following:

- (1) What are the average waiting times of new/revisit cases in the Child Assessment Centres (CACs) of the Department of Health, as well as the average consultation times of the first and follow-up attendances for the target clients currently?
- (2) The percentage of new cases in the CACs with an appointment time given within 3 weeks was 100% in 2018. Why, despite allocation of additional resources, will 2019 see a decrease in the target at over 90%? What is the estimated number of new cases? Is it necessary to recruit additional healthcare staff or clinical psychologists to handle the new cases?
- (3) Since there is no registration regime for clinical psychologists in Hong Kong at present, how can the Government ensure that clinical psychologists with overseas practising qualifications can obtain and use the "Wechsler Intelligence Scale for Children - Fourth Edition (Hong Kong)" while practising in Hong Kong?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.:48)

Reply:

(1) and (2)

In 2018, all new cases received by the Child Assessment Service (CAS) of the Department of Health (DH) were seen within three weeks after registration. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. DH has not compiled statistics on the average waiting time

for new/revisit cases as well as the average consultation time of the first and follow-up attendances.

In 2018, the number of new referrals was 10 466 cases(provisional figure). It is expected that the estimated number of new referrals in 2019 would be similar to that of 2018.

In the past five years, the target percentage of new referral cases with an appointment time be given in three weeks have all along been more than 90%. In actual practice, nearly all new cases were seen within three weeks after registration.

Noting the continuous increase in demand for the services of the CAS, the DH has started 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, a temporary CAC has commenced operation in January 2018. Besides, the Government has approved, from 2019-20 onwards, the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand for CAS.

(3) Currently, the clinical psychologist profession is not regulated by statute. Through the introduction of a voluntary Accredited Registers Scheme for Healthcare Professions, the Government hopes to strengthen self-regulation of the profession via the enactment of code of practices to maintain the professional standards of the healthcare practitioners.

The DH notes that the supplier of "Wechsler Intelligence Scale for Children - Fourth Edition (Hong Kong)" would allow eligible persons to register as registered users, among which include persons with overseas professional qualifications in clinical psychology or education psychology.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)283**

**(Question Serial No. 1958)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

1. As regards the testing of Chinese herbal medicines (Chm), what were/are the actual target, revised target and estimated number of samples of Chm taken/to be taken in 2018-2020?
2. Whether stipulating a statutory upper limit of sulphur dioxide content in Chm has been set as a work objective? If so, what are the details? If not, why?

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 51)

Reply:

1. To monitor the quality and safety of the Chinese herbal medicines (Chm) regulated under the Chinese Medicine Ordinance (Cap. 549), the Department of Health (DH) has put in place a market surveillance system under which samples of Chm are collected from the market for testing on a regular basis.

The number of samples taken in 2018 and 2019 via market surveillance system and the targeted number of samples to be taken in 2020 are tabulated as follows –

Year	Targeted number of Chm samples taken per month	Actual number of Chm samples taken in that year
2018	45	545
2019	45	144 <i>(as at 11 March 2019)</i>
2020	45	-

2. At present, the DH draws samples of around 45 Chm every month for testing of pesticide residues, heavy metals and morphological identification. To strengthen the control of Chm, the proposal on the limits and testing methods of sulphur dioxide residues were discussed and endorsed in the Chinese Medicines Board (CMB) of the Chinese Medicine Council of Hong Kong in May 2018. Stakeholders' consultations on the

proposal to Chinese medicines traders and testing laboratories were completed by the end of 2018. The International Advisory Board meeting of the Hong Kong Chinese Materia Medica Project held in February 2019 reaffirmed the applicability of analytical method for testing of sulphur dioxide residues in Chinese herbs with the corresponding limits. The DH will refine the proposal and seek endorsement from the CMB before finalising the regulatory measures of sulphur dioxide residues in 2019-20.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)284**

**(Question Serial No. 1959)**

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:

Is testing of imported drugs one of the work objectives for the coming year? If so, please make an estimate of the number of checks to be conducted, the staff establishment and the expenditure involved and if not, the reasons for that.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 52)

Reply:

The DH normally does not conduct sampling checks on pharmaceutical products at the time of import to prevent delaying their import to and supply in the local market. This practice is in line with the international strategy on the regulation and quality control of drugs. On the other hand, the DH has put in place a regular market surveillance mechanism, under which the DH collects samples of pharmaceutical products from suppliers and the market for analysis (e.g. sterility tests) according to risk assessment for the purpose of monitoring the safety, efficacy and quality of pharmaceutical products. Where non-compliance with the standards of safety, efficacy, quality or other relevant requirements is suspected, the DH will conduct an investigation immediately. Where necessary, the DH will require the supplier to recall the products and make a public announcement of the issue on its website or through a press release.

Expenditure and manpower involved in the work outlined above has been absorbed within the overall provision of the Drug Office of the DH. A breakdown of the expenditure and manpower is not available.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)285**

**(Question Serial No. 1528)**

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 again, and will increase the accumulation limit of the vouchers to \$8,000. Has the Government considered that the accumulation limit be continued as a regular measure? If yes, can the matter be dealt with in this financial year? If not, why?

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 29)

Reply:

The increase in the accumulation limit of vouchers under the Elderly Health Care Voucher Scheme from \$5,000 to \$8,000 will be a regular measure whereas the additional \$1,000 vouchers will be a one-off arrangement in 2019.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)488**

**(Question Serial No. 4723)**

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 advise on the numbers of prosecutions initiated by the Tobacco and Alcohol Control Office (TACO) and the numbers of successful prosecutions in relation to tobacco control and alcohol control respectively in the past year.
2. Please advise on the operational expenses, staff establishment and annual payroll cost of the TACO in the past year, as well as its operational expenses, staff establishment and annual payroll cost in the coming year.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 235)

Reply:

1. The numbers of fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health (DH) in 2018 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:

		<b>2018</b>
FPNs issued (for smoking offences)		8 684
Summonses issued	for smoking offences	140
	for other offences (such as wilful obstruction and failure to produce identity document)	68
	(as of 5 March 2019)	
	- Convicted	(167)
	- Pending hearing results	(36)
	- Not convicted	(5)

The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. Inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They also conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. 12 complaints were received regarding the suspected sale or supply of intoxicating liquor to minors in the course of business during the period of 30 November 2018 to 31 December 2018. Investigations were conducted on the 12 cases and no cases of contravention of the law were found.

2. The Tobacco Control Office has been renamed as TACO in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), Cap. 371 and Cap. 600. The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures and provision (including civil service emoluments) for TACO in 2018-19 (Revised Estimate) and 2019-20 are \$202.4 million and \$239.9 million respectively. The annual recurrent cost of civil service posts concerned in 2018-19 and 2019-20 are \$63.6 million and \$70.9 million respectively. The approved establishment of TACO in 2018-19 and 2019-20 is at **Annex**.

- End -

**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2018-19	2019-20
<b><u>Head, TACO</u></b>		
Consultant	1	1
<b><u>Enforcement</u></b>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	1	1
Land Surveyor	1	1
Police Officer	5	5
Overseer/ Senior Foreman/ Foreman	105	121
Senior Executive Officer/ Executive Officer	13	13
<i>Sub-total</i>	<b><u>127</u></b>	<b><u>143</u></b>
<b><u>Health Education and Smoking Cessation</u></b>		
Senior Medical & Health Officer	1	1
Medical & Health Officer	1	1
Scientific Officer (Medical)	2	2
Nursing Officer/ Registered Nurse	3	3
Hospital Administrator II	4	4
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>		
Senior Executive Officer/ Executive Officer	4	4
Clerical and support staff	19	19
Motor Driver	1	1
<i>Sub-total</i>	<b><u>24</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>163</u></b>	<b><u>179</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)489**

**(Question Serial No. 4724)**

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:

Members of the public reported that there were often people smoking at cooked food centres in public markets, causing nuisance to other patrons. In this connection, please inform this Committee of:

- (1) the number of inspections conducted by the Tobacco and Alcohol Control Office (TACO) at cooked food centres in public markets in the past year; and
- (2) the number of summonses issued by the TACO in respect of illegal smoking at cooked food centres in public markets in the past year.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 236)

Reply:

(1) & (2)

The numbers of inspections conducted and fixed penalty notices (FPNs) / summonses issued by the Tobacco and Alcohol Control Office (TACO) of the Department of Health in 2018 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:

	<b>2018</b>
Inspections conducted	3 088
FPNs issued	537
Summonses issued	5

TACO does not have separate figures for cooked food centres in public markets.

-End-

**CONTROLLING OFFICER'S REPLY**

**FHB(H)490**

**(Question Serial No. 5207)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

There will be a net increase of 157 posts under this Programme for the Department of Health in 2019-20 to meet operational needs. In this connection, please inform this Committee of the post titles, duties and estimated full-year expenditure on remuneration in respect of these posts.

Asked by: Hon CHAN Chi-chuen (LegCo internal reference no.: 354)

Reply:

Details of the net increase of 157 posts in the Department of Health are at **Annex**.

- End -

**Creation and Deletion of Posts in Department of Health in 2019-20  
Programme (2) – Disease Prevention**

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
Assistant Director of Health #	-1	-2,179,800
Senior Medical and Health Officer	3	4,337,820
Medical and Health Officer	9	10,078,020
Senior Nursing Officer	3	2,821,680
Nursing Officer	12	8,792,640
Registered Nurse	18	8,313,840
Enrolled Nurse	4	1,447,920
Senior Pharmacist	1	1,445,940
Pharmacist	2	1,881,120
Scientific Officer (Medical)	6	5,643,360
Clinical Psychologist	3	2,821,680
Dietitian	1	609,900
Occupational Therapist I	2	1,400,280
Optometrist	1	439,980
Senior Hospital Administrator	3	3,220,560
Hospital Administrator I	5	3,835,800
Hospital Administrator II	2	970,080
Chief Executive Officer	2	2,891,880
Senior Executive Officer	6	6,441,120
Executive Officer I	9	6,904,440
Executive Officer II	15	7,619,400
Clerical Officer	8	3,519,840
Assistant Clerical Officer	26	7,133,880
Clerical Assistant	3	642,780
Personal Secretary I	1	439,980
Personal Secretary II	-1	-274,380
Statistician	1	940,560
Statistical Officer I	2	1,164,960
Assistant Director of Accounting Services #	1	2,179,800
Chief Treasury Accountant #	-1	-1,836,600
Senior Accounting Officer	1	1,073,520
Accounting Officer II	2	970,080
Chief Systems Manager #	1	1,836,600
Analyst/Programmer I	1	767,160
Workman II	6	1,022,040
<b>Total:</b>	<b>157</b>	<b>99,317,880</b>

# Directorate post

**CONTROLLING OFFICER'S REPLY**

**FHB(H)491**

**(Question Serial No. 7278)**

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 amount of funding provided for the Family Health Service (FHS) of the Department of Health in the past 3 years 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 expenditure spent by the FHS under such additional funding as well as a detailed breakdown of the estimated expenditure for 2019-20.

Asked by: Hon CHAN Pierre (LegCo internal reference no.: 2)

Reply:

A provision of \$5.0 million was allocated to the Family Health Service (FHS) of the Department of Health (DH) in 2016-17 for promotion of breastfeeding and implementation of the recommendations of the Committee on Promotion of Breastfeeding. In 2017-18 and 2018-19, \$6.0 million was allocated to FHS each year for continuing the effort for promotion of breastfeeding.

Breakdown of the expenditure for 2016-17, 2017-18 and 2018-19 are as follows:

Items	Expenditure (\$ million)		
	2016-17	2017-18	2018-19
Publicity (e.g. celebrating events, broadcasting of promotional videos and health messages, health talks and briefings)	1.9	2.4	2.0
Production of a series of video to strengthen the promotion of breastfeeding and infant and young child feeding	0.6	1.8	1.4
Production and dissemination of health education resources and	1.2	1.0	0.9



guidelines for establishing “Breastfeeding Friendly Workplace”, “Breastfeeding Friendly Premises” and Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infant and Young Children (HK Code)			
Research and studies on breastfeeding and child nutrition	0.9	0.3	0.4
Implementation of a programme on peer support for lactating mothers	0.4	0.5	1.3

The DH will continue to promote, protect and support breastfeeding through a multi-pronged approach, including 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; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary HK Code; and strengthening the surveillance on local breastfeeding situation. In 2019-20, \$6.0 million has been earmarked to implement the above.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)492**

**(Question Serial No. 6032)**

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) Concerning the requests for information under the Code on Access to Information received by the Department of Health for which only some of the required information was provided, please state in table form: (i) the content of the requests for which only some of the required information was provided; (ii) the reasons for providing some of the information only; and (iii) how the requests were eventually handled.

Year

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) How the requests were eventually handled

2) Concerning the requests for information under the Code on Access to Information received by the Department of Health for which the required information was not provided, please state in table form: (i) the content of the requests refused; (ii) the reasons for refusal; and (iii) how the requests were eventually handled.

Year

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) How the requests were eventually handled

Asked by: Hon CHAN Tanya (LegCo internal reference no.: 276)

Reply:

1)

First to third quarters in 2018

(i) Content of the requests for which only some of the required information was provided	(ii) Reasons for providing some of the information only	(iii) How the requests were eventually handled
Information on listed Class IV medical devices under Medical Device Administrative Control System in Hong Kong	The Department of Health (DH) did not possess part of the requested information. Besides, part of the requested information was provided by third parties and involved numerous third parties. The disclosure of the requested information did not outweigh the harm or prejudice that would result. This was in line with paragraph 2.9(d) and 2.14(a) of the Code on Access to Information on “Management and Operation of the Public Service” and “Third Party Information”.	The reason of disclosing part of the requested information was explained to the applicant. The channels of internal review and complaint to the Ombudsman were also provided.

2)

First to third quarters in 2018

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) How the requests were eventually handled
Information related to registration as Medical Laboratory Technologist	The requested information was in possession of the Medical Laboratory Technologists Board which is a statutory body. The Board advised that the requested information should not be disclosed. The Secretariat of the Board was of the view that the requested information did not involve any public interest. This was in line with paragraph 2.14(a) of the Code on Access to Information on “Third Party Information”.	The reason of non-disclosure was explained to the applicant. The channels of internal review and complaint to the Ombudsman were also provided.

(i) Content of the requests refused	(ii) Reasons for refusal	(iii) How the requests were eventually handled
Information on the accreditation criteria adopted by the Physiotherapists Board for accrediting local physiotherapy educational programmes	The requested information was in possession of the Physiotherapists Board which is a statutory body. The Board advised that the requested information should not be disclosed. The Secretariat of the Board was of the view that the disclosure of the information did not outweigh the harm or prejudice that would result. This was in line with paragraph 2.14(a) of the Code on Access to Information on "Third Party Information".	The reason of non-disclosure was explained to the applicant. The channels of internal review and complaint to the Ombudsman were also provided.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)493**

**(Question Serial No. 5912)**

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 for each of the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 1600)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past five years are as follows –

Developmental conditions	Number of newly diagnosed cases				
	2014	2015	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/ Disorders	2 541	2 890	2 809	2 855	3 284
Autism Spectrum Disorder	1 720	2 021	1 905	1 716	1 861
Borderline Developmental Delay	2 073	2 262	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	535	643	506	507	534
Hearing Loss (Moderate to profound grade)	109	76	67	71	85
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	41	61	60	40	48

<b>Developmental conditions</b>	<b>Number of newly diagnosed cases</b>				
	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (Provisional figure)</b>
Significant Developmental Delay/ Intellectual Disability	1 252	1 443	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	36	43	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)494**

**(Question Serial No. 5913)**

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:

- (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 (LegCo internal reference no.: 1602)

Reply:

- (1) The Outreach Dental Care Programme for the Elderly (ODCP) was implemented since October 2014. The number of attendances under ODCP was about 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, and about 49 000 between October 2017 and January 2019. 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 is listed as follows –

<u>Financial Year</u>	<u>Financial Provision</u> <u>(\$ million)</u>
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.9

2018-19  
2019-20

44.9  
51.7

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)495**

**(Question Serial No. 6358)**

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 (LegCo internal reference no.: 1607)

Reply:

Noting the continuous increase in demand for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC in Ngau Tau Kok has commenced operation in January 2018, with the creation of 16 civil service posts in the DH.

The setting up of a new CAC falls with the routine duties of the relevant subject officers in DH and the related manpower and resources cannot be separately quantified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)496**

**(Question Serial No. 6359)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

1. How many children were assessed as having developmental disorders by the Child Assessment Centres (CACs) for the past 5 financial years? Please provide a breakdown by their developmental problem.
2. What are the longest, average and shortest waiting time for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 1608)

Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past five years are as follows –

Developmental conditions	Number of newly diagnosed cases				
	2014	2015	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/ Disorders	2 541	2 890	2 809	2 855	3 284
Autism Spectrum Disorder	1 720	2 021	1 905	1 716	1 861
Borderline Developmental Delay	2 073	2 262	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	535	643	506	507	534
Hearing Loss (Moderate to profound grade)	109	76	67	71	85

Developmental conditions	Number of newly diagnosed cases				
	2014	2015	2016	2017	2018 (Provisional figure)
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	41	61	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 252	1 443	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	36	43	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

2. In the past five years, nearly all new cases at the CAS were seen within three weeks after registration. Due to 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 six months has dropped from 83% in 2014 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)497**

**(Question Serial No. 6360)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the waiting situation, including the waiting queue and waiting time (the shortest, longest and median) in each child assessment centre in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.:1609)

Reply:

In the past five years, nearly all new cases of the Child Assessment Service (CAS) were seen within three weeks after registration. Due to 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 six months has dropped from 83% in 2014 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)498**

**(Question Serial No. 6361)**

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:

What were the numbers of new cases, broken down by age group (below 3, 3-5, 6 or above), in the Child Assessment Centres (CACs) and their sources of referral, such as Maternal and Child Health Centres, private doctors and psychologists, in the past 5 years? What were the average, median and longest time required to complete assessment of children under 6 years of age in the CACs in the past 5 years? Only 71% of the new cases achieved the target of completing assessment within 6 months in 2015-16. Are there any improvement measures?

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.:1610)

Reply:

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. Details of the referral sources to the CAS in the past five years are as follows –

Channels of Referral	Number of cases				
	2014	2015	2016	2017	2018 (provisional figures)
MCHCs and other specialties (DH)	5 731	6 328	6 554	6 812	7 155
Paediatricians, Out-Patient Clinics and other specialties (HA)	1 344	1 368	1 416	1 422	1 233
Doctors in private practice	1 844	1 652	1 611	1 533	1 442

Channels of Referral	Number of cases				
	2014	2015	2016	2017	2018 (provisional figures)
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	548	505	600	655	630
Others	27	19	7	16	6
<b>Total</b>	<b>9 494</b>	<b>9 872</b>	<b>10 188</b>	<b>10 438</b>	<b>10 466</b>

Breakdown of the new cases by age group is not readily available.

In the past five years, nearly all new cases of the CAS were seen within three weeks after registration. Due to 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 six months has dropped from 83% in 2014 to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the median, the longest or the shortest waiting time for assessment of new cases.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC in Ngau Tau Kok has commenced operation in January 2018, with the creation of 16 civil service posts in DH. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand for CAS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)499**

**(Question Serial No. 6362)**

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 (LegCo internal reference no.: 1611)

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 (the Board), before they can be sold or distributed in Hong Kong. The Drug Office of the Department of Health (DH) is responsible for providing professional and executive support to the Board for evaluating applications for registration of pharmaceutical products.

For new applications, applicants must submit relevant documents to substantiate the safety, efficacy and quality of their products, including master formula, product specifications, Pharmaceutical Inspection Cooperation Scheme Good Manufacturing Practice certificate, scientific evidence or reputable references, and stability test data. Applicants may refer to the "Guidance Notes on Registration of Pharmaceutical Products" on Drug Office's website ([www.drugoffice.gov.hk/eps/do/en/doc/guidelines\\_forms/guid.pdf?v=oj14fkz](http://www.drugoffice.gov.hk/eps/do/en/doc/guidelines_forms/guid.pdf?v=oj14fkz)) for detailed requirements.

Between 2014 and 2018, the Drug Office processed over 96% of the applications for registration of pharmaceutical products within the performance pledge of 5 months. Details are set out in the table below –

Year	2014	2015	2016	2017	2018
Number of new pharmaceutical products approved	882	871	663	583	519
Percentage of registered pharmaceutical products approved within the performance pledge of 5 months	99%	96%	99%	99%	96%

During the same period, the Drug Office did not reject any active applications.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)500**

**(Question Serial No. 6544)**

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:

Please set out the actual and estimated expenditure on the procurement of drugs by the Department of Health over the past 5 years and in the coming year respectively.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 3031)

Reply:

The expenditure on the procurement of drugs by the Department of Health over the past 5 financial years and in the coming financial year are as follows:

Financial Year	Amount (\$ million)
2014-15	437.6
2015-16	486.2
2016-17	523.2
2017-18	553.1
2018-19 (Revised Estimate)	628.2
2019-20 (Estimated)	661.7

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)501**

**(Question Serial No. 6547)**

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 details of the respective programmes for genetic counselling, screening and laboratory services, including those on testing, the expenditure on and the numbers of new cases, existing cases and attendances in the past 5 years and estimated for the coming year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (LegCo internal reference no.: 3035)

Reply:

The Clinical Genetic Service (CGS) of the Department of Health (DH) provides Genetic Counselling Service (GCS), Genetic Screening Service (GSS) and Genetic Laboratory (GL) Service.

The GCS provides specialised outpatient clinic services including diagnostic and genetic counselling service to patients and families affected by genetic diseases and rare disorders. The number of new cases and total attendance on family basis of the GCS in the past 5 years is as follows –

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
New cases	1 341	1 423	1 594	1 819	1 864
Total attendance	4 778	4 738	4 900	5 450	5 745

The GSS operates the Neonatal Screening Programme which covers glucose-6-phosphate dehydrogenase (G6PD) deficiency and congenital hypothyroidism. The number of babies screened and total attendance of cases with abnormal results at the GSS in the past 5 years is as follows –

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Babies screened	40 197	39 572	40 754	37 860	35 613
Total attendance	932	1 225	1 130	1 224	1 176

The GL provides chromosome analysis and molecular genetic testing for different genetic diseases, with a view to identifying the underlying genetic defects of various genetic diseases in patients and their at-risk family members. The number of genetic tests performed in the past 5 years is as follows –

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
Tests performed	59 074	55 127	52 790	58 822	105 638

The expenditure of the CGS in the past 5 years are as follows. The financial provision in 2019-20 is \$51.9 million.

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Expenditure (\$ million)	31.6	33.6	43.2	46.7	52.3 (revised estimate)

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)502**

**(Question Serial No. 5167)**

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 launching a free human papillomavirus vaccination programme for school girls by the Department of Health in 2019-20, so far as its implementation is concerned, please inform this Committee of:

1. the details and timetable of the programme, as well as the staff establishment and total expenditure on remuneration involved;
2. following media reports last year about the shortage of nine-valent HPV vaccine, the estimated quantity of nine-valent HPV vaccine to be procured, the expenditure involved and the quantity of such vaccine stockpiled at present; and
3. whether there will be a more severe shortage of nine-valent HPV vaccine in the private healthcare sector, hence a higher price for vaccination, if the Government places a bulk order of the vaccine.

Asked by: Hon FAN Kwok-wai, Gary (LegCo internal reference no.: 60)

Reply:

(1)

The Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and Scientific Committee on Vaccine Preventable Diseases (SCVPD) of the Centre for Health Protection (CHP) of the Department of Health (DH) have been closely monitoring the scientific evidence on the use of human papillomavirus (HPV) vaccine in prevention of cervical cancer all along.

In July 2018, after reviewing the latest scientific evidence on the effectiveness and safety of HPV vaccines, recommendations of the World Health Organization, overseas practices and local studies on acceptability and cost-benefit analyses, the SCAS and the SCVPD jointly recommended HPV vaccination to be included in the Hong Kong Childhood Immunisation

Programme (HKCIP) as a public health programme for cervical cancer prevention for girls of suitable ages before sexual debut.

To take forward the recommendations by the SCAS and the SCVDP, the DH will launch the HPV vaccination programme as part of the HKCIP to be rolled out in the 2019/20 school year. HPV vaccination will be provided to school girls via outreach by the School Immunisation Teams of the DH. Nine-valent HPV vaccine will be provided under the programme. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year.

In 2019-20, the total provision for HPV vaccination programme is \$61.4 million. A total of 6 new civil servant posts will be created in 2019-20. Apart from the above civil servant posts, additional contract staff will be recruited.

(2)

The DH is preparing the tender exercise for the procurement of HPV vaccines for the programme in accordance with relevant regulations and guidelines. The quantity of vaccine and the expenditure involved will be subject to the agreement to be entered into between the DH and the supplier. Currently, there is no HPV vaccine in the DH's stock.

(3)

The DH has all along maintained close communication with the vaccine suppliers regarding the local supply of the nine-valent HPV vaccine. The DH has drawn the attention of the vaccine suppliers on the anticipated increase demand in the local market.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)503</b>
------------------

**(Question Serial No. 4911)**

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 is the quantity of vaccines procured for each quarter from 2015/16 to 2018/19 and the expenditure involved?
2. Please provide information on the seasonal influenza vaccination for children (between the age of 6 months and less than 12 years) and the subsidy involved in the table below:

	2015/16	2016/17	2017/18	2018/19
<b>A. Government Vaccination Programme</b>				
No. of recipients				
Unit cost for each child receiving vaccination				
<b>B. Vaccination Subsidy Scheme</b>				
Amount of subsidy per dose				
No. of recipients				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				
<b>C. Vaccination Subsidy Scheme Outreach Vaccination/Enhanced Vaccination Subsidy Scheme Outreach Vaccination</b>				
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				

	2015/16	2016/17	2017/18	2018/19
Unit cost for each child receiving vaccination				
<b>D1. School Outreach Vaccination Pilot Programme</b>				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
Unit cost for each child receiving vaccination				
<b>D2. Vaccination Subsidy Scheme Outreach Vaccination/Enhanced Vaccination Subsidy Scheme Outreach Vaccination</b>				
Amount of subsidy per dose				
No. of recipients				
No. of participating schools				
No. of enrolled doctors				
No. of enrolled doctors claiming the subsidy				
Total amount of subsidy granted				
Unit cost for each child receiving vaccination				

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 165)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the involvement of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through the DH or Public-Private Partnership.

1.

The quantities of seasonal influenza (SI) vaccines that the Government procured in the past 4 years and the contract amount are tabulated below –

Season	Number of doses	Amount (\$ million)
2015/16	400 000	21.0
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	727 000	33.5

2.

The relevant statistics on the children administered with SIV under the aforesaid programmes/schemes in the past 4 years are detailed below. As some children may have received SIV outside the Government's vaccination programmes/schemes, they are not included in the following statistics –

	2015/16	2016/17	2017/18	2018/19 (as at 3 March 2019)
<b>I. GVP</b>				
No. of children recipients	2 400*	1 600	1 900	900
<b>II. VSS (Excluding Enhanced VSS Outreach Vaccination)</b>				
Subsidy per dose of SI vaccine	\$160	\$190	\$190	\$210
No. of children recipients	45 200*	110 600	149 500	124 300
No. of enrolled doctors providing service to children	1 585 (as at 31 March 2016)	1 579 (as at 31 March 2017)	1 482 (as at 31 March 2018)	1 542 (as at 3 March 2019)
No. of enrolled doctors who claimed subsidy reimbursement	1 182	1 303	1 322	1 338
Total amount of subsidy reimbursement claimed	\$9.3 million	\$25.9 million	\$35.5 million	\$32.8 million
<b>III. Enhanced VSS Outreach Vaccination</b>				
Subsidy per dose of SIV	The Enhanced VSS Outreach Vaccination was launched in 2018/19.			\$250
No. of children recipients				81 100
No. of participating primary schools / kindergartens / child care centres				352



	2015/16	2016/17	2017/18	2018/19 (as at 3 March 2019)
No. of enrolled doctors providing outreach service to school children				113
No. of enrolled doctors who claimed subsidy reimbursements				42
Total amount of subsidy reimbursement claimed				\$24.6 million
<b>IV. Pilot Programme</b>				
No. of children recipients				100 300
No. of participating primary schools				184
No. of enrolled doctors	The Pilot Programme was launched in 2018/19.			36
Total amount of subsidy reimbursement claimed				\$7 million

\* In 2015/16, the GVP and VSS only covered children aged between 6 months and below 6.

The GVP and the VSS provide SIV to other target groups apart from children. Apart from the expenses mentioned above, other costs such as manpower, publicity and other administrative costs, are involved in the implementation of the above programmes. Thus, the unit cost for each children for receiving free or subsidised SIV under each of the above programmes cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)504**

**(Question Serial No. 5340)**

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 school years from 2016/2017 to 2019/2020, please provide the following information:

1. the actual and estimated staff establishment and expenditure in relation to the School Dental Care Service (SDCS) in each school year;
2. the number of students attending the SDCS and their percentage in the total number of students in each school year;
3. the numbers of students suffering from tooth decay and periodontal disease and the percentages they accounted for in each school year;
4. the numbers of students receiving various types of treatments and the percentages they accounted for in each school year; and
5. whether there are plans to extend the SDCS to cover kindergartens/child care centres and secondary schools; if so, the details and if not, the reasons for that.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 170)

Reply:

1. 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 annual expenditure of the SDCS in financial years 2016-17, 2017-18 and the revised estimate for 2018-19 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2016-17 (Actual)	259.7
2017-18 (Actual)	260.1
2018-19 (Revised estimate)	276.1

The financial provision of the SDCS for 2019-20 is \$287.8 million.

The approved establishment of SDCS in the financial years of 2016-17, 2017-18, 2018-19 and 2019-20 is 430.

2. The number and participation rate of school children joining the SDCS in 2016, 2017, 2018 and 2019 are as follows:

	2016	2017	2018	2019 (Estimate)
No. of school children	325 200	336 500	349 300	359 200
Participation rate (%)	96	97	96	> 90

3. School children participating in the SDCS will receive annual dental check-up at designated school dental clinics. Follow up appointments will be given to those who require further necessary dental treatments. In 2016-17 and 2017-18 service years, about 38% of the participating students attending annual check-up were found to have dental caries while periodontal disease was not common. Our aim is to improve their oral health and prevent dental disease through promotion and preventive efforts.
4. The number and percentage of relevant treatment items in different categories of dental treatment are as follows:

Categories of Dental Treatment	Service Year			
	2016-17		2017-18	
	No. of treatment items	Percentage of treatment items	No. of treatment items	Percentage of treatment items
Preventive Treatment*	1 307 900	82.4%	1 327 960	82.2%
Restorative Treatment	253 120	16.0%	262 610	16.3%
Surgical Treatment (e.g. dental extraction)	25 420	1.6%	24 720	1.5%

\* Preventive treatments mainly include individual oral health care instruction, scaling and prophylaxis, application of topical fluoride and fissure sealant.

Information for the current 2018-19 service year and for the next 2019-20 service year is not yet available.

5. 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. At present, the OHEU administers a “Brighter Smiles for the New Generation” Programme to help children in kindergartens and nurseries establish good tooth brushing and smart diet habits. “Brighter Smiles Playland” is also specifically designed for 4-year-old children to help them learn good oral care habits through interactive games and activities. Besides, 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)505**

**(Question Serial No. 5341)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information for the past 3 school years and the coming school year, with a breakdown into primary, secondary and special schools:

1. the administration of laws and regulations on school safety and health by the Department of Health (DH);
2. the actual and estimated numbers of schools inspected and inspections conducted by the DH in each school year;
3. the manpower and expenditure involved in each school year; and
4. the contents and numbers of non-compliance cases with health requirements by schools identified in each school year, as well as the follow-up action taken.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 171)

Reply:

(1) – (4)

The Department of Health (DH) provides support to the Education Bureau (EDB) in conducting inspections in accordance with the Education Ordinance (Cap. 279) and the Education Regulations (Cap. 279A) with respect to relevant health requirements for schools such as floor space requirement for students, latrine requirements, etc. In 2016 to 2018, DH conducted a total of 3 128 inspections to schools for the purposes of new registration of schools, and alteration or extension of school premises and checking of health requirements. The total number of inspections conducted is affected by factors such as number of applications that involve new school registration, and alteration or extension of school premises, etc. The projected number of inspections to schools to be conducted in 2019 is about 1 000.

A breakdown of inspections by school type for 2016, 2017 and 2018 is as follows:

<b><u>School Type</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
Primary school	203	151	162
Secondary school	159	89	76
Special school	6	8	36
Others (kindergarten, tutorial school)	810	753	675
<b>Total</b>	<b>1 178</b>	<b>1 001</b>	<b>949</b>

In 2016 to 2018, there were 204 cases of irregularities identified. DH gave health advice to the school to rectify the irregularities and would conduct re-inspection as necessary. DH would also refer cases to EDB for follow-up if cases warranted. A breakdown of irregularities identified by school type for 2016, 2017 and 2018 is as follows:

<b><u>School Type</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
Primary school	34	17	2
Secondary school	37	7	0
Special school	1	2	0
Others (kindergarten, tutorial school)	49	50	5
<b>Total</b>	<b>121</b>	<b>76</b>	<b>7</b>

In the past 3 years, 3 staff and \$1.5 million were involved each year for providing support to EDB in conducting related inspections. For financial year 2019-20, 4 staff and \$2.2 million will be involved to undertake the above work.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)506**

**(Question Serial No. 5353)**

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 following:

1. the number of students attending the Student Health Service (SHS) and the percentage of the total number of students it accounted for, broken down by primary and secondary schools for each school year from 2015/2016 to 2018/2019 (if applicable);
2. the number and type of referrals to the Special Assessment Centres (SACs), the specialist clinics of the Department of Health and the Hospital Authority for follow-up, as well as the unit cost for handling each case, broken down by primary and secondary schools for each school year from 2015/2016 to 2018/2019 (if applicable);
3. the number of schools and students joining the Adolescent Health Programme, the number of school visits made and activities arranged, and the expenditure involved, broken down by primary and secondary schools for each school year from 2015/2016 to 2018/2019 (if applicable); and
4. the actual and estimated manpower of SHS (including SACs) for the past 3 years and the coming year.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 138)

Reply:

1. & 2.

The number of students attending the Student Health Service Centres, coverage rate, referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2015/2016, 2016/2017 and 2017/2018 are shown in the table below. Figures for school year 2018/2019 are not yet available.

School Year	2015/2016			2016/2017			2017/2018		
	Primary	Secondary	Total	Primary	Secondary	Total	Primary	Secondary	Total
Number of students attended Student Health Service Centres (Coverage rate) #	266 459 (79.1%)	146 997 (42.0%)	413 456 (60.2%)	274 892 (78.9%)	141 021 (42.3%)	415 913 (61.0%)	286 039 (79.0%)	141 311 (43.3%)	427 350 (62.1%)
Number of referrals to Special Assessment Centre *	52 721	19 771	72 492	52 442	19 195	71 637	53 507	20 445	73 952
Number of referrals by specialty including Department of Health and Hospital Authority *									
Ophthalmology	331	163	494	324	145	469	341	137	478
Ear, Nose, Throat	986	394	1 380	1 013	366	1 379	981	344	1 325
Paediatrics	3 228	2 262	5 490	3 486	2 322	5 808	3 627	2 256	5 883
Medicine	0	102	102	1	112	113	4	103	107
Surgery	1 701	642	2 343	1 800	550	2 350	1 944	594	2 538
Orthopaedics	570	533	1 103	688	506	1 194	717	507	1 224
Gynaecology	37	374	411	34	328	362	20	287	307
Psychiatry	348	141	489	445	186	631	483	191	674
Adolescent Medicine	5	4	9	5	1	6	9	5	14
Dermatology	485	434	919	570	425	995	500	343	843
Child Assessment Service	109	0	109	81	1	82	93	0	93
Family Medicine	11	16	27	5	10	15	22	16	38
Others	40	51	91	46	36	82	42	54	96
Total	7 851	5 116	12 967	8 498	4 988	13 486	8 783	4 837	13 620

Notes :

- # According to Student Health Service data
- \* A student might have more than 1 referral.

The unit cost per attendance under Student Health Service for 2015-16 to 2018-19 are as follows. Breakdown by primary and secondary school is not available:

Financial Year	Unit cost per attendance (\$)
2015-16	555
2016-17	580
2017-18	590
2018-19	755

3.

For school years 2015/2016 to 2017/2018, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:



School Year	2015/2016	2016/2017	2017/2018
No. of schools	318	314	310
No. of students	69 000	66 000	66 000

Figures for school year 2018/2019 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	2015/2016	2016/2017	2017/2018
Number of school visits for programme delivery	2 600	2 400	2 400
Number of briefing/debriefing sessions with teachers/school management	5 500	5 200	5 200

The expenditure of AHP for 2015-16 to 2018-19 is as follows:

Financial Year	Amount (\$ million)
2015-16 (Actual)	74.0
2016-17 (Actual)	73.4
2017-18 (Actual)	74.2
2018-19 (Revised Estimate)	78.3

4.

The approved establishment of the SHS (including Special Assessment Centres and AHP) in financial years 2016-17, 2017-18 and 2018-19 are 409, 409 and 410 respectively. A new Student Health Service Centre cum Special Assessment Centre is expected to commence operation in the school year 2019/2020. The approved establishment of the SHS in 2019-20 is 439.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)507**

**(Question Serial No. 5354)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Since the provision of subsidised influenza vaccination for children between the age of 6 months and less than 12 years by the Government, please provide the following information:

1. What are the respective numbers of students who received seasonal influenza vaccination in the Maternal and Child Health Centres and the Student Health Service Centres of the Department of Health (DH) and subvented clinics in each quarter, as well as the respective percentages of students vaccinated in the age groups to which they belong?
2. What are the quantity of vaccines procured in each quarter and the unit cost per dose?
3. What are the respective percentages of students vaccinated in the age groups to which they belong in each quarter?
4. The DH sends inoculation teams to schools to provide vaccination for primary one and six students under the existing Childhood Immunisation Programme. What are the actual and estimated numbers of participating schools and students as well as the staff establishment and recurrent expenditure involved in each school year?
5. How many schools are provided with vaccination services and how many students have received vaccination in each school year? Since the Government has announced that the School Outreach Vaccination Pilot Programme (the Pilot Programme) of the DH will be regularised to extend its coverage to kindergartens and child care centres on a pilot basis, what are the respective numbers of on-site service quotas anticipated to be provided for primary schools, kindergartens and child care centres upon regularisation?
6. Is it necessary to increase the manpower to meet the demand from, among other things, the additional provision of human papilloma virus (HPV) vaccination service for female students and the regularisation of the Pilot Programme of the DH in the next school year? If yes, what are the details as well as the estimated manpower and expenditure involved? If not, what are the reasons?

7. Will nasal influenza vaccine, if proved effective, be provided as an option for both schools and parents who will find it more acceptable and be at ease with it? If yes, what are the details; if not, what are the reasons?
8. Will the Government consider engaging other qualified healthcare staff and allied health staff, such as nurses and pharmacists in the Programme? If yes, what are the details? If not, what are the reasons?
9. Will there be studies on the launch of e-application and e-record for vaccination to save parents the trouble to fill in the application form and teachers the trouble of data entry year after year? If yes, what are the details; if not, what are the reasons?

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 143)

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;
- Vaccination Subsidy Scheme (VSS), which provides subsidised SIV to eligible children, elderly and other target groups through the participation of private doctors; and
- School Outreach Vaccination Pilot Programme (Pilot Programme), launched in October 2018, which provides free SIV to eligible primary school students through the DH or Public-Private Partnership.

(1)

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 influenza seasons are as follows -

<b>Season</b>	<b>Number of doses administered to children by MCHCs</b>	<b>Number of doses administered to children by SHSCs</b>
2016/17	1 569	359
2017/18	2 083	525
2018/19	934 (as at 3 March 2019)	110 (as at 3 March 2019)

(2)

The following figures are the quantities of seasonal influenza (SI) vaccines that the Government procured in the past 3 seasons and the contract amount:

<b>Season</b>	<b>Number of doses</b>	<b>Amount (\$ million)</b>
2016/17	430 000	23.3
2017/18	527 000	28.0
2018/19	727 000	33.5

(3)

The number of children who received SIV under GVP, VSS and Pilot Programme and the percentage of population in the age group in the past 3 influenza seasons are detailed at **Annex**. As some children may have received SIV outside the Government's vaccination programme/schemes, they are not included in the above statistics.

(4) and (5)

Under the Hong Kong Childhood Immunisation Programme (HKCIP), the School Immunisation Teams (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 vaccines for a small number of Primary 6 students who have not completed the vaccination. In 2018-19, the staff establishment of the SIT is 58 and the total annual recurrent cost of these posts is \$18.9 million.

As school year 2018/2019 is yet to complete, the number of primary schools and students covered by the SIT in the previous 3 school years (as at 7 March 2019) is shown in the following table -

<b>School year#</b>	<b>Number of schools</b>	<b>Number of students covered</b>	<b>Number of vaccine doses administered</b>
2015/2016	638	112 464	164 152
2016/2017	639	116 021	167 710
2017/2018	640	122 227	175 623

# From September of a year to August of the following year

Given the effectiveness of the Pilot Programme in the 2018/19 season, the DH will regularise the programme from the 2019/20 season onwards, covering more primary schools and extending its coverage to kindergartens and child care centres on a pilot basis. The DH is evaluating the arrangements for the Pilot Programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service, as well as to assess the manpower and the estimated expenditure involved. The DH will announce the details in due course.

(6)

The DH will launch the human papillomavirus (HPV) vaccination programme as part of the HKCIP as a public health strategy for prevention of cervical cancer. The programme will be rolled out in the 2019/2020 school year. HPV vaccination will be provided to school girls via outreach by the SIT of the DH. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year. In 2019 -20, the total provision for the HPV vaccination programme is \$61.4 million. A total of 6 new civil servant posts will be created in 2019-20. Apart from civil servant posts, additional contract staff will be recruited.

(7)

Currently the DH uses inactivated influenza vaccine (IIV) under various vaccination programmes/schemes which it administers. The DH has kept in view the scientific evidence and development of various types of SIV, and the recommendations and experience of overseas health authorities. While overseas studies and clinical experience have generally indicated that nasal live attenuated influenza vaccine (nasal LAIV) is safe and effective, there is currently no evidence to support that priority should be given to nasal LAIV. In fact, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the DH reviewed the scientific evidence on nasal LAIV in 2018, and noted that data from the United States had revealed that the effectiveness of nasal LAIV against influenza A H1N1 in individual seasons was far lower than that of IIV among persons aged below 18. Moreover, nasal LAIV has not been used widely in Hong Kong. Compared with IIV, nasal LAIV is not recommended for a relatively larger group of persons<sup>1</sup>. Therefore, the recommendations made by the SCVPD in April 2018 stressed that healthcare professionals providing SIV should pay attention to those factors if they choose to use nasal LAIV. In this regard, the DH has not procured or used any nasal LAIV under the GVP and the Pilot Programme. Private doctors participating in the VSS may decide whether they would use nasal LAIV, the amount of subsidy of which is the same as IIV.

The DH noted that more scientific data regarding the use of nasal LAIV in preventing Influenza A H1N1 will be available later this year. The SCVPD will then review the relevant scientific evidence and make recommendations in relation to SIV for the 2019/20 influenza season. The Government will decide with reference to the recommendations whether it is suitable to use nasal LAIV under its vaccination programmes in the future.

(8)

Under the Pharmacy and Poisons Ordinance (Cap. 138), influenza vaccines are prescription drugs and must be prescribed by a registered medical practitioner before they can be vaccinated. It is the responsibility of the physician to ensure the safety and quality of the vaccination, and (a) to ensure that there are sufficient qualified and trained medical personnel to provide medical services; (b) to supervise those personnel who have been trained; and (c) to retain personal responsibility for the vaccination.

(9)

The SIV records have been maintained in the electronic format, and the particulars of children, once vaccinated, are already stored electronically and inputs of children's information are not required every year.

---

<sup>1</sup> Including persons with history of severe allergic reaction to any vaccine component or history of severe allergic reaction after receiving any influenza vaccination; children and adolescents receiving concomitant aspirin or salicylate-containing therapy; children aged between two and four years receiving a diagnosis of asthma, or having wheezing or asthma as pointed out by healthcare personnel during the preceding 12 months, or having a medical record indicating a wheezing episode during the preceding 12 months; persons who are immunocompromised due to any cause; persons who have close contacts with severely immunosuppressed persons who require a protected environment; pregnant women; and persons receiving influenza antiviral medication within previous 48 hours.

- End -

Number of children who received SIV under GVP, VSS and Pilot Programme in the past 3 influenza seasons

Target groups	Vaccination programme/ scheme	2016/17		2017/18	
		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%	1 900	23%
	VSS	110 600		149 500	

Target groups	Vaccination programme/ scheme	2018/19 (as at 3 March 2019)	
		No. of recipients	Percentage of population in the age group
Children between the age of 6 months and less than 12 years	GVP	900	45.6%
	VSS	205 400	
	Pilot Programme &	100 300	

& The Pilot Programme was launched on a trial basis in October 2018. It provides free SIV to eligible primary students between the age of 6 years and less than 12 years.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)508**

**(Question Serial No. 5379)**

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 new initiative of implementing Health Promoting School programme in 2019, please advise on:

1. the annual estimated number of schools that will benefit from the programme and the ratio between the participating secondary and primary schools;
2. the content of the programme; and
3. the staff establishment and expenditure involved.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 198)

Reply:

The Department of Health (DH) convened a Working Group on Health Promoting School (WG) in May 2018 comprising representatives from the DH, Education Bureau, Centre of Health Education and Health Promotion of the Chinese University of Hong Kong as well as school principals and parents.

Based on the discussion and advice of the WG, the DH has been collaborating with relevant parties and key stakeholders to devise a 3-year work plan for implementing the Health Promoting School (HPS) framework promulgated by the World Health Organization in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity including training for staff and participating schools; (iii) enrolling about 30 schools to participate in a pilot project in 2019/20 and 2020/21 school year, and making reference to the whole school approach under the HPS framework to assist these schools to take actions to becoming a health promoting school; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for schools to adopt the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme in



the long run.

The financial provision for implementing health promotion programmes in schools for 2019-20 is \$17.0 million. The manpower required for the implementation will be absorbed within the existing resources.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)509**

**(Question Serial No. 5380)**

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 advise on:

1. the number of children who received child assessment services from 2015/16 to 2018/19, their age and types of developmental problems;
2. the improvement measures to be taken to achieve the new targets in 2019 in respect of the appointment time for new cases in child assessment centres (CACs) within 3 weeks and the completion time for assessment of new cases in CACs within 6 months; and
3. the actual and estimated staff establishments, salary points and turnover rates of various staff of CACs from 2015/16 to 2019/20.

Asked by: Hon IP Kin-yuen (LegCo internal reference no.: 199)

Reply:

1. The number of children assessed by the Child Assessment Service (CAS) of the Department of Health (DH) in 2015, 2016, 2017 and 2018 is set out in the table below –

	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b> <b>(provisional</b> <b>figures)</b>
Number of children assessed by CAS	15 958	15 395	15 589	17 020

The number of newly diagnosed cases of developmental conditions in the CAS in 2015, 2016, 2017 and 2018 are set out in the below table. The breakdown by age is not readily available.

Developmental conditions	Number of newly diagnosed cases			
	2015	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems / Disorders	2 890	2 809	2 855	3 284
Autism Spectrum Disorder	2 021	1 905	1 716	1 861
Borderline Developmental Delay	2 262	2 205	2 371	2 637
Developmental Motor Coordination Problems / Disorders	1 888	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	643	506	507	534
Hearing Loss (Moderate to profound grade)	76	67	71	85
Language Delay / Disorders and Speech Problems	3 487	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	61	60	40	48
Significant Developmental Delay / Intellectual Disability	1 443	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	43	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

2. In the past few years, nearly all new cases of the CAS were seen within three weeks after registration. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC in Ngau Tau Kok has commenced operation in January 2018, with the creation of 16 civil service posts in DH. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of CAS.

3. The approved establishment in the CAS from 2015-16 to 2019-20 and the respective mid-point salary of the individual rank are as follows –

Rank	Mid-point salary	2015-16	2016-17	2017-18	2018-19	2019-20
Consultant	\$181,650	1	1	1	1	1
Senior Medical and Health Officer	\$120,495	8	9	9	10	10
Medical and Health Officer	\$93,315	12	14	14	14	14

<b>Rank</b>	<b>Mid-point salary</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>
Senior Nursing Officer	\$78,380	1	1	1	1	2
Nursing Officer	\$61,060	8	9	9	9	11
Registered Nurse	\$38,490	18	20	20	20	27
Scientific Officer (Medical)	\$78,380	5	5	5	5	5
Senior Clinical Psychologist	\$120,495	1	1	2	2	2
Clinical Psychologist	\$78,380	20	22	20*	20*	20*
Speech Therapist	\$50,825	12	13	13	13	16
Optometrist	\$36,665	2	2	2	2	2
Senior Occupational Therapist	\$78,380	0	0	0	0	1
Occupational Therapist I	\$58,345	7	8	8	8	8
Senior Physiotherapist	\$78,380	0	0	0	0	1
Physiotherapist I	\$58,345	5	6	6	6	6
Electrical Technician	\$36,665	2	2	1	1	1
Hospital Administrator II	\$40,420	1	1	1	1	1
Senior Executive Officer	\$89,460	0	0	1	1	1
Executive Officer I	\$63,930	1	1	0	0	0
Executive Officer II	\$42,330	0	0	1	1	1
Clerical Officer	\$36,665	1	1	1	1	1
Assistant Clerical Officer	\$22,865	10	11	11	11	15
Clerical Assistant	\$17,855	17	19	20	20	23
Office Assistant	\$15,735	2	2	1	1	1
Personal Secretary I	\$36,665	1	1	1	1	1
Workman II	\$14,195	10	12	12	12	12
<b>Total:</b>		<b>145</b>	<b>161</b>	<b>160</b>	<b>161</b>	<b>183</b>

\* Two Clinical Psychologist posts were upgraded to one Senior Clinical Psychologist post in 2017-18.

A team approach is adopted in CAS and hence a breakdown of manpower by centre is not available.

Statistics on the wastage of staff for individual offices are not separately kept.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)510</b>
------------------

**(Question Serial No. 3800)**

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 Chinese Medicine Clinics subvented by the Department of Health, please advise on:

1. the utilisation rates of their services, the numbers of cases on the waiting list and the waiting time in the past 5 years;
2. their staff establishment in the past 5 years; and
3. whether there will be any plans of expansion in the coming year; if yes, the details and if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 399)

Reply:

1. The Department of Health (DH) subvents the Tung Wah Group of Hospitals to provide free Chinese medicine services at its 2 general outpatient clinics, i.e. Kwong Wah Hospital Chinese Medicine General Outpatient Clinic (KCGC) and Tung Wah Hospital Chinese Medicine General Outpatient Clinic (TCGC). KCGC and TCGC provide free bone-setting and herbalist services for the public. The attendances of these 2 Chinese Medicine Clinics (CMCs) for these services in the past 5 years are set out below:

		Bone-setting service*	Herbalist service	Total
2014	KCGC	284 424	14 574	298 998
	TCGC	57 812	6 873	64 685
2015	KCGC	271 534	10 497	282 031
	TCGC	57 703	8 133	65 836
2016	KCGC	244 419	12 807	257 226
	TCGC	51 702	7 446	59 148
2017	KCGC	220 616	13 932	234 548
	TCGC	54 756	7 324	62 080
2018	KCGC	210 599	13 035	223 634
	TCGC	51 805	7 102	58 907

\* The attendances for bone-setting service include those patients obtaining herbal paste from the clinics without consultation.

To make an appointment for medical consultation with the Chinese medicine practitioner at KCGC or TCGC, each patient needs to get a chit, either for the morning or afternoon consultation session, from the auto-machine or the counter at the 2 clinics. If all the time slots of that day have already been allocated, the patient then has to return to the clinic on another day and get an appointment following the same procedures. Most clients can be served upon walking in and there are no statistics on the number of clients waiting for appointment. There is no information on the average waiting time for consultation for these 2 CMCs.

2. Establishment for these 2 CMCs in the past 5 years is shown below:

	2014-15		2015-16		2016-17		2017-18		2018-19	
	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC	KCGC	TCGC
Number of Posts	13	7	13	7	13	7	13	7	13	7

3. There is no plan for expansion of the services having considered the demand/attendance figures of these 2 CMCs in recent years.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)511**

**(Question Serial No. 4799)**

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 the public mortuaries, please advise on:

1. the utilisation rates, numbers of cases on the waiting list and waiting time in the past 5 years;
2. the staff establishment in the past 5 years;
3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 281)

Reply:

1. The 3 public mortuaries operated by the Forensic Pathology Service (FPS) of the Department of Health, namely Victoria Public Mortuary (VPM), Fu Shan Public Mortuary (FSPM) and Kwai Chung Public Mortuary (KCPM), are specialised forensic pathology facilities for conducting medico-legal investigation of deaths that are reportable to the Coroner in accordance with the Coroners Ordinance (Cap. 504). The public mortuaries receive deceased bodies round-the-clock without waiting time for the service. The average utilisation rate of the regular body storage capacity of the 3 public mortuaries in the past 5 years are as follows:

Public mortuary	Average utilisation rate of the regular body storage capacity*				
	2014	2015	2016	2017	2018
VPM	80.3%	79.9%	75.4%	80.9%	91.7%
FSPM	93.9%	99.4%	102.3%	110.2%	114.6%
KCPM	79.3%	88.3%	92.3%	98.1%	105.9%

\* Refers to the capacity of regular body storage racks inside the cold rooms of the public mortuaries, on which bodies are stored on separate decks.

2. The approved staff establishment of the FPS in the past 5 years (from 2014-15 to 2018-19) is 73.

3. To meet the increasing service demand and enhance the quality of service, the Government will re-provision FSPM and VPM. For FSPM, funding approval was obtained from the Legislative Council Finance Committee in July 2018 and construction work is in progress. The regular body storage capacity of the re-provisioned FSPM will be increased from currently 216 to 830. In March 2019 we consulted the Central and Western District Council on the re-provisioning of VPM, with regular body storage capacity proposed to be increased from 70 to 358. We target to brief the Legislative Council Panel on Health Services on the project in due course.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)512**

**(Question Serial No. 4800)**

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 the specialist outpatient clinics under the Department of Health (for tuberculosis, chest diseases, skin diseases, AIDS infection and dental care services, etc.), please advise on:

1. the utilisation rates, numbers of cases on the waiting list and waiting time in the past 5 years;
2. the staff establishment in the past 5 years;
3. whether there are plans for improvement in the coming year; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 282)

Reply:

(1) and (2)

Specialised outpatient clinics of the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Information on the number of attendances and new cases, waiting time and approved establishment at the specialised outpatient clinics of the DH in the past 5 years are set out below-

**(a) HIV/AIDS Clinic (i.e. Kowloon Bay Integrated Treatment Centre)**

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>(a) Total attendances</b>	13 750	14 600	14 900	15 239	14 970
<b>(b) New cases</b>	333	359	331	358	258

Medical consultation at ITC is by appointment. For new cases, appointment is made over the phone. The appointment date is based on the next available time slot that is acceptable to the patient concerned. For the past 5 years, all patients received consultation within 14 days, except those who specifically asked to receive consultation later. The approved establishment of the HIV/AIDS Clinic in 2014-15 to 2018-19 is 39.

**(b) Clinics providing dermatology services**

	2014	2015	2016	2017	2018
<b>(a) Total attendances</b>	245 800	248 100	244 200	236 200	216 900
<b>(b) New attendances</b>	28 494	27 366	26 027	25 219	24 884
<b>(c) New cases booked for first consultation</b>	#	47 654	50 502	52 549	56 010

# Statistics is available since 2015.

The status of new skin case appointment of clinics providing dermatology services under the Social Hygiene Service (SHS) of the DH is updated on a regular basis. The information is available at the website of the Centre for Health Protection <https://www.chp.gov.hk/en/static/24039.html>. As at end of January 2019, the average waiting time for first appointment was estimated to be 114 weeks. The SHS has implemented a triage system of which all new case referrals will be assessed by the doctors in charge of individual clinics and accorded appointment as appropriate based on their professional clinical judgement. In 2018, 99% of those new cases with severe dermatoses were accorded appointment within 8 weeks, whereas 32% of all new skin cases at the SHS were accorded appointment within 12 weeks. The approved establishment of these clinics in 2014-15 to 2017-18 is 147, and for 2018-19 is 157.

**(c) Chest Clinics**

	2014	2015	2016	2017	2018
<b>(a) Total attendances (including new attendances and return visits)</b>	196 974	185 175	188 939	186 539	171 949
<b>(b) New attendances</b>	19 467	19 075	19 585	19 635	16 247

In general, patients attending chest clinics with a diagnosis of active or suspected active tuberculosis (either by referral or by symptom on triage) will be seen by doctors 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 DH does not keep the exact figure for this category of patients. The approved establishment of these clinics in 2014-15 to 2018-19 is 332.

**(d) Oral Maxillofacial Surgery and Dental Units**

The DH provides public dental services through its Oral Maxillofacial Surgery and Dental Units (OMS&DUs) in 7 public hospitals, which provide specialist dental treatment to hospital patients and the special need groups on referral from other hospital units and registered dental or medical practitioners. Public dental services provided by the DH is not part of its specialised outpatient clinics.

The number of attendances of hospital patients and number of patients with special oral healthcare needs is set out below –

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Hospital patients (attendances)</b>	55 000	55 600	58 000	61 200	67 000
<b>Special needs group (number of patients)</b>	11 000	10 600	11 400	11 600	11 500

All consultation appointments in the OMS&DUs in the 7 public hospitals are triaged according to the urgency and nature of dental conditions. The OMS&DUs would offer same day appointments for those cases warranting immediate attention, and appointments within 2 weeks for urgent cases. Consultations for in-patients referred by other medical specialties in the hospital are conducted within 1 working day. The approved establishment of the OMS&DUs in 2014-15 to 2018-19 is 105.

(3)

The DH has been continuously monitoring the demand for consultations and attendance at various clinics, and will deploy more medical staff to busy clinics as far as possible and as appropriate seek support for service enhancement.

- End -



Percentage											
------------	--	--	--	--	--	--	--	--	--	--	--

- d. whether there are any specific breastfeeding friendly workplace measures in place to encourage employers to provide BF and BC rooms, and allow time for expression of breastmilk and breastfeeding by their employees; if so, the details and if not, whether there are plans to introduce such measures; and
- e. whether the Government has promoted breastfeeding to the public through different channels (including the mass media) and if so, the details as well as the publicity activities and expenditure involved in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 252)

Reply:

(a)

In 2019-20, the Department of Health (DH) will continue to promote, protect and support breastfeeding through a multi-pronged approach, including 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; encouraging public places to become “Breastfeeding Friendly Premises” so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary “Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infants and Young Children”; and strengthening the surveillance on local breastfeeding situation.

A provision of \$6.0 million has been earmarked in 2019-20 for continuing the effort for promotion of breastfeeding. The workload for implementing the initiatives will be absorbed within the existing manpower resources of the Family Health Service (FHS) of the DH, 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. The DH does not maintain statistics on the breastfeeding rate beyond 12 months of age and exclusive breastfeeding rate beyond 6 months of age.

		Year of birth			
		2010	2012	2014	2016
Ever breastfeeding rate <sup>a</sup> at hospital discharge		80%	85%	86%	87%
Breastfeeding rate <sup>b</sup>	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 <sup>c</sup>	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%
	At 6 months of age	N/A	N/A	26%	28%

Note:

- <sup>a</sup> “Ever breastfeeding rate” refers to the percentage of newborn babies who had ever been breastfed.
- <sup>b</sup> “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.
- <sup>c</sup> “Exclusive breastfeeding rate” refers to the percentage of children who are on breastmilk only (either directly from breast or indirectly from expressed breastmilk). In the survey conducted in 2015 and 2017, information on complementary food at 6 months was collected to facilitate better understanding of the infant feeding practice.

(c) - (e)

The Government has been actively promoting the provision of baby care facilities in government offices and public places. The “Advisory Guidelines on Baby care Facilities” were developed in August 2008 to encourage the provision of baby care rooms in public venues managed by the Government. Since then, a total of 324 baby care rooms (as of December 2018) are set up in premises of government departments and organisations (breakdown at the table below). To step up the efforts, starting from early 2019, communal lactation rooms for staff as well as communal baby care rooms for the public will be provided in suitable new government premises.

Government Departments/Organisations	Venue type	No. of baby care rooms
Department of Health	Maternal and child health centre	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	8
Housing Department	Shopping centres managed by the Housing Authority	16
Immigration Department	Birth registries	2
	Immigration branch offices	2
	Smart Identity Card Replacement Centres	13
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	6
	Music Office	1
	Leisure venues (Note 1)	84
Airport Authority	Passenger Terminal Building	39
Others	Others (Note 2)	14
<b>Total</b>		<b>324</b>

- (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.

The Government has been promoting the “Breastfeeding Friendly Workplace” policy to the private sector and within the Government to support working mothers to continue breastfeeding after returning to work. Measures included:

- (i) the DH issued relevant guidelines including “Employers’ Guide to Establishing Breastfeeding Friendly Workplace” and “Employee’s Guide to Combining Breastfeeding with Work”. Recommended facilitation measures include allowing lactation breaks to lactating staff for expression of breastmilk for at least one year after childbirth; providing a private space for milk expression; and providing refrigerating facilities for safe storage of expressed breastmilk;
- (ii) the Hong Kong Committee for UNICEF, in collaboration with Food and Health Bureau and DH launched the “Say Yes to Breastfeeding” campaign in July 2015 and promoted breastfeeding support in the community;
- (iii) the Family Council launched the “Awards for Breastfeeding Support” in the Family-Friendly Employers Award Scheme since 2015-16 to commend employers that provide suitable facilities in the workplace to support employees who are breastfeeding;
- (iv) the Buildings Department promulgated the updated Practice Note on “Provision of Babycare Rooms and Lactation Rooms in Commercial Buildings” in November 2018;
- (v) the Lands Department imposed a mandatory requirement for the provision of babycare rooms and lactation rooms 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
- (vi) communal lactation rooms for staff as well as communal babycare rooms for the public will be provided in suitable new government premises, starting from early 2019.

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 training kit on breastfeeding for their reference;
- (ii) providing health information on breastfeeding for parents through group discussion and individual counselling;
- (iii) production and distribution of educational materials;
- (iv) providing guidance and skill support for breastfeeding mothers; and
- (v) conducting publicity activities to promote public awareness and acceptance of breastfeeding such as production and broadcasting Announcements in the Public Interest on television, radio, and public buses; disseminating messages through newspapers, parent magazines; and conducting poster campaigns.

The financial provision for promotion of breastfeeding in 2014-15 was absorbed within the overall resources of the DH. Specific provision for promotion of breastfeeding has been set aside since 2015-16. Provisions in 2015-16 and 2016-17 were \$5.0 million, and 2017-18

and 2018-19 were \$6.0 million. The expenditure on publicity activities for promotion of breastfeeding cannot be separately identified.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)514**

**(Question Serial No. 5260)**

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, please advise on the following for the past 3 years:

- (a) the expenditure, staff establishment and numbers of front-line enforcement staff of the Tobacco and Alcohol Control Office (TACO);
- (b) the numbers of complaints received, proactive enforcement actions in relation to tobacco control taken (including regular inspections, surprise inspections and decoy operations) as well as prosecutions instituted;
- (c) the numbers of complaints received, proactive enforcement actions in relation to alcohol control taken (including regular inspections, surprise inspections and decoy operations) as well as prosecutions instituted;
- (d) how to ensure that the TACO, with its current establishment, will be able to handle the work on tobacco control, alcohol control and regulation of electronic cigarettes at the same time for the effective implementation of the relevant laws; whether the Government has any plans to allocate additional manpower and resources in this regard; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 257)

Reply:

- (a) The Tobacco Control Office of the Department of Health (DH) has been renamed as Tobacco and Alcohol Control (TACO) in November 2018 to reflect its expanded scope and scale to carry out enforcement measures under Part 5 of the Dutiable Commodities (Liquor) Regulations (Cap. 109B), the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600). The manpower and resources for carrying out alcohol and tobacco control are not separately accounted for. The expenditures and approved establishment of TACO 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 TACO for the period from 2016 to 2018 for smoking and related offences under Cap. 371 and Cap. 600 are as follows:

		<b>2016</b>	<b>2017</b>	<b>2018</b>
Complaints received		22 939	18 354	18 100
Inspections conducted		30 395	33 159	32 255
FPNs issued (for smoking offences)		8 650	9 711	8 684
Summonses issued	for smoking offences	207	149	140
	for other offences (such as wilful obstruction and failure to produce identity document)	79	78	68

- (c) The ban on the sale or supply of intoxicating liquor to minors in the course of business came into effect on 30 November 2018. Inspectors of TACO conduct inspections and carry out enforcement actions upon receipt of intelligence or complaints. They may conduct inspections, either randomly or targeted, to check whether vendors have complied with the relevant requirements. 12 complaints were received regarding the suspected sale or supply of intoxicating liquor to minors in the course of business during the period of 30 November 2018 to 31 December 2018. Investigations were conducted on the 12 cases and no cases of contravention of the law were found.
- (d) The DH will continue to review the need for strengthening its manpower to cope with new enforcement tasks and seek additional resources through the established procedures if necessary.

- End -

Expenditures of the Department of Health's Tobacco and Alcohol Control Office

	2016-17	2017-18	2018-19 Revised Estimate
	(\$ million)	(\$ million)	(\$ million)
<b><u>Enforcement</u></b>			
Programme 1: Statutory Functions	54.5	61.5	73.9
<b><u>Health Education and Smoking Cessation</u></b>			
Programme 3: Health Promotion	130.0	124.4	128.5
<b><u>(a) General health education and promotion of smoking cessation</u></b>			
<i>TCO</i>	46.8	49.8	53.6
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	22.9	23.9	23.9
<b><i>Sub-total</i></b>	<b><u>69.7</u></b>	<b><u>73.7</u></b>	<b><u>77.5</u></b>
<b><u>(b) Provision for smoking cessation and related services by Non-Governmental Organisations</u></b>			
<i>Subvention to Tung Wah Group of Hospitals</i>	41.5	34.0	34.0
<i>Subvention to Pok Oi Hospital</i>	7.6	7.2	7.3
<i>Subvention to Po Leung Kuk</i>	2.0	1.5	1.7
<i>Subvention to Lok Sin Tong</i>	2.4	2.7	2.7
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.6	2.9	2.9
<i>Subvention to Life Education Activity Programme</i>	2.3	2.4	2.4
<i>Subvention to The University of Hong Kong<sup>1</sup></i>	1.9	-	-
<b><i>Sub-total</i></b>	<b><u>60.3</u></b>	<b><u>50.7</u></b>	<b><u>51.0</u></b>
<b>Total</b>	<b><u>184.5</u></b>	<b><u>185.9</u></b>	<b><u>202.4</u></b>

<sup>1</sup> Designated as World Health Organization Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence, TACO collaborated with the University of Hong Kong to develop the evaluation tool on smoking cessation service. The project has been completed.

**Approved Establishment of  
the Department of Health's Tobacco and Alcohol Control Office**

Rank	2016-17	2017-18	2018-19
<b><u>Head, TACO</u></b>			
Consultant	-	-	1
Principal Medical & Health Officer	1	1	-
<b><u>Enforcement</u></b>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	1	1	1
Scientific Officer (Medical)	-	-	1
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	105
Senior Executive Officer/ Executive Officer*	9	9	13
<i>Sub-total</i>	<b><u>106</u></b>	<b><u>106</u></b>	<b><u>127</u></b>
<b><u>Health Education and Smoking Cessation</u></b>			
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
<i>Sub-total</i>	<b><u>11</u></b>	<b><u>11</u></b>	<b><u>11</u></b>
<b><u>Administrative and General Support</u></b>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	19
Motor Driver	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>24</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>163</u></b>

\* Staff carrying out frontline enforcement duties

**CONTROLLING OFFICER'S REPLY**

**FHB(H)515**

**(Question Serial No. 5263)**

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 in 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 plans in respect of the number of CMPs? If so, what are the details? If not, why?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 260)

Reply:

(a) As at 28 February 2019, there were a total of 10 052 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 446 were registered CMPs and 2 606 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2017 were 1:998 and 1:2825 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 2016, 2017 and 2018 were 67, 68 and 64 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 2016, 2017 and 2018, the number of non-local trained graduates who passed the CMPLE and got registered were 114, 102 and 190 respectively. Except from the Mainland, there have been no other applications for registration of CMPs trained in places other than Hong Kong.

(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 has kick-started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower (including CMPs), and the results are expected to be published in 2020.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)516**

**(Question Serial No. 5264)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As regards proprietary Chinese medicines (pCm), will the Government please advise on:

- a. the number of applications for registration of pCm received by the Chinese Medicine Council of Hong Kong since the mandatory registration of pCm in Hong Kong under the Chinese Medicine Ordinance (the Ordinance) in 2010, the numbers of successful applications with the "Certificate of registration of pCm" (HKC) issued and rejected applications and the reasons for rejection, as well as the longest and average time required from receipt of an application to successful registration with the issuance of the HKC;
- b. the respective numbers of pCm issued with the "Notice of confirmation of transitional registration of pCm" and the "Notice of confirmation of (non-transitional) registration of pCm", the longest period for which the notices were held in respect of the pCm, of these, the number of re-applications for the HKC and the number of rejections as well as the reason(s) for rejection;
- c. the staff establishment as well as the number of cases in relation to the testing of pCm (by degree of urgency) processed each year since the temporary Government Chinese Medicine Testing Institute (GCMTI) commenced operation at the Hong Kong Science Park in March 2017;
- d. the timetable for setting up a permanent GCMTI;
- e. the numbers of cases concerning adverse reactions of patients after consuming pCm in the past 5 years; the number and details of such cases (if any); whether follow-up action has been taken and prosecutions have been brought accordingly, and the numbers of prosecutions instituted and convictions obtained;
- f. the respective numbers of inspections conducted for Chinese medicine practitioners and pCm, cases of irregularities detected, prosecutions instituted and convictions obtained in the past 5 years; and

- g. whether the Government will amend the Ordinance to accelerate the process of assessment, and of approving pCm to migrate from transitional registration to formal registration, with a view to bringing all pCm containing Chinese medicines into the scope of regulation?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 261)

Reply:

- a & b. 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 pCm before 30 June 2004. The Chinese Medicine Board (CMB) of the Chinese Medicine Council of Hong Kong (CMCHK) 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.

As of 28 February 2019, the CMB has received a total of 18 178 applications for registrations of pCm, among which 9 516 applications were rejected due to various reasons including failing to submit 3 acceptable basic test reports or the required documents/reports, withdrawal of application by the applicants or the product concerned did not fulfil the definition of pCm under the CMO. There are 6 492, 15 and 1 823 pCm issued with HKP, HKNT and “Certificate of registration of pCm” (i.e. HKC) respectively.

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.

- c. The breakdown of approved establishment of Government Chinese Medicines Testing Institute (GCMTI) from 2016-17 to 2019-20 are appended below:

Rank	No. of Post			
	2016-17	2017-18	2018-19	2019-20
Senior Chemist	1	1	1	1
Chemist	1	1	2	3



Rank	No. of Post			
	2016-17	2017-18	2018-19	2019-20
Pharmacist	0	0	1	1
Scientific Officer (Medical)	9	9	13	14
Science Laboratory Technologist	1	1	1	1
Science Laboratory Technician I	1	1	1	2
Science Laboratory Technician II	2	2	3	3
Senior Executive Officer	0	0	0	1
Executive Officer II	1	1	1	1
Assistant Clerical Officer	1	1	1	1
Laboratory Attendant	1	1	1	1
<b>Total :</b>	<b>18</b>	<b>18</b>	<b>25</b>	<b>29</b>

GCMTI has embarked on 6 projects endorsed by the Advisory Committee in February 2018, namely (1) Identification of easily confused species of Chinese Materia Medica in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used Chinese Materia Medica under Chinese medicines herbarium; (3) Building of a digitalised Chinese medicines herbarium; (4) Analysis of chemical markers of Chinese Materia Medica in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of Chinese Materia Medica - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach.

- d. The Government is now actively pursuing the permanent site for the operation of the GCMTI.
- e. Upon receipt of notification of suspected poisoning cases from doctors, the Centre for Health Protection (CHP) of the Department of Health (DH) will conduct epidemiological investigation and take appropriate public health control measures. In the past 5 years, CHP has received a total of 12 suspected poisoning cases with consumption history of products containing Chinese medicine and there was no fatal case.
- f. From 2014 to 2018, DH conducted 8 447 inspections of licensed wholesalers and manufacturers of pCm to ensure their compliance with the CMO and relevant practising guidelines. During the same period, the CMB of the CMCHK had taken disciplinary actions against 45 cases involving licensed pCm traders, and 19 cases involving illegal sale and/or possession of unregistered pCm, contrary to section 119 of CMO were convicted.

The CMO empowers the Chinese Medicine Practitioners Board (CMPB) of CMCHK to handle any complaints or charges against the professional misconduct of Chinese Medicine Practitioners (CMPs). After disciplinary inquiries conducted by CMPB, 96 cases against CMPs were substantiated from 2014 to 2018. DH did not carry out routine and regular inspection at CMP premises.

- g. In order to strengthen the regulation against the imitated pCm in the market, the CMB has endorsed a proposal for the amendment of pCm definition under the CMO. The related legislative amendment procedure is in progress.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)517**

**(Question Serial No. 5265)**

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:Q

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 due to 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 (LegCo internal reference no.: 262)

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 2014 to 2018, 44, 37 and 15 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 3, 4 and 2 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)518**

**(Question Serial No. 5267)**

Head: (37) Department of Health  
Subhead (No. & title): (-) Not Specified  
Programme: (4) Curative Care  
Controlling Officer: Director of Health (Dr. Constance CHAN)  
Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, please provide:

- a. information on the service sessions, maximum numbers of discs available per session, actual numbers of discs given out, actual numbers of attendances and numbers of Elderly Health Care Voucher claims in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;
- b. the numbers of cases of repeated visits in the past 3 years, broken down by number of visit (i. 2; ii. 3; iii. 4; and iv. 5 or above);
- 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 underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures; and
- d. whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 264)

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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the maximum numbers of discs 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 <sup>@</sup>	No. of attendances (No. of discs allocated)		
			2016-17	2017-18	2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	Monday (AM)	84	5 329 (5 341)	5 234 (5 268)	4 612 (4 633)
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 295 (4 310)	3 990 (4 003)	3 438 (3 443)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 903 (6 951)	6 599 (6 647)	6 044 (6 090)
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 356 (2 371)	2 262 (2 262)	1 899 (1 908)
Mona Fong Dental Clinic	Thursday (PM)	42	1 909 (1 930)	1 898 (1 918)	1 630 (1 636)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 026 (2 035)	2 011 (2 028)	1 678 (1 681)
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 567 (7 621)	7 808 (7 837)	6 734 (6 766)
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152 (2 152)	2 015 (2 015)	1 722 (1 723)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 999 (4 007)	3 851 (3 860)	3 286 (3 304)
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95 (96)	90 (91)	80 (81)
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	152 (152)	199 (207)	240 (242)

<sup>#</sup> 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, the 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 13.3% (in 2018-19 (up to 31 January 2019)) and KCDC from 15% (in 2015-16) to 10.5% (in 2018-19 (up to 31 January 2019)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.
- d. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfill the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Program and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)519**

**(Question Serial No. 5269)**

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:

- 1) the attendances of elders for services under the Programme in various 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 services; details of the services provided for 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 expenditure on various services under the Programme in the past 5 years; and
- 4) the estimated expenditure on various services under the Programme in the coming year.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 266)

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 44 300 between October 2014 and September 2015, about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, and about 49 000 between October 2017 and January 2019. 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 2019 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, \$44.9 million in 2017-18 and 2018-19.
- 4) For 2019-20, \$51.7 million has been earmarked for implementing ODCP.

- End -



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

	2014-15 Service Year of ODCP <small>Note 1</small>			2015-16 Service Year of ODCP <small>Note 1</small>			2016-17 Service Year of ODCP <small>Note 1</small>		
	(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%
<b>Total:</b>	<b>705</b>	<b>944</b>	<b>75%</b>	<b>773</b>	<b>959</b>	<b>81%</b>	<b>810</b>	<b>964</b>	<b>84%</b>

*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

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

	<b>2017-19 Service Year of ODCP<sup>Note 2</sup> (position as at 31 January 2019)</b>		
	<b>(a)</b>	<b>(b)</b>	<b>(a)/(b) %</b>
Central, Western, Southern and Islands	81	105	77%
Eastern and Wan Chai	89	111	80%
Kwun Tong	59	67	88%
Wong Tai Sin and Sai Kung	60	67	90%
Kowloon City and Yau Tsim Mong	124	137	91%
Sham Shui Po	74	95	78%
Tsuen Wan and Kwai Tsing	103	118	87%
Tuen Mun	53	57	93%
Yuen Long	55	62	89%
Sha Tin	55	64	86%
Tai Po and North	87	93	94%
<b>Total:</b>	<b>840</b>	<b>976</b>	<b>86%<sup>Note 3</sup></b>

*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 16 months of 2017-19 Service Year. The participation rate for 2016-17 Service Year (from 1 October 2016 to 30 September 2017) was 84%.*

(a) : No. of Participating RCHEs and DEs

(b) : Total no. of RCHEs and DEs

**CONTROLLING OFFICER'S REPLY**

**FHB(H)520**

**(Question Serial No. 5272)**

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 2019-20;
- c. the current progress of work on the scheme; and
- d. whether it 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 (LegCo internal reference no.: 269)

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 one 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.

(a)&(b) The actual expenditure of the AR Scheme in 2016-17 and 2017-18 was \$0.7 million and \$2.2 million respectively. The expenditure for 2018-19 was \$5.5 million (revised estimate). In 2019-20, \$7.3 million will be allocated for taking forward the AR Scheme.

(c) The Accreditation Agent had preliminary assessed earlier that 5 healthcare professions, including speech therapists, audiologists, dietitians, educational psychologists and clinical psychologists were able to meet the criteria for accreditation process under the AR Scheme. Among these professions, the speech therapist and audiologist passed the accreditation and the results were announced in April and November 2018 respectively. The accreditation assessments of the dietitian and educational psychologist will be completed by phases in the second quarter of 2019. The accreditation assessment for the clinical psychologist is in progress. The Accreditation Agent has yet to make a decision on the recommendation of accreditation to the Department of Health.

(d) Upon completion of the accreditation, the Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)521**

**(Question Serial No. 5278)**

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 dermatological services, please advise on:

1. the target rates set by the Department of Health and the actual rates in respect of the appointment time for the past 5 years;
2. the provisions for the Social Hygiene Service for the past 5 years and the coming year;
3. the definition of serious dermatoses;
4. the total number of attendances in the past 5 years and of these, the number of new cases of different priorities (including cases of serious dermatoses) and the percentages they accounted for; the lower quartile, median and longest waiting time for these cases; and
5. the staff establishments of dermatological clinics for the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 275)

Reply:

1. In 2014 to 2017, a target rate on “appointment time for new dermatology cases within 12 weeks” was set to be over 90%. The actual rates in respect of the relevant years are shown as below-

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Actual rate</b>	48%	43%	31%	33%

Starting from 2018, a new target “appointment time for new cases with serious dermatoses within eight weeks” has been set to be over 90% and the actual rate in 2018 was 99%.

2. The financial provision of the Social Hygiene Service (SHS) of the Department of Health (DH) in dermatological services in the past 5 financial years and 2019-20 are shown as follows -

<b>Financial year</b>	<b>Financial Provision (\$ million)</b>
2014-15	127.5
2015-16	136.7
2016-17	141.7
2017-18	165.3
2018-19	196.8
2019-20	207.6

3. There is no universally accepted definition for “serious dermatoses”. For operational purpose, the SHS has implemented a triage system of which all new case referrals will be assessed by the doctor in charge of individual clinics. As serious dermatological conditions are so diversified, in order to facilitate 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.

4. The total number of attendances at dermatological outpatient clinics in the SHS in the past 5 years is set out below-

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Total</b>	245 800	248 100	244 200	236 200	216 900

In 2018, 32% of all new skin cases were accorded appointment within 12 weeks at the SHS. Amongst these 32% of new attendances, 30% of them were pertained to the above mentioned 6 indicator conditions of serious dermatoses. The status of new skin case appointment at clinics providing dermatology services under the SHS is updated on a regular basis. The information is available at the website of the Centre for Health Protection (<https://www.chp.gov.hk/en/static/24039.html>). As at end of January 2019, the average new skin case appointment time for the clinics providing dermatology service was estimated to be 114 weeks. The DH does not compile statistics regarding the lower quartile and median of individual new cases.

5. The approved establishment of staff at clinics providing dermatological services in the 2014-15 to 2017-18 is 147 and in 2018-19 is 157.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)522**

**(Question Serial No. 5282)**

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 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 have used the vouchers, the number of vouchers used, as well as the total amount claimed, broken down by gender and age group (65-69, 70-74, 75-79, 80-84 and 85 or above);
- c. the actual expenditure incurred in relation to the EHV Scheme;
- d. the number of healthcare service providers enrolled in the Scheme, broken down 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 fell below \$200 before the issue of new vouchers on January 1, and the percentage of such persons in the total population of elderly persons aged 65 or above;
- f. the number of complaints about the EHV Scheme received, 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 luring elders into buying products with their vouchers, with a breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment; and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved;
- h. the numbers of proactive inspections and decoy operations conducted in respect of shops/medical centres luring elders into buying products with their vouchers, with a breakdown into (1) medication; (2) spectacles; (3) dried seafood; (4) medical equipment;

and (5) other products, and the voucher amounts as well as the number of shops/medical centres involved; and

- i. the number of cases of differential pricing for EHV users at medical centres detected upon receipt of complaints or during proactive inspections, the number of substantiated complaints, the number of clinics or medical centres involved, as well as the progress of follow-up action taken by the Government.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 229)

Reply:



a. & b. The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers under the Elderly Health Care Voucher (EHV) Scheme and the cumulative voucher amount up to the end of 2014, 2015, 2016, 2017 and 2018, broken down by gender and age group:

	2014			2015			2016			2017			2018 <sup>Note 2</sup>		
	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year <sup>^</sup> (in \$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year <sup>^</sup> (in \$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year <sup>^</sup> (in \$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year <sup>^</sup> (in \$'000)	Number of elders	% of eligible elders	Cumulative amount of vouchers claimed by end of the year <sup>^</sup> (in \$'000)
a. Number of eligible elders (i.e. elders aged 65/70 <sup>Note 1</sup> or above)*	737 000	-	-	760 000	-	-	775 000	-	-	1 221 000	-	-	1 266 000	-	-
b. Cumulative number of elders who had made use of vouchers by the end of the year	551 000	75%	1,194,029	600 000	79%	2,034,342	649 000	84%	3,002,792	953 000	78%	4,361,095	1 191 000	94%	6,965,163
(i) By gender															
- Male	242 000	73%	504,467	266 000	77%	871,622	290 000	83%	1,300,122	430 000	75%	1,905,267	552 000	93%	3,093,704
- Female	309 000	76%	689,562	334 000	80%	1,162,720	359 000	85%	1,702,670	523 000	80%	2,455,828	639 000	95%	3,871,459
(ii) By age group															
- 65 – 69 <sup>Note 1</sup>	-	-	-	-	-	-	-	-	-	239 000	58%	278,966	394 000	92%	1,246,756
- 70 – 74	142 000	67%	249,793	158 000	74%	429,291	183 000	82%	636,517	225 000	90%	870,863	283 000	100%	1,382,413
- 75 – 79	164 000	78%	389,961	172 000	82%	644,873	174 000	84%	910,025	175 000	88%	1,178,283	179 000	93%	1,538,076
- 80 – 84	133 000	81%	314,084	142 000	85%	529,917	150 000	89%	786,312	157 000	91%	1,069,326	163 000	94%	1,425,093
- 85 or above	112 000	74%	240,191	128 000	77%	430,261	142 000	80%	669,938	157 000	84%	963,657	172 000	90%	1,372,825

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

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

\* Sources: Hong Kong Population Projections 2012 – 2041, Hong Kong Population Projections 2015 – 2064 and Hong Kong Population Projections 2017 – 2066, Census and Statistics Department

<sup>^</sup> Face value of each voucher was changed from \$50 to \$1 on 1 July 2014.

c. The actual/estimated voucher expenditures for 2014-15 to 2018-19 are as follows:

Financial Year	Voucher Expenditure (in \$ million)
2014-15 (Actual)	682.2
2015-16 (Actual)	914.5
2016-17 (Actual)	1,102.3
2017-18 (Actual)	1,697.5
2018-19 (Revised Estimate)	2,983.3

d. The table below shows the number of healthcare service providers enrolled under the EHV Scheme in the past 5 years, broken down by types of healthcare professionals:

	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018
Medical Practitioners	1 782	1 936	2 126	2 387	2 591
Chinese Medicine Practitioners	1 559	1 826	2 047	2 424	2 720
Dentists	548	646	770	895	1 047
Occupational Therapists	45	45	51	69	74
Physiotherapists	306	312	344	396	441
Medical Laboratory Technologists	26	30	35	48	54
Radiographers	21	21	24	40	44
Nurses	108	124	148	182	182
Chiropractors	51	54	66	71	91
Optometrists	185	265	533	641	697
<b>Sub-total (Hong Kong):</b>	4 631	5 259	6 144	7 153	7 941
University of Hong Kong - Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	-	1	1	1	1
<b>Total:</b>	4 631	5 260	6 145	7 154	7 942

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

- e. The number of elders with voucher balance at \$200 or less as at end of the year over the past 5 years and their percentages as compared to the eligible elderly population are as follows:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b> <sup>Note 5</sup>
(i) Number of elders with voucher balance at \$200 or less as at end of the year	84 000	129 000	164 000	278 000	260 000
(ii) Number of eligible elders (i.e. elders aged 65/70 <sup>Note 4</sup> or above)*	737 000	760 000	775 000	1 221 000	1 266 000
(iii) Percentage of eligible elders with voucher balance at \$200 or less as at end of the year, i.e. (i)/(ii) x 100%	11%	17%	21%	23%	21%

Note 4: The eligibility age for the EHV Scheme has been lowered from 70 to 65 with effect from 1 July 2017.

Note 5: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased to \$5,000 as a regular measure.

\*Sources : Hong Kong Population Projections 2012 –2041, Hong Kong Population Projections 2015 –2064 and Hong Kong Population Projections 2017–2066, Census and Statistics Department

- f. The table below shows the number of complaints against participating healthcare service providers under the EHV Scheme received by the Department of Health (DH) in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	5	15	33	67	120	240

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. Among the 116 cases with investigation completed, 40 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 investigation of complaints. Since launch of the Scheme in 2009 until end-2018, the DH had conducted checking of some 358 000 claim transactions (representing about 2% of all claim transactions made). The checking had identified

some 3 950 anomalous claims (amounting to some \$1.96 million in claim amount). These cases included the improper use of vouchers on the purchase of products. Breakdown of the cases by nature, the amount of vouchers and the number of shops/medical centres involved is not readily available.

- i. It is stipulated under the terms and conditions of the EHV Scheme Agreement that participating healthcare 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 healthcare service provider fails to comply with the terms and conditions of the EHV Scheme Agreement, the relevant voucher claims will not be reimbursed by the Government. In case reimbursement has been made, the Government will recover the amount from the healthcare service provider concerned. Between 2014 and 2018, the DH handled 86 complaints related to service fees charged by participating healthcare service providers. After investigation, 3 cases were found to be substantiated. The DH issued advisory letters to the healthcare service providers concerned and asked them to stop the improper practice and also take remedial actions as appropriate. The healthcare service providers concerned had taken remedial actions.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)523**

**(Question Serial No. 5285)**

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 (LegCo internal reference no.: 232)

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, save for 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. Since 2004, the Department of Health (DH) has launched the Cervical Screening Programme (CSP) to encourage women to receive regular screening to reduce incidence and mortality from CC. In August 2018, the Colorectal Cancer Screening Programme (CRCSP) was regularised and is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests.

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 2016 to 2018, 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 hotlines, press conferences, media interviews, etc. A collection of 5 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 financial provision of the CSP is about \$20 million each year for 2016-17 to 2018-19. The expenditure for the CRCSP in 2016-17 and 2017-18 are \$44.6 million and \$90.0 million respectively, and the revised estimates in 2018-19 is \$149.1 million.

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)524**

**(Question Serial No. 5596)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Elderly Health Centres (EHCs), please advise on:

- (a) the numbers of enrolment at each EHC in the past 3 years, broken down by age group;
- (b) the numbers of elders waiting for health assessments and medical consultations in the past 3 years, as well as the median and longest waiting time; and
- (c) whether the Government has any plans to enhance the services of the EHCs; if so, the details and expenditure involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 244)

Reply:

- (a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years is as follows:

EHC	2016					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
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

EHC	2016					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
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	672	542	408	391	302	2 315
Shau Kei Wan	634	473	380	396	330	2 213
Wan Chai	1 961	1 170	649	526	345	4 651
Aberdeen	540	515	357	446	330	2 188
Nam Shan	697	496	407	365	258	2 223
Lam Tin	647	507	337	405	324	2 220
Yau Ma Tei	498	505	389	442	381	2 215
San Po Kong	539	475	390	536	381	2 321
Kowloon City	540	493	393	496	290	2 212
Lek Yuen	1 536	1 132	770	818	640	4 896
Shek Wu Hui	648	454	327	385	317	2 131
Tseung Kwan O	719	536	361	330	184	2 130
Tai Po	662	478	315	403	268	2 126
Tung Chung	658	682	485	359	137	2 321
Tsuen Wan	575	508	380	348	303	2 114
Tuen Mun Wu Hong	643	638	348	341	245	2 215
Kwai Shing	682	579	389	384	252	2 286
Yuen Long	678	557	408	397	276	2 316
Total	13 529	10 740	7 493	7 768	5 563	45 093

EHC	2018 *					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	960	667	349	346	267	2 589
Shau Kei Wan	399	474	251	280	251	1 655
Wan Chai	1 331	997	477	422	307	3 534
Aberdeen	416	465	247	277	249	1 654
Nam Shan	459	461	254	269	214	1 657
Lam Tin	481	423	234	259	264	1 661
Yau Ma Tei	456	422	247	267	261	1 653



EHC	2018 *					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
San Po Kong	466	445	236	318	272	1 737
Kowloon City	408	347	275	367	261	1 658
Lek Yuen	1 221	1 115	489	449	389	3 663
Shek Wu Hui	457	384	233	244	260	1 578
Tseung Kwan O	457	404	282	272	177	1 592
Tai Po	439	370	247	324	212	1 592
Tung Chung	520	525	318	243	128	1 734
Tsuen Wan	475	505	280	250	198	1 708
Tuen Mun Wu Hong	483	485	250	237	201	1 656
Kwai Shing	496	453	297	270	207	1 723
Yuen Long	514	473	272	263	212	1 734
Total	10 438	9 415	5 238	5 357	4 330	34 778

\*Provisional figures from January to September 2018

(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 assessment among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2016	2017	2018*
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	11 226	21 815	24 127
Median waiting time for first-time health assessment (months)	5.2	6.8	12.3
Longest median waiting time for first-time health assessments among all EHCs (months)	12.0 (Tsuen Wan EHC)	10.2 (Tuen Mun Wu Hong EHC)	17.3 (Tuen Mun Wu Hong EHC)

\*Provisional figures

(c) The 2 new clinical teams approved for establishment in 2017-18 and 2018-19 have commenced operation in 2018. Together, they 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 new clinical teams and continue to closely monitor the waiting time for health assessments in 2019.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)525**

**(Question Serial No. 5597)**

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 services, please advise on:

- (a) the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC) for the past 3 years;
- (b) the numbers of women on the waiting list for woman health services in each WHC and MCHC for the past 3 years as well as the respective median and longest waiting time; and
- (c) whether the Government has any plans to enhance the services of WHCs and MCHCs; if yes, the details and expenditure involved; if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 245)

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 2016, 2017 and 2018, the number of enrolment for woman health service in individual centres are:

Centre	No. of enrolment		
	2016	2017	2018
Chai Wan WHC	3 698	3 371	3 176
Lam Tin WHC	4 891	4 603	4 772
Tuen Mun WHC	4 341	3 823	3 885
Ap Lei Chau MCHC	227	248	210
Fanling MCHC	550	607	603
Lek Yuen MCHC	643	634	618
Ma On Shan MCHC	292	340	343
Sai Ying Pun MCHC	28	28	34
South Kwai Chung MCHC	189	196	183
Tseung Kwan O Po Ning Road MCHC	176	124	138

<b>Centre</b>	<b>No. of enrolment</b>		
	<b>2016</b>	<b>2017</b>	<b>2018</b>
Tsing Yi MCHC	112	106	120
Wang Tau Hom MCHC	118	122	116
West Kowloon MCHC	263	225	228
<b>Total</b>	<b>15 528</b>	<b>14 427</b>	<b>14 426</b>

- (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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)526**

**(Question Serial No. 5598)**

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 please advise on:

- (a) the numbers of women on the waiting list for the said service as well as the median and longest waiting time for the past 3 years;
- (b) the numbers of attendances for the said service by age group for the past 3 years; and
- (c) the numbers of recipients of the said service found to be in need of referral for treatment by age group for the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 246)

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 waiting time for appointment varied from 2 days to 4 weeks each year.

In 2016, 2017 and 2018, the number of attendance for cervical screening service provided at MCHCs were 102 000, 103 000 and 98 000 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 screening belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 20.8%, 31.1%, 28.1% and 19.0% respectively. A total of 5 179, 5 256 and 5 008 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.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)527**

**(Question Serial No. 5599)**

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 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, please advise on the implementation details as well as the expenditure and manpower involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 247)

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.

In recent years, the Government prioritises its resources and care for persons with special dental care needs, especially elderly with financial difficulties. Under the Comprehensive Social Security Assistance Scheme, recipients who are old, 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.

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 2019-20 Budget, the Government proposed to enhance the EHV Scheme in 2019 by raising, as a regular measure, the accumulation limit of the vouchers from \$5,000 to \$8,000 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 would provide more room for eligible elders to use dental services.

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 non-governmental organisations 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, July 2017 and February 2019 to cover elders who are Old Age Living Allowance recipients aged 80 or above, 75 or above, 70 or above and 65 or above respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)528**

**(Question Serial No. 5600)**

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: (a) 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) the provisions, manpower and expenditure involved; and (c) the plan and timetable for the regularisation of the Pilot Programme in the future, the anticipated number of participants each year and the effectiveness of the regularised programme, as well as the provisions, manpower and expenditure involved?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 248)

Reply:

(a)

Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. As at end February 2019, about 130 000 eligible persons have participated in the CRCSP.

Under the CRCSP, faecal immunochemical test (FIT) is adopted as the primary screening tool prescribed by enrolled primary care doctors. Participants with a positive FIT result will be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. Among those participants who underwent colonoscopy examination services, 9 167 persons were found to have colorectal adenomas and 892 cases of colorectal cancers have been diagnosed and referred to public or private sector for further management.

(b) and (c)

The expenditure for the CRCSP in 2016-17 and 2017-18 are \$44.6 million and \$90.0 million respectively, and the revised estimates in 2018-19 is \$149.1 million. In 2019-20, the total

provision of the CRCSP is \$216.4 million. The number of civil service establishment involved in the CRCSP in the Department of Health is 25.

At the time of planning regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. Based on the experience in Pilot Programme, it is expected that 30% of eligible population who are users of the Electronic Health Record Sharing System will enroll in the CRCSP.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)529**

**(Question Serial No. 5601)**

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:

Has the Government earmarked any funding for implementing a breast cancer screening programme for women in the Estimates this year? If so, please advise on the details of the programme as well as the manpower and expenditure involved and if not, the reasons for that.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 249)

Reply:

The Department of Health (DH) has not made any provision for territory-wide breast cancer screening in 2019-20. As set out in Policy Address 2018, a government-commissioned study to identify risk factors associated with breast cancer for local women is expected to be completed in the latter half of 2019. The Government will closely monitor the scientific evidence and outcome of the study to review what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)530**

**(Question Serial No. 5602)**

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:

Has the Government earmarked 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 Estimates this year? 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 (LegCo internal reference no.: 250)

Reply:

The Department of Health (DH) operates a Men's Health Programme under which a designated "Men's Health" section in the Centre for Health Protection website provides 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 or 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 at average risk.

Resources for the above activities are absorbed within DH's overall provision for disease prevention and cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)531**

**(Question Serial No. 5603)**

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, please advise on:

- (a) the minimum, average and maximum numbers of antenatal check-ups undergone by each pregnant woman;
- (b) the minimum, average and maximum numbers of postnatal check-ups undergone by each pregnant woman; and
- (c) the manpower and expenditure involved for each antenatal and postnatal check-up.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 251)

Reply:

(a) to (c)

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 2018, there were 25 200 pregnant women registered in MCHCs and a total of 127 400 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 2018, there were 27 400 postnatal women registered in MCHCs and a total of 28 000 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.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)532**

**(Question Serial No. 5631)**

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 the following information:

1. the number of elders participating in the EHV Scheme in each of the past 5 financial years and the expenditure involved;
2. the numbers and percentages of private healthcare service providers participating in the EHV Scheme, broken down by profession and District Council district, in each of the past 5 financial years; and
3. the numbers and percentages of the participating elders who have spent their vouchers on preventive care services and acute illness treatments in each of the past 5 financial years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 168)

Reply:

1. 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 number of elders who had made use of vouchers under the EHV Scheme in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b> <sup>Note 1</sup>	<b>2018</b>
Cumulative number of elders who had made use of vouchers by the end of the year	551 000	600 000	649 000	953 000	1 191 000

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

The amount of vouchers claimed was \$597.5 million in 2014, \$906.3 million in 2015, \$1,070.6 million in 2016, \$1,500.4 million in 2017 and \$2,804.2 million in 2018.

2. The table below shows the number and percentage of healthcare professionals enrolled under the EHV Scheme as healthcare service providers:

	Number of Service Providers (Percentage <sup>Note 2</sup> )				
	As at 31.12.2014	As at 31.12.2015	As at 31.12.2016	As at 31.12.2017	As at 31.12.2018
Medical Practitioners	1 782 (36%)	1 936 (39%)	2 126 (42%)	2 387 (45%)	2 591 (47%)
Chinese Medicine Practitioners	1 559 (26%)	1 826 (30%)	2 047 (32%)	2 424 (38%)	2 720 (42%)
Dentists	548 (33%)	646 (38%)	770 (44%)	895 (49%)	1 047 (57%)
Occupational Therapists	45 (6%)	45 (6%)	51 (6%)	69 (7%)	74 (7%)
Physiotherapists	306 (23%)	312 (22%)	344 (22%)	396 (24%)	441 (25%)
Medical Laboratory Technologists	26 (3%)	30 (3%)	35 (3%)	48 (5%)	54 (5%)
Radiographers	21 (3%)	21 (2%)	24 (3%)	40 (5%)	44 (5%)
Nurses	108 (1%)	124 (1%)	148 (1%)	182 (1%)	182 (1%)
Chiropractors	51 (31%)	54 (32%)	66 (36%)	71 (37%)	91 (45%)
Optometrists	185 (25%)	265 (34%)	533 (67%)	641 (78%)	697 (81%)
<b>Sub-total (Hong Kong):</b>	4 631	5 259	6 144	7 153	7 941
University of Hong Kong – Shenzhen Hospital (HKU-SZH) <sup>Note 3</sup>	-	1	1	1	1
<b>Total :</b>	4 631	5 260	6 145	7 154	7 942

Note 2: In calculating the percentage of healthcare professionals enrolled under the EHV Scheme, those practising in the public sector or are economically inactive, e.g. not practising in Hong Kong, have been excluded.

Note 3: The Pilot Scheme for use of vouchers at the HKU-SZH was launched on 6 October 2015. The HKU-SZH joined the EHV Scheme on a hospital basis.

A healthcare service provider can register more than one place of practice for accepting the use of vouchers. The number of places of practice under the EHV Scheme, broken down by enrolled healthcare professionals and 18 districts in Hong Kong in the past 5 years, is at **Annex**.

3. The table below shows the number of voucher claim transactions made by participating healthcare 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 made in the respective years:

Type of Service	2014	2015	2016	2017	2018
	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	177 300 (8%)	246 090 (9%)	305 610 (11%)	465 155 (13%)	825 640 (16%)

Management of acute episodic condition	1 404 249 (63%)	1 647 390 (61%)	1 632 758 (58%)	1 874 310 (54%)	2 536 414 (49%)
--	--------------------	--------------------	--------------------	--------------------	--------------------

- End -

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2014)**

<b>Healthcare Professionals</b> <b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
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
<b>Total</b>	<b>2 422</b>	<b>2 336</b>	<b>845</b>	<b>94</b>	<b>473</b>	<b>49</b>	<b>32</b>	<b>175</b>	<b>87</b>	<b>450</b>	<b>6 963</b>

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2015)**

<b>Healthcare Professionals</b>											
<b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
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
<b>Total</b>	<b>2 995</b>	<b>2 993</b>	<b>1 046</b>	<b>97</b>	<b>524</b>	<b>54</b>	<b>28</b>	<b>187</b>	<b>101</b>	<b>607</b>	<b>8 632</b>



**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2016)**

<b>Healthcare Professionals</b>												
<b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>	
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	
<b>Total</b>	<b>3 332</b>	<b>4 773</b>	<b>1 307</b>	<b>101</b>	<b>595</b>	<b>74</b>	<b>35</b>	<b>235</b>	<b>113</b>	<b>1 286</b>	<b>11 851</b>	

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2017)**

<b>Healthcare Professionals</b>											
<b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
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
<b>Total</b>	<b>3 771</b>	<b>6 809</b>	<b>1 570</b>	<b>103</b>	<b>641</b>	<b>127</b>	<b>57</b>	<b>273</b>	<b>116</b>	<b>2 110</b>	<b>15 577</b>

**Breakdown of Places of Practice by Enrolled Healthcare Professionals and 18 Districts in Hong Kong**  
**(Position as at 31 December 2018)**

<b>Healthcare Professionals</b>											
<b>District</b>	<b>Medical Practitioners</b>	<b>Chinese Medicine Practitioners</b>	<b>Dentists</b>	<b>Occupational Therapists</b>	<b>Physiotherapists</b>	<b>Medical Laboratory Technologists</b>	<b>Radiographers</b>	<b>Nurses</b>	<b>Chiropractors</b>	<b>Optometrists</b>	<b>Total</b>
Central & Western	535	479	247	2	65	16	6	8	35	211	1 604
Eastern	257	612	118	12	34	3	2	13	30	206	1 287
Southern	46	302	17	4	8	0	0	0	0	46	423
Wan Chai	269	331	141	5	69	17	7	16	29	263	1 147
Kowloon City	181	414	89	11	37	0	0	16	6	177	931
Kwun Tong	287	846	146	20	52	17	5	50	14	144	1 581
Sham Shui Po	135	462	77	3	45	4	2	5	0	102	835
Wong Tai Sin	94	627	85	8	27	0	0	16	0	163	1 020
Yau Tsim Mong	995	792	376	12	175	50	21	39	59	505	3 024
Sha Tin	332	539	136	12	54	2	2	34	15	202	1 328
Tai Po	104	265	66	0	9	3	3	12	3	34	499
Sai Kung	214	361	65	12	22	2	0	4	3	120	803
North	66	299	31	2	7	3	2	3	11	41	465
Kwai Tsing	144	280	76	3	16	0	0	28	0	140	687
Tsuen Wan	202	444	77	4	54	16	7	10	23	117	954
Tuen Mun	191	637	68	3	31	0	1	6	9	105	1 051
Yuen Long	208	414	99	1	15	3	1	14	10	136	901
Islands	37	119	15	0	2	0	0	1	0	11	185
<b>Total</b>	<b>4 297</b>	<b>8 223</b>	<b>1 929</b>	<b>114</b>	<b>722</b>	<b>136</b>	<b>59</b>	<b>275</b>	<b>247</b>	<b>2 723</b>	<b>18 725</b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)533**

**(Question Serial No. 5892)**

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:

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%) over a period of 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 resource was 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 HIV/AIDS prevention amongst heterosexual men in the past 3 years, 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, the 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 (LegCo internal reference no.: 160)

Reply:

1. From 2016-17 to 2018-19, 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 for the HIV/AIDS clinic in 2018-19 is \$17 million to cover the manpower cost of the posts and the breakdown of the recurrent cost by rank is set out in the following table.

<b>Rank</b>	<b>Number of posts</b>	<b>Annual Recurrent Cost in 2018-19 (\$)</b>
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
<b>Total</b>	<b>25</b>	<b>17,006,580</b>

The Government will keep in view the service demand in the coming years for resource allocation.

2. Based on the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex workers / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners, student/youth, deaf, blind and people with physical disability to prevent HIV via heterosexual contacts.

For the 3 years from 2016-17 to 2018-19, the Fund approved a total of \$23.6 million to 15 projects for the prevention of HIV infection, including via heterosexual contacts.

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, supporting the development of evidence-based AIDS strategies, and

cultivating 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 of the resources allocated for the prevention of HIV/AIDS targeted at heterosexual men is not available.

3. 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 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 60% in 1999 to 22% in 2018. On the other hand, HIV infection through homosexual/bisexual contact has increased from 21% to 58% 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 practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will continue to accord priority to provide funding to projects targeted at 6 high risk groups, including FSW/MCFSW and EM for the prevention of HIV transmission through heterosexual contacts. Other than the 6 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)534**

**(Question Serial No. 5893)**

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 expenditure 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 2019. 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 (LegCo internal reference no.: 161)

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 service demand in the coming years for resource allocation.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)535**

**(Question Serial No. 5894)**

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 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 expenditure involved in the past 3 years.
2. Please provide a breakdown of the research expenditure 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 2019-20.
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 2019-20.
5. Please advise on the estimated expenditure on PEP if the stringent requirements for receiving such treatment is relaxed in 2019-20.
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 expenditure 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 expenditure 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 to 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 infections, thereby reducing the lifelong expenses on HIV treatment and the economic loss arising from the reduction in workforce?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 162)

Reply:

1.

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

<b>Financial year</b>	<b>Number of clients prescribed with PEP</b>
2016-17	80
2017-18	104
2018-19*	141

\* Provisional figure as of 28 February 2019

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 2016-17 to 2018-19 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.

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 2019-20, it is estimated that 200 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.

In November 2018, the Scientific Committee also updated the recommendations on non-occupational PEP (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by a medical practitioner, it should be started without delay and follow up be arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

6 and 7.

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.

Based on the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” issued by the Hong Kong Advisory Council on AIDS (ACA), higher funding priorities would be accorded to the applications under the Fund for projects targeted at the 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; Female sex workers and their male clients.

From 2016-17 to 2018-19, the Fund approved a total of \$77.8 million for 50 projects with the breakdown as follows.

High risk groups	Amount of funding approved (million)
Men who have sex with men	39.4
People living with HIV	15.8
People who inject drugs	4.1
Ethnic minorities	5.1
Male-to-female transgender	0.9
Female sex workers and their male clients	12.0
More than 1 high risk groups <sup>#</sup>	0.5
Total	77.8

# The Fund granted \$0.5 million for 1 project which served more than 1 high risk groups, including men who have sex with men, male sex workers and transgender sex workers.

8.

From 2016-17 to 2018-19, the Fund approved a total of \$17.9 million for conducting 24 researches with the breakdown as follow:

High risk groups	Amount of funding approved (million)
Men who have sex with men	9.1
People living with HIV	8.3
People who inject drugs	0.5
Total	17.9

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 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 injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2016-17 to 2018-19, the Fund approved a total of \$77.8 million for 50 projects for the prevention of HIV among 6 high risk groups (including a project with targeting more than 1 high-risk groups);
- (c) allocation of resources by DH 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, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, 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 (as set out in part 3 above). The Fund has granted \$5.8 million to support 4 PrEP-related projects from 2016-17 to 2018-19. 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; and
- (e) As for PEP, DH currently adopts the recommendation by the Scientific Committee in January 2014 on the management and PEP for occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and HIV; and the recommendations in November 2018 on nPEP for sexual or injection exposure (as set out in part 5 above). The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)536</b>
------------------

**(Question Serial No. 6141)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

Please advise on (1) the numbers of inspections conducted at pharmacies and medicine stores; (2) the numbers of inspections conducted in the form of decoy operations; (3) the numbers of prosecutions instituted; and (4) the numbers of pharmacies and medicine stores which had their licences suspended in the past 5 years.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 64)

Reply:

The Drug Office of the Department of Health (DH) conducts blitz inspections at Authorised Sellers of Poisons (ASPs, commonly known as “pharmacies” or “dispensaries”) and Listed Sellers of Poisons (LSPs, commonly known as “medicine stores”) to check whether sellers of pharmaceutical products comply with the statutory requirements and licencing conditions.

The table below sets out the number of the DH’s enforcement actions against ASPs and LSPs in the past 5 years:

Year	No. of inspections conducted		No. of test purchases conducted		No. of convicted cases		No. of licences removed or suspended	
	ASPs	LSPs	ASPs	LSPs	ASPs	LSPs	ASPs	LSPs
2014	1 229	7 878	4 363	2 601	17	2	7	9
2015	1 214	7 977	4 136	3 008	24	3	9	4
2016	1 209	7 956	3 955	4 021	15	4	8	7
2017	1 220	7 874	4 329	3 229	13	5	9	9
2018	1 212	7 814	4 194	3 350	14	5	7	4

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)537**

**(Question Serial No. 6142)**

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, in table form, the following information in relation to the Elderly Health Care Voucher (EHV) Scheme for the past 5 years:

(1) the numbers of complaints received; (2) the types of parties complained against; (3) the categories of complaints received; (4) the progress of follow-up action; and (5) the amount of EHV's involved.

Please also advise on the estimated expenditure involved in handling complaints for 2019-20.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 65)

Reply:

(1) to (5)

The table below shows the number of complaints against participating healthcare service providers under the Elderly Health Care Voucher (EHV) Scheme received by the Department of Health (DH) in the past 5 years:

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>Total</b>
Number of complaints against participating healthcare service providers	5	15	33	67	120	240

These complaint cases, involving operational procedures, suspected fraud, improper voucher claims and issues related to service charges, were mainly against medical practitioners, Chinese medicine practitioners, optometrists and dentists. The amount of vouchers associated with these complaint cases is not readily available.

The DH had conducted investigation for each complaint. Appropriate actions/ measures were taken when violation of terms and conditions of the EHV Scheme Agreement was found

during the investigation, including issuing advisory/ warning letters to the relevant healthcare service providers; withholding reimbursements or recovering paid reimbursements; disqualifying healthcare service providers from participating in the EHV Scheme; and referring cases to the Police and the relevant professional regulatory boards/ councils for follow-up as appropriate. Among the 116 cases with investigation completed, 40 cases were found to be substantiated or partially substantiated.

The estimated administrative expenses for administering the EHV Scheme in 2019-20 is \$35.8 million. The estimated expenditure for handling of complaints cannot be separately quantified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)538**

**(Question Serial No. 6143)**

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, please 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 by category of product the numbers of (1) screening, (2) offences, (3) prosecutions instituted and (4) convictions.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 66)

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 the enforcement of the UMAO.

The table below sets out figures regarding screening of advertisements and related enforcement actions from 2014 to 2018:

Year	No. of advertisements screened			No. of warning letters issued	No. of convicted cases
	Medicines*	Health Food	Surgical Appliances and Treatments		
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
2018	6 419	28 788	23 706	1 111	4

\*Medicines refer to registered pharmaceutical products under the Pharmacy and Poisons Ordinance (Cap. 138) and proprietary Chinese medicines under the Chinese Medicine Ordinance (Cap. 549).



**CONTROLLING OFFICER'S REPLY**

**FHB(H)539**

**(Question Serial No. 6311)**

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 of Health (DH) please advise on:

- (1) the number of beauty parlours in Hong Kong;
- (2) the nature of traders registered with the DH under the Medical Device Administrative Control System whose medical devices are available on the market at present, as well as the types, number, classification of energy output, classes (Classes I to V) and risk levels (Classes A to D) of such devices; and
- (3) the numbers of inspections conducted by the Police and the DH 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 (if no relevant information is available, the reasons for not producing such statistics)?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 84)

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 voluntary Medical Device Administrative Control System (MDACS) covers the listing of Class II, III and IV general medical devices, Class B, C and 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 of 28 February 2019, 3 897 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 2014 to 2018, respectively 44, 37 and 15 cases of suspected illegal practice of Western medicine, Chinese medicine and dentistry related to beauty centre/beauty service were referred to the Police by the DH and/or assisted by the DH during Police investigation. Among them, there were 3, 4 and 2 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)540**

**(Question Serial No. 6312)**

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 due to cosmetic procedures in the past 5 years; and the reasons if such statistics are not available;
- (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 (LegCo internal reference no.: 85)

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 2014 to 2018, 44, 37 and 15 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 3, 4 and 2 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)541**

**(Question Serial No. 6326)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding public dental services, please provide:

- (a) information on the service sessions, maximum numbers of discs available per session, actual numbers of discs given out and actual numbers of attendances in respect of general public sessions (GP sessions) provided by public dental clinics in the past 3 years;
- (b) information on the numbers and proportions of patients attending GP sessions by age group: (1) aged below 18; (2) aged between 18 and 65; and (3) aged 65 or above;
- (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 underutilisation of disc quotas for GP sessions), as well as the manpower and resources required for implementing the improvement measures;
- (d) whether the Government has any long-term plans to extend GP sessions 7 days a week or across the territory to make dental clinic(s) available in each of the 18 districts to facilitate consultation by members of the public; if so, the details and if not, the reasons for that; and
- (e) the average annual expenditure of the 11 dental clinics in Hong Kong, as well as the respective average treatment costs per patient for GP sessions and non-GP sessions (for civil servants, their families and retired civil servants).

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 60)

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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), the maximum numbers of disc allocated, the 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 <sup>@</sup>	No. of attendances (No. of discs allocated)		
			2016-17	2017-18	2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	Monday (AM)	84	5 329	5 234	4 612
	Thursday (AM)	42	(5 341)	(5 268)	(4 633)
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 295 (4 310)	3 990 (4 003)	3 438 (3 443)
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 903	6 599	6 044
	Friday (AM)	84	(6 951)	(6 647)	(6 090)
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 356 (2 371)	2 262 (2 262)	1 899 (1 908)
Mona Fong Dental Clinic	Thursday (PM)	42	1 909 (1 930)	1 898 (1 918)	1 630 (1 636)
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 026 (2 035)	2 011 (2 028)	1 678 (1 681)
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 567	7 808	6 734
	Friday (AM)	84	(7 621)	(7 837)	(6 766)
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152 (2 152)	2 015 (2 015)	1 722 (1 723)
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 999	3 851	3 286
	Friday (AM)	42	(4 007)	(3 860)	(3 304)
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95 (96)	90 (91)	80 (81)
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	152 (152)	199 (207)	240 (242)

- # 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) The distribution of attendances of GP sessions by age group in financial years 2016-17, 2017-18 and 2018-19 (up to 31 January 2019) are as follows:

	<b>% Distribution of attendances of GP sessions by age group</b>		
<b>Age group<sup>#</sup></b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (up to 31 January 2019)</b>
0-18	1.8	1.7	1.7
19-60	42.1	41.8	40.2
61 or above	56.1	56.5	58.1

- # The distribution of attendances of GP sessions by age groups of below 18, 18-65 and 65 or above are not readily available.
- (c) To enhance utilisation rate of disc quotas of GP sessions, the 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 13.3% (in 2018-19 (up to 31 January 2019)) and KCDC from 15% (in 2015-16) to 10.5% (in 2018-19 (up to 31 January 2019)). We anticipate that the percentage of unutilised disc quota will continue to decrease. The DH will absorb any additional workload by flexible redeployment of resources.
- (d) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfill the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment

time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government has allocated resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Program and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- (e) 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, the breakdown of expenditure by clinic and the average cost of service per attendance are not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)542**

**(Question Serial No. 6329)**

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:

- (1) the items of expenditure, amounts of expenditure incurred and the manpower involved in the past 3 years;
- (2) the estimated expenditure and manpower involved in 2019-20;
- (3) the current progress of work on the scheme;
- (4) the reasons for the slow progress of the scheme since its introduction. How does the Government evaluate the effectiveness of work in this area; and
- (5) whether the Government will consider extending the scope of registration to cover other healthcare professions, such as counselling, art therapy and hypnotherapy? If yes, the selection criteria; if not, the reasons for that?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 63)

Reply:

The Government 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 one 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.



(1)-(2) The actual expenditure of the AR Scheme in 2016-17 and 2017-18 was \$0.7 million and \$2.2 million respectively. The expenditure for 2018-19 was \$5.5 million (revised estimate). In 2019-20, \$7.3 million will be allocated for taking forward the AR Scheme. 3 posts, including 1 Scientific Officer (Medical), 1 Executive Officer I and 1 Assistant Clerical Officer, were approved for creation in 2018-19 under the AR Scheme.

(3)-(4) The Accreditation Agent had preliminarily assessed earlier that 5 healthcare professions, including speech therapists, audiologists, dietitians, educational psychologists and clinical psychologists were able to meet the criteria for accreditation process under the AR Scheme. The Accreditation Agent had provided training for these professions, and the accreditation assessments for the professions were conducted in phases according to the readiness of each profession. Among these professions, the speech therapist and audiologist passed the accreditation and the results were announced in April and November 2018 respectively. The accreditation assessments of the dietitian and educational psychologist will be completed by phases in the second quarter of 2019. The accreditation assessment for the clinical psychologist is still in progress. The Accreditation Agent has yet to make a decision on the recommendation of accreditation to the Department of Health.

(5) Upon completion of the accreditation, the Accreditation Agent will review the effectiveness of the AR Scheme and report to the Government with recommended measures for improvement. The AR Scheme will serve as a basis for the Government to study how to formulate a statutory registration regime for relevant accredited professions.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)543**

**(Question Serial No. 6339)**

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:

Air quality and people's health are closely intertwined. According to the World Health Organization, air pollution kills more than 7 million people worldwide every year.

Is there a mechanism for the Department of Health to remind high-risk patients in public hospitals (such as those suffering from cardiovascular diseases, respiratory diseases or asthma) on days with high-level air pollution to avoid outdoor activities and stay away from highly polluted areas?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 429)

Reply:

The Government has various policies and measures to support the reduction of urban air pollution. The Department of Health worked with the Environmental Protection Department (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 including people with different degree of susceptibility to air pollution, such as people with existing heart or respiratory illnesses, children and the elderly, according to different degree of health risk category.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)544**

**(Question Serial No. 6340)**

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 has been actively promoting primary care in recent years with a view to relieving the pressure on Hong Kong's healthcare system in the long run through a prevention-oriented approach. Air pollution, which is detrimental to public health, seriously affects the growth of children in particular, whose lungs and other organs have not yet fully developed. In this connection, will the Government please advise this Committee of the following:

To better safeguard people's health, did the Department of Health (DH) allocate resources to conduct promotional and educational activities to enhance public awareness of the health hazards posed by air pollution in the previous year? If yes, what is the expenditure involved?

Does the DH has any plans to allocate resources to conduct related promotional and educational activities for high-risk groups (including students, children and elders)? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 430)

Reply:

The Government has various policies and measures to support the reduction of urban air pollution. The Department of Health (DH) worked with the Environmental Protection Department (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 including people with different degree of susceptibility to air pollution, such as people with existing heart or respiratory illnesses, children and the elderly, according to different degree of health risk category. In 2018-19, DH has also promoted health effects of air pollution to the public through various channels including disseminating relevant education materials through DH's website, and broadcasting a series of educational videos related to health risk and air quality in DH's service locations such as Maternal and Child Health Centres, Student Health Service Centres and Elderly Health Centres. The DH will continue to work closely with the EPD in the area of air quality and health.

Resources of the above activities are absorbed within the DH's overall provision for disease prevention and cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)545**

**(Question Serial No. 3882)**

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 centres (CACs), please inform this Committee of the following:

- (a) the number of new cases and the total attendance at CACs for each of the past 5 years in table form;
- (b) the reasons for setting the planned rate in respect of the appointment time for new cases in CACs within 3 weeks for 2019 at just “over 90%” when the actual rates for 2017 and 2018 were both 100%;
- (c) the target rate in respect of the completion time for assessment of new cases in CACs within 6 months has been set at “over 90%”, yet the actual rates for 2017 and 2018 were 55% and 49% respectively. In this connection, (i) what were the actual numbers of cases handled in these 2 years? (ii) why were the actual rates far below the target? (iii) what follow-up work was carried out upon completion of the assessment? (iv) why was there a large discrepancy in respect of the appointment time for 2017 and 2018 between the planned rates of “over 70%” and “over 60%” respectively and the actual rates?
- (d) the reasons for setting the planned rate in respect of the appointment time for 2019 at only “over 70%”; the measures to be taken by the Government in view of the situation; Please provide a detailed breakdown of the expenditure on such measures in table form.

Asked by: Hon KWOK Wing-hang, Dennis (LegCo internal reference no.:40)

Reply:

(a)

The number of newly referred cases received by the Child Assessment Service (CAS) and the total attendance at the CAS in the past five years are as follows -

	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (provisional figures)</b>
Number of new cases referred to CAS	9 494	9 872	10 188	10 438	10 466
Attendance at CAS	34 602	37 424	37 168	37 423	39 327

(b)

In the past five years, the target percentage of new referral cases with an appointment time be given in three weeks have all along been more than 90%. In actual practice, nearly all new cases were seen within three weeks after registration.

(c) and (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 assessment and 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 number of children assessed by the CAS in the past two years are as follows –

	<b>2017</b>	<b>2018 (provisional figures)</b>
Number of children assessed by CAS	15 589	17 020

Due to 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 six months has dropped to 49% in 2018. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. The actual waiting time depends on the complexity and conditions of individual cases.

Noting the continuous increase in demand for the services provided by the CAS, the DH has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC in Ngau Tau Kok commenced operation in January 2018, with the creation of 16 civil service posts in DH. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of CAS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)546**

**(Question Serial No. 3883)**

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:

There are a total of 7 child assessment centres (CACs) in Hong Kong. Please advise on their service capacity, services, types and number of staff in the past 5 years as well as the unit cost of the services for the past 5 years.

Asked by: Hon KWOK Wing-hang, Dennis (LegCo internal reference no.: 41)

Reply:

The Child Assessment Service (CAS) provides comprehensive assessments, diagnosis, formulates rehabilitation plan, provides interim child and family support, public health education activities, as well as review evaluation to children under 12 years of age 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 assessment and 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 assessment is not available.

The approved establishment of the CAS in 2018-19 is as follows -

<b>Grades</b>	<b>Number of posts</b>
<b>Medical Support</b>	



<b>Grades</b>	<b>Number of posts</b>
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	24
<b>Nursing Support</b>	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
<b>Professional Support</b>	
Scientific Officer (Medical)	5
Senior Clinical Psychologist / Clinical Psychologist	22
Speech Therapist	13
Optometrist	2
Occupational Therapist I	8
Physiotherapist I	6
<b>Technical Support</b>	
Electrical Technician	1
<b>Administrative and General Support</b>	
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
<b>Total:</b>	<b>161</b>

The attendance at the seven Child Assessment Centres (CACs) under the CAS in the past five years is as follows –

<b>Child Assessment Centre (CAC)</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018 (Provisional figure)</b>
Central Kowloon	6 221	6 476	5 666	5 489	5 632
Ha Kwai Chung	6 592	7 033	7 373	7 209	6 413
Pamela Youde (Kwun Tong)	7 000	7 243	7 120	7 187	7 315
Pamela Youde (Sha Tin)	6 599	7 152	7 933	8 262	8 493
Fanling	3 570	4 055	3 882	3 892	4 182
Tuen Mun	4 620	5 465	5 194	5 384	5 610
Ngau Tau Kok	0*	0*	0*	0*	1 682*
<b>Total:</b>	<b>34 602</b>	<b>37 424</b>	<b>37 168</b>	<b>37 423</b>	<b>39 327</b>

\* Ngau Tau Kok CAC commenced operation from January 2018.

The financial provision of the CAS in the past five years are set out in the table below. The DH does not compile figures on the unit cost of assessment of the CACs.

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (Revised Estimate)</b>
Financial provision to CAS	102.1	110.2	129.6	131.8	138.6

	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19 (Revised Estimate)</b>
(\$ million)					

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)547**

**(Question Serial No. 4426)**

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 breast cancer prevention, please advise on the following:

1. Has the Government considered launching a breast cancer screening programme to carry out population-based mammography screening for women aged 40 to 64? If it has, what are the details? If not, what are the reasons? What policies has the Government implemented to promote the health of women? Has the Government assessed the resources involved in launching such screening programme?
2. What resources will the Government allocate in the coming year for work related to breast cancer screening, including public education and review of the latest medical evidence around the globe, with a view to implementing breast cancer screening for high-risk women?

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 55)

Reply:

(1) and (2)

The Department of Health (DH) has not made any provision for territory-wide breast cancer screening in 2019-20. As set out in Policy Address 2018, a government-commissioned study to identify risk factors associated with breast cancer for local women is expected to be completed in the latter half of 2019. The Government will closely monitor the scientific evidence and outcome of the study to review what type of screening is to be adopted for women of different risks profiles. Should it become necessary, funding would be set aside in this Head.

Meanwhile, the DH promotes 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. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal

changes be noted. Resources and manpower for cancer prevention and educational activities are absorbed within the DH's overall provision for disease prevention.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)548**

**(Question Serial No. 4459)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As regards the expenditure on experiments on animals, please advise on:

1. the expenditure on the experiments on animals performed by the Government sector, as well as the numbers and types of animals involved in the past 5 years;
2. the expenditure on the experiments on animals performed by private organisations subvented by the Government, as well as the numbers and types of animals involved in the past 5 years;
3. what Government measures are in place to ensure that the staff working in animal laboratories comply with the requirements of the Animals (Control of Experiments) Ordinance (the Ordinance) when they perform experiments on animals, as well as the details of such work and the estimated expenditure involved; and
4. the numbers of persons convicted of an offence under the Ordinance in the past 5 years, with a breakdown by the clause contravened and the penalty.

Asked by: Hon KWONG Chun-yu (LegCo internal reference no.: 90)

Reply:

- 1-2. The Department of Health (DH) does not have information on expenditure related to animal experiments.
3. The DH is responsible for enforcing the Animals (Control of Experiments) Ordinance (Cap. 340) (the Ordinance). Apart from issuing licenses, the DH would visit registered premises of licensees and inspect their experimental records to ensure compliance with the provisions of the Ordinance.

The DH would also remind the licensees, in writing, to comply with the guidelines as set out in the "Code of Practice for Care and Use of Animals for Experimental Purposes" published by the Agriculture, Fisheries and Conservation Department.

The expenditure involved in the enforcement of the Ordinance has been absorbed within the overall provision of the Special Health Services of the DH. A breakdown of the expenditure is not available.

4. According to the record of DH, no persons were convicted for breaching the Ordinance in the past 5 years.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)549**

**(Question Serial No. 3430)**

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:

Please provide details of the existing manpower of civil servants working in the Hospital Authority (HA), including the posts, ranks, remuneration and number of staff. Under the mixed staff situation, what are the differences in the remuneration packages and benefits between civil servants working in HA and HA staff?

Asked by: Hon LAM Kin-fung, Jeffrey (LegCo internal reference no.: 66)

Reply:

As at 1 April 2019, there would be an estimated total of 969 civil servants working in the Hospital Authority (HA). A gross provision of \$634 million is provided for their salaries and allowances in 2019-20, a breakdown of which is at **Annex**.

Under the mixed staff situation, the remuneration packages and benefits of HA staff follow the terms of appointment of HA while that of civil servants working in HA follow the terms of appointment applicable to the civil service.

- End -

**Breakdown of Gross Provision for Civil Servants Working in HA in 2019-20**

<b>Grade</b>	<b>Number of Staff (as projected at 1 April 2019)</b>	<b>Gross Provision (\$'000)</b>
Medical & Health Officer Grades	62	87,376
Nursing & Allied Grades	478	333,336
Supplementary Medical Grades	277	171,588
Hospital Administrator Grade	6	6,943
Other Departmental Grades	77	22,572
Model Scale 1 Grades	67	11,058
General Grades	2	654
<b>Total</b>	<u>969</u>	<u>633,527</u>
<b>Round up to</b>		<b><u>634,000</u></b>



**CONTROLLING OFFICER'S REPLY**

**FHB(H)550**

**(Question Serial No. 3386)**

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 continuing to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines as mentioned in *Matters Requiring Special Attention*, what was the work progress in 2018? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2019?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 59)

Reply:

As endorsed by the Advisory Committee of the Government Chinese Medicines Testing Institute (GCMTI) in February 2018, GCMTI has embarked on 6 projects namely (1) Identification of easily confused species of Chinese Materia Medica in Hong Kong by macroscopic and microscopic characteristics; (2) Collection of specimens of commonly used Chinese Materia Medica under Chinese medicines herbarium; (3) Building of a digitalised Chinese medicines herbarium; (4) Analysis of chemical markers of Chinese Materia Medica in medicinal oil for external use; (5) Establishment of reference DNA sequence library for identification of Chinese Materia Medica - Phase 1 and (6) Analysis of CORNU CERVI PANTOTRICHUM (Deer antler velvet) by DNA method as a complementary approach. These 6 projects are targeted to be completed by 2021.

In 2019-20, the financial provision for the temporary GCMTI is about \$47.9 million, and the approved establishment is 29 with breakdown as follows:

<u>Rank</u>	<u>Number of post</u>
Senior Chemist	1
Chemist	3
Pharmacist	1
Scientific Officer (Medical)	14
Science Laboratory Technologist	1

<b><u>Rank</u></b>	<b><u>Number of post</u></b>
Science Laboratory Technician I	2
Science Laboratory Technician II	3
Senior Executive Officer	1
Executive Officer II	1
Assistant Clerical Officer	1
Laboratory Attendant	<u>1</u>
<b>Total :</b>	<b><u>29</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)551**

**(Question Serial No. 3387)**

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 167 in 2018. Please advise on the average number of inspections for each nursing home. In addition, it is estimated that fewer inspections will be conducted in 2019, why is that so?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 60)

**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 2018, a total of 167 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.6. In 2019, it is estimated that a total of 155 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)552**

**(Question Serial No. 3388)**

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 98 posts under this Programme for the Department of Health in 2019-20. Please advise on the ranks, salaries and the nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 61)

Reply:

Details of the net increase of 98 posts in the Department of Health are at **Annex**.

- End -

## Creation and Deletion of Posts in Department of Health in 2019-20

### Programme (1) – Statutory Functions

<u>Rank</u>	<u>No. of posts to be created / deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
Controller #	1	2,793,000
Senior Medical and Health Officer	6	8,675,640
Medical and Health Officer	6	6,718,680
Senior Nursing Officer	1	940,560
Nursing Officer	7	5,129,040
Registered Nurse	5	2,309,400
Principal Dental Officer #	1	1,836,600
Senior Dental Officer	1	1,445,940
Dental Officer	2	1,967,400
Dental Hygienist	1	328,080
Senior Dental Surgery Assistant	2	970,080
Dental Surgery Assistant	1	309,480
Chief Pharmacist #	1	1,836,600
Pharmacist	2	1,881,120
Scientific Officer (Medical)	3	2,821,680
Senior Physicist	1	1,445,940
Physicist	1	940,560
Chief Hospital Administrator	1	1,445,940
Senior Hospital Administrator	3	3,220,560
Hospital Administrator I	4	3,068,640
Hospital Administrator II	1	485,040
Senior Foreman	4	1,312,320
Foreman	12	3,108,240
Chief Executive Officer	2	2,891,880
Senior Executive Officer	2	2,147,040
Executive Officer I	3	2,301,480
Executive Officer II	-1	-507,960
Clerical Officer	3	1,319,940
Assistant Clerical Officer	4	1,097,520
Clerical Assistant	3	642,780
Personal Secretary I	1	439,980
Personal Secretary II	1	274,380
Chemist	1	940,560
Electrical and Mechanical Engineer / Assistant Electrical and Mechanical Engineer	1	780,570
Chief Technical Officer (Electrical)	1	1,073,520
Chief Technical Officer (Mechanical)	1	1,073,520
Health Inspector I/II	1	539,160
Science Laboratory Technician I	1	582,480
Treasury Accountant	1	983,700

<u>Rank</u>	<u>No. of posts to be created / deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
Senior Systems Manager	1	1,445,940
Systems Manager	2	2,147,040
Analyst/Programmer I	1	767,160
Analyst/Programmer II	1	507,960
Workman II	1	170,340
	<b>Total :</b>	<b>98</b>
		<b>76,609,530</b>

# Directorate post

**CONTROLLING OFFICER'S REPLY**

**FHB(H)553**

**(Question Serial No. 3389)**

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 expenditure required for providing the said service in the past 3 years, broken down by year;
- b. the number 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 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 (LegCo internal reference no.: 62)

Reply:

- a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2016-17, 2017-18 and 2018-19 are as follows:  
2016-17 (Actual): \$ 216.3 million  
2017-18 (Actual): \$215.6 million  
2018-19 (Revised estimate): \$219.5 million
- b. Approved establishment of the SHS in financial years 2016-17, 2017-18 and 2018-19 are as follows:

	<u>2016-17</u>	<u>2017-18</u>	<u>2018-19</u>
Doctors	37	37	38
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	410

- c. The DH has already earmarked sufficient resources, including manpower, to meet the service demand. A new Student Health Service Centre cum Special Assessment Centre is expected to commence operation in 2019/20 school year. The financial provision for the SHS in 2019-20 will be \$258.2 million and the approved establishment is 439.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)554**

**(Question Serial No. 3390)**

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 2018 was 290 000 higher than that in 2017, please explain the reason(s) why. It is estimated that such number will further increase in 2019. 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 (LegCo internal reference no.: 63)

Reply:

The number of laboratory tests relating to public health in 2018 was 6 580 000, which was 290 000 (or 4.6%) higher than that of 2017 (i.e. 6 290 000). The increase was mainly due to the general increase in test requests, particularly for respiratory viruses, from various clinical units under the Department of Health (DH) and the Hospital Authority.

The DH has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to meet operational requirements. 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 -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)555**

**(Question Serial No. 3391)**

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 continuing to support the steering committee for viral hepatitis control under this programme, what was the work progress in 2018? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2019?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 64)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis. In 2018, 2 meetings were conducted.

In 2019, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in reducing the public health burden of viral hepatitis in Hong Kong.

In 2019-20, financial provision of \$13 million has been provided for SPP to carry out the work related to the hepatitis control, including the annual recurrent cost of 11 civil service posts.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)556**

**(Question Serial No. 3392)**

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 continuing to implement a strategy and action plan for prevention and control of non-communicable diseases and reduction of their common behavioural risk factors under this Programme, please advise on the relevant work progress in 2018. What are the specific work plan, timetable as well as the estimated manpower and resources required for 2019?

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 65)

Reply:

The Food and Health Bureau and the Department of Health (DH) launched the “Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong” (SAP) in May 2018. The SAP lays down the strategic directions and a list of actions that Hong Kong will pursue collectively to achieve a set of 9 local non-communicable diseases (NCD) targets by 2025. It focuses on reducing 4 modifiable behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol). The goal of the SAP is to reduce NCD burden, including disability and premature death, in Hong Kong by 2025. As a measure to implement SAP, the DH launched the “Healthy Hong Kong 2025 | Move for Health” Campaign in December 2018. Under the Campaign, various activities will be held across the territory in 2019 to encourage the public to “move for health” and increase their physical activity to build an active lifestyle and prevent NCD.

In 2019-20, the DH will continue to engage stakeholders across sectors to create supportive environments to make healthy choices easier. Moreover, the DH will strengthen NCD and risk factor surveillance, step up health communication and education to raise public awareness and empower individuals to adopt healthy lifestyle practices. In 2019-20, a provision of \$50 million is allocated for the implementation of the SAP and a total of 19 additional civil service posts will be created.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)557**

**(Question Serial No. 3393)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

There will be an increase of 157 posts under this Programme for the Department of Health in 2019-20. Please advise on the ranks, salaries and the nature of work in respect of these posts.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 66)

Reply:

Details of the net increase of 157 posts in the Department of Health are at **Annex**.

- End -

**Creation and Deletion of Posts in Department of Health in 2019-20  
Programme (2) – Disease Prevention**

<u>Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Annual recurrent cost of civil service post (\$)</u>
Assistant Director of Health #	-1	-2,179,800
Senior Medical and Health Officer	3	4,337,820
Medical and Health Officer	9	10,078,020
Senior Nursing Officer	3	2,821,680
Nursing Officer	12	8,792,640
Registered Nurse	18	8,313,840
Enrolled Nurse	4	1,447,920
Senior Pharmacist	1	1,445,940
Pharmacist	2	1,881,120
Scientific Officer (Medical)	6	5,643,360
Clinical Psychologist	3	2,821,680
Dietitian	1	609,900
Occupational Therapist I	2	1,400,280
Optometrist	1	439,980
Senior Hospital Administrator	3	3,220,560
Hospital Administrator I	5	3,835,800
Hospital Administrator II	2	970,080
Chief Executive Officer	2	2,891,880
Senior Executive Officer	6	6,441,120
Executive Officer I	9	6,904,440
Executive Officer II	15	7,619,400
Clerical Officer	8	3,519,840
Assistant Clerical Officer	26	7,133,880
Clerical Assistant	3	642,780
Personal Secretary I	1	439,980
Personal Secretary II	-1	-274,380
Statistician	1	940,560
Statistical Officer I	2	1,164,960
Assistant Director of Accounting Services #	1	2,179,800
Chief Treasury Accountant #	-1	-1,836,600
Senior Accounting Officer	1	1,073,520
Accounting Officer II	2	970,080
Chief Systems Manager #	1	1,836,600
Analyst/Programmer I	1	767,160
Workman II	6	1,022,040
<b>Total:</b>	<b>157</b>	<b>99,317,880</b>

# Directorate post

**CONTROLLING OFFICER'S REPLY**

**FHB(H)558**

**(Question Serial No. 3394)**

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:

With regard to exploring the feasibility of extending the health promoting school model in Hong Kong, please advise on the work progress in 2018 and the details of the work plan for 2019.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 67)

Reply:

The Department of Health (DH) convened a Working Group on Health Promoting School (WG) in May 2018 comprising representatives from DH, Education Bureau, Centre of Health Education and Health Promotion of the Chinese University of Hong Kong as well as school principals and parents. The WG's terms of reference are (i) to advise and facilitate the planning and implementation of extending the health promoting school (HPS) framework in Hong Kong; and (ii) to evaluate the extension of the HPS framework in Hong Kong and make recommendations.

Based on the discussion and advice of the WG, the DH has been collaborating with relevant parties and key stakeholders and devised a 3-year work plan for implementing the World Health Organization's HPS framework in primary and secondary schools in Hong Kong. The work tasks include (i) promulgating the concept of HPS to all primary and secondary schools in Hong Kong; (ii) building up the capacity including training for staff and participating schools; (iii) enrolling about 30 schools to participate in a pilot project in 2019/20 and 2020/21 school year, and making reference to the whole school approach under the HPS framework to assist these schools to take actions to becoming a health promoting school; (iv) conducting a school survey to decipher the difficulties school encountered in promoting health and facilitating factors for schools to adopt the HPS framework; and (v) implementing, monitoring and evaluating the programme by the end of the third year with a view to making it a sustainable long term programme in the long run.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)559**

**(Question Serial No. 3395)**

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 5 800 in 2018 as compared with 2017, while the number for 2019 is estimated to be similar to the previous year. In this connection, please advise on:

- a. the expenditures required for 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, the manpower and resources involved as well as the details; if not, the reasons for that.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 68)

Reply:

- a. The expenditures of providing dental service to hospital patients by the Department of Health (DH) in financial years 2016-17, 2017-18 and 2018-19 are:

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2016-17 (Actual)	61.7
2017-18 (Actual)	64.0
2018-19 (Revised estimate)	67.4



- b. The breakdown of the number of personnel involved in providing the service by grade in financial years 2016-17, 2017-18 and 2018-19 are as follows:

<b>Number of personnel</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Dental Officer	28	28	28
Dental Surgery Assistant	28	28	28
Dental Technician	7	7	7
Laboratory Attendant	7	7	7

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)560**

**(Question Serial No. 3396)**

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 continuing the three-year programme (known as Healthy Teeth Collaboration) in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities under this Programme, please advise on the work progress of the programme in 2018, as well as the details of the work plan for 2019.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 69)

Reply:

The Government launched a three-year programme named "Healthy Teeth Collaboration" since 16 July 2018 to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. As at end of January 2019, about 1 300 adults with intellectual disability have registered under Healthy Teeth Collaboration. Among them, about 1 200 have received first consultation. It is estimated that about 5 000 quotas would be available for eligible persons under the three-year programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)561**

**(Question Serial No. 4653)**

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 launching a free human papillomavirus vaccination programme for school girls, please provide details of the programme, as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (LegCo internal reference no.: 138)

Reply:

The Scientific Committee on AIDS and Sexually Transmitted Infections (SCAS) and Scientific Committee on Vaccine Preventable Diseases (SCVDP) of the Centre for Health Protection (CHP) of the Department of Health (DH) have been closely monitoring the scientific evidence on the use of human papillomavirus (HPV) vaccine in prevention of cervical cancer all along.

In July 2018, after reviewing the latest scientific evidence on the effectiveness and safety of HPV vaccines, recommendations of the World Health Organization, overseas practices and local studies on acceptability and cost-benefit analyses, the SCAS and the SCVDP jointly recommended HPV vaccination to be included in the Hong Kong Childhood Immunisation Programme (HKCIP) as a public health programme for cervical cancer prevention for girls of suitable ages before sexual debut.

To take forward the recommendations by the SCAS and the SCVDP, the DH will launch the HPV vaccination programme as part of the HKCIP to be rolled out in the 2019/20 school year. HPV vaccination will be provided to school girls via outreach by the School Immunisation Teams of the DH. Nine-valent HPV vaccine will be provided under the programme. The first dose will be given to Primary 5 female students, and the second dose of the recommended vaccination schedule will be given to the girls when they reach Primary 6 in the following school year.

In 2019-20, the total provision for HPV vaccination programme is \$61.4 million. A total of 6 new civil servant posts will be created in 2019-20. Apart from civil servant posts, additional contract staff will be recruited.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)562</b>
------------------

**(Question Serial No. 3326)**

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:

Will the Government please inform this Committee of 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 by type of developmental disorder?

Type of developmental disorder	2015	2016	2017	2018	2019
Language Delay					
Developmental Delay					
Attention Deficit/Hyperactivity Disorder					
Psychological Problems/Emotional and Behavioural Problems/Disorders					
Developmental Coordination Disorder					
Delayed Motor Milestones/Delayed Motor Milestones (pre-school)					
Dyslexia and Mathematics Learning Disorder					
Mental Retardation					
Autism Spectrum Disorders					
Cerebral Palsy					
Hearing Impairment (moderate to severe)					
Visual Impairment (moderate to severe)					
Total					

Asked by: Hon LEUNG Yiu-chung (LegCo internal reference no.: 1066)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past five years are as follows -

Developmental conditions	Number of newly diagnosed cases				
	2014	2015	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/ Disorders	2 541	2 890	2 809	2 855	3 284
Autism Spectrum Disorder	1 720	2 021	1 905	1 716	1 861
Borderline Developmental Delay	2 073	2 262	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	535	643	506	507	534
Hearing Loss (Moderate to profound grade)	109	76	67	71	85
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	41	61	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 252	1 443	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	36	43	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)563**

**(Question Serial No. 3660)**

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. Please advise on the measures to be taken by the Government to promote breastfeeding in 2019-20 and the expenditure involved.

Asked by: Hon MA Fung-kwok (LegCo internal reference no.: 25)

Reply:

In 2019-20, the Department of Health will continue to promote, protect and support breastfeeding through a multi-pronged approach, including 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; encouraging public places to become "Breastfeeding Friendly Premises" so that the breastfeeding mothers can breastfeed their children or express milk anytime; imposing mandatory requirement for the provision of baby care rooms and lactation rooms in the sale conditions of government land sale sites for new commercial premises; promulgating guidelines on the provision of baby care rooms and lactation rooms in suitable new government premises; implementing the voluntary "Hong Kong Code of Marketing of Formula Milk and Related Products and Food Products for Infant and Young Children"; and strengthening the surveillance on local breastfeeding situation.

A provision of \$6.0 million has been earmarked in 2019-20 for enhancing the effort for promotion of breastfeeding.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)564**

**(Question Serial No. 7280)**

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:

- a. Please advise on the types and numbers of animals used for animal experiments in each of the past 5 years.
- b. Please advise on the numbers of persons convicted of an offence under the Animals (Control of Experiments) Ordinance (Cap. 340) and the penalties imposed in each of the past 5 years, with a breakdown by clause contravened.

Asked by: Hon MO Claudia (LegCo internal reference no.: 27)

Reply:

- a. The Animals (Control of Experiments) Ordinance (Cap. 340) (the Ordinance) stipulates that every licensee shall render return to the Director of Health as the Licensing Authority in prescribed form and time in relation to any experiment performed by the licensee. According to information provided in the returns submitted by licensees to the Department of Health (DH), the types and numbers of animals used in experiments performed between 2014 and 2017 are set out below. Relevant information for 2018 is not yet available.

Type of animal	Year			
	2014	2015	2016	2017
Rat	27 801	25 686	29 423	24 143
Mouse	97 145	98 831	118 066	124 371
Guinea pig	193	322	236	226
Hamster	724	563	862	625
Shrew	227	97	231	497
Gerbil	109	141	0	0
Other rodents	0	240	196	172
Rabbit	786	1 155	1 101	783
Pig	629	497	573	752
Cattle	45	112	183	198



Type of animal	Year			
	2014	2015	2016	2017
Horse	6	62	69	77
Sheep	13	38	0	79
Dog	230	460	554	401
Cat	240	414	348	260
Ferret	127	113	153	63
Bat	449	586	475	304
Chicken	3 418	3 582	7 141	8 017
Swan	1	0	0	0
Reptiles	0	35	0	64
Amphibians	1 512	31	119	195
Fish	34 180	54 418	28 294	46 574

- b. According to our record, no persons were convicted for breaching the Ordinance in the past 5 years.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)565**

**(Question Serial No. 4022)**

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 completion time for assessment of new cases in child assessment centres within 6 months for 2017 and 2018 fell short of the target of more than 90% as stated in the 2019-20 Estimates. Are there any measures to shorten the completion time? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 182)

Reply:

Due to continuous increase in the demand for services provided by the Child Assessment Service (CAS) and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion assessment for new cases within six months in 2017 and 2018 were below the target rate of 90%. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment.

Noting the continuous increase in demand for the services provided by the Child Assessment Service (CAS), the Department of Health (DH) has started preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC in Ngau Tau Kok has commenced operation in January 2018, with the creation of 16 civil service posts in DH. Besides, the Government has allocated a recurrent provision of \$18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of CAS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)566**

**(Question Serial No. 4033)**

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 *Matters Requiring Special Attention in 2019-20*, the Department of Health will continue to support the steering committee for viral hepatitis control. In this connection, please inform this Committee of the following:

1. The World Health Organization has pledged to eliminate hepatitis B and C by 2030. Will the Government put in place any measures to achieve complete elimination of hepatitis B and C in this regard?
2. Will the Government enhance publicity and education in view of the low public awareness of hepatitis currently? If yes, what are the details? If not, what are the reasons?

Asked by: Hon QUAT Elizabeth (LegCo internal reference no.: 181)

Reply:

The Steering Committee on Prevention and Control of Viral Hepatitis (SCVH), co-chaired by the Director of Health and Chief Executive of Hospital Authority, has been set up since July 2018 to formulate strategies to effectively prevent and control viral hepatitis.

In 2019, the SCVH will meet on a regular basis to advise the Government on the overall policy, targeted strategies, and effective resource allocation related to the prevention and control of viral hepatitis, with a view to formulating an action plan in reducing the public health burden of viral hepatitis in Hong Kong through promotion of public awareness amongst others.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)567**

**(Question Serial No. 4283)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out the Government's expenditure on the procurement of anti-HIV drugs in the past 5 financial years.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 23)

Reply:

The total drug expenses in HIV clinic under the Department of Health for the past 5 financial years are set out below.

Financial Year	Amount (\$ million)
2014-15	211.0
2015-16	245.3
2016-17	275.7
2017-18	292.3
2018-19 (Revised Estimate)	299.6

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)568**

**(Question Serial No. 4284)**

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:

Please provide a breakdown of the research expenditure on HIV pre-exposure prophylaxis (PrEP) in the past 3 years, apart from the funding granted to the research project titled "Perceptions on Preexposure 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.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 24)

Reply:

The Council for the AIDS Trust Fund approved a sum of \$5.8 million from 2016-17 to 2018-19 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.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)569**

**(Question Serial No. 4286)**

Head: (37) Department of Health

Subhead (No. & title): (000) Operating Expenses

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the resources allocated for the prevention of HIV/AIDS amongst heterosexual men in the past 3 years, will the Government please provide a detailed breakdown of the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 46)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to projects targeted at 6 high risk groups, including female sex workers / male clients of female sex workers (FSW/MCFSW) and ethnic minorities (EM) for the prevention of HIV via heterosexual contacts. Other than the 6 high risk groups, the Fund also supported projects including prisoners, student/youth, deaf, blind and people with physical disability to prevent HIV via heterosexual contacts.

For the 3 years from 2016-17 to 2018-19, the Fund approved a total of \$23.6 million to 15 projects for the prevention of HIV infection, including via heterosexual contacts.

The Department of Health (DH) also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating 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 of the resources allocated for the prevention of HIV/AIDS targeted at heterosexual men is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)570**

**(Question Serial No. 4288)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the expenditure on counselling and treatment provided for HIV patients by the Department of Health in the past 3 years.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 48)

Reply:

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)571**

**(Question Serial No. 5027)**

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 HIV infection cases reported has been growing in recent years. Has the Government allocated additional resources to healthcare services over the past 3 years? If so, what were the details?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 84)

Reply:

The number of new HIV infection cases reported to the Department of Health in the past 5 years are as follows:

Year	Number of cases
2014	651
2015	725
2016	692
2017	681
2018	624

The Government is committed to providing quality care for HIV infected persons. Resources have been allocated over the past 3 years to allow antiretroviral treatment for all patients in line with international recommendations. For 2018-19, the annual recurrent cost (revised estimate) for the establishment of professional staff of the HIV/AIDS clinic under the Department of Health is \$17 million. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)572**

**(Question Serial No. 5028)**

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:

What was the expenditure of the Government on the prevention of AIDS and sexually transmitted diseases in the past 3 years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 85)

Reply:

The Government has been allocating resources for the prevention of HIV/AIDS and sexually transmitted infections (STIs). Their provisions under Programme (2) Disease Prevention in the past 3 financial years are as follows:

	Expenditure on HIV/AIDS (\$ million)	Expenditure on STIs (\$ million)
2016-17 (Actual)	16.1	68.9
2017-18 (Actual)	17.1	68.5
2018-19 (Revised estimate)	19.8	73.2

Provisions for clinical management services for HIV/AIDS is provided under a separate Programme and is not reflected in the table above.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)573**

**(Question Serial No. 5033)**

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:

Based on the recommendations of the Recommended HIV/AIDS Strategies for Hong Kong 2017-2021, higher funding priorities will be accorded to applications targeted at the 6 high risk groups, namely men who have sex with men; people living with HIV; people who inject drugs; ethnic minorities; male-to-female transgender; and female sex worker and their male clients.

Please provide the estimated amount of funding for and a breakdown of expenditure on the above 6 groups up to 2021.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 91)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" (the Strategies) issued by the Hong Kong Advisory Council on AIDS, higher funding priorities would be accorded to the applications under the AIDS Trust Fund (the Fund) for projects targeted at the 6 high risk groups, namely Men who have sex with men; People living with HIV; People who inject drugs; Ethnic minorities; Male-to-female transgender; and Female sex workers and their male clients.

From 2016-17 to 2018-19, the Fund approved a total of \$77.8 million for 50 projects with the breakdown as follows. In future, the Fund will continue to make reference to recommendations of the Strategies in assessing project applications and in according resources to different key populations.

<b>High risk groups</b>	<b>Amount of funding approved (\$ million)</b>
Men who have sex with men	39.4
People living with HIV	15.8
People who inject drugs	4.1
Ethnic minorities	5.1
Female transgender	0.9
Female sex workers and their male clients	12.0
More than 1 high risk groups <sup>#</sup>	0.5
<b>Total</b>	<b>77.8</b>

# The Fund granted \$0.5 million for 1 project which served more than 1 high risk groups, including men who have sex with men, male sex workers and transgender sex workers.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)574**

**(Question Serial No. 5035)**

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:

What were the numbers of attendances for AIDS counselling provided by the divisions under the Department of Health and its partnering organisations, as well as the manpower for and expenditure on providing the service in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 95)

Reply:

The number of attendances at the AIDS Counselling and Testing Services under the Department of Health (DH) in the past 5 financial years are as follows:

<b>Financial year</b>	<b>Number of attendance</b>
2014-15	3 047
2015-16	2 869
2016-17	2 876
2017-18	2 581
2018-19*	2 614

\* Provisional figure as of 28 February 2019

The approved establishment of the AIDS Counselling and Testing Service of the DH from 2014-15 to 2018-19 is 7.

The expenditure for providing the service has been absorbed within the overall provision of the DH hence breakdown is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)575**

**(Question Serial No. 5036)**

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:

What were the utilisation of the AIDS telephone enquiry service provided by the divisions under the DH and its partnering organisations and the expenditure involved in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 96)

Reply:

The number of telephone enquiries handled by the AIDS Hotline Unit under the Department of Health in the past 5 financial years are as follows:

<b>Financial year</b>	<b>Number of calls</b>
2014-15	21 865
2015-16	25 076
2016-17	22 484
2017-18	17 159
2018-19*	13 724

\* Provisional figure as at 28 February 2019

Breakdown of expenditure of individual component of HIV treatment and care programme is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)576**

**(Question Serial No. 5037)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In view of the growing population, how much additional resource or manpower did the Government allocate to strengthen the Social Hygiene Service for preventing sexually transmitted infections and HIV infections in Hong Kong in the past 10 years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 99)

Reply:

Social Hygiene Service (SHS) is responsible for skin diseases and sexually transmitted infection services in the public sectors in Hong Kong. The level of manpower of SHS in prevention and control of sexually transmitted infections maintained at a similar level for the past 10 years. The number of new cases of sexually transmitted infectious diseases recorded in the Social Hygiene Clinics have remained stable.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)577**

**(Question Serial No. 5038)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

(4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Will the Government please set out the staff establishment of and estimates for the Social Hygiene Service as well as the number of attendances at clinics under its purview in the past 5 financial years?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 100)

Reply:

The Social Hygiene Service (SHS) mainly provides dermatological and sexually transmitted infections services. The approved staff establishment and financial provision in the SHS in the past 5 years is set out below -

<b>Financial year</b>	<b>Number of post</b>	<b>Financial provision (\$ million)</b>
2014-15	206	191.3
2015-16		204.3
2016-17		216.1
2017-18		235.9
2018-19	216	272.1



The total number of attendances at clinics under the purview of the SHS in the past 5 years is shown below-

<b>Year</b>	<b>Dermatological outpatient clinics</b>	<b>Social hygiene clinics</b>
2014	245 800	85 800
2015	248 100	86 600
2016	244 200	81 800
2017	236 200	86 700
2018	216 900	83 000

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)578**

**(Question Serial No. 5040)**

Head: (37) Department of Health  
Subhead (No. & title): (000) Operational expenses  
Programme: (3) Health Promotion  
Controlling Officer: Director of Health (Dr. Constance CHAN)  
Director of Bureau: Secretary for Food and Health

Question:

In view of the growing population in Hong Kong, will the Government enhance the education on AIDS and sexually transmitted diseases for new arrivals (including those from the Mainland and Southeast Asia) in 2019-20? If so, what is the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 103)

Reply:

The Special Preventive Programme under the Department of Health (DH) is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating 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.

Ethnic minorities (EM) are one of the key populations of HIV infection. The Red Ribbon Centre under the DH has been conducting HIV prevention activities and producing AIDS-related educational information for EM. Health education resources are produced in languages including Bangla, French, Hindi, Indonesian, Korean, Japanese, Nepali, Filipino, Thai, Pakistani, Vietnamese, etc. Resources available for use include hotline, video compact discs, information leaflets, promotional cards, etc. The expenditure is absorbed within the overall provision for HIV prevention and cannot be separately identified.

Based on the "Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)" issued by the Hong Kong Advisory Council on AIDS, applications under the AIDS Trust Fund targeting EM, as one of the high risk groups, will be accorded higher funding priorities. From 2016-17 to 2018-19, funding of \$5.1 million has been approved for projects targeting EM.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)579**

**(Question Serial No. 5041)**

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. In 2019-20, will the Government allocate provision to the Council for the AIDS Trust Fund (the Fund) on pre-exposure prophylaxis (PrEP) for the launching of a large-scale pilot programme in which participants will be subsidised? What will be the amount of funding?
2. In 2019-20, will the Government allocate provision to the Fund on post-exposure prophylaxis (PEP) for the prevention of AIDS? What will be the amount of funding?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 91)

Reply:

1. In December 2016, the Scientific Committee on AIDS and STI issued an interim statement on HIV pre-exposure prophylaxis (PrEP). 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 men who have sex with men 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.

From 2016-17 to 2018-19, the Council for the AIDS Trust Fund (the Fund) approved a sum of \$5.8 million to support 4 research studies related to PrEP. It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery. In the meantime, the AIDS Trust Fund will keep abreast of the continuing development of PrEP locally and internationally.

2. In November 2018, the Scientific Committee updated the recommendations on non-occupational post-exposure prophylaxis (nPEP) after sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP under certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up be arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The Fund welcomes academic and health institutions to apply for funding related to HIV services, research and prevention.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)580**

**(Question Serial No. 5043)**

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:

Will the Government consider allocating more resources in 2019-20 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 (LegCo internal reference no.: 108)

Reply:

The Government has been allocating 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 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 injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund. From 2016-17 to 2018-19, the Fund approved a total of \$77.8 million for 50 projects for prevention of HIV among 6 high risk groups, namely Men who have sex with men (MSM); People living with HIV (PLHIV); People who inject drugs (PWID); Ethnic minorities (EM); Male-to-female transgender (TG); and, Female sex workers and their male clients (FSW/MCFSW);

- (c) allocation of resources by Department of Health (DH) 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, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases. As effective treatment results in viral suppression which, in turn, 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 pre-exposure prophylaxis (PrEP), the DH currently adopts the recommendations by the Scientific Committee on AIDS and STI (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 \$5.8 million to support 4 PrEP-related projects from 2016-17 to 2018-19. It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery;
- (e) As for 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. In November 2018, the Scientific Committee updated the recommendations on non-occupational post-exposure prophylaxis (nPEP) after sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by medical practitioner, it should be started without delay and follow up be arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing; and
- (f) The DH 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 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 will keep in view the service demand in the coming years for resource allocation.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)581**

**(Question Serial No. 5414)**

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 resource 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 aforesaid recommendations for reducing the infection rate of HIV and sexually-transmitted diseases? Please provide a detailed breakdown of the expenditure.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 159)

Reply:

The Government has been allocating 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 the formulation of 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 Constitutional and Mainland Affairs Bureau is studying the experience of other jurisdictions in tackling discrimination on the grounds of sexual orientation through legislative and non-legislative measures.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)582**

**(Question Serial No. 5415)**

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:

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, the 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 (LegCo internal reference no.: 160)

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 injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the Department of Health, the proportion of HIV infections acquired through heterosexual contact has decreased from 60% in 1999 to 22% in 2018. On the other hand, HIV infection through homosexual/bisexual contact has increased from 21% to 58% 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 (men who practised homosexual/bisexual contact) was 6.5% in 2017, while that of heterosexual males was estimated to be less than 0.1%. In response to the latest situation, the Fund will continue to accord priority to provide funding to projects targeted at 6 high risk groups based on the "Recommended HIV/AIDS Strategies for Hong Kong 2017-2021", including female sex worker/male clients of female sex workers and ethnic minorities for the prevention of HIV transmission through heterosexual contacts. Other than the 6 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.

For the 3 years from 2016-17 to 2018-19, the Fund approved a total of \$23.6 million to 15 projects for the prevention of HIV infection, including via heterosexual contacts.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)583**

**(Question Serial No. 5418)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

In 2017, the Hong Kong Advisory Council on AIDS published the “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” (the Strategies), stating that “WHO has published new guidelines in 2016 to assist countries in introducing self-testing as part of their national HIV testing strategies”. Before the end of the period covered by the Strategies, has the Government estimated the number of self-tests so as to achieve the “90-90-90 target” set by the Joint United Nations Programme on HIV/AIDS (UNAIDS) by 2020?

Will the Government allocate funding for the promotion of HIV self-testing services (including quick referrals for persons with positive test results for counselling, diagnosis and treatment) in 2019-20 to achieve the “90-90-90 target” set by UNAIDS by 2020? What will be the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 163)

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 overseas development of HIV self-testing, which is considered one of the useful means to improve the level of diagnosis to fill the gap in HIV care cascade. The ACA had deliberated on the issue and recommended in its “Recommended HIV/AIDS Strategies for Hong Kong (2017-2021)” to keep in view the impact of HIV self-testing in local setting and to encourage AIDS health workers and non-governmental organisations (NGOs) to improve the mode of delivery for people who self-test, to provide support in particular for those who tested positive, and to ensure proper referral for confirmatory test

and treatment.

In this regard, the Department of Health (DH) has been promoting early HIV testing, with provision of relevant health educational information, to the general public. At-risk populations, including men who have sex with men (MSM), are recommended to have at least annual testing, irrespective of individually assessed risk of infection.

Moreover, the DH has been collaborating with NGOs to conduct events to promote public awareness of AIDS and the importance of early HIV testing for early diagnosis and treatment. The DH is also planning, using existing resources, to conduct a study on the experience of using HIV self-testing kits among MSM.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)584**

**(Question Serial No. 5434)**

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:

From 2014-15 to 2017-18, the Hospital Authority's Human Immunodeficiency Virus clinics saw significant increases in the number of recipients of post-exposure prophylaxis (PEP) and the corresponding expenditure on the drugs.

As to the prescription of non-occupational PEP for sexual or injection exposure, the Scientific Committee under the Centre for Health Protection is still maintaining its stance adopted since 2006, which was reviewed by it in 2018.

What is the latest position of the Scientific Committee on this issue? What is the estimated expenditure in this regard?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 179)

Reply:

The Scientific Committee on AIDS and STI (the Scientific Committee), set up under the Centre for Health Protection of the Department of Health (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.

In November 2018, the Scientific Committee updated the recommendations on non-occupational post-exposure prophylaxis (nPEP) to sexual or injection exposure. The current recommendation of the Scientific Committee supports the use of nPEP after certain circumstances. Should nPEP be indicated after initial assessment by a medical practitioner, it should be started without delay and follow up arranged for reviewing drug adherence, toxicity, counselling and follow-up HIV testing. The estimated expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)585**

**(Question Serial No. 5436)**

Head: (37) Department of Health  
Subhead (No. & title): (000) Operational expenses  
Programme: (3) Health Promotion; (4) Curative Care  
Controlling Officer: Director of Health (Dr. Constance CHAN)  
Director of Bureau: Secretary for Food and Health

Question:

Please advise on the numbers of people requesting post-exposure prophylaxis (PEP), the numbers of PEP recipients, as well as the expenditure and financial provisions involved in the past 5 years.

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 181)

Reply:

The number of clients prescribed with HIV post-exposure prophylaxis (PEP) by the Integrated Treatment Centre of the Department of Health (DH), including but not limited to those with post-sexual exposure, are as follows:

<b>Financial year</b>	<b>Number of clients prescribed with PEP</b>
2014-15	33
2015-16	66
2016-17	80
2017-18	104
2018-19*	141

\* Provisional figure as of 28 February 2019

The expenditure involved is not available as it has been subsumed as part of the HIV care services provided by the DH.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)586**

**(Question Serial No. 5439)**

Head: (37) Department of Health  
Subhead (No. & title): (000) Operational expenses  
Programme: (3) Health Promotion  
Controlling Officer: Director of Health (Dr. Constance CHAN)  
Director of Bureau: Secretary for Food and Health

Question:

Has the Government provided any form of support for partners of people living with HIV (PLHIV) over the past 3 years? What were the types of and expenditure on the support services?

Will the Government provide additional support for partners of the PLHIV in future, including allowing them to use pre-exposure prophylaxis (PrEP) to reduce the chance of HIV transmission?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 184)

Reply:

The HIV Clinic of the Department of Health (DH) provides integrated HIV clinical care through a multidisciplinary health care team approach to HIV patients.

Counselling service is provided by nurse counsellors to assess the care needs of patients and planning appropriate interventions. Counselling provides knowledge of HIV and treatment and empowers the patients to make the best informed choice in management of the disease. On-going counselling is offered to meet the needs of individual patient and to provide physical and psychosocial interventions.

Medical Social Service is provided by medical social workers to render support to HIV/AIDS patients, their partners and their families with social and emotional problems arising from illness or disabilities. It enables patients and their families to make the best use of medical and rehabilitative service in medical institutions and in the community. It contributes to the total rehabilitation of individuals and their reintegration into the society as well as strives for the promotion of health for patients, their families and the community.

Expenditure for services supporting partners of HIV patients are absorbed within the DH's overall provision and cannot be separately identified.

Regarding pre-exposure prophylaxis (PrEP), DH currently adopts the recommendations of



the Scientific Committee on AIDS and STI (the Scientific Committee) in its interim statement issued in December 2016. The statement stated that before an effective public health approach for PrEP can be devised, the balance between cost and benefit, among others, has to be addressed. Theoretically, a favourable balance is more likely if PrEP successfully targets people at high risk and achieves high prevention effectiveness. The statement also called for local research and pilot studies targeting young and high risk men who have sex with men 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.

From 2016-17 to 2018-19, the Council for the AIDS Trust Fund approved a sum of \$5.8 million to support 4 research studies related to PrEP. It is expected that results of the PrEP-related studies could bring local information on acceptability and feasibility of PrEP programmes in Hong Kong, and the appropriate model of delivery.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)587**

**(Question Serial No. 5453)**

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. Among the cases handled by the Maternal and Child Health Centres (MCHCs) in the past 3 years, how many involve children whose parent(s) is/are suspected to have substance abuse problems?
2. What follow-up action has been taken by the MCHCs on such cases?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 198)

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 2016, 2017 and 2018 were 427, 497 and 519 respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)588**

**(Question Serial No. 5710)**

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:

When people living with HIV (PLHIV) are taking antiretroviral therapy continuously and properly, their level of HIV will be effectively suppressed to undetectable levels. Hence, the risk of passing on HIV will be significantly reduced and they will have a negligible chance of transmitting HIV to their partners sexually. This concept is also endorsed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Will the Government allocate funding in future to promote the above message and achieve the effectiveness of "treatment as prevention"? If so, what is the expenditure involved?

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 204)

Reply:

The Government has been allocating resources for the prevention and control of HIV/AIDS which includes allocation of resources to Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service of Department of Health (DH) for HIV prevention.

The SPP is committed to expanding the community's response to HIV/AIDS, supporting the development of evidence-based AIDS strategies, and cultivating expertise in clinical and public health HIV medicine and infectious diseases.

As effective treatment results in viral suppression which in turn 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.

Resources for the above initiatives are absorbed within the DH's overall provision and cannot be separately identified. The Government will keep in view the service demand in the coming years for resource allocation.

- End -

**CONTROLLING OFFICER'S REPLY**

<b>FHB(H)589</b>
------------------

**(Question Serial No. 6241)**

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 advise on the number of children diagnosed with special educational needs by the Child Assessment Service in 2017-18, broken down by district:

District	Age Group					
	0 - 2	3 - 6	7 - 11	12 - 15	16 - 17	Total
Central & Western						
Southern						
Islands						
Eastern						
Wan Chai						
Kwun Tong						
Wong Tai Sin						
Sai Kung						
Kowloon City						
Yau Tsim Mong						
Sham Shui Po						
Sha Tin						
Tai Po						
North						
Yuen Long						
Tsuen Wan						
Total						

Asked by: Hon SHIU Ka-chun (LegCo internal reference no.: 339)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in 2017 and 2018 are set out in the table below. Breakdown of the figures by district or by age group are not available.

<b>Developmental conditions</b>	<b>Number of newly diagnosed cases</b>	
	<b>2017</b>	<b>2018 (Provisional figure)</b>
Attention/Hyperactive Problems/ Disorders	2 855	3 284
Autism Spectrum Disorder	1 716	1 861
Borderline Developmental Delay	2 371	2 637
Developmental Motor Coordination Problems/Disorders	2 124	2 338
Dyslexia & Mathematics Learning Disorder	507	534
Hearing Loss (Moderate to profound grade)	71	85
Language Delay/Disorders and Speech Problems	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	40	48
Significant Developmental Delay/ Intellectual Disability	1 311	1 566
Visual Impairment (Blind to Low Vision)	38	28

Note: A child might have been diagnosed with more than one developmental condition.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)590**

**(Question Serial No. 6571)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please set out, in each of the past 3 years, the number of people found to have colorectal cancer after joining 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 (LegCo internal reference no.: 386)

Reply:

Regularised from the Colorectal Cancer Screening Pilot Programme (Pilot Programme) in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. Since the launch of the Pilot Programme in September 2016, about 130 000 eligible persons (as at the end of February 2019) have participated in the CRCSP. Among them, 892 persons have been diagnosed colorectal cancer and their median age at diagnosis is 67.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)591**

**(Question Serial No. 5544)**

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 will issue an additional, one-off \$1,000 worth of elderly health care vouchers. Exactly when and in what form will the amount be given?

Asked by: Hon TAM Man-ho, Jeremy (LegCo internal reference no.: 530)

Reply:

In the 2019-20 Budget, the Government has proposed to provide to each eligible elder under the Elderly Health Care Voucher (EHV) Scheme an additional one-off \$1,000 worth of voucher amount. The measure will be implemented as soon as practicable after the passage of the Appropriation Bill 2019.

Under the EHV Scheme, vouchers are issued and used through an electronic platform. Eligible elders do not need to pre-register, collect or carry the vouchers. The additional one-off \$1,000 voucher amount will be deposited into the elders' voucher accounts when the Budget measure is implemented. Those elders who have yet to create a voucher account on the implementation date will receive their entitled voucher amount, including the additional one-off \$1,000, upon account creation, which will be subject to the new accumulation limit of \$8,000.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)592**

**(Question Serial No. 6066)**

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 advise on:

- (1) whether there is a mechanism for Medical and Health Officers and Senior Medical and Health Officers at correctional institutions to be posted to different correctional institutions from time to time; if so, the details and if not, the reasons for that.

Asked by: Hon TAM Man-ho, Jeremy (LegCo internal reference no.: 604)

Reply:

The Department of Health (DH) has an established posting mechanism for officers of the Medical and Health Officer (M&HO) Grade. Posting of staff is arranged at regular intervals, subject to operational need, exigency of service, training and development need of the officers.

For doctors working in clinics of different correctional institutions in the three regions of Hong Kong, Kowloon and the New Territories operated by the Correctional Services Department, they are pooled together to provide medical service in various clinics within the same region. They may also need to perform medical duties in clinics in other regions when necessary.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)593**

**(Question Serial No. 3968)**

Head: (37) Department of Health

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

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

What is the work plan for health promotion in 2019-2020?

As there will be a net increase of 157 posts in 2019-2020 to meet operational needs for disease prevention, please provide information on the posts and duties.

What is the work plan for primary care taken forward by the Department of Health in 2019-2020?

Please also advise on the main responsibilities of the personnel management for the civil servants working in the Hospital Authority.

Asked by: Hon WONG Pik-wan, Helena (LegCo internal reference no.: 65)

Reply:

In 2019-20, the Department of Health (DH) will continue to implement a number of health promotion projects and activities on healthy lifestyle, mental health, organ donation, as well as prevention and control of communicable diseases. Details are appended in the ensuing paragraphs -

Promotion of healthy lifestyle

(1) To echo the "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" promulgated by the Government in May 2018, the DH will continue to formulate and implement strategies and measures to promote healthy lifestyles, optimise existing health promotion projects in various settings in 2019-20. A summary of key projects is presented below –

(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. Over 620 kindergartens and child care centres joined the SSS Campaign in the 2018/2019 school year.

The “Healthy Drinks at School” Charter (the Charter), launched in the 2018/19 school year, aims to promote a healthy school drink environment and to reduce the provision of sugary drinks in the school setting. As at 28 February 2019, there were 358 kindergartens and child care centres signing the Charter.

(b) EatSmart@school.hk (ESS) Campaign

The ESS Campaign was launched in the 2006/07 school year. It has 3 major components: “EatSmart School Accreditation Scheme” (ESAS), “Joyful Fruit Month” and “Salt Reduction Scheme for School Lunches”. 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. As at 28 February 2019, more than 270 schools have enrolled in the ESAS, of which 138 schools have obtained accreditation status.

The annual “Joyful Fruit Month” is held in April and aims to promote daily fruit eating habit among students. In the 2017/18 school year, over 1 350 kindergartens and child care centres, primary, secondary and special schools participated, with the involvement of more than 520 000 students.

The “Salt Reduction Scheme for School Lunches” was launched in the 2017/18 school year, which targets to cut down the average sodium level of primary school lunchbox to not more than 500 mg in 10 years. For the 2018/19 school year, 12 participating school lunch suppliers are supplying sodium-reduced lunches to about 500 primary schools in Hong Kong.

(c) Joyful@Healthy Workplace Programme

The 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. The Labour Department joined the DH and the OSHC to be the co-organisers of the Programme starting from 2018-19. As at February 2019, the Programme has drawn over 1 300 participating organisations benefiting more than 400 000 employees.

(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, the DH works with Healthy Cities Projects, non-governmental organisations (NGOs) and participating public housing estates to promote health in the community. In 2018-19, about 84 community partners joined the ISS Programme. Participating organisations held a variety of district activities according to the community needs

and interests, to echo the themes of the ISS Programme.

(e) EatSmart@restaurant.hk (ESR) Campaign

An enhanced ESR Campaign will be launched in 2019 with an aim of encouraging more restaurants to participate so that the community has easier access and increased variety of healthier dishes, i.e. dishes with “More fruit or vegetables” and/or “3 Less” dishes when eating out.

Promotion of mental health

- (2) As announced by the Chief Executive in her Policy Address in October 2017, the Government will embark on an on-going mental health promotion and public education initiative. The first phase of the new initiative aims to enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental-health friendly society in the long run. The DH is carrying out the preparation work and the initiative is expected to be launched in the second half of 2019.

Promotion of organ donation

- (3) The DH, in collaboration with the Hospital Authority (HA) 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. The DH will continue to work with signatories of the Organ Donation Promotion Charter to promote organ donation both within the organisations and the community. The second Saturday of November has been designated as the Organ Donation Day and the anniversary of the Centralised Organ Donation Register. For Organ Donation Day 2019, the DH will organise territory-wide activities in the month of November to celebrate the occasion and augment promotion efforts.

Prevention of communicable diseases

- (4) For the prevention and control of communicable diseases, the DH has produced a number of health educational materials and deployed a variety of channels for risk communication and public education. The DH will continue to solicit the support of stakeholders to help update disease status and in effective prevention and control.

The details of the net increase of 157 posts under Programme (2) - Disease Prevention are at **Annex**.

The Primary Care Office (PCO) under the DH supports the Primary Healthcare Office of the Food and Health Bureau (FHB) on matters relating to the development of primary care services in Hong Kong. PCO is responsible for the development and updating of the Reference Frameworks for primary care setting, maintenance and promoting the use of the Primary Care Directory, and promotion of the family doctor concept and/or family medical practice. In 2019, PCO will continue to support the FHB in setting up the District Health Centre system, in addition to its core duties.

While the day-to-day personnel management functions in respect of civil servants working in the HA have been devolved to the HA, the DH retains certain major personnel management responsibilities for these staff. These responsibilities include operating a staff consultative machinery comprising 1 departmental consultative committee and 4 grade consultative committees; processing cases relating to appointment and promotion under the Shadow Promotion Scheme and staff discipline; and preparing pension papers for retiring civil servants.

- End -

**Creation and Deletion of Posts in Department of Health in 2019-20  
Programme (2) – Disease Prevention**

<u>Rank</u>	<u>No. of posts to be created/deleted</u>
Assistant Director of Health #	-1
Senior Medical and Health Officer	3
Medical and Health Officer	9
Senior Nursing Officer	3
Nursing Officer	12
Registered Nurse	18
Enrolled Nurse	4
Senior Pharmacist	1
Pharmacist	2
Scientific Officer (Medical)	6
Clinical Psychologist	3
Dietitian	1
Occupational Therapist I	2
Optometrist	1
Senior Hospital Administrator	3
Hospital Administrator I	5
Hospital Administrator II	2
Chief Executive Officer	2
Senior Executive Officer	6
Executive Officer I	9
Executive Officer II	15
Clerical Officer	8
Assistant Clerical Officer	26
Clerical Assistant	3
Personal Secretary I	1
Personal Secretary II	-1
Statistician	1
Statistical Officer I	2
Assistant Director of Accounting Services #	1
Chief Treasury Accountant #	-1
Senior Accounting Officer	1
Accounting Officer II	2
Chief Systems Manager #	1
Analyst/Programmer I	1
Workman II	6

**Total: 157**

# Directorate post

**CONTROLLING OFFICER'S REPLY**

**FHB(H)594**

**(Question Serial No. 4674)**

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 of:

- (1) the estimated and actual numbers of cases approved as well as the expenditure involved each year since the launch of the Pilot Programme;
- (2) the details of the work and the expenditure involved in 2019-20 for regularising the Pilot Programme to cover individuals aged between 50 and 75 as announced in the Budget Speech last year;
- (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 (LegCo internal reference no.: 124)

Reply:

(1) and (2)

Regularised in August 2018, the Colorectal Cancer Screening Programme (CRCSP) is being implemented in phases to subsidise asymptomatic Hong Kong residents aged between 50 and 75 to undergo screening tests. At the time of planning the regularisation, the estimated population size of Hong Kong residents aged between 50 and 75 is around 2.55 million. The implementation details of the CRCSP are set out below -

<b>Phase</b>	<b>Launch date</b>	<b>Age of eligible population</b>
1	6 August 2018	Between 61 and 75
2	1 January 2019	Between 56 and 75
3	To be announced in due course	Between 50 and 75

Since the launch of the Pilot Programme in September 2016, about 130 000 eligible persons have participated in the CRCSP (as at the end of February 2019). The expenditure for the CRCSP in 2016-17 and 2017-18 are \$44.6 million and \$90.0 million respectively, and the revised estimates in 2018-19 is \$149.1 million. In 2019-20, the total provision of the CRCSP is \$216.4 million.

(3) and (4)

Under the CRCSP, faecal immunochemical test is adopted as the primary screening tool for persons at “average risk” of colorectal cancer (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 due to a strong family history of cancer should receive regular endoscopic (sigmoidoscopy or colonoscopy) examinations instead. Under the existing arrangements, the CRCSP does not cover persons with “higher risk” of CRC.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)595**

**(Question Serial No. 4675)**

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 numbers of service hours, the maximum service capacity, the actual numbers 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 and if so, the details.

Asked by: Hon WU Chi-wai (LegCo internal reference no.: 125)

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 2016-17, 2017-18 and 2018-19 (up to 31 January 2019), 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 <sup>@</sup>	No. of attendances		
			2016-17	2017-18	2018-19 (up to 31 January 2019)
Kowloon City Dental Clinic	Monday (AM)	84	5 329	5 234	4 612
	Thursday (AM)	42			
Kwun Tong Dental Clinic	Wednesday (AM)	84	4 295	3 990	3 438
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	6 903	6 599	6 044
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 356	2 262	1 899
Mona Fong Dental Clinic	Thursday (PM)	42	1 909	1 898	1 630
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	2 026	2 011	1 678
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 567	7 808	6 734
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 152	2 015	1 722
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 999	3 851	3 286
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	95	90	80
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	152	199	240

<sup>#</sup> 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.

<sup>@</sup> 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) The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits to prevent dental diseases.

The dental clinics under DH are mainly for the Government to fulfill the terms of employment for provision of dental benefits to civil servants/pensioners and their dependents under the contracts of employment with civil servants. Hence, their dental services are essentially provided for the above clients. Currently, the government dental clinics are at full service capacity reaching almost 100% occupancy of all appointment time slots. It is not possible for DH to allocate more slots for general public sessions on top of the existing schedule.

Moreover, providing comprehensive dental services for the public requires substantial amount of financial resources. Therefore, besides publicity, education (including the School Dental Care Service) and promotion on oral health, the Government shall allocate resources to provision of emergency dental services to the public and prioritise resources for persons with special dental care needs, in particular elderly with financial difficulties. In recent years, the Government has implemented a series of initiatives to particularly take care of those persons in need of special dental treatment. Among them, the Government has provided low-income elders with special needs with dental care support, including the Outreach Dental Care Program and Community Care Fund Elderly Dental Assistance Programme. Besides, the Elderly Health Care Voucher Scheme also allows elderly persons using the Voucher to receive private dental services.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 4676)**

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 the past 3 years: the financial provisions 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 administrative district of the Social Welfare Department; and the numbers of elderly persons who have benefited from the Programme and their attendances.

Asked by: Hon WU Chi-wai (LegCo internal reference no.: 126)

Reply:

The financial provision for the Outreach Dental Care Programme for the Elderly (ODCP) from 2016-17 to 2018-19 is as follows -

<u>Financial Year</u>	<u>Amount</u> \$ million
2016-17	44.8
2017-18	44.9
2018-19	44.9

The number of attendances under the ODCP was about 46 300 between October 2015 and September 2016, about 47 800 between October 2016 and September 2017, and about 49 000 between October 2017 and January 2019.

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 -

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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
	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

<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
	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



<b>SWD's Administrative District</b>	<b>Name of NGO</b>	<b>No. of Outreach Dental Team(s)*</b>
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.

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

	2015-16 Service Year of ODCP <sup>Note 1</sup>			2016-17 Service Year of ODCP <sup>Note 1</sup>			2017-19 Service Year of ODCP <sup>Note 2</sup> (position as at 31 January 2019)		
	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %	(a)	(b)	(a)/(b) %
Central, Western, Southern and Islands	88	109	81%	88	109	81%	81	105	77%
Eastern and Wan Chai	81	103	79%	84	105	80%	89	111	80%
Kwun Tong	52	69	75%	53	71	75%	59	67	88%
Wong Tai Sin and Sai Kung	57	72	79%	61	72	85%	60	67	90%
Kowloon City and Yau Tsim Mong	109	134	81%	120	134	90%	124	137	91%
Sham Shui Po	56	91	62%	60	91	66%	74	95	78%
Tsuen Wan and Kwai Tsing	92	110	84%	96	110	87%	103	118	87%
Tuen Mun	49	54	91%	49	54	91%	53	57	93%
Yuen Long	56	60	93%	58	60	97%	55	62	89%
Sha Tin	49	64	77%	52	65	80%	55	64	86%
Tai Po and North	84	93	90%	89	93	96%	87	93	94%
<b>Total:</b>	<b>773</b>	<b>959</b>	<b>81%</b>	<b>810</b>	<b>964</b>	<b>84%</b>	<b>840</b>	<b>976</b>	<b>86%</b> <sup>Note 3</sup>

*Note 1: 2015-16 Service Year and 2016-17 Service Year refer to the period from 1 October 2015 to 30 September 2016 and from 1 October 2016 to 30 September 2017 respectively.*

*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 16 months of 2017-19 Service Year. The participation rate for 2016-17 Service Year (from 1 October 2016 to 30 September 2017) was 84%.*

(a): No. of Participating RCHEs and DEs

(b): Total no. of RCHEs and DEs

**CONTROLLING OFFICER'S REPLY**

**FHB(H)597**

**(Question Serial No. 4677)**

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 each of the past 3 years, broken down by specialty; and
- 2) whether the DH, given the removal of the key performance measure in respect of new dermatology cases (i.e. the percentage of such cases with an appointment offered within 12 weeks) from 2018-19 onwards to accord priority to new patients with serious dermatosis of indicator diseases, has any measures in place to ensure that other new dermatology cases will be treated as necessary within an appropriate time frame.

Asked by: Hon Hon WU Chi-wai (LegCo internal reference no.: 127)

Reply:

(1)

Specialised outpatient clinics of the Department of Health (DH) provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. The establishment of Medical and Health Officer, Registered Nurses and Enrolled Nurse grades in specialised outpatient clinics of the DH is at **Annex**.

The number of new cases and attendances at specialised outpatient clinics in the past 3 years are tabulated below-

(a) **HIV/AIDS Clinic** (i.e. Kowloon Bay Integrated Treatment Centre)

	<b>2016</b>	<b>2017</b>	<b>2018</b>
(i) Number of new cases	331	358	258
(ii) Number of total attendances	14 900	15 239	14 970

Medical consultation at HIV/AIDS Clinic is by appointment. For new cases, appointment is made over the phone. The appointment date is based on the next available time slot that is acceptable to the patient concerned. For the past 3 years, all patients received consultation within 14 days, except those who specifically asked to receive consultation later.

(b) **Clinics providing dermatological services**

(i) Number of new cases booked for first consultation

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cheung Sha Wan Dermatological Clinic	8 368	7 801	8 935
Sai Ying Pun Dermatological Clinic	2 780	2 906	2 708
Yau Ma Tei Dermatological Clinic	10 605	10 020	9 580
Yung Fung Shee Dermatological Clinic	7 579	8 531	8 451
Fanling Integrated Treatment Centre (Social Hygiene Service)	8 657	9 614	10 535
Chai Wan Social Hygiene Clinic	3 346	3 735	4 644
Wan Chai Social Hygiene Clinic	3 570	4 138	4 406
Tuen Mun Social Hygiene Clinic	5 597	5 804	6 751

(ii) Number of new attendances

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cheung Sha Wan Dermatological Clinic	3 270	2 909	3 086
Sai Ying Pun Dermatological Clinic	2 106	2 201	2 329
Yau Ma Tei Dermatological Clinic	4 712	4 326	4 552
Yung Fung Shee Dermatological Clinic	4 960	4 907	4 052
Fanling Integrated Treatment Centre (Social Hygiene Service)	3 233	2 793	2 639
Chai Wan Social Hygiene Clinic	2 324	2 612	2 519
Wan Chai Social Hygiene Clinic	1 748	1 669	1 773
Tuen Mun Social Hygiene Clinic	3 674	3 802	3 934

## (iii) Number of total attendances

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Cheung Sha Wan Dermatological Clinic	39 646	38 090	33 294
Sai Ying Pun Dermatological Clinic	22 849	22 420	21 183
Yau Ma Tei Dermatological Clinic	46 036	44 665	41 597
Yung Fung Shee Dermatological Clinic	42 397	40 597	36 475
Fanling Integrated Treatment Centre (Social Hygiene Service)	26 774	26 361	24 517
Chai Wan Social Hygiene Clinic	22 881	21 070	17 684
Wan Chai Social Hygiene Clinic	15 201	15 422	15 802
Tuen Mun Social Hygiene Clinic	28 413	27 589	26 323

## (c) Chest Clinics

## (i) Number of new attendances (both TB and non-TB)

	<b>2016</b>	<b>2017</b>	<b>2018</b>
East Kowloon Chest Clinic	1 190	1 196	1 151
Kowloon Chest Clinic	1 468	1 491	1 190
Sai Ying Pun Chest Clinic	1 357	1 275	993
Shaukeiwan Chest Clinic	1 087	1 055	871
Shek Kip Mei Chest Clinic	1 256	1 158	844
South Kwai Chung Chest Clinic	2 023	2 057	1 763
Tai Po Chest Clinic	913	994	798
Wanchai Chest Clinic	1 265	1 229	1 063
Yan Oi Chest Chest Clinic	2 120	2 313	1 781
Yaumatei Chest Clinic	1 829	1 697	1 419
Yuen Chau Kok Chest Clinic	1 747	1 785	1 498
Yung Fung Shee Chest Clinic	1 528	1 586	1 356
New Territories Unit*	1 323	1 377	1 150
Tung Chung Chest Clinic	424	330	256
Pneumoconiosis Clinic	55	92	114

\*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic and Sai Kung Chest Clinic.

## (ii) Number of total attendances (including TB and non-TB)

	<b>2016</b>	<b>2017</b>	<b>2018</b>
East Kowloon Chest Clinic	12 532	12 563	11 930
Kowloon Chest Clinic	14 797	14 669	12 512
Sai Ying Pun Chest Clinic	10 155	9 982	9 865
Shaukeiwan Chest Clinic	10 833	10 608	10 826

	<b>2016</b>	<b>2017</b>	<b>2018</b>
Shek Kip Mei Chest Clinic	12 467	12 105	9 382
South Kwai Chung Chest Clinic	21 370	20 212	18 817
Tai Po Chest Clinic	8 116	8 059	7 813
Wanchai Chest Clinic	14 585	13 548	12 633
Yan Oi Chest Clinic	19 545	20 812	18 683
Yaumatei Chest Clinic	14 414	13 383	12 240
Yuen Chau Kok Chest Clinic	16 578	16 596	16 021
Yung Fung Shee Chest Clinic	15 312	15 882	14 029
New Territories Unit*	11 230	11 323	10 931
Tung Chung Chest Clinic	2 199	1 957	1 647
Pneumoconiosis Clinic	4 806	4 840	4 620

\*It includes Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic and Sai Kung Chest Clinic.

In general, persons attending chest clinics with a diagnosis of active TB or suspected active TB (either by referral or by symptom on triage) will be seen by doctors within 1 to 2 days. The waiting time for non-TB cases may vary from within the same day to a few weeks but the DH does not keep the exact figure for this category of patients.

(2)

The Social Hygiene Service of the DH has implemented a triage system where all new case referrals (including cases other than serious dermatosis) will be assessed by the doctors in charge of individual clinics and accorded appointment as appropriate based on their professional clinical judgement. In 2018, 99% of those new cases with severe dermatoses were accorded appointment within 8 weeks, whereas 32% of all new skin cases at the SHS were accorded appointment within 12 weeks.

- End -

**Approved Establishment of Medical and Health Officer and Enrolled and Registered Nurse Grades  
in Specialised Outpatient Clinics of the Department of Health (DH)**

Clinics	Number of Posts from 2016-17 to 2018-19*						
	SMO	MO	SNO	NO	RN	EN	Total
<b><i>HIV/AIDS Clinic</i></b>							
Kowloon Bay Integrated Treatment Centre	2	2	1	9	11	-	25
<b>Total</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>11</b>	<b>-</b>	<b>25</b>
<b><i>Chest Clinics</i></b>							
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
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
<b>Total</b>	<b>7</b>	<b>21</b>	<b>-</b>	<b>14</b>	<b>74</b>	<b>74</b>	<b>190</b>

\* There is no change in the establishment for the past 3 years.

**Approved Establishment of Medical and Health Officer and Enrolled and Registered Nurse Grades  
in Specialised Outpatient Clinics of the DH**

<i>Dermatological and Social Hygiene Clinics</i>							
<b>Clinics</b>	<b>Number of Posts from 2016-17 to 2017-18</b>						
	<b>SMO</b>	<b>MO</b>	<b>SNO</b>	<b>NO</b>	<b>RN</b>	<b>EN</b>	<b>Total</b>
Cheung Sha Wan Dermatological Clinic	1	3	-	1	9	-	<b>14</b>
Sai Ying Pun Dermatological Clinic	-	2	-	1	6	-	<b>9</b>
Yau Ma Tei Dermatological Clinic	1	2	-	1	9	-	<b>13</b>
Yung Fung Shee Dermatological Clinic	-	2	-	1	6	-	<b>9</b>
Chai Wan Social Hygiene Clinic	-	2	-	2	7	1	<b>12</b>
Wan Chai Male & Female Social Hygiene Clinic	1	2	-	2	10	2	<b>17</b>
Tuen Mun Social Hygiene Clinic	1	1	-	2	9	2	<b>15</b>
Yau Ma Tei Female Social Hygiene Clinic	-	1	-	2	7	2	<b>12</b>
Yau Ma Tei Male Social Hygiene Clinic	-	1	-	2	8	2	<b>13</b>
Yung Fung Shee Male / Female Social Hygiene Clinic	-	1	-	1	6	1	<b>9</b>
Fanling Integrated Treatment Centre	1	3	-	2	9	2	<b>17</b>
<b>Total</b>	<b>5</b>	<b>20</b>	<b>-</b>	<b>17</b>	<b>86</b>	<b>12</b>	<b>140</b>
<b>Number of Posts in 2018-19</b>							
Cheung Sha Wan Dermatological Clinic	1	3	-	1	9	-	<b>14</b>
Sai Ying Pun Dermatological Clinic	-	2	-	1	6	-	<b>9</b>
Yau Ma Tei Dermatological Clinic	1	2	-	1	9	-	<b>13</b>
Yung Fung Shee Dermatological Clinic	-	3	-	2	11	-	<b>16</b>
Chai Wan Social Hygiene Clinic	-	3	-	3	9	1	<b>16</b>
Wan Chai Male & Female Social Hygiene Clinic	1	2	-	2	10	2	<b>17</b>
Tuen Mun Social Hygiene Clinic	1	1	-	2	10	1	<b>15</b>



**Approved Establishment of Medical and Health Officer and Enrolled and Registered Nurse Grades  
in Specialised Outpatient Clinics of the DH**

<i>Dermatological and Social Hygiene Clinics</i>							
<b>Clinics</b>	<b>Number of Posts in 2018-19</b>						
	<b>SMO</b>	<b>MO</b>	<b>SNO</b>	<b>NO</b>	<b>RN</b>	<b>EN</b>	<b>Total</b>
Yau Ma Tei Female Social Hygiene Clinic	-	1	-	2	7	2	<b>12</b>
Yau Ma Tei Male Social Hygiene Clinic	-	1	-	2	8	2	<b>13</b>
Yung Fung Shee Male / Female Social Hygiene Clinic	-	1	-	1	7	-	<b>9</b>
Fanling Integrated Treatment Centre	1	3	-	2	10	-	<b>16</b>
<b>Total</b>	<b>5</b>	<b>22</b>	<b>-</b>	<b>19</b>	<b>96</b>	<b>8</b>	<b>150</b>

**Remarks:**

- **SMO:** Senior Medical and Health Officer
- **MO:** Medical and Health Officer
- **SNO:** Senior Nursing Officer
- **NO:** Nursing Officer
- **RN:** Registered Nurse
- **EN:** Enrolled Nurse

**CONTROLLING OFFICER'S REPLY**

**FHB(H)598**

**(Question Serial No. 4678)**

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 the past 3 years; and
- 2) the organisations to be subvented and their respective amounts of subvention to be received in 2019-20.

Asked by: Hon WU Chi-wai (LegCo internal reference no.: 128)

Reply:

1) and 2)

The Department of Health (DH) subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2016-17, 2017-18, 2018-19 and 2019-20 as listed below:

<b>Organisations / Programmes subvented by the DH</b>	<b>2016-17 (Actual) (\$ million)</b>	<b>2017-18 (Actual) (\$ million)</b>	<b>2018-19 (Revised estimate) (\$ million)</b>	<b>2019-20 (Provision) (\$ million)</b>
<b>Programme (2) : Disease Prevention</b>				
The Family Planning Association of Hong Kong	55.7	57.7	59.2	62.5
Outreach Dental Care Programme for the Elderly <sup>Note 1</sup>	38.0	39.2	39.9	46.5
<b>Programme (3) : Health Promotion</b>				
Hong Kong St. John Ambulance	15.9	16.3	17.0	17.5
Hong Kong Red Cross	1.3	1.4	1.5	1.5
Hong Kong Council on Smoking and Health	22.9	23.9	23.9	24.7
Tung Wah Group of Hospitals – Smoking Cessation Programme	41.5	34.0	34.0	34.0
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.6	7.2	7.3	7.3
Po Leung Kuk –School-based Kindergarten Smoking Prevention Programme	2.0	1.5	1.7	1.5
Lok Sin Tong – Smoking Cessation Programme in Workplace	2.4	2.7	2.7	2.9
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.9	2.9	2.9

<b>Organisations / Programmes subvented by the DH</b>	<b>2016-17 (Actual) (\$ million)</b>	<b>2017-18 (Actual) (\$ million)</b>	<b>2018-19 (Revised estimate) (\$ million)</b>	<b>2019-20 (Provision) (\$ million)</b>
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.4	2.4	2.4
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	1.9	- (Note 2)	-	-
<b>Programme (4) : Curative Care</b>				
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	3.4	3.5	3.6	3.6
Project on Dental Services for Persons with Intellectual Disability, also known as Healthy Teeth Collaboration <sup>Note 3</sup>	-	-	5.9	13.1
<b>Programme (6) : Treatment of Drug Abusers</b>				
The Society for the Aid and Rehabilitation of Drug Abusers	102.2	104.3	107.5	108.9
Caritas Hong Kong	7.8	8.0	7.4	7.8
Hong Kong Christian Service	9.5	10.2	9.9	10.4

Note 1: 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 2: The 30-month “The University of Hong Kong – Smoking Cessation Evaluation and Training Project” ending January 2017 is subsequently extended for 10 months to November 2017. No additional subvention was allocated for the extended period.

Note 3: The Government launched a three-year programme name “Healthy Teeth Collaboration” since 16 July 2018 in collaboration with non-governmental organisations to provide free oral check-ups, dental treatments and oral health education for adult persons aged 18 or above with intellectual disability. The organisations subvented under the Healthy Teeth Collaboration are: (i) Christian Family Service Centre Dental Services Limited; (ii) Haven of Hope Christian Service; (iii) Hong Kong Tuberculosis, Chest and Heart Diseases Association; (iv) Loving Smiles Foundation Limited; and (v) Tung Wah Group of Hospitals.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)599**

**(Question Serial No. 4679)**

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.

Asked by: Hon WU Chi-wai (LegCo internal reference no.: 129)

Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past three years are as follows –

Developmental conditions	Number of newly diagnosed cases		
	2016	2017	2018 (Provisional figure)
Attention/Hyperactive Problems/Disorders	2 809	2 855	3 284
Autism Spectrum Disorder	1 905	1 716	1 861
Borderline Developmental Delay	2 205	2 371	2 637
Developmental Motor Coordination Problems/Disorders	1 822	2 124	2 338
Dyslexia & Mathematics Learning Disorder	506	507	534
Hearing Loss (Moderate to profound grade)	67	71	85
Language Delay/Disorders and Speech Problems	3 627	3 585	3 802
Physical Impairment (i.e. Cerebral Palsy)	60	40	48
Significant Developmental Delay/ Intellectual Disability	1 323	1 311	1 566
Visual Impairment (Blind to Low Vision)	29	38	28

Note: A child might have been diagnosed with more than one developmental condition.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)600**

**(Question Serial No. 4680)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the services provided by the Elderly Health Centres (EHCs), please set out in tabular form the following information for the past 3 years:

1. the cost per attendance for health assessment, as well as 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 in each EHC; and
5. the average waiting time for application for enrolment as an EHC member each year (with a breakdown by EHC).

Asked by: Hon WU Chi-wai (LegCo internal reference no.: 130)

Reply:

1. The average cost per health assessment (including attendance for follow up of results) and the average cost per attendance for medical consultation provided by the Elderly Health Centres (EHCs) are as follows:

<b>Year</b>	<b>Health Assessment</b>	<b>Medical Consultation</b>
2016-17	\$1,360	\$535
2017-18	\$1,395	\$550
2018-19	\$1,455	\$570

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

Year	Total expenditure of the 18 EHCs (\$ million)	Total expenditure of the 18 VHTs # (\$ million)
2016-17 (Actual)	150.7	84.5
2017-18 (Actual)	154.5	85.4
2018-19 (Revised estimate)	165.0	86.2

# The expenditure also includes Public Health & Administration Section of the Elderly Health Service.

3. The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC in the past 3 years are as follows:

Year	Average operating expenditure of each EHC (\$ million)
2016-17	8.4
2017-18	8.6
2018-19*	9.2

\*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		
	2016	2017	2018*	2016	2017	2018*
Sai Ying Pun	2 310	2 315	3 895	642	761	1 623
Shau Kei Wan	2 205	2 213	2 213	800	668	737
Wan Chai	4 546	4 651	4 709	2 251	2 118	2 148
Aberdeen	2 148	2 188	2 212	452	494	632
Nam Shan	2 218	2 223	2 214	795	687	723
Lam Tin	2 223	2 220	2 219	634	655	739
Yau Ma Tei	2 254	2 215	2 211	930	778	687
San Po Kong	2 142	2 321	2 321	640	535	699
Kowloon City	2 211	2 212	2 214	536	742	742
Lek Yuen	2 550	4 896	4 900	681	1 442	1 716
Shek Wu Hui	2 144	2 131	2 107	716	724	703
Tseung Kwan O	3 471	2 130	2 127	1 406	708	731
Tai Po	2 124	2 126	2 124	729	633	649
Tung Chung	2 319	2 321	2 321	731	500	693
Tsuen Wan	2 516	2 114	3 093	1 032	682	1 209
Tuen Mun Wu Hong	2 208	2 215	2 212	653	700	712
Kwai Shing	2 277	2 286	2 300	551	641	643
Yuen Long	2 270	2 316	2 318	739	626	665
<b>Total</b>	<b>44 136</b>	<b>45 093</b>	<b>47 710</b>	<b>14 918</b>	<b>14 094</b>	<b>16 451</b>

\*Provisional figures



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

EHC	Number of members from other districts		
	2016	2017	2018*
Sai Ying Pun	559	514	485
Shau Kei Wan	60	63	56
Wan Chai	2 878	2 970	2 294
Aberdeen	51	42	42
Nam Shan	870	840	648
Lam Tin	174	137	91
Yau Ma Tei	929	948	704
San Po Kong	654	747	579
Kowloon City	867	869	667
Lek Yuen	62	94	76
Shek Wu Hui	83	114	75
Tseung Kwan O	325	164	139
Tai Po	257	213	155
Tung Chung	1 195	1 275	809
Tsuen Wan	930	754	638
Tuen Mun Wu Hong	38	28	21
Kwai Shing	580	622	512
Yuen Long	126	125	97
<b>Total</b>	<b>10 638</b>	<b>10 519</b>	<b>8 088</b>

\*Provisional figures as at September 2018

5. The median waiting time for enrolment as a new member of individual EHCs are as follows:

EHC	Median waiting time (months)		
	2016	2017	2018*
Sai Ying Pun	6.0	7.5	10.3
Shau Kei Wan	2.4	6.9	15.0
Wan Chai	1.4	5.4	9.1
Aberdeen	4.3	7.0	12.1
Nam Shan	2.2	5.8	10.7
Lam Tin	4.0	7.5	12.4
Yau Ma Tei	7.6	6.9	13.8
San Po Kong	1.5	6.3	11.5
Kowloon City	8.5	5.7	10.9
Lek Yuen	8.7	7.7	14.7
Shek Wu Hui	7.9	6.7	12.3
Tseung Kwan O	2.8	6.8	14.5
Tai Po	3.8	6.9	14.8
Tung Chung	6.3	3.9	8.4
Tsuen Wan	12.0	5.9	13.3
Tuen Mun Wu Hong	11.3	10.2	17.3
Kwai Shing	1.5	4.8	9.3

EHC	Median waiting time (months)		
	2016	2017	2018*
Yuen Long	6.0	6.7	14.3
<b>Overall</b>	<b>5.2</b>	<b>6.8</b>	<b>12.3</b>

\*Provisional figures

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)601**

**(Question Serial No. 4104)**

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:

Regarding health promotion and education activities conducted by the Department of Health (DH), please advise this Committee on the operating expenses (including those on video production, advertisements, daily operation etc.) on running the official Youtube channel (<https://www.youtube.com/channel/UC50t-VIC1x7xxzEnY2OK3-w>) and Facebook Fanpage (<https://www.facebook.com/CentreforHealthProtection>) of the Centre for Health Protection of the DH, HKSARG in the previous year.

Asked by: Hon YEUNG Alvin (LegCo internal reference no.: 87)

Reply:

Both the Facebook fan page and the YouTube channel of the Centre for Health Protection of the Department of Health (DH) are managed by the DH's in-house staff. Different service units of the DH make use of these two channels for health promotion, publicity and education by uploading posts or videos. The operating expenses are absorbed within the DH's overall provision and the breakdown cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB060**

**(Question Serial No. 1359)**

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 dental services for serving and retired civil servants and other eligible persons, will the Government please inform this Committee of the total number of persons eligible for such services, with a breakdown into serving, retired civil servants and other eligible persons? For the provision of dental services to them under the above Programme by the Department of Health over the past 3 years, please provide information on the total amount of expenditure and the numbers of healthcare staff by rank (including dentists and dental surgery assistants), as well as details of their length of service, vacancy rates and wastage rates.

Asked by: Hon CHAN Hak-kan (LegCo internal reference no.: 2)

Reply:

According to the information provided by the Treasury, the total number of persons eligible for civil service dental benefits was about 550 100 as at 31 August 2018, of whom 173 300 were serving civil servants, 119 200 were retired civil servants and 257 600 were other eligible persons (mainly the dependants of civil servants and retired civil servants).

The actual expenditures on dental services provided for civil service eligible persons by the Department of Health (DH) in 2016-17 and 2017-18 were \$643.3 million and \$663.1 million respectively, and the revised estimate for 2018-19 is \$729.1 million.

The establishment and vacancy rates of Dental Officers (DOs) and Dental Surgery Assistants (DSAs) at the dental clinics under DH in the past 3 years are as follows –

	<b>2016-17</b> <b>(as at 31 March 2017)</b>		<b>2017-18</b> <b>(as at 31 March 2018)</b>		<b>2018-19</b> <b>(as at 1 February 2019)</b>	
<b>Grade</b>	<b>Establishment</b>	<b>Vacancy rate</b>	<b>Establishment</b>	<b>Vacancy rate</b>	<b>Establishment</b>	<b>Vacancy rate</b>
DO	254	2.0%	259	1.2%	269	2.2%
DSA	270	0.0%	271	0.0%	276	0.0%

The wastage rates<sup>1</sup> of the DO grade in DH for 2016-17, 2017-18 and 2018-19 (as at 1 February 2019) were 2.5%, 3.4% and 5.7% respectively, and those of the DSA grade were 3.1%, 4% and 2.6% respectively. The length of service for both DOs and DSAs working in DH ranges from over 30 years to less than 1 year.

- End -

---

<sup>1</sup> Wastage rate refers to the overall wastage rate covering all situations resulting in departure from the service, including retirement, resignation, etc.

**CONTROLLING OFFICER'S REPLY**

**CSB061**

**(Question Serial No. 1667)**

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. Regarding the utilisation rates of medical and dental services for civil servants in 2016-17, 2017-18 and 2018-19 and the staffing concerned, please provide information on:
  - (a) the attendances at various 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; and
  - (c) the grades, establishment and actual number of staff (including those employed on civil service or agreement terms) of various service units (including but not limited to families clinics, dental clinics, etc.) which provide medical and dental services for civil servants.
  
2. What is the waiting time for the various specialised dental services for civil servants? How does it compare with the services in the 1980s? Has the current waiting time fallen short of the target to give “the best available medical attendance and treatment” as laid down in the Civil Service Regulations? Will the Government consider using the Hospital Authority’s public-private partnership model of service delivery to address the long waiting time?

Asked by: Hon POON Siu-ping (LegCo internal reference no.: 53)

Reply:

1.(a).The attendances of civil service eligible persons (CSEPs) at each families clinic in the past three years were as follows –

Year	2016	2017	2018
Number of attendances <sup>Note 1</sup>			
Chai Wan Families Clinic	66 000	66 000	63 000
Hong Kong Families Clinic	68 000	68 000	61 000
Kowloon Families Clinic	73 000	73 000	67 000
New Territories Families Clinic	50 000	53 000	53 000
Fanling Families Clinic	16 000 <sup>Note 3</sup>	37 000	41 000
Sai Kung Families Clinic	N/A	N/A	200 <sup>Note 2&amp;4</sup>

Note 1: The number of attendances is rounded to the nearest thousand (except Sai Kung Families Clinic).

Note 2: The number of attendances is rounded to the nearest hundred.

Note 3: Fanling Families Clinic commenced service on 30 March 2016.

Note 4: Sai Kung Families Clinic commenced service on 20 December 2018.

The overall actual expenditures of the families clinics for 2016-17 and 2017-18 were \$148.2 million and \$162.8 million respectively, and the revised estimate for 2018-19 is \$171.8 million. The Department of Health (DH) does not keep statistics on the expenditures of individual families clinics.

(b).Dental procedures vary in type and complexity, which include general and specialised dental treatment. CSEPs can receive general dental follow-up treatment by appointment or specialised dental services by referral from general dental clinics under 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 overall waiting times of CSEPs for appointment for dental follow-up treatment and elective consultation for specialised dental services in the past 3 years are as follows –

As at	Dental Follow-up Treatment	Elective Consultation for Specialised Dental Services
31 December 2016	1 to 16 months	5 to 40 months
31 December 2017	1 to 16 months	4 to 33 months
31 December 2018	1 to 17 months	6 to 42 months

The attendances of CSEPs at dental clinics (including Oral & Maxillofacial Surgery and Dental Units in hospitals) in the past 3 years are as follows –

<b>Year</b>	<b>Attendance at Dental Clinics</b>
2016	739 800
2017	766 400
2018	769 600

DH does not keep statistics on the attendances and number of patients waiting for dental procedures/treatment by type.

- (c). The grade, establishment and strength of staff working in various services responsible for the provision of civil service medical and dental services 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 Contract Project Assistant working in the dental clinics as at 1 February 2019.

2. As at 31 December 2018, the waiting times for elective consultation for various specialised dental services were as follows –

<b>Specialised Dental Services</b>	<b>Waiting Time for Elective Consultation</b>
Periodontology	9 to 21 months
Prosthodontics	15 to 23 months
Endodontics	12 to 27 months
Orthodontics	6 to 15 months
Paediatric Dentistry	8 months
Oral & Maxillofacial Surgery	11 to 42 months

Since 2008-09, DH has been allocating additional resources to enhance the specialised dental services for CSEPs by phases, including the setting up of 3 periodontal surgeries, 7 prosthodontic surgeries, 6 orthodontic surgeries and 4 oral & maxillofacial surgeries.

We will keep a close watch on CSEPs' needs for dental services and explore suitable and feasible options to further enhance their dental benefits. Such options include the setting up of new dental surgeries, renewal of dental equipment and procurement of advanced dental equipment, as well as pairing up of dental clinics with longer waiting times and those with shorter waiting times with a view to shortening the waiting times.



As to the suggestion of providing dental services through public-private partnership, many complicated factors of consideration are involved, including cost-effectiveness, technical issues, financial arrangements, monitoring mechanism, etc. We will not consider the proposal at this stage.

- End -

Annex

Grade	Families Clinics						Dental Clinics						Reimbursement of Medical Expenses					
	2016-17 <sup>Note 1</sup>		2017-18 <sup>Note 2</sup>		2018-19 <sup>Note 3</sup>		2016-17 <sup>Note 1</sup>		2017-18 <sup>Note 2</sup>		2018-19 <sup>Note 3</sup>		2016-17 <sup>Note 1</sup>		2017-18 <sup>Note 2</sup>		2018-19 <sup>Note 3</sup>	
	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength	Est.	Strength
Medical and Health Officer	36	36	37	36	39	33	-	-	-	-	-	-	1#	1#	1#	1#	1#	1#
Registered Nurse	60	55	60	53	68	61	-	-	-	-	-	-	-	-	-	-	-	-
Dental Officer	-	-	-	-	-	-	254	249	259	256	267	263	-	-	-	-	-	-
Dental Hygienist	-	-	-	-	-	-	13	12	13	13	13	12	-	-	-	-	-	-
Dental Surgery Assistant	-	-	-	-	-	-	270	271*	271	271	276	277*	-	-	-	-	-	-
Dental Technician	-	-	-	-	-	-	40	39	40	39	40	40	-	-	-	-	-	-
Dispenser	18	18	21	21	23	22	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Psychologist	1	1	3	3	3	3	-	-	-	-	-	-	-	-	-	-	-	-
Dietitian	1	0	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Accounting Officer	-	-	-	-	-	-	-	-	-	-	-	-	4	4	4	4	4	4
Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Assistant Supplies Officer	-	-	-	-	-	-	1	1	1	1	1	1	-	-	-	-	-	-
Hospital Administrator	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-
Clerical Officer	7	5	7	5	10	7	40	38	42	39	42	36	11	11	11	11	11	11
Clerical Assistant	22	22	27	26	30	29	78	68	81	76	83	74	3	3	3	3	3	3
Office Assistant	1	1	1	1	1	1	3	1	3	1	2	1	-	-	-	-	-	-
Laboratory Attendant	-	-	-	-	-	-	14	13	14	14	16	16	-	-	-	-	-	-
Workman II	19	19	19	19	23	20	64	56	65	58	68	58	-	-	-	-	-	-
<b>Total:</b>	<b>165</b>	<b>157</b>	<b>176</b>	<b>165</b>	<b>200</b>	<b>179</b>	<b>778</b>	<b>749</b>	<b>790</b>	<b>769</b>	<b>809</b>	<b>779</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>

Note 1: Figures as at 31 March 2017

Note 2: Figures as at 31 March 2018

Note 3: Figures as at 1 February 2019

\* Includes 1 staff member on pre-retirement leave

# Also supports the administrative work in relation to civil service medical services

**CONTROLLING OFFICER'S REPLY**

**CSB062**

**(Question Serial No. 1668)**

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:

The Chief Executive announced in her Policy Address in October 2018 that the Government would provide Chinese medicine services for civil servants, yet the implementation work is heard to be still underway. Given that the financial provision for Programme (7) in 2019-20 has increased substantially by \$460.2 million (27.9%) when compared with the revised estimate for 2018-19, will preparation for and studies into providing Chinese medicine services for civil servants come under this Programme? If yes, what is the expenditure involved?

Asked by: Hon POON Siu-ping (LegCo internal reference no.: 55)

Reply:

The Department of Health currently does not provide Chinese medicine services. The increase in provision under Programme 7 for 2019-20 does not involve provision of such services. The additional provision will mainly be used for enhancing general and specialised dental services for civil service eligible persons (CSEPs), meeting the increased operational expenses for the new Sai Kung Families Clinic and additional manpower in Families Clinics, implementing the "Risk Assessment and Management Programme" and the "Stable Drug Use" Pilot Programme, settling and reimbursing the medical expenses and hospital charges of CSEPs, and procuring and renewing medical equipment and systems.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 2046)**

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 services for civil servants, will the Government inform this Committee of:

- (1) the average waiting time and longest waiting time for appointment in respect of check-up and diagnosis, specialised out-patient treatment, emergency dental treatment, elective consultation for specialised dental service and dental follow-up treatment provided for civil service eligible persons (CSEPs) in the past year;
- (2) the respective consultation quotas for CSEPs and general public (GP) sessions as well as the average service utilisation rate concerning the dental clinics in various districts; and
- (3) the initiatives to be implemented in the coming year to shorten the waiting time of CSEPs, and the number of relevant civil service posts to be created as well as the staff establishment and expenditure involved?

Asked by: Hon YUNG Hoi-yan (LegCo internal reference no.: 23)

Reply:

(1)

**Services provided by families clinics (including check-ups and diagnosis)**

Families clinics provide general out-patient services for CSEPs. Subsequent to treatment in these clinics, blood tests, other examinations or referrals to the Hospital Authority (HA) for follow-up and further treatment appropriate to the needs of individual patients will be arranged. Families clinics do not keep statistics on the waiting times for such check-up and diagnosis.

## **Specialised out-patient (SOP) services**

SOP services are provided by the 9H Specialist Clinic of the Prince of Wales Hospital, L Block of the Queen Elizabeth Hospital and Saturday SOP Clinic of the Queen Mary Hospital under HA for the exclusive use of CSEPs. The median waiting times for new cases in major specialties in 2018 are listed as follows -

### **9H Specialist Clinic of the Prince of Wales Hospital**

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Ear, Nose & Throat	4
Gynaecology	6
Medicine	31
Orthopaedics	30
Paediatrics	1
Surgery	3

### **L Block of the Queen Elizabeth Hospital**

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Medicine	104
Surgery	40
Gynaecology	39
Paediatrics	1
Orthopaedics	44

### **Saturday SOP Clinic of the Queen Mary Hospital**

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Medicine	7
Surgery	6

## **Dental services**

CSEPs with urgent conditions can attend any government dental clinic for emergency dental services during clinic operating hours. Generally speaking, they will be seen within the same session of attendance.

As at 31 December 2018, the waiting times for CSEPs to receive dental follow-up treatment and elective consultation for specialised dental services at the dental clinics (including the oral & maxillofacial surgery and dental units at hospitals) ranged from 1 to 17 months and 6 to 42 months respectively.

(2)

Dental Officers provide suitable treatment for CSEPs according to the latter's medical conditions. Since the time required for different treatment procedures varies, dental clinics will allocate the daily consultation sessions to each treatment procedure as appropriate without setting a uniform quota for daily consultations. At present, the utilisation rates of all service sessions available at government dental clinics providing dental services to CSEPs are close to 100%.

Regarding GP sessions at dental clinics, the maximum number of discs allocated per session in 11 government dental clinics and their utilisation rates are at **Annex 1**.

(3)

In 2019-20, the Department of Health (DH) will enhance its services by launching the Risk Assessment and Management Programme and Stable Drug Use Pilot Programme at families clinics. The Risk Assessment and Management Programme aims at improving the quality of care for patients with diabetes mellitus and identifying early complications so that the extra consultation time arising from complications can be reduced. The Stable Drug Use Pilot Programme seeks to enhance drug safety for patients with chronic diseases and stable conditions who are required to take multiple types of drugs, and to minimise their needs for follow-up consultations with doctors. It is expected that the implementation of these two programmes will release doctor consultation quota for allocation to other CSEPs in need.

As for dental services, following the setting up of additional surgeries at Sheung Kwai Chung Prosthodontic Clinic and Yau Ma Tei Orthodontic Clinic, as well as the commissioning of the new Yuen Long Government Offices General Dental Clinic in the first quarter of 2019, DH will open a general dental clinic at the West Kowloon Government Offices in 2019-20 to increase service capacity.

In order to implement the above initiatives and enhance the overall services of families clinics and dental clinics so as to shorten the waiting times of CSEPs, DH will create 28 civil service posts in 2019-20 (see **Annex 2** for details), involving an annual recurrent expenditure of approximately \$11 million.

**Annex 1**

<b>Dental clinic with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>	<b>Service utilisation rate in 2018 (%)</b>
Kowloon City Dental Clinic	Monday (AM)	84	87.3
	Thursday (AM)	42	
Kwun Tong Dental Clinic	Wednesday (AM)	84	95.1
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	84.7
	Friday (AM)	84	
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	94.0
Mona Fong Dental Clinic	Thursday (PM)	42	90.0
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	92.4
Tsuen Wan Dental Clinic	Tuesday (AM)	84	95.9
	Friday (AM)	84	
Yan Oi Dental Clinic	Wednesday(AM)	42	97.1
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	93.5
	Friday (AM)	42	
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	23.7
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	69.3

**Civil service posts proposed to be created to  
enhance the services of families clinics and dental clinics in 2019-20  
under Programme (7) : Medical and Dental Treatment for Civil Servants**

<b><u>Function/Rank</u></b>	<b>No. of posts to be created</b>
<b>Dental / Para-dental support</b>	
Senior Dental Officer	1
Dental Officer	1
Dental Hygienist	5
Dental Surgery Assistant	5
<b>Nursing support</b>	
Registered Nurse	4
<b>Professional support</b>	
Pharmacist	1
Dietitian	1
<b>Technical support</b>	
Dispenser / Student Dispenser	1
<b>Administrative and general support</b>	
Assistant Clerical Officer	2
Clerical Assistant	6
Workman II	1
	<b><u>28</u></b>



**CONTROLLING OFFICER'S REPLY**

**CSB107**

**(Question Serial No. 5266)**

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 services for civil servants, will the Government please advise on the number of cases of various groups 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 for the past 3 years?

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 263)

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 were as follows –

<b>Year</b>	<b>Attendance<sup>Note</sup></b>
2016	273 000
2017	297 000
2018	285 000

Note: Figures for attendances have been rounded to the nearest 1 000.

The actual expenditures of the families clinics for 2016-17 and 2017-18 were \$148.2 million and \$162.8 million respectively, and the revised estimate for 2018-19 is \$171.8 million.

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 6327)**

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 existing government dental clinics, please provide the following information, broken down by clinic:

- (1) the estimated and actual annual expenditure for each clinic;
- (2) the respective numbers of dentists, dental nurses, dental chairs and dental chairs suitable for wheelchair users at each clinic; and
- (3) the operating costs per dental chair per day and the respective costs of scaling and polishing, extractions as well as fillings.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 61)

Reply:

- (1) With regard to the provision of dental services for civil service eligible persons (CSEPs) by government dental clinics, the overall actual expenditure for 2017-18 was \$663.1 million, and the revised estimate for 2018-19 and the estimated expenditure for 2019-20 are \$729.1 million and \$812.0 million respectively. The Department of Health (DH) does not keep statistics on the expenditure of individual dental clinics.

The numbers of Dental Officer (DO) and Dental Surgery Assistant (DSA) posts as well as dental chairs at various dental clinics are at Annex.

Wheelchair users attending government dental clinics will be transferred, if their physical condition permits, to a dental chair for treatment with the assistance of clinic staff. For those unfit to leave their wheelchairs, the DO will perform dental examination and treatment for the wheelchair users whilst seated or with the assistance of a wheelchair recliner provided by the clinic (where applicable) as the DO sees fit.

- (2) Dental procedures, which include general and specialised dental treatments, vary in type and complexity. DH does not keep statistics on the operating costs of dental chairs or the costs of dental services by type.

- End -

<b>Dental Clinic</b>	<b>As at 1 February 2019</b>		
	<b>DO(s)</b>	<b>DSA(s)</b>	<b>Dental Chair(s)</b>
Aberdeen Jockey Club Dental Clinic	3	3	3
Castle Peak Hospital Dental Clinic	4	3	4
Chai Wan Government Dental Clinic	6	6	7
Cheung Chau Dental Clinic	1	1	1
Cheung Sha Wan Government Offices Dental Clinic	29	32	30
Fanling Health Centre Dental Clinic	7	7	8
Ha Kwai Chung Government Dental Clinic	4	4	4
Harbour Building Dental Clinic	10	11	10
Harbour Building Orthodontic Clinic	7	7	7
Hong Kong Police College Dental Clinic	1	1	1
Kennedy Town Community Complex Dental Clinic	9	10	9
Kowloon City Dental Clinic	13	16	14
Kwai Chung Hospital Dental Clinic	1	1	1
Kwun Tong Dental Clinic	6	6	6
Kwun Tong Yung Fung Shee Dental Clinic	5	5	5
Li Po Chun Dental Clinic	6	6	6
Ma On Shan Dental Clinic	4	4	4
MacLehose Dental Clinic 2/F	5	5	5
MacLehose Dental Clinic 6/F	12	12	11
Madam Yung Fung Shee Dental Clinic	4	4	5
Mona Fong Dental Clinic	2	2	2
Pamela Youde Government Dental Clinic	7	7	7
Queensway Government Offices Dental Clinic	11	11	11
Sai Ying Pun Dental Clinic 3/F	2	2	2
Sai Ying Pun Dental Clinic 8/F	8	8	8
Sheung Kwai Chung Government Dental Clinic	10	11	10
Sheung Kwai Chung Prosthodontic Clinic	4	3	4
Tai O Dental Clinic*	-	-	1
Tai Po Wong Siu Ching Dental Clinic	4	4	4
Tang Shiu Kin Dental Clinic	12	13	12
Tseung Kwan O Dental Clinic	7	7	7
Tsuen Wan Dental Clinic	3	3	4
Tsuen Wan Government Offices Dental Clinic	6	7	6

<b>Dental Clinic</b>	<b>As at 1 February 2019</b>		
	<b>DO(s)</b>	<b>DSA(s)</b>	<b>Dental Chair(s)</b>
Tung Chung Dental Clinic	3	3	3
Victoria Road Dental Clinic	3	2	2
Wan Chai Dental Clinic	12	12	12
Western Dental Clinic	3	3	3
Yan Oi Dental Clinic	3	3	3
Yau Ma Tei Dental Clinic	9	8	10
Yau Ma Tei Orthodontic Clinic	10	11	10
Yuen Long Jockey Club Dental Clinic	3	4	3

\* The DO and DSA posts at Tai O Dental Clinic are already included in the establishment of Cheung Chau Dental Clinic.

<b>Oral Maxillofacial Surgery &amp; Dental Unit (OMS&amp;DU) with surgeries for the exclusive use of CSEPs</b>	<b>As at 1 February 2019</b>		
	<b>DO(s)</b>	<b>DSA(s)</b>	<b>Dental Chair(s)</b>
North District Hospital OMS&DU	1	1	1
Prince of Wales Hospital OMS&DU	1	1	1
Queen Elizabeth Hospital OMS&DU	1	1	1
Queen Mary Hospital OMS&DU	1	1	1

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 7231)**

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, please provide:

- a. information on the maximum daily service capacities, actual numbers of appointments and attendances, as well as utilisation rates in respect of services provided to eligible persons by public dental clinics in the past 3 years;
- b. information on the types of dental examination and treatment provided by public dental clinics and the costs per case for such services in the past 3 years;
- c. information on 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. itemised information on 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 and delay in operation of dental surgeries), as well as the manpower and resources required for implementing the improvement measures.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 264)

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 were as follows -

<b>Year</b>	<b>Attendance</b>
2016	739 800
2017	766 400
2018	769 600

- b. Given the wide variety of services in respect of dental examination and treatment, the Department of Health (DH) does not keep statistics on the costs of such services by type.
- c. The establishment and vacancy rates of Dental Officers (DOs) and Dental Surgery Assistants (DSAs) at the dental clinics under DH in the past 3 years were as follows –

Grade	2016-17 (as at 31 March 2017)		2017-18 (as at 31 March 2018)		2018-19 (as at 1 February 2019)	
	Establishment	Vacancy Rate	Establishment	Vacancy Rate	Establishment	Vacancy Rate
DO	254	2.0%	259	1.2%	269	2.2%
DSA	270	0.0%	271	0.0%	276	0.0%

The wastage rates<sup>1</sup> of the DO grade in DH for 2016-17, 2017-18 and 2018-19 (as at 1 February 2019) were 2.5%, 3.4% and 5.7% respectively, and those of the DSA grade were 3.1%, 4% and 2.6% 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 has completed its follow-up work on the recommendations concerning 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 demand in individual dental clinics, with a view to shortening the waiting time of CSEPs at clinics with higher service demands. As regards 7 new dental surgeries, their fitting out works have been completed and have started coming into operation by phases from March 2019.

As the above work involves only internal redeployment of resources and implementation of earlier plans, no additional manpower and resources are required.

- End -

---

<sup>1</sup> Wastage rate refers to the overall wastage rate covering all situations resulting in departure from the service, including retirement, resignation, etc.

**CONTROLLING OFFICER'S REPLY**

**SB199**

**(Question Serial No. 1529)**

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:

According to relevant statistics, the actual expenditure on the treatment of drug abusers in 2018-19 has increased by 7.4% when compared with the original estimate, with a further increase of 14.2% in 2019. In this connection, will the Government please inform this Committee of:

- (1) the estimated number of drug abusers over the past 3 years (broken down by age group in table form);
- (2) the effectiveness of anti-drug work over the past 3 years; and
- (3) what enhancement measures for anti-drug work will be implemented in the future given the increase of expenses, as well as the details and the effectiveness of these measures?

Asked by: Hon YIU Si-wing (LegCo internal reference no.: 30)

Reply:

- (1) According to the information of the Central Registry of Drug Abuse (CRDA) under the Narcotics Division of the Security Bureau, the numbers of reported drug abusers (set out under the age groups of "aged under 21" and "aged 21 and over" respectively) in the past 3 years are set out below:

Age group	2016	2017	2018
Aged under 21	521	468	471
Aged 21 and over	7 727	6 407	6 140
All ages	8 248	6 875	6 611

CRDA is a voluntary reporting system recording the details of drug abusers who have come into contact with and have been reported by the reporting agencies. By its nature, while CRDA does not measure the exact size of the drug abusing population in Hong



Kong at any particular time, statistics derived therefrom are indicators of the trends of drug abuse over time.

- (2) The financial provision for the Government sector is mainly used for the methadone treatment programme (MTP) administered by the Department of Health (DH) for opioid abusers, which includes methadone maintenance and detoxification programmes. The effectiveness of MTP has been recognised by international organisations such as the World Health Organization. Its effectiveness is further confirmed by the results of a review conducted by international consultants commissioned by DH in 2012, which recommended that MTP should continue, with maintenance treatment as its focus. Moreover, DH has been monitoring the utilisation of methadone clinics as recommended in the report and closed down in October 2016 Lee Kee Methadone Clinic which had a low utilisation rate so as to enhance the overall efficiency of MTP.

The utilisation of methadone clinics over the past 3 years is shown below:

	2016	2017	2018
No. of patients registered	6 200	5 800	5 800
Average daily attendances	4 600	4 300	4 400
Average attendance rate of registered patients (%)	74	74	76

- (3) The additional provision is mainly used for improving the environment and facilities of methadone clinics, as well as the efficiency of the Methadone Treatment Information System.

- End -

**CONTROLLING OFFICER'S REPLY**

**SB499**

**(Question Serial No. 4801)**

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:

Regarding the methadone clinics, please advise on:

1. the numbers of enrolment, the utilisation rate, the numbers of cases on the waiting list and the waiting times in the past 5 years;
2. the staff establishment in the past 5 years; and
3. whether there will be any enhancement plans in the coming year; if yes, the details; if not, the reasons.

Asked by: Hon KWOK Ka-ki (LegCo internal reference no.: 283)

Reply:

1. The number of patients registered with methadone clinics and the average attendance rate of registered patients in the past 5 years are as follows:

	2014	2015	2016	2017	2018
No. of patients registered	7 100	6 700	6 200	5 800	5 800
Average attendance rate of registered patients (%)	76	75	74	74	76

As no service quotas had been set for methadone clinics, there were no waiting cases in the past 5 years.

2. Methadone clinics had an approved establishment of 13 posts in each of the past 5 years, including 3 Senior Medical and Health Officers, 1 Executive Officer I and 9 supporting staff. The Department of Health (DH) has also employed part-time doctors, subvented the Society for the Aid and Rehabilitation of Drug Abusers and engaged the Auxiliary Medical Service to provide services for patients of methadone clinics.

3. DH will continue to improve the environment and facilities of methadone clinics, as well as the efficiency of the Methadone Treatment Information System in the coming year.

- End -

**CONTROLLING OFFICER'S REPLY**

**S-FHB(H)004**

**(Question Serial No. S071)**

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) Scheme, please provide, broken down by type of service provider, the numbers of transactions in which an amount below \$500, between \$2,000 and \$3,000 and over \$3,000 was spent on a single occasion, their respective percentages in all transactions under that category of healthcare service, as well as their respective percentages in the total number of voucher claims in each of the past 5 years.

Asked by: Hon CHAN Hoi-yan (LegCo internal reference no.: )

Reply:

Under the Elderly Health Care Voucher (EHV) Scheme, the numbers of voucher claim transactions with the amount of "\$500 or below", "\$2,001 - \$3,000" and "\$3,001 or above" made by participating healthcare service providers in Hong Kong in the past 5 years with breakdown by types of healthcare services, and their respective percentages of the total number of voucher claim transactions made by types of healthcare services, as well as their respective percentages of the total number of voucher claim transactions in Hong Kong in each of the past 5 years are at **Annex**.

- End -

**Breakdown of Voucher Claim Transactions in 2014**  
**by the Voucher Amount in a Single Transaction and Types of Healthcare Services**

Healthcare Services  Amount of vouchers claimed per transaction	Number of voucher claim transactions in 2014 (Percentage of the total number of voucher claim transactions made by respective type of healthcare services in the year) [Percentage of the total number of voucher claim transactions in Hong Kong in the year]										
	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
<b>\$500 or below</b>	<b>1 646 419</b> (95%) [74%]	<b>367 098</b> (96%) [17%]	<b>39 811</b> (54%) [2%]	<b>361</b> (62%) [0.02%]	<b>12 209</b> (92%) [1%]	<b>2 096</b> (57%) [0.1%]	<b>2 176</b> (71%) [0.1%]	<b>417</b> (45%) [0.02%]	<b>998</b> (51%) [0.04%]	<b>3 577</b> (60%) [0.2%]	<b>2 075 162</b> [93%]
<b>\$2,001 - \$3,000</b>	<b>2 345</b> (0.1%) [0.1%]	<b>579</b> (0.2%) [0.03%]	<b>3 455</b> (5%) [0.2%]	<b>1</b> (0.2%) [<0.01%]	<b>19</b> (0.1%) [<0.01%]	<b>80</b> (2%) [<0.01%]	<b>30</b> (1%) [<0.01%]	<b>27</b> (3%) [<0.01%]	<b>14</b> (0.7%) [<0.01%]	<b>600</b> (10%) [0.03%]	<b>7 150</b> [0.3%]
<b>\$3,001 or above</b>	<b>638</b> (0.04%) [0.03%]	<b>211</b> (0.1%) [0.01%]	<b>1 516</b> (2%) [0.1%]	<b>1</b> (0.2%) [<0.01%]	<b>5</b> (0.04%) [<0.01%]	<b>20</b> (1%) [<0.01%]	<b>10</b> (0.3%) [<0.01%]	<b>9</b> (1%) [<0.01%]	<b>3</b> (0.2%) [<0.01%]	<b>258</b> (4%) [0.01%]	<b>2 671</b> [0.1%]

**Breakdown of Voucher Claim Transactions in 2015**  
**by the Voucher Amount in a Single Transaction and Types of Healthcare Services**

Healthcare Services  Amount of vouchers claimed per transaction	Number of voucher claim transactions in 2015 (Percentage of the total number of voucher claim transactions made by respective type of healthcare services in the year) [Percentage of the total number of voucher claim transactions in Hong Kong in the year]										
	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
<b>\$500 or below</b>	<b>1 847 223</b> (92%) [68%]	<b>492 131</b> (92%) [18%]	<b>53 015</b> (48%) [2%]	<b>360</b> (75%) [0.01%]	<b>17 966</b> (90%) [1%]	<b>3 040</b> (54%) [0.1%]	<b>3 548</b> (71%) [0.1%]	<b>706</b> (48%) [0.03%]	<b>1 766</b> (57%) [0.1%]	<b>3 738</b> (18%) [0.1%]	<b>2 423 493</b> [90%]
<b>\$2,001 - \$3,000</b>	<b>5 687</b> (0.3%) [0.2%]	<b>1 662</b> (0.3%) [0.1%]	<b>6 048</b> (6%) [0.2%]	<b>2</b> (0.4%) [<0.01%]	<b>28</b> (0.1%) [<0.01%]	<b>220</b> (4%) [0.01%]	<b>90</b> (2%) [<0.01%]	<b>91</b> (6%) [<0.01%]	<b>13</b> (0.4%) [<0.01%]	<b>4 749</b> (22%) [0.2%]	<b>18 590</b> [1%]
<b>\$3,001 or above</b>	<b>2 207</b> (0.1%) [0.1%]	<b>908</b> (0.2%) [0.03%]	<b>5 383</b> (5%) [0.2%]	<b>1</b> (0.2%) [<0.01%]	<b>13</b> (0.1%) [<0.01%]	<b>56</b> (1%) [<0.01%]	<b>22</b> (0.4%) [<0.01%]	<b>78</b> (5%) [<0.01%]	<b>3</b> (0.1%) [<0.01%]	<b>3 114</b> (15%) [0.1%]	<b>11 785</b> [0.4%]

**Breakdown of Voucher Claim Transactions in 2016**  
**by the Voucher Amount in a Single Transaction and Types of Healthcare Services**

Healthcare Services  Amount of vouchers claimed per transaction	Number of voucher claim transactions in 2016 (Percentage of the total number of voucher claim transactions made by respective type of healthcare services in the year) [Percentage of the total number of voucher claim transactions in Hong Kong in the year]										
	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
<b>\$500 or below</b>	<b>1 772 541</b> (91%) [63%]	<b>554 529</b> (91%) [20%]	<b>55 844</b> (47%) [2%]	<b>472</b> (76%) [0.02%]	<b>19 272</b> (88%) [1%]	<b>3 071</b> (32%) [0.1%]	<b>3 887</b> (66%) [0.1%]	<b>1 309</b> (43%) [0.05%]	<b>4 018</b> (80%) [0.1%]	<b>7 179</b> (10%) [0.3%]	<b>2 422 122</b> [86%]
<b>\$2,001 - \$3,000</b>	<b>5 592</b> (0.3%) [0.2%]	<b>2 227</b> (0.4%) [0.1%]	<b>5 945</b> (5%) [0.2%]	<b>2</b> (0.3%) [<0.01%]	<b>13</b> (0.1%) [<0.01%]	<b>248</b> (3%) [0.01%]	<b>112</b> (2%) [<0.01%]	<b>241</b> (8%) [0.01%]	<b>9</b> (0.2%) [<0.01%]	<b>15 436</b> (21%) [1%]	<b>29 825</b> [1%]
<b>\$3,001 or above</b>	<b>2 484</b> (0.1%) [0.1%]	<b>1 053</b> (0.2%) [0.04%]	<b>4 972</b> (4%) [0.2%]	<b>2</b> (0.3%) [<0.01%]	<b>12</b> (0.1%) [<0.01%]	<b>71</b> (1%) [<0.01%]	<b>52</b> (1%) [<0.01%]	<b>236</b> (8%) [0.01%]	<b>3</b> (0.1%) [<0.01%]	<b>10 021</b> (14%) [0.4%]	<b>18 906</b> [1%]

**Breakdown of Voucher Claim Transactions in 2017** Note 1  
**by the Voucher Amount in a Single Transaction and Types of Healthcare Services**

Healthcare Services Amount of vouchers claimed per transaction	Number of voucher claim transactions in 2017 (Percentage of the total number of voucher claim transactions made by respective type of healthcare services in the year) [Percentage of the total number of voucher claim transactions in Hong Kong in the year]										
	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
<b>\$500 or below</b>	<b>1 972 915</b> (89%) [57%]	<b>780 633</b> (91%) [22%]	<b>76 234</b> (45%) [2%]	<b>1 424</b> (64%) [0.04%]	<b>21 343</b> (85%) [1%]	<b>4 281</b> (36%) [0.1%]	<b>5 415</b> (61%) [0.2%]	<b>2 139</b> (42%) [0.1%]	<b>3 932</b> (74%) [0.1%]	<b>15 963</b> (9%) [0.5%]	<b>2 884 279</b> [83%]
<b>\$2,001 - \$3,000</b>	<b>6 080</b> (0.3%) [0.2%]	<b>3 813</b> (0.4%) [0.1%]	<b>6 005</b> (4%) [0.2%]	<b>117</b> (5%) [<0.01%]	<b>11</b> (0.04%) [<0.01%]	<b>309</b> (3%) [0.01%]	<b>186</b> (2%) [0.01%]	<b>286</b> (6%) [0.01%]	<b>8</b> (0.1%) [<0.01%]	<b>24 088</b> (14%) [1%]	<b>40 903</b> [1%]
<b>\$3,001 or above</b>	<b>2 533</b> (0.1%) [0.1%]	<b>1 995</b> (0.2%) [0.1%]	<b>4 544</b> (3%) [0.1%]	<b>408</b> (18%) [0.01%]	<b>15</b> (0.1%) [<0.01%]	<b>83</b> (1%) [<0.01%]	<b>67</b> (1%) [<0.01%]	<b>281</b> (6%) [0.01%]	<b>2</b> (0.04%) [<0.01%]	<b>16 942</b> (10%) [0.5%]	<b>26 870</b> [1%]

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



**Breakdown of Voucher Claim Transactions in 2018** Note 2  
**by the Voucher Amount in a Single Transaction and Types of Healthcare Services**

Healthcare Services  Amount of vouchers claimed per transaction	Number of voucher claim transactions in 2018 (Percentage of the total number of voucher claim transactions made by respective type of healthcare services in the year) [Percentage of the total number of voucher claim transactions in Hong Kong in the year]										
	Medical Practitioners	Chinese Medicine Practitioners	Dentists	Occupational Therapists	Physiotherapists	Medical Laboratory Technologists	Radiographers	Nurses	Chiropractors	Optometrists	Total
<b>\$500 or below</b>	<b>2 487 813</b> (85%) [48%]	<b>1 309 248</b> (87%) [25%]	<b>118 512</b> (40%) [2%]	<b>1 642</b> (47%) [0.03%]	<b>32 538</b> (80%) [1%]	<b>6 603</b> (35%) [0.1%]	<b>8 839</b> (53%) [0.2%]	<b>2 847</b> (44%) [0.1%]	<b>6 924</b> (64%) [0.1%]	<b>26 883</b> (7%) [1%]	<b>4 001 849</b> [77%]
<b>\$2,001 - \$3,000</b>	<b>18 494</b> (1%) [0.4%]	<b>17 423</b> (1%) [0.3%]	<b>17 482</b> (6%) [0.3%]	<b>433</b> (12%) [0.01%]	<b>142</b> (0.3%) [<0.01%]	<b>929</b> (5%) [0.02%]	<b>865</b> (5%) [0.02%]	<b>613</b> (9%) [0.01%]	<b>48</b> (0.4%) [<0.01%]	<b>84 043</b> (23%) [2%]	<b>140 472</b> [3%]
<b>\$3,001 or above</b>	<b>8 238</b> (0.3%) [0.2%]	<b>8 586</b> (1%) [0.2%]	<b>13 423</b> (5%) [0.3%]	<b>919</b> (26%) [0.02%]	<b>188</b> (0.5%) [<0.01%]	<b>243</b> (1%) [<0.01%]	<b>559</b> (3%) [0.01%]	<b>620</b> (10%) [0.01%]	<b>21</b> (0.2%) [<0.01%]	<b>80 838</b> (22%) [2%]	<b>113 635</b> [2%]

Note 2: On 8 June 2018, each eligible elder was provided with an additional voucher amount of \$1,000 on a one-off basis, and the accumulation limit of the vouchers was increased from \$4,000 to \$5,000 as a regular measure.