

**Replies in written questions raised by Finance Committee Members  
in examining the Estimates of Expenditure 2017-18**

**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)200</a>	0982	Hon CHAN Han-pan	Disease Prevention
<a href="#">FHB(H)201</a>	0986	Hon CHAN Han-pan	Curative Care
<a href="#">FHB(H)202</a>	0987	Hon CHAN Han-pan	Curative Care
<a href="#">FHB(H)203</a>	0988	Hon CHAN Han-pan	Rehabilitation
<a href="#">FHB(H)204</a>	1108	Hon CHAN Han-pan	Disease Prevention
<a href="#">FHB(H)205</a>	0498	Hon CHAN Kin-por	Statutory Functions
<a href="#">FHB(H)206</a>	0338	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)207</a>	2622	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)208</a>	2674	Hon CHAN Pierre	Disease Prevention
<a href="#">FHB(H)209</a>	2145	Hon HO Kwan-yiu, Junius	Disease Prevention
<a href="#">FHB(H)210</a>	2148	Hon HO Kwan-yiu, Junius	Statutory Functions
<a href="#">FHB(H)211</a>	1096	Hon IP LAU Suk-yee, Regina	Curative Care Rehabilitation
<a href="#">FHB(H)212</a>	1628	Hon KWONG Chun-yu	Curative Care
<a href="#">FHB(H)213</a>	1635	Hon KWONG Chun-yu	Curative Care
<a href="#">FHB(H)214</a>	2682	Hon LAM Kin-fung, Jeffrey	Disease Prevention
<a href="#">FHB(H)215</a>	0461	Hon LAU Ip-keung, Kenneth	Statutory Functions
<a href="#">FHB(H)216</a>	0209	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)217</a>	0499	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)218</a>	0500	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)219</a>	0501	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)220</a>	0502	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)221</a>	0503	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)222</a>	0505	Hon LEE Kok-long, Joseph	Health Promotion
<a href="#">FHB(H)223</a>	0508	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)224</a>	0510	Hon LEE Kok-long, Joseph	Rehabilitation
<a href="#">FHB(H)225</a>	0696	Hon LEE Wai-king, Starry	Curative Care

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)226</a>	1193	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
<a href="#">FHB(H)227</a>	3188	Hon LEUNG Mei-fun, Priscilla	Disease Prevention
<a href="#">FHB(H)228</a>	3156	Hon LUK Chung-hung	Statutory Functions
<a href="#">FHB(H)229</a>	1491	Hon MA Fung-kwok	Statutory Functions Disease Prevention
<a href="#">FHB(H)230</a>	0354	Hon MAK Mei-kuen, Alice	Curative Care
<a href="#">FHB(H)231</a>	0357	Hon MAK Mei-kuen, Alice	Statutory Functions
<a href="#">FHB(H)232</a>	0361	Hon MAK Mei-kuen, Alice	Curative Care
<a href="#">FHB(H)233</a>	1172	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)234</a>	1184	Hon MAK Mei-kuen, Alice	Disease Prevention
<a href="#">FHB(H)235</a>	0642	Hon POON Siu-ping	Personnel Management of Civil Servants Working in Hospital Authority
<a href="#">FHB(H)236</a>	2244	Hon QUAT Elizabeth	Disease Prevention
<a href="#">FHB(H)237</a>	2964	Hon SHIU Ka-chun	Curative Care
<a href="#">FHB(H)238</a>	3214	Hon SHIU Ka-chun	Disease Prevention
<a href="#">FHB(H)239</a>	2581	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)240</a>	2583	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)241</a>	2584	Hon SHIU Ka-fai	Statutory Functions
<a href="#">FHB(H)242</a>	2586	Hon SHIU Ka-fai	Disease Prevention
<a href="#">FHB(H)243</a>	2587	Hon SHIU Ka-fai	Disease Prevention
<a href="#">FHB(H)244</a>	1349	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)245</a>	1350	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)246</a>	1351	Hon WONG Kwok-kin	Disease Prevention
<a href="#">FHB(H)247</a>	1365	Hon WONG Kwok-kin	Statutory Functions
<a href="#">FHB(H)248</a>	2513	Hon WONG Pik-wan, Helena	Disease Prevention
<a href="#">FHB(H)249</a>	2577	Hon WONG Pik-wan, Helena	Curative Care
<a href="#">FHB(H)250</a>	2654	Hon WONG Pik-wan, Helena	-
<a href="#">FHB(H)251</a>	2815	Hon WONG Pik-wan, Helena	Statutory Functions
<a href="#">FHB(H)252</a>	1009	Hon WU Chi-wai	Disease Prevention
<a href="#">FHB(H)253</a>	2939	Hon YUNG Hoi-yan	Disease Prevention

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#">FHB(H)254</a>	2946	Hon YUNG Hoi-yan	Disease Prevention
<a href="#">FHB(H)255</a>	2950	Hon YUNG Hoi-yan	Disease Prevention
<a href="#">FHB(H)256</a>	2953	Hon YUNG Hoi-yan	Statutory Functions
<a href="#">FHB(H)421</a>	4163	Hon CHAN Chi-chuen	Statutory Functions
<a href="#">FHB(H)422</a>	4112	Hon CHAN Han-pan	Statutory Functions
<a href="#">FHB(H)423</a>	4113	Hon CHAN Han-pan	Disease Prevention
<a href="#">FHB(H)424</a>	5328	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)425</a>	5496	Hon CHEUNG Chiu-hung, Fernando	Statutory Functions
<a href="#">FHB(H)426</a>	5530	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)427</a>	5636	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)428</a>	6164	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)429</a>	6266	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)430</a>	6268	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)431</a>	6275	Hon CHEUNG Chiu-hung, Fernando	Rehabilitation
<a href="#">FHB(H)432</a>	7069	Hon CHEUNG Chiu-hung, Fernando	Disease Prevention
<a href="#">FHB(H)433</a>	3614	Hon IP Kin-yuen	Disease Prevention
<a href="#">FHB(H)434</a>	7172	Hon IP LAU Suk-ye, Regina	Disease Prevention
<a href="#">FHB(H)435</a>	4567	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)436</a>	4568	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)437</a>	4569	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)438</a>	4570	Hon KWOK Ka-ki	Health Promotion
<a href="#">FHB(H)439</a>	4571	Hon KWOK Ka-ki	Health Promotion
<a href="#">FHB(H)440</a>	4572	Hon KWOK Ka-ki	Health Promotion
<a href="#">FHB(H)441</a>	4573	Hon KWOK Ka-ki	Health Promotion
<a href="#">FHB(H)442</a>	4574	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)443</a>	4575	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)444</a>	4592	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)445</a>	4750	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)446</a>	4751	Hon KWOK Ka-ki	Disease Prevention
<a href="#">FHB(H)447</a>	4753	Hon KWOK Ka-ki	Curative Care
<a href="#">FHB(H)448</a>	4754	Hon KWOK Ka-ki	Rehabilitation
<a href="#">FHB(H)449</a>	6805	Hon KWOK Wing-hang, Dennis	Rehabilitation
<a href="#">FHB(H)450</a>	4083	Hon LAU Siu-lai	Curative Care
<a href="#">FHB(H)451</a>	4084	Hon LAU Siu-lai	Disease Prevention
<a href="#">FHB(H)452</a>	3467	Hon LEE Kok-long, Joseph	Statutory Functions
<a href="#">FHB(H)453</a>	3468	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)454</a>	3469	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)455</a>	3470	Hon LEE Kok-long, Joseph	Disease Prevention
<a href="#">FHB(H)456</a>	3471	Hon LEE Kok-long, Joseph	Curative Care
<a href="#">FHB(H)457</a>	4985	Hon LEUNG Kwok-hung	Curative Care
<a href="#">FHB(H)458</a>	4986	Hon LEUNG Kwok-hung	Curative Care
<a href="#">FHB(H)459</a>	4987	Hon LEUNG Kwok-hung	Curative Care
<a href="#">FHB(H)460</a>	4988	Hon LEUNG Kwok-hung	Curative Care
<a href="#">FHB(H)461</a>	3330	Hon LEUNG Yiu-chung	-
<a href="#">FHB(H)462</a>	3349	Hon LEUNG Yiu-chung	-
<a href="#">FHB(H)463</a>	4867	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)464</a>	7202	Hon MA Fung-kwok	Disease Prevention
<a href="#">FHB(H)465</a>	4492	Hon TIEN Puk-sun, Michael	Curative Care
<a href="#">FHB(H)466</a>	4496	Hon TIEN Puk-sun, Michael	Disease Prevention
<a href="#">FHB(H)467</a>	7173	Hon TIEN Puk-sun, Michael	Disease Prevention
<a href="#">FHB(H)468</a>	5802	Hon TSE Wai-chun, Paul	Disease Prevention
<a href="#">FHB(H)469</a>	3916	Hon WU Chi-wai	Disease Prevention
<a href="#">FHB(H)470</a>	3917	Hon WU Chi-wai	Curative Care
<a href="#">FHB(H)471</a>	3918	Hon WU Chi-wai	-
<a href="#">CSB051</a>	1989	Hon HO Kai-ming	Medical and Dental Treatment for Civil Servants
<a href="#">CSB052</a>	0641	Hon POON Siu-ping	Medical and Dental Treatment for Civil Servants
<a href="#">CSB053</a>	3000	Hon YUNG Hoi-yan	Medical and Dental Treatment for Civil Servants

<b>Reply Serial No.</b>	<b>Question Serial No.</b>	<b>Name of Member</b>	<b>Programme</b>
<a href="#"><u>CSB103</u></a>	<b>4756</b>	Hon KWOK Ka-ki	Medical and Dental Treatment for Civil Servants
<a href="#"><u>SB582</u></a>	<b>4755</b>	Hon KWOK Ka-ki	Treatment of Drug Abusers
<a href="#"><u>SB583</u></a>	<b>4082</b>	Hon LAU Siu-lai	Treatment of Drug Abusers

**CONTROLLING OFFICER'S REPLY**

**FHB(H)200**

**(Question Serial No. 0982)**

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 launch of the pilot colorectal cancer screening programme, what were the annual estimates for the programme, actual number of cases approved and the expenditure involved? Will the Government consider increasing the number of beneficiaries under the programme? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 86)

Reply:

The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.

On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The Department of Health (DH) will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

Over the three-year pilot period, DH expects some 300 000 numbers of participations, assuming a coverage rate of 30% among the eligible persons and that they have enrolled in the electronic Health Record Sharing System. Findings from the evaluation of the Pilot Programme will form the basis for further consideration regarding whether and how colorectal cancer screening service could be provided to the wider population.

The revised estimate for the Pilot Programme in 2016-17 is \$51.7 million. The provision for 2017-18 and 2018-19 will be \$98.7 million and \$134.7 million respectively.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)201**

**(Question Serial No. 0986 )**

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:

According to the Estimates, the target percentage of new dermatology cases with an appointment time given within 12 weeks is over 90%, yet both the actual percentage for 2016 and the planned percentage for 2017 are 31%, why is that so? Will the Government allocate additional resources for the provision of dermatological services so as to ensure that such target for new cases will be met? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 34 )

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)202**

**(Question Serial No. 0987)**

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:

What were the Government's expenditures on public dental services and the numbers of dental consultations provided in the past 3 years? Does the Government have any plans to earmark financial provision for assessing the demand and affordability of the public in respect of dental services in order to review the existing public dental services? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 35)

Reply:

Under Programme 4, the Department of Health (DH) provides free emergency dental services to public through the general public sessions (GP sessions) at 11 government dental clinics. Patient holding discs for a particular session will be seen during that session. DH also provides specialist dental treatment to hospital in-patients, groups with special oral healthcare needs and dental emergency in the Oral Maxillofacial Surgery & Dental Units (OMS&DUs) of seven public hospitals.

The expenditure of providing dental service for public by the DH in financial years 2014-15, 2015-16 and 2016-17 are:-

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15 (Actual)	61.7
2015-16 (Actual)	57.6
2016-17 (Revised estimate)	66.6



The attendances of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2014, 2015 and 2016 are as follows –

	<b>2014</b>	<b>2015</b>	<b>2016</b>
Hospital patients (attendances)	55 000	55 600	58 000
Special needs group (number of patients)	11 000	10 600	11 400

The attendances of dental clinics emergency treatment at GP Sessions are as follows –

	<b>2014</b>	<b>2015</b>	<b>2016</b>
Dental clinics emergency treatment (attendances)	34 700	35 500	35 300

*Note: The figures provided in the above two tables are rounded to the nearest hundred.*

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 has prioritised its resources and care for persons with special dental care needs, in particular, persons with intellectual disability and elderly with financial difficulties.

Since 2013-14 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 4-year pilot project in August 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

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

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)203**

**(Question Serial No. 0988)**

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 Estimates, the target percentage of new cases in the child assessment centres (CACs) with assessments completed within 6 months is over 90%, yet the actual percentage for 2016 and the planned percentage for 2017 are 61% and 70% respectively, why is that so? Will the Government allocate additional resources to the CACs so as to ensure that such target for new cases will be met? If so, what are the details? If not, why?

Asked by: Hon CHAN Han-pan (Member Question No. 36)

Reply:

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

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 the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is

expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)204**

**(Question Serial No. 1108 )**

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 disease prevention, the estimate for 2017-18 in respect of the Government sector is \$4,561.5 million, reflecting an increase of 34.8% over the revised expenditure in 2016-17. What are the reasons for the increase and how will the additional funds be used specifically?

Asked by: Hon CHAN Han-pan (Member Question No. 80)

Reply:

Provision for 2017-18 for disease prevention in respect of the Government sector is \$1,178.2 million (34.8%) higher than the revised estimate for 2016-17. The increase in provision is mainly due to the following:

- (a) continuing to promote and implement the Elderly Health Care Voucher Scheme which will be enhanced in 2017 by lowering the eligibility age to 65, with increased provision of \$1,013.7 million;
- (b) enhancing protection of elders against invasive pneumococcal disease with a provision of \$77.2 million;
- (c) continuing to implement the pilot colorectal cancer screening programme with increased provision of \$47.0 million;
- (d) enhancing the elderly health services with increased provision of \$7.3 million;
- (e) promoting breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" with a provision of \$6.0 million; and
- (f) implementing a pilot public-private partnership programme on smoking cessation with a provision of \$4.2 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)205**

**(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:

As indicated in the Programme under the Department of Health, the number of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance ("the Ordinance") conducted by the Department is estimated to decrease from 160 in 2016 to 125 in 2017. In this regard, will the Government inform this Committee of the following:

- a) What are the reasons for the drop in the estimated number of inspections of registered nursing homes in 2017?
- b) What were the number of cases of suspected non-compliance with the Ordinance by nursing homes uncovered during inspections of nursing homes in 2016 and the nature of the suspected non-compliances? Have follow-up actions been taken against the relevant nursing homes? If so, what are the details?
- c) Will the Department consider increasing the number of inspections of nursing homes from not less than once a year to not less than twice a year? What will be the staffing and estimated expenditure?

Asked by: Hon CHAN Kin-por (Member Question No. 24)

Reply:

Under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) (the Ordinance), 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.

- (a) 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.
- (b) In 2016, DH has issued 17 regulatory letters covering 18 cases of non-compliance by nursing homes. These cases were related to non-compliance with requirements related to equipment, policies and procedures or reporting of significant incidents. DH has monitored their remedial actions.
- (c) In 2016, a total of 160 inspections to nursing homes were conducted. The average number of inspections for each nursing home was 2.5. In 2017, it is estimated that a total of 125 inspections to nursing homes will be conducted. The average number of inspections for each nursing home is about 2. In 2017-18, the number of approved posts and financial provision earmarked for the personal emolument involved in the enforcement of the Ordinance are 28 and \$27.2 million, respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)206**

**(Question Serial No. 0338)**

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 set out the following details in 2014-15, 2015-16 and 2016-17:

- (a) the financial provision for the Programme;
- (b) the numbers of non-governmental organisations participating in the Programme and outreach dental teams, broken down by the administrative district of the Social Welfare Department;
- (c) the percentages of residential care homes for the elderly participating in the Programme, broken down by the administrative district of the Social Welfare Department; and
- (d) the numbers of elderly persons who were benefited from the Programme and their attendances.

Asked by: Hon CHAN Pierre (Member Question No. 5)

Reply:

- (a) The financial provision for the Outreach Dental Care Programme for the Elderly (ODCP) from 2014-15 to 2016-17 was as follows –

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

- (b) A total of 22 outreach dental teams from 11 non-governmental organisations (NGOs) have been set up since the implementation of 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**.
- (c) Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating residential care homes for the elderly (RCHes) and day care centres (DEs) by administrative districts of the SWD by service year is at **Annex B**.

(d) Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) were served under the ODCP.

- 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 The 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 The Hong Kong Tuberculosis, Chest and Heart Diseases Association	1
	東華三院 Tung Wah Group of Hospitals	1
	仁濟醫院 Yan Chai Hospital	1
Kwun Tong	基督教家庭服務中心 Christian Family Service Centre	1
	志蓮淨苑 Chi Lin Nunnery	1
	基督教靈實協會 Haven of Hope Christian Service	1

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

SWD's Administrative District	Name of NGO	No. of Outreach Dental Team(s)*
	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
	香港聖公會麥理浩夫人中心 H.K.S.K.H. Lady MacLehose Centre	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
	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	1

\* Some outreach dental teams under ODCP have been assigned to serve more than one administrative district.

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

	First Service Year of ODCP <sup>Note</sup>			Second Service Year of ODCP <sup>Note</sup>			Third Service Year of ODCP <sup>Note</sup> (October 2016 - January 2017)		
	I (a)	II (b)	% (a)/(b)	I (c)	II (d)	% (c)/(d)	I (e)	II (f)	% (e)/(f)
Central, Western, Southern and Islands	69	110	63%	88	109	81%	20	107	19%
Eastern and Wan Chai	76	102	75%	81	103	79%	23	103	22%
Kwun Tong	44	66	67%	52	69	75%	31	70	44%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	35	72	49%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	83	133	62%
Sham Shui Po	58	88	66%	56	91	62%	35	91	38%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	52	110	47%
Tuen Mun	47	54	87%	49	54	91%	41	54	76%
Yuen Long	54	59	92%	56	60	93%	32	60	53%
Sha Tin	48	64	75%	49	64	77%	37	64	58%
Tai Po and North	74	92	80%	84	93	90%	74	93	80%
<b>Total:</b>	<b>705</b>	<b>944</b>	<b>75%</b>	<b>773</b>	<b>959</b>	<b>81%</b>	<b>463</b>	<b>957</b>	<b>48%</b>

*Note: Service year covers the period from 1 October of the year to 30 September of the following year.*

I : No. of participating RCHEs and DEs

II : Total no. of RCHEs and DEs

**CONTROLLING OFFICER'S REPLY**

**FHB(H)207**

**(Question Serial No. 2622)**

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 detail, by type of sexually transmitted infections (STIs), the number of attendances at Social Hygiene Clinics of the Department of Health, the numbers / percentages / mean ages of male and female attendees and the unit cost of treatment for 2012-13 to 2016-17.

Type of STIs	Male (no.)	Male (%)	Female (no.)	Female (%)	Total attendances	Mean age of male	Mean age of female	Unit cost of treatment

Asked by: Hon CHAN Pierre (Member Question No. 47 )

Reply:

The figures of attendance at the Social Hygiene Clinics under the Department of Health over the past 5 years are appended below –

<b>Year</b>	<b>Total attendance*</b>	
2012	84 287	(69:31)
2013	88 066	(71:29)
2014	85 782	(70:30)
2015	86 609	(71:29)
2016	81 831	(71:29)

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

Non-gonococcal urethritis/non-specific genital infection (NGU/NSGI), genital warts (GW), gonorrhoea (GC), syphilis, and genital herpes (GH) are the 5 most common sexually transmitted infections (STIs) seen in the Social Hygiene Clinics. The number of new diagnoses of these 5 STIs and other STIs over the past 5 years are appended below:

<b><u>Year</u></b>	<b><u>NGU/ NSGI</u></b>	<b><u>GW</u></b>	<b><u>GC</u></b>	<b><u>Syphilis</u></b>	<b><u>GH</u></b>	<b><u>Other STIs</u></b>	<b><u>Total</u></b>
2012	6 002 (58:42)	1 883 (70:30)	1 222 (89:11)	1 013 (52:48)	658 (65:35)	1 440	12 218 (59:41)
2013	6 451 (60:40)	1 902 (69:31)	1 211 (88:12)	999 (56:44)	888 (69:31)	1 461	12 912 (60:40)
2014	5 941 (59:41)	1 947 (72:28)	1 163 (86:14)	1 082 (66:34)	846 (68:32)	1 637	12 616 (59:41)
2015	5 760 (62:38)	1 953 (72:28)	1 357 (88:12)	1 112 (65:35)	772 (67:33)	1 832	12 786 (62:38)
2016	5 664 (62:38)	1 865 (69:31)	1 433 (87:13)	1 020 (72:28)	789 (61:39)	1 554	12 325 (62:38)

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

A breakdown of the mean age of attendees for individual STIs and the average unit cost for treating each type of STI are not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)208**

**(Question Serial No. 2674)**

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), please inform this Committee of the following:

1. What are the number of attendances of Hong Kong elders using the elderly health care vouchers (EHVs) at the HKU-SZ Hospital since the implementation of the Pilot Scheme and the value of EHVs involved? Does the Government know which clinics or departments have been providing services to these elders?
2. The Government stated earlier that the Pilot Scheme is aimed at providing an extra service point for Hong Kong elders and facilitating those who reside in the Mainland or in places near Shenzhen (e.g. North District of the New Territories) to seek necessary medical services. Does the Government know how many of these elders are residing in (i) Shenzhen; (ii) other cities in Guangdong Province; (iii) other provinces or cities on the Mainland; (iv) the New Territories of Hong Kong; and (v) other parts of Hong Kong?
3. When will the Government evaluate the effectiveness of the Pilot Scheme so that a decision can be made either to make it a regular initiative or to extend the use of the EHVs by Hong Kong elders to other areas in the Mainland? What criteria will the Government adopt in assessing if the Pilot Scheme is successful?

Asked by: Hon CHAN Pierre (Member Question No. 39)

Reply:

1. As at 31 December 2016, 1 191 elders had ever made use of vouchers at the University of Hong Kong - Shenzhen Hospital (HKU-SZ Hospital), and the total amount of vouchers claimed was about \$2.0 million (to pay for healthcare service fees of around RMB1.7 million). The vouchers were used at the Family Medicine Clinic, Health Assessment and Management Centre, Accident and Emergency Department, Orthopaedic Clinic, Ophthalmology Clinic, Dental Clinic, Chinese Medicine Clinic, Medicine Clinic, Gynaecology Clinic, Surgery Clinic, Physiotherapy Department, Department of Medical Imaging and Department of Pathology of the HKU-SZ Hospital.



2. The Department of Health does not maintain statistics on the residence of elders using the vouchers. Nevertheless, according to information provided by the HKU-SZ Hospital, as at end-December 2016, among the elders who had ever made use of vouchers in the HKU-SZ Hospital and provided their residential information, about 69% were residing in the Mainland while 31% were residing in Hong Kong.
  
3. As this is the first time we provide a service point for using the vouchers outside Hong Kong, we are closely monitoring the implementation of the Pilot Scheme at the HKU-SZ Hospital. A review would be conducted in due course, with a view to summarising the experience gained in consideration of converting the Pilot Scheme into a regular programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)209**

**(Question Serial No. 2145 )**

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 reference to the prevailing list of notifiable infectious diseases maintained by the Centre for Health Protection (CHP), there had been reports of human-to-human transmission of different infectious disease agents in Hong Kong before. Over the years, the CHP has been disseminating health messages on its website to prevent epidemics of such diseases. In this connection, will the Government inform this Committee of:

1. the details of various policies and measures implemented by the Department of Health in maintaining the surveillance and control of communicable diseases;
2. the actual expenditure incurred in adopting different protective measures in the past financial year; and
3. the estimated expenditure of the Department in the current financial year.

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 18 )

Reply:

1. The Centre for Health Protection (CHP) of the Department of Health achieves effective prevention and control of diseases through coordinating and implementing public health programmes covering surveillance, outbreak management, health promotion, risk communication, emergency preparedness and contingency planning, infection control, laboratory services, vaccinations, specialised treatment and care services, preventing importation of infectious diseases at boundary control points as well as training and research.

For surveillance of communicable diseases, the CHP 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.

To control communicable diseases, the CHP carries out prompt epidemiological investigation, on-site inspections, segregation or confinement measures, contact tracing and medical surveillance in accordance with the Prevention and Control of Disease Ordinance (Cap. 599) and conducts risk communication, public education and community engagement to reduce the risk of spread.

Aside from working closely with the Scientific Committees which advise on issues of public health importance, the CHP also provides specialised treatment services and carries out surveillance and prevention activities for tuberculosis, HIV, and sexually transmitted infections through its Tuberculosis and Chest Service, Special Preventive Programme and Social Hygiene Service respectively.

2. Expenditures of the CHP in financial years 2015-16 and 2016-17 are provided below –

<u>Financial Year</u>	<u>Expenditure</u>
2015 – 16	\$1,686.0 million (actual)
2016 – 17	\$1,721.9 million (revised estimate)

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.

3. The provision for financial year 2017-18 will be \$1,909.4 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)210**

**(Question Serial No. 2148)**

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 Chief Executive mentioned in his Policy Address that the practice of Chinese medicine is well positioned for further development in Hong Kong. However, according to the random tests conducted last year, several local proprietary Chinese medicines (pCm) were found to contain excessive mercury or other unauthorised substances. In this connection, will the Department inform this Committee of:

1. how safety of the ingredients of pCm can be ensured more effectively in the future?
2. whether any reports concerning adverse reactions of patients after consuming registered pCm were received by the Department? If so, please provide the number and details of such cases. Had appropriate follow-up actions been taken? What was the expenditure involved?

Asked by: Hon HO Kwan-yiu, Junius (Member Question No. 19)

Reply:

1. A stringent regime has been set up under the Chinese Medicine Ordinance (Cap. 549) (CMO) for the regulation of, among others, proprietary Chinese medicines (pCm) and Chinese medicines traders. Regarding the regulation of Chinese medicines traders, any person who engages in wholesale and manufacture business of pCm must obtain a licence from the Chinese Medicines Board (CMB) under the Chinese Medicine Council of Hong Kong (CMCHK) and comply with the relevant practicing guidelines, which include ensuring that the pCm traded by them are of good quality and suitable to be used. The Department of Health (DH) conducts inspections in the premises of licensed wholesalers and licensed manufacturers of pCm from time to time to ensure their compliance with the requirements of the law and the practicing guidelines.

All products fulfilling the definition of pCm as stipulated by the CMO must be registered by the CMB before they can be imported, manufactured or sold in Hong Kong. To be registered in Hong Kong, all pCm must meet the registration requirements in respect of safety, quality and efficacy prescribed by the CMB.

Applicants are required to provide sufficient information and various reports to prove that their products have met the registration requirements. For safety aspect, applicants are required to submit heavy metals and toxic element test report, pesticide residues test report and microbial limit test report.

To monitor the quality and safety of the pCm regulated under the CMO, the DH has put in place a market surveillance system under which samples of pCm are collected from the market for testing on a regular basis. The regular testing items include adulteration of western medicines, heavy metal and toxic element contents, pesticide residues and microbial limit. To safeguard public health, the DH has also established a mechanism for reporting adverse incidents related to Chinese medicines. Information has been collated through various channels so as to conduct risk assessment, management and reporting. If any sub-standard pCm are found, the DH may request the Chinese medicines traders concerned to recall the products and refer the case to the CMCHK for follow-up actions. Press statements will also be issued. The Government is planning to enhance the recall mechanism by introducing legislative proposal to confer power on the Director of Health under the CMO to make decision to recall pCm which may pose health hazards to the public. Moreover, the DH will continue to maintain close liaison with the relevant Mainland regulatory authorities for timely exchange of information on quality and safety of Chinese medicines according to the established mechanism.

2. In 2016, the DH did not receive any adverse event from the Hospital Authority that was caused by consumption of registered pCm.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 1096)**

Head: (37) Department of Health

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

Programme: (4) Curative Care (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the various types of specialised outpatient clinics and the child assessment centres set up by the Department of Health as well as the two Chinese Medicine Clinics subvented by the Department as mentioned in paragraphs 16, 17 and 21, will the Department please inform this Committee of:

- (1) the attendances at the various types of specialised outpatient clinics set up by the Department and the two subvented Chinese Medicine Clinics run by the Tung Wah Group of Hospitals as well as the average waiting time for each patient in the 2016-17 financial year;
- (2) the wastage rates of the resident medical practitioners at the various types of specialised outpatient clinics set up by the Department in the 2016-17 financial year; and
- (3) the attendances at the child assessment centres for assessments and the average waiting time for each child in the 2016-17 financial year.

Asked by: Hon IP LAU Suk-ye, Regina (Member Question No. 3)

Reply:

(1) & (2)

Social Hygiene Service

In 2016, total attendances for receiving dermatological service and social hygiene service were 244 197 and 81 831 respectively. In 2016, first appointment could be arranged within 12 weeks for approximately 31% of new dermatology cases.

The wastage rate for Medical and Health Officers in Social Hygiene Service in 2016-17 (up to 1 March 2017) was 10.7%.

### Tuberculosis and Chest Service

The number of consultations (first visits plus return visits) of Tuberculosis and Chest Service (TB&CS) in 2016 was 188 939. As regards waiting time for enrolment, persons attending chest clinics with a diagnosis of active tuberculosis or suspected active tuberculosis will be seen by doctor within 1 to 2 days. Persons attending chest clinics with diagnoses other than tuberculosis and are therefore not under the key service area of TB&CS will be offered an appointment by medical staff depending on the circumstances. TB&CS has not compiled the number of persons falling into this latter category and their corresponding waiting time for enrolment.

The wastage rate for Medical and Health Officers in TB&CS in 2016-17 (up to 1 March 2017) was 9.7%.

### HIV/AIDS Clinic

In 2016, the total attendances at Kowloon Bay Integrated Treatment Centre was 14 900. All new cases in 2016 were seen within 14 days. The Department of Health (DH) does not have information about the average waiting time for patients at the above centre.

There was no wastage of Medical and Health Officers in HIV/AIDS Clinic in 2016-17 (up to 1 March 2017).

### Tung Wah Group of Hospitals

The Department of Health 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 2016 are set out below:

	<u>KCGC</u>	<u>TCGC</u>
Bone-setting service*	244 419	51 702
Herbalist service	12 807	7 446
Total	<u>257 226</u>	<u>59 148</u>

\* The attendances for bone-setting service include those patients obtaining herbal paste from the clinics without consultation.

The daily quota offered by these 2 CMCs are as follows:

	<u>KCGC</u>	<u>TCGC</u>
Bone-setting service	270	70
Herbalist service	100	40
Herbal paste	No limit	No limit

There is no information on the average waiting time for consultation for these 2 CMCs.

(3)

The number of children assessed by the Child Assessment Service (CAS) in 2016 was 15 395. In 2016, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new cases within 6 months has dropped from 83% in 2014 to 61% in 2016. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average waiting time for assessment of new cases.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)212**

**(Question Serial No. 1628 )**

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 dermatological specialist outpatient services provided by the Department of Health, please advise on the following for the past 5 years:

- a) the number of new dermatology cases handled each year;
- b) the percentage of new dermatology cases with an appointment time given within 12 weeks; and
- c) the lower quartile, median, and upper quartile of waiting times for new dermatology cases in Kowloon, the New Territories and Hong Kong Island respectively.

Asked by: Hon KWONG Chun-yu (Member Question No. 24 )

Reply:

- a) The number of new attendances in the past 5 years from 2012 to 2016 at dermatological clinics are as follows:

Year	Attendance
2012	28 709
2013	27 989
2014	28 494
2015	27 366
2016	26 027

- b) The percentage of new dermatology cases with appointment time given within 12 weeks in the past 5 years from 2012 to 2016 are as follows:

Year	Percentage
2012	55%
2013	53%
2014	48%

2015	43%
2016	31%

- c) The Department of Health does not compile relevant statistics regarding the median, upper quartile and lower quartile of the waiting time for new dermatology cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)213**

**(Question Serial No. 1635 )**

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:

The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 are 43% and 31% respectively, and the planned figure for 2017 remains at 31%. What are the major obstacles to raising the percentage of new dermatology cases with an appointment time given within 12 weeks? Why is the planned percentage for 2017 set at 31%, which is far below the target of over 90%?

Asked by: Hon KWONG Chun-yu (Member Question No. 31 )

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)214**

**(Question Serial No. 2682)**

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 were outbreaks of H7N9 avian influenza in some Mainland cities and detection of mutation of the virus. Will the Government inform this Committee of the following:

- (1) What arrangements and response plans has the Department of Health (DH) made and devised in view of the possible spread of H7N9 avian influenza in Hong Kong?
- (2) Does the DH have to seek additional funding for expenditure or manpower in view of the possible spread of H7N9 avian influenza in Hong Kong? What are the details?

Asked by: Hon LAM Kin-fung, Jeffrey (Member Question No. 21 )

Reply:

- (1) With regard to the prevention and control of avian influenza, the Government has put in place the "Preparedness Plan for Influenza Pandemic" (the Plan) which adopts a three-tiered response level system (i.e. Alert, Serious and Emergency) based on the risk assessment of influenza pandemic that may affect Hong Kong and its health impact on the community. The Plan has already covered the overall response measures during an outbreak of influenza pandemic caused by a novel influenza virus (including avian influenza virus). The Alert Response Level is now activated under the Plan. The Centre for Health Protection (CHP) of the Department of Health (DH) will continue to closely monitor the latest development of avian influenza situation, disseminate the information to the public and health care workers in a timely manner and take appropriate prevention and control measures.

The CHP adopts a range of measures on prevention and control of avian influenza, including:-

**Strengthening Surveillance**

The Government has maintained a sensitive surveillance system for human infection with avian influenza viruses in Hong Kong. Novel influenza A infection (including avian influenza) is a notifiable disease. Doctors are required to report any patients

fulfilling both clinical criteria and epidemiological criteria to the CHP for investigation. All suspected cases will be isolated immediately in public hospitals and respiratory specimens will be collected from them for testing for influenza viruses. Besides, the CHP has collaborated with the Hospital Authority (HA) to set up a referral mechanism for suspected cases reported by private doctors. In view of the upsurge in human H7N9 cases in recent months, the CHP has collaborated with the HA to activate the eH7 electronic reporting platform for real-time exchange of information of suspected cases.

Furthermore, any cases of community-acquired pneumonia of unknown causes, requiring intensive care unit care, occurring in clusters or involving healthcare workers will be tested for avian influenza irrespective of travel or exposure history, as part of the enhanced surveillance in collaboration with HA.

### **Communication with other Health Authorities**

All along, the CHP maintains close liaison with the health authorities of the neighbouring areas and/or overseas countries to monitor the latest development of avian influenza and other novel influenza viruses around the world.

### **Strengthening Port Health Measures**

The CHP's Port Health Office conducts health surveillance measures at all boundary control points. Thermal imaging systems are in place for body temperature checks on inbound travellers. Suspected human cases of avian influenza will be immediately referred to public hospitals for follow-ups. The display of posters and broadcasting of health messages in departure and arrival halls as health education for travellers have been strengthened. Special pamphlet for avian influenza during Lunar New Year was distributed. The travel industry and other stakeholders are regularly updated on the latest information. In addition, Port Health Office will upload the latest outbreak information and health advice for preventing avian influenza to the Travel Health Service website for the travellers' reference.

### **Strengthening Risk Communication and Public Education**

The CHP takes a transparent and timely approach in the dissemination of information. Updates on the disease and health advice are provided to members of the public through press releases from time to time. The CHP all along promulgates in press releases and public announcements that travellers returning from affected places who present with respiratory symptoms should wear face masks, seek medical attention and reveal their travel and exposure history to doctors. The CHP also issues letters to doctors, hospitals, schools and residential care homes for the elderly and the disabled to inform them of the latest situation of avian influenza and remind them to take prevention measures. Moreover, surveillance data on avian influenza are summarised in the weekly on-line publication "Avian Influenza Report" uploaded to the CHP website ([http://www.chp.gov.hk/en/guideline1\\_year/29/134/441/332.html](http://www.chp.gov.hk/en/guideline1_year/29/134/441/332.html)).

The CHP strengthens public education on prevention of avian influenza, and personal and environmental hygiene through various channels, including a dedicated webpage under CHP website, Facebook Fanpage, YouTube Channel, television, radio,

newspapers, and distribution of health education materials. The CHP has also solicited the support of its health promotion partners in disseminating relevant health information.

- (2) The prevention and control of avian influenza requires concerted efforts of the DH, the Agricultural, Fisheries and Conservation Department, the Food and Environmental Hygiene Department and the HA. For the DH, no additional resources and manpower are required based on the assessment of the present situation.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)215**

**(Question Serial No. 0461)**

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 order to “develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control” as mentioned in the Policy Address, the Department of Health (DH) will “set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines”. In this regard, will the Government please inform this Committee of the following:

- (1) What will be estimated expenditure involved for this initiative?
- (2) What is the progress in the preparation of the Government Chinese Medicines Testing Institute (GCMTI) at present? When is the Institute expected to commence operation?
- (3) How many of the 27 net new posts created under Programme (1) are related to this initiative? What are the scope of work and details of such posts?
- (4) The Government Laboratory also carries out testing of Chinese medicines. Will there be overlapping of roles between the Government Laboratory and the said Chinese Medicines Testing Institute under this initiative?

Asked by: Hon LAU Ip-keung, Kenneth (Member Question No. 23)

Reply:

- (1) The provision for the temporary GCMTI in 2017-18 is about \$24.9 million.
- (2) Fitting out works of the temporary GCMTI was completed and the site was taken over by the Department of Health (DH) in December 2016. Most of the major equipment have been installed. The temporary GCMTI will come into operation in phases starting from late March 2017. As regards the permanent GCMTI, the Food and Health Bureau and the DH are currently working with the Planning Department to identify a suitable site.

- (3) Of the net creation of 27 posts under Programme (1), none of them is for the temporary GCMTI. Nevertheless, 15 posts have been created in 2016-17 for the temporary GCMTI including 1 Senior Chemist, 1 Chemist, 6 Scientific Officer (Medical), 1 Science Laboratory Technologist, 1 Science Laboratory Technician I, 2 Science Laboratory Technician II, 1 Laboratory Attendant, 1 Executive Officer II, and 1 Assistant Clerical Officer. 3 posts of Scientific Officer (Medical) have also been redeployed to support the work of the temporary GCMTI.
- (4) The Government Laboratory (GL) works closely with the Chinese Medicine Division of the DH with a view to safeguarding public health and supporting the enforcement of the Chinese Medicine Ordinance (Cap. 549). The main duties of GL in this respect include providing analytical services to support market surveillance and investigation of poisoning cases, and acting as expert witness in legal proceedings when necessary. On the other hand, the GCMTI will employ new analytical technology and conduct scientific research to develop a set of internationally-recognised reference standards for Chinese medicines. It will empower the industry through transfer of technology to strengthen quality control of Chinese medicines, establish the brand image of Hong Kong in Chinese medicines, and develop Hong Kong into an international hub for scientific research on Chinese medicines testing and quality control.

The roles of the GL and the GCMTI complement each other in supporting enforcement and development of Chinese medicines in Hong Kong.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)216**

**(Question Serial No. 0209)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

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

- a. the expenditure involved, the number of attendances and the manpower required since the implementation of the Programme;
- b. the number of attendances by scope of services (including fillings, extractions and dentures); and
- c. whether the Programme will be extended to all 18 districts so that elders other than those in residential care homes / day care centres and similar facilities can enjoy the dental services as well. If so, what are the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 13)

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, and \$44.8 million in 2016-17 and 2017-18 respectively, 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 2017, about 66 500 elders (involving about 109 900 attendances) had benefitted from the ODCP.
- b. Between October 2014 and January 2017, about 66 500 elders received annual oral check and dental treatments under the ODCP. Dental treatments received include scaling and polishing, denture cleaning, fluoride/X-ray and other curative treatments (such as fillings, extractions, dentures, etc).
- c. We do not have plan to extend the ODCP to cover elders other than those in residential care homes/day care centres and similar facilities. Currently, the Government also provides free/subsidised dental services to the needy elderly through the Dental Grant under the Comprehensive Social Security Assistance Scheme and the Community Care Fund Elderly Dental Assistance Programme. Elders can also make use of the Elderly Health Care Voucher to obtain dental services provided by the private sector.

**CONTROLLING OFFICER'S REPLY****FHB(H)217****(Question Serial No. 0499 )**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the numbers of registration applications from healthcare professionals processed by statutory boards/councils, please advise on the operating expenditure, manpower, number of registration applications and the average time required for approval for each application in 2016. Besides, how many complaints and disciplinary inquiries were processed by statutory boards/councils last year and what were the expenditure and manpower involved?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 26)Reply:

In 2016, the relevant statutory boards/councils processed 5 494 applications for registration from healthcare professionals. The types and numbers of applications, and the average time taken for approval are as follows-

<b>Healthcare Profession</b>	<b>No. of applications for registration processed in 2016</b>	<b>Average time taken for approval<sup>#</sup></b>
Chiropractors	13	2 - 3 months
Dental Hygienists (Enrolled)	22	1 - 2 months
Dentists	114	
- <i>Full registration</i>	(99*)	2 - 3 weeks
- <i>Specialist registration</i>	(15)	2 - 3 months
Doctors	1 328	
- <i>Full registration</i>	(379)	1 day
- <i>Provisional registration</i>	(380)	2 - 3 weeks
- <i>Limited registration</i>	(168)	2 weeks
- <i>Temporary registration</i>	(86)	2 weeks
- <i>Specialist registration</i>	(315)	2 - 3 months
Midwives	87	1 week
Nurses	2 326	2 - 3 weeks

<b>Healthcare Profession</b>	<b>No. of applications for registration processed in 2016</b>	<b>Average time taken for approval<sup>#</sup></b>
(Registered and Enrolled)		(for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	165	1 week
Chinese Medicine Practitioners	291	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 148	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 494	

*Notes:*

\* including 29 cases of deemed-to-be registered dentists.

# 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.

In 2016, the relevant statutory boards/councils received 1 058 complaints and conducted 66 inquiries against healthcare professionals. The breakdown figures are as follows-

<b>Healthcare Profession</b>	<b>No. of complaints received in 2016</b>	<b>No. of inquiries conducted in 2016</b>
Chiropractors	9	1
Dental Hygienists (Enrolled)	1	0
Dentists	132	6
Doctors	628	26
Midwives	0	0
Nurses (Registered and Enrolled)	52	7
Pharmacists	0	1
Chinese Medicine Practitioners	209	19
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists	27 (1) (2)	6 (1) (1)

<b>Healthcare Profession</b>	<b>No. of complaints received in 2016</b>	<b>No. of inquiries conducted in 2016</b>
- Optometrists	(12)	(3)
- Physiotherapists	(10)	(0)
- Radiographers	(2)	(1)
Total:	1 058	66

In 2016, the Department of Health (DH) assigned 20 staff to provide secretariat support to the relevant statutory boards/councils in processing registration and other related applications from 13 healthcare professions. In addition, DH assigned 35 staff to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries in 2016-17 are around \$11.7 million and \$13.8 million respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)218**

**(Question Serial No. 0500)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

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

- a. the expenditures required in providing the said service in the past 3 years, broken down by year;
- b. the numbers of staff involved in providing the said service in the past 3 years, broken down by grade; and
- c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 27 )

Reply:

- a. The expenditures for the Student Health Service (SHS) of the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are as follows:

2014-15 (Actual): \$201.8 million

2015-16 (Actual): \$ 210.1 million

2016-17 (Revised estimate): \$ 216.8 million

- b. A breakdown of the number of staff establishment by grades in the SHS in financial years 2014-15, 2015-16 and 2016-17 is as follows:

	<u>2014-15</u> (As at 31.3.2015)	<u>2015-16</u> (As at 31.3.2016)	<u>2016-17</u> (As at 1.3.2017)
Doctors	37	37	37
Nurses	236	236	236
Paramedical staff	18	18	18
Administrative and clerical staff	82	82	82
Workmen	42	29	29
Supporting staff	7	7	7
Total	422	409	409

- c. The DH has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for SHS in 2017-18 will be \$215.4 million. The number of staff establishment of the SHS in 2017-18 will be 409.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)219**

**(Question Serial No. 0501 )**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

The number of primary school children participating in the School Dental Care Service has been increasing over the past 2 years. It is estimated that the number of participating students in 2017 will be 11 000 higher than that in 2016. In this regard, please advise on:

- a. the expenditures required for providing the Service in the past 3 years, broken down by year;
- b. the numbers of personnel involved in providing the Service in the past 3 years, broken down by grade; and
- c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 28 )

Reply:

- a. The expenditures of School Dental Care Service (SDCS) of the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are as follows:-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2014-15(Actual)	229.4
2015-16(Actual)	240.1
2016-17(Revised estimate)	256.0

- b. In the service years of 2014-15, 2015-16 and 2016-17, the breakdown of the number of personnel involved in providing the service by grade in establishment is as follows:-

Number of personnel	Service Year <sup>Note 1</sup>		
	2014-15 (As at 1 February 2015)	2015-16 (As at 1 February 2016)	2016-17 (As at 1 February 2017)
Dental Officer	31	31	31
Dental Therapist	271	271	271
Dental Surgery Assistant	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. To cater for the anticipated increase in the number of participating students, the DH will absorb the additional workload by flexible redeployment of resources. In 2017, DH will also recruit dental therapists to fill up the vacancies arising from natural wastage.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)220**

**(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:

The number of attendances for health assessment and medical consultation at the Elderly Health Centres has been increasing.

- a. Please advise on the average waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres for the past 3 years.
- b. Please advise on the expenditures required for providing the services for the past 3 years, broken down by year.
- c. Please advise on the numbers of staff involved for providing the services for the past 3 years, broken down by grade.
- d. It was mentioned in the Policy Agenda of 2017 Policy Address that the manpower of the Elderly Health Service of the Department of Health would be increased to enhance the capacity of and the services provided by its Elderly Health Centres and Visiting Health Teams. Please advise on the details, including the estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for first-time health assessment.

Asked by: Hon LEE Kok-long, Joseph (Member Question 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 three years were as follows:

EHC	Median waiting time (months)			Number of elders on the waiting list (as at end of year)		
	2014	2015	2016*	2014	2015	2016*
Sai Ying Pun	30.5	30.0	6.0	1 089	765	837
Shau Kei Wan	24.9	23.5	2.4	1 288	988	674
Wan Chai	34.4	34.3	1.4	2 002	1 200	1 279

Aberdeen	16.2	14.5	4.3	595	456	411
Nam Shan	18.2	15.8	2.2	969	785	153
Lam Tin	15.0	12.0	4.0	489	363	370
Yau Ma Tei	32.9	34.2	7.6	934	751	789
San Po Kong	24.0	18.6	1.5	423	186	299
Kowloon City	31.4	34.4	8.5	840	430	374
Lek Yuen	21.9	4.5	8.7	1 766	386	1 096
Shek Wu Hui	14.3	16.4	7.9	396	370	375
Tseung Kwan O	27.0	29.0	2.8	1 480	1 379	602
Tai Po	22.4	16.3	3.8	783	644	507
Tung Chung	12.9	15.0	6.3	917	801	355
Tsuen Wan	15.8	17.8	12.0	1 065	994	704
Tuen Mun Wu Hong	17.3	15.8	11.3	1 124	1 182	1 386
Kwai Shing	13.7	7.0	1.5	330	63	206
Yuen Long	10.7	13.4	6.0	684	696	809
Overall	20.1	16.3	5.2	17 174	12 439	11 226

\*Provisional figures

- b. The expenditures for the EHCs in 2014-15, 2015-16, and 2016-17 are \$130.6 million (actual), \$140.0 million (actual), and \$143.7 million (revised estimate) respectively.
- c. The total numbers of posts deployed for the 18 EHCs in the past three years were as follows:

<b>Grade</b>	<b>As at 31 March 2015</b>	<b>As at 31 March 2016</b>	<b>As at 31 March 2017*</b>
Medical and Health Officer	26	26	27
Registered Nurse	57	60	60
Dispenser	5	5	5
Clinical Psychologist	4	4	4
Dietitian	4	4	4
Occupational Therapist	4	4	4
Physiotherapist	4	4	4
Clerical Officer	19	20	20
Clerical Assistant	19	20	20
Workman II	19	19	19
Total	161	166	167

\* Projected establishment

- d. The Department of Health (DH) will establish a new clinical team in 2017-18 and another new clinical team in 2018-19 to enhance the service capacity of EHCs. Each clinical team will comprise a doctor and three nurses; and is supported by a clerical staff and a workman grade staff. The two new clinical teams together are expected to contribute an additional 4 250 enrolments and around 19 300 attendances for health assessment and medical consultations each year. The DH will flexibly deploy the additional clinical teams and continue to closely monitor the waiting time for health assessments. An additional allied health team (comprising a Clinical Psychologist, a Physiotherapist I, an Occupational Therapist I and a Dietitian) will also be established in 2017-18 to provide professional support to the EHCs and the Visiting Health Teams (VHTs) of the Elderly

Health Service (EHS). The VHTs shall strengthen its role as a health advisor and trainer on the promotion of active and healthy ageing in support of the “ageing in place” policy. The financial provision for the EHS in 2017-18 will be \$230.6 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)221**

**(Question Serial No. 0503)**

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 enhancement of the protection of elders against invasive pneumococcal disease under this Programme, please advise on the details of the plan as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 30)

Reply:

As announced in the 2017 Policy Address, the Government will provide free/subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible high risk elders under the Government Vaccination Programme (GVP) and the Vaccination Subsidy Scheme (VSS) respectively. The aim is to provide them with better protection against invasive pneumococcal diseases (IPD) in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases (SCVPD). Upon implementation of the above new initiative, eligible high risk elders will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes.

The vaccination will be administered through either the GVP or the VSS in the following ways -

- (a) for previously vaccinated elders with high risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have received PCV13 vaccination before; and
- (b) for those high risk elders who have reached 65 but have never received vaccination before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangement for elders without high risk conditions remain unchanged, that is, they are eligible for receiving 1 dose of free/subsidised 23vPPV through either the GVP or the VSS.

The additional workload arising from the implementation of the above new initiative will be absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2017-18, a provision of \$77.2 million is earmarked for implementing the above new initiative. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)222**

**(Question Serial No. 0505)**

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:

Under *Matters Requiring Special Attention*, a pilot scheme of Accredited Registers Scheme for Healthcare Professions who are currently not subject to statutory regulation will be launched. Please advise on the relevant progress of work, details of the scheme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 31 )

Reply:

In end 2016, the Government launched the Pilot Accredited Registers Scheme (AR Scheme) which aims to enhance the current society-based registration arrangement for healthcare professions which are currently not subject to statutory regulation, with a view to providing more information to the public so as to facilitate them to make informed decision and ensuring the professional competency of relevant healthcare professionals.

The AR Scheme will operate under the principle of “one profession, one professional body, one register”. For each profession, the Accreditation Agent appointed by the Department of Health (DH) will assess and accredit one professional body that has met the prescribed requirements. The accredited professional body shall be responsible for administering the register of its profession. Upon accreditation, members of the public may look up the registers of healthcare professionals through the accredited healthcare professional bodies. The accreditation is valid for 3 years and renewable provided that the professional bodies can demonstrate that they continue to meet the requirements.

The Pilot Scheme covers the existing 15 non-statutorily regulated healthcare professions within the health services functional constituency of the Legislative Council. These professions may, having regard to their own aspirations and circumstances, opt to join the Pilot Scheme. If healthcare professions other than the above-mentioned are interested in joining the Pilot Scheme, their applications would be considered on a case-by-case basis.

The Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong (CUHK) has been appointed as the Accreditation Agent for the Pilot Scheme. The application for the Pilot Scheme was closed on February 17, 2017. CUHK is conducting an initial screening of the applications. The result of the Pilot Scheme is expected to be announced by the end of 2017.

The Government will provide financial resources for the implementation of the AR Scheme, including operational and assessment costs of the Accreditation Agent and other related expenses. Healthcare professional organisations may apply for accreditation on voluntary basis and no application fee is required. Professional bodies shall operate on a self-financing basis and be responsible for their daily operating costs.

In 2017-18, a provision of \$8.6 million is earmarked for rolling out the Pilot Scheme including staff and operational costs.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)223**

**(Question Serial No. 0508 )**

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 2 400 in 2016 as compared with 2015, while the number for 2017 is estimated to be similar to the previous year. In this connection, please advise on:

- a. the expenditures required in providing the said service in the past 3 years, broken down by year;
- b. the numbers of staff involved in providing the said service in the past 3 years, broken down by grade; and
- c. whether the Department has earmarked sufficient resources, including manpower, to meet the demand of this year. If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 32 )

Reply:

- a. The expenditures of providing dental service to hospital patients by the Department of Health (DH) in financial years 2014-15, 2015-16 and 2016-17 are:-

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15(Actual)	56.3
2015-16(Actual)	52.2
2016-17(Revised estimate)	60.3



- b. The breakdown of the number of personnel involved in providing the service by grade in establishment in financial years 2014-15, 2015-16 and 2016-17 are as follows:

Number of personnel	As at 1.2.2015	As at 1.2.2016	As at 1.2.2017
Dental Officer	28	28	28
Dental Surgery Assistant	28	28	28
Dental Technician	7	7	7
Laboratory Attendant	7	7	7

- c. To cater for the anticipated increase in the number of patients in this year, the DH will absorb the additional workload by flexible redeployment of resources.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)224**

**(Question Serial No. 0510)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Child Assessment Service,

- a. the completion time for assessment of new cases in the Child Assessment Centres within 6 months fell short of the target of 90% for the past 2 years and further dropped to 61% in 2016, which is 10% lower than the 2015 figure; please advise on the reasons for failing to meet the target;
- b. please advise on the number of children who received the child assessment service and the number of these children who were assessed as having developmental disabilities, broken down by their developmental problems, for each of the past 3 years;
- c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in the Child Assessment Centres for the past 3 years; and
- d. it was mentioned in the 2016 Policy Address that an additional Child Assessment Centre would be set up by the Department of Health; please advise on the progress of work in 2016 as well as the specific work plan, timetable, estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for new cases in 2017.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 33)

Reply:

- a. The Department of Health (DH) was unable to meet the target of 90% mainly due to the increasing demand for services provided by the Child Assessment Service (CAS), coupled with the high turnover rate and difficulties in recruiting doctors to the CAS.
- b. In the past 3 years, the number of new referrals to the CAS has been on an increasing trend. The numbers of newly referred cases received by the CAS in 2014, 2015 and 2016 are 9 494, 9 872 and 10 188 (provisional figure) respectively.

The number of newly diagnosed cases of developmental conditions in the CAS from 2014 to 2016 are as follows:-

Developmental conditions	Number of newly diagnosed cases		
	2014	2015	2016 (Provisional figure)
Attention Problems/Disorders	2 541	2 890	2 809
Autism Spectrum Disorder	1 720	2 021	1 905
Borderline Developmental Delay	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	535	643	506
Hearing Loss (Moderate to profound grade)	109	76	67
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	41	61	60
Significant Developmental Delay/Intellectual Disability	1 252	1 443	1 323
Visual Impairment (Blind to Low Vision)	36	43	29

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

c. In the past 3 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new cases within 6 months in 2014, 2015 and 2016 are 83%, 71% and 61% respectively. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average waiting time for assessment of new cases.

The approved establishment of CAS in 2016-17 is as follows:

Grades	Number of posts
<b>Medical Support</b>	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
<b>Nursing Support</b>	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
<b>Professional Support</b>	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	23
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
<b>Technical Support</b>	
Electrical Technician	2
<b>Administrative and General Support</b>	
Executive Officer I	1

<b>Grades</b>	<b>Number of posts</b>
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	19
Office Assistant	2
Personal Secretary I	1
Workman II	12
<b>Total:</b>	<b>161</b>

The number of children served by the CAS in 2014, 2015 and 2016 are 21 252, 23 020 and 23 484 (provisional figure) respectively

d. 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 the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of a temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for the CAS in 2017-18 is \$131.8 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)225**

**(Question Serial No. 0696 )**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Government dental clinics under the Department of Health provide free emergency dental treatments to the public. Dental services at general public sessions cover treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction.

- (1) What were the number of service hours, the maximum service capacity, the actual number of attendances, the average time per consultation, the main services provided and the average cost per attendance of each dental clinic in the past 3 years?
- (2) Will the actual public demand for dental services be reviewed, and will extending the service hours of individual clinics, expanding the service capacity and increasing the number of clinics be considered in the light of the review results? If so, what are the details? If not, why?

Asked by: Hon LEE Wai-king, Starry (Member Question No. 43 )

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 2014, 2015 and 2016, the service session, maximum numbers of disc allocated and numbers 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		
			2014	2015	2016
Kowloon City Dental Clinic	Monday (AM)	84	5 126	5 177	5100
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 146	4 009	4168
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 535	6 159	6552
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 176	2 340	2238
Mona Fong Dental Clinic	Thursday (PM)	42	1 816	1 937	1900
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 915	1 966	1983
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 812	7 642	7173
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 088	2 065	2120
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 776	3 876	3857
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	118	98	85
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	192	198	144

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

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

@ The maximum numbers of disc allocated per session at individual dental clinics remain the same in 2014, 2015 and 2016.

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 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 seven public hospitals.

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.

Since 2013-14 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in August 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the Hospital Authority.

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

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)226**

**(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:

It was mentioned in paragraph 33 of this year's Budget that the Government will lower the eligibility age for Elderly Health Care Vouchers (EHVs) from 70 to 65, so that about 400 000 more elderly persons will receive \$2,000 a year to purchase primary care services from the private sector. In this regard, will the Government inform this Committee of the following:

1. It was mentioned in the Budget that various elderly care measures, including EHVs, would involve an annual recurrent expenditure of about \$9 billion on average. What will be the additional recurrent government expenditure involved for lowering the eligibility age for EHVs from 70 to 65 alone?
2. Has the Government considered further lowering the eligibility age for EHVs to cover elderly persons aged between 60 and 64 in the coming few years? If so, what are the details and additional expenditure involved? If not, why?
3. Will the Government consider streamlining the procedures for making voucher claims to encourage more healthcare service providers to enroll in the Elderly Health Care Voucher Scheme, so that the elderly persons need not seek cross-district consultations or forfeit their EHVs as a result of insufficient healthcare service providers enrolled in their own district? If so, what are the details? If not, why?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 40)

Reply:

1. The Government proposes to lower the eligibility age for the Elderly Health Care Voucher (EHV) Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is \$2,135.0 million, representing an increase of \$712.9 million over the provision originally earmarked for the EHV Scheme for 2017-18 with eligibility age at 70.



2. With an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitment involved will increase substantially if the eligibility age is further lowered to 60. Given the need to assess the long-term financial implications for the Government in consideration of this proposal, we do not have any plan to further lower the eligibility age for the EHV Scheme to 60 at present.
  
3. The Department of Health (DH) is currently conducting a review of the EHV Scheme in collaboration with the Chinese University of Hong Kong's Jockey Club School of Public Health and Primary Care. Views of elders and service providers on the operational arrangement of the EHV Scheme will be collected during the review. We will consider enhancing the EHV Scheme as appropriate taking into account the review findings and the Government's overall fiscal condition. Besides, to encourage more service providers to join the EHV Scheme, the 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. As at end December 2016, there were a total of 6 144 service providers in Hong Kong enrolled in the EHV Scheme, accepting the use of vouchers through 11 851 places of practice distributed across all 18 districts of the territory.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 3188)**

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:

At present, the Outreach Primary Dental Care Services for the Elderly (outreach dental care services for the elderly) of the Government provides dental care to the elders residing in residential care homes for the elderly and similar facilities. In this connection, will the Government advise this Committee on the following:

1. how many elders were benefited from the outreach dental care services for the elderly in the past 3 years? How much resources were allocated? Please give a detailed breakdown of the expenditure for the project; and
2. will the Government consider allocating additional resources to provide mobile dental services to those needy elders living in remote areas? If so, what are the details? If not, why?

Asked by: Hon LEUNG Mei-fun, Priscilla (Member Question No. 35)

Reply:

1. The financial provision for implementing the Outreach Dental Care Programme for the Elderly (ODCP) was \$25.1 million, \$44.5 million and \$44.8 million in 2014-15, 2015-16, and 2016-17 respectively. Since the implementation of the ODCP in October 2014 up to end-January 2017, about 66 500 elders (involving about 109 900 attendances) had benefitted from the ODCP.

A breakdown of the financial provision for the programme in the past 3 years is as follows:

<b>Breakdown</b>	<b>Financial Provision (\$ million)</b>		
	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
(a) Subvention to non-governmental organisations for operating outreach dental teams (including annual block grants, subsidy for further curative treatments and one-off capital grant)	19.9	39.9	39.9
(b) Administrative costs	5.2	4.6	4.9
<b>Total:</b>	<b>25.1</b>	<b>44.5</b>	<b>44.8</b>

2. 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 (trailers). 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. We consider the outreach dental services provided under the ODCP more effective to address the dental care needs of those elders in residential care homes and day care centres whose physically weak and frail conditions have made it difficult for them to receive dental care services at dental clinics.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)228**

**(Question Serial No. 3156 )**

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 “taking forward the legislative proposal to prohibit commercial sale and supply of alcohol to minors”,

- what are the details of the legislative proposal, timetable for implementation and estimated expenditure involved?
- please set out the respective numbers of prosecutions initiated and successful prosecutions for violation of the Dutiable Commodities (Liquor) Regulations under which licensed premises are not permitted to provide intoxicating liquor for persons under the age of 18 “on the premises” in the past 5 years (2012-2016); and
- please set out the numbers of persons under the age of 18 who had access to alcoholic drinks by age group in the past 5 years (2012-2016).

Asked by: Hon LUK Chung-hung (Member Question No. 35)

Reply:

1. Since 2000, Hong Kong has put in place a liquor licensing system, as laid down in the Dutiable Commodities (Liquor) Regulations (Cap. 109B), under which no licensee shall permit any person under the age of 18 to drink any intoxicating liquor on any licensed premises. However, there is currently no restriction on off-premises purchase of alcoholic beverages by people aged under 18.

To protect young people who are vulnerable to the harm caused by alcohol, the Government proposes introducing a statutory regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons under the age of 18. The proposed regulation will cover all forms of commercial sale and supply of alcohol, including internet sale. The Government plans to introduce an amendment bill into the Legislative Council in the latter half of 2016-17 legislative session. Meanwhile, the Department of Health will enhance publicity and education activities to combat underage drinking.

In 2017-18, financial provision of \$3.5 million has been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol to persons under the age of 18, and another \$2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

2. In the past 5 years, the number of prosecutions initiated by the Hong Kong Police Force and the convictions in relation to the contravention of the Dutiable Commodities (Liquor) Regulations (i.e. for failing to comply with the requirement for not permitting a person under the age of 18 to drink intoxicating liquor on any licensed premises) are listed as follows:

<b>Year</b>	<b>Figures of Prosecutions and Convictions</b>
2012	5
2013	0
2014	4
2015	4
2016	6

3. The Student Drug Use Surveys conducted by the Narcotics Division of the Security Bureau provided pertinent statistics about youth drinking. In the 2011/12 Survey, 56.0% of students in primary 4 to 6, secondary and post-secondary education had ever drunk alcohol, 41.0% reported alcohol consumption in the past year and 18.4% reported drinking alcohol in the past 30 days. In the 2014/15 Survey, corresponding figures were 56.2%, 41.3% and 20.2%. Drinking prevalence among youth was noted to rise as students' age increased.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)229**

**(Question Serial No. 1491 )**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions, (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 expenditure, manpower, implementation and progress in respect of the population-based health survey conducted in accordance with the "Action Plan to Reduce Alcohol-related Harm in Hong Kong" which was launched since 2010.
2. What specific measures and estimates for conducting the study on the feasibility of imposing age-restriction on off-premise sales of alcohol are given in this Budget? Please advise on the manpower, implementation and progress in respect of the conduct of the study.

Asked by: Hon MA Fung-kwok (Member Question No. 18)

Reply:

1. The "Action Plan to Reduce Alcohol-related Harm in Hong Kong" (Action Plan) outlines 17 intersectoral actions to reduce harmful effects of alcohol consumption. To obtain useful and updated information on alcohol consumption among the local population, the Population Health Survey (PHS) 2014-15 was conducted. The PHS is now at the report compilation stage and the report is expected to be released in mid-2017. Resources and manpower for collecting data specific to alcohol consumption were absorbed under the overall expenditure of the PHS and no separate figures are available.
2. The Action Plan recommended, among others, the relevant authorities to review and consider the feasibility of imposing age restrictions on off-premise sales of alcohol. We have collected relevant local and overseas data, as well as conducted engagement and consultation with stakeholders of relevant sectors on regulatory action of alcohol consumption. The Government aims to introduce within the current legislative session a regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons aged below 18. In 2017-18, the provision of \$3.5 million has been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons aged below

18, and another \$2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)230**

**(Question Serial No. 0354 )**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding general public sessions (GP sessions) of dental clinics,

- (1) please provide the total number of attendances and a breakdown by age group of the number of attendances in GP sessions (and the percentage of total attendances each age group accounts for) in the past 5 years;
- (2) please provide the total number of discs available and the total number of service sessions in GP sessions in the past 5 years; and
- (3) please provide a breakdown by dental clinic of the total number of attendances and the number of patients who consulted more than once in GP sessions in the past year.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 14)

Reply:

1. The Department of Health (DH) provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. In the financial years 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, the total numbers of attendances for GP sessions are as follows –

	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17 (up to 31 January 2017)</b>
<b>No. of attendance</b>	35 179	34 352	35 221	34 580	30 413



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 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 are as follows –

	<b>Distribution of attendances by age group</b>				
<b>Age group</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17 (up to 31 January 2017)</b>
0-18	774 (2.2%)	721 (2.1%)	726 (2.1%)	723 (2.1%)	532 (1.8%)
19-42	4 820 (13.7%)	4 672 (13.6%)	4 676 (13.3%)	4 910 (14.2%)	4 316 (14.2%)
43-60	10 272 (29.2%)	9 962 (29.0%)	9 938 (28.2%)	9 496 (27.5%)	8 370 (27.5%)
61 or above	19 313 (54.9%)	18 997 (55.3%)	19 881 (56.5%)	19 451 (56.3%)	17 195 (56.5%)

2. In the financial years 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17, the total number of discs available and service sessions in GP sessions are as follows –

	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17 (up to 31 January 2017)</b>
<b>No. of disc available</b>	39 978	40 152	40 430	40 060	33 560
<b>No. of sessions</b>	659	661	661	662	554

3. The total numbers of attendance in GP sessions of each dental clinic in 2016-17 are as follows –

<b>Dental Clinic with GP Session</b>	<b>No. of Attendance in 2016-17 (up to 31 January 2017)</b>
Kowloon City Dental Clinic	4 363
Kwun Tong Dental Clinic*	3 567
Kennedy Town Community Complex Dental Clinic	5 773
Fanling Health Centre Dental Clinic	1 973
Mona Fong Dental Clinic	1 589
Tai Po Wong Siu Ching Dental Clinic	1 658
Tsuen Wan Dental Clinic <sup>#</sup>	6 186
Yan Oi Dental Clinic	1 782
Yuen Long Jockey Club Dental Clinic	3 321
Tai O Dental Clinic	75
Cheung Chau Dental Clinic	126

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

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

The DH does not have the number of patients who consulted more than once in GP sessions in the past year.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)231**

**(Question Serial No. 0357 )**

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 regulation and development of private hospitals,

- (1) please list the number and average occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years;
- (2) please list the numbers of inspections conducted, non-compliance cases found and prosecutions instituted by the Department of Health (DH) in respect of the private hospitals in Hong Kong in the past five years, broken down by private hospital; and
- (3) please provide the number of staff in the DH responsible for inspecting private hospitals, broken down by grade, and the total emolument expenditure involved.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 17)

Reply:

- (1) The number and average bed occupancy rate of beds provided by the private hospitals in Hong Kong in the past five years are as follows:

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Number of beds:	4 033	3 882	3 906	4 014	4 226
Bed occupancy rate:	67.2%	61.3%	62.9%	61.7%	not yet available

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

DH inspects all private hospitals at least twice per year. In 2012, 2013, 2014, 2015 and 2016, DH conducted respectively 106, 126, 112, 107 and 123 inspections to private hospitals (including maternity homes). A breakdown by private hospital is at **Annex 1**. The total number of inspections conducted is affected by factors such as applications for new services and number of complaints received.

In 2012, 2013, 2014, 2015 and 2016, there were respectively 8, 3, 4, 2 and 6 cases of non-compliance by private hospitals. These cases were related to non-compliance with requirements concerning staffing, accommodation, equipment, related policies and procedures or timely reporting of sentinel events. DH has issued regulatory letters to the private hospitals concerned and monitored their remedial actions. A breakdown by private hospital is at **Annex 2**.

- (3) The Office for Regulation of Private Healthcare Facilities of DH regulates private hospitals, nursing homes and maternity homes through conducting inspections and investigating sentinel events and complaints to ensure compliance with the Ordinance and the COP. In 2017-18, the number of approved posts and the financial provision earmarked for personal emolument involved in the enforcement of the Ordinance are 28 and \$27.2 million, respectively. A breakdown by grade is as follows -

<b>Grades</b>	<b>Number of Posts Approved in 2017-18</b>
Medical & Health Officer	14
Pharmacist	1
Scientific Officer (Medical)	1
Registered Nurse	10
Hospital Administrator	2
<b>Total:</b>	<u>28</u>

- End -

**Number of inspections conducted to private hospitals  
(including maternity homes) from 2012 to 2016**

<b>Private Hospitals (Including Maternity Homes)</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Canossa Hospital (Caritas)	4	8	6	11	10
Evangel Hospital	10	17	10	9	8
Gleneagles Hong Kong Hospital <sup>#</sup>	N/A	N/A	N/A	N/A	1
Hong Kong Adventist Hospital – Stubbs Road	7	9	16	7	9
Hong Kong Adventist Hospital – Tsuen Wan	11	16	10	10	19
Hong Kong Baptist Hospital	7	17	20	18	15
Hong Kong Central Hospital*	8	N/A	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited	6	11	10	6	11
Matilda & War Memorial Hospital	7	7	8	10	12
Precious Blood Hospital (Caritas)	6	7	6	6	6
St. Paul's Hospital	16	8	4	4	6
St. Teresa's Hospital	9	8	10	6	6
Union Hospital	15	18	12	20	20
<b>Total</b>	<b>106</b>	<b>126</b>	<b>112</b>	<b>107</b>	<b>123</b>

N/A = Not applicable

<sup>#</sup> New application under consideration

\* Hong Kong Central Hospital ceased operation in September 2012.

**Breakdown of cases of non-compliance by private hospitals  
(including maternity homes) from 2012 to 2016**

<b>Private Hospitals (Including Maternity Homes)</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Canossa Hospital (Caritas)	-	1	1	-	-
Evangel Hospital	-	-	-	-	-
Hong Kong Adventist Hospital – Stubbs Road	1	-	1	1	-
Hong Kong Adventist Hospital – Tsuen Wan	3	2	1	-	-
Hong Kong Baptist Hospital	-	-	-	-	1
Hong Kong Central Hospital*	-	N/A	N/A	N/A	N/A
Hong Kong Sanatorium & Hospital Limited	-	-	1	-	3
Matilda & War Memorial Hospital	-	-	-	-	-
Precious Blood Hospital (Caritas)	2	-	-	1	-
St. Paul's Hospital	2	-	-	-	-
St. Teresa's Hospital	-	-	-	-	1
Union Hospital	-	-	-	-	1
<b>Total</b>	<b>8</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>6</b>

N/A = Not applicable

\* Hong Kong Central Hospital ceased operation in September 2012.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)232**

**(Question Serial No. 0361 )**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the specialised outpatient clinics under the Department of Health,

- (1) please set out by specialty the healthcare staff establishments, the numbers of new cases on the waiting list and the numbers of attendances of the specialist outpatient clinics in all districts in the past 3 years; and
- (2) the key performance measure in respect of new dermatology cases (i.e. the percentage of such cases with an appointment time given within 12 weeks) recorded in the past year is only 31%, far below the original target of 90%; why is that so? Is it related to a shortage of manpower or medicinal resources? What measures will the Government take to prevent the percentage from falling further?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 32)

Reply:

- (1) The establishment of Medical and Health Officer and Nursing grades in specialist outpatient clinics of the Department of Health (DH) is at Annex.

Information on new cases and numbers of attendances at the specialist outpatient clinics in the past 3 years are tabulated below-

## HIV/AIDS Clinic

### Number of new cases at HIV/AIDS Clinic

	2014	2015	2016
Kowloon Bay Integrated Treatment Centre (ITC)	333	359	331

Patient 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 3 years, all patients received consultation within 14 days, except for those who are specifically asked to receive consultation later.

### Number of total attendances at HIV/AIDS Clinic

	2014	2015	2016
ITC	13 750	14 600	14 900

## Dermatology Clinics

### Number of new cases on the waiting list at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	6 505	7 396	8 368
Sai Ying Pun	1 880	2 318	2 780
Yau Ma Tei	8 208	10 938	10 605
Yung Fung Shee	6 493	7 144	7 579
Fanling	7 873	8 793	8 657
Chai Wan	2 390	2 675	3 346
Wan Chai	1 396	2 770	3 570
Tuen Mun	5 083	5 620	5 597

### Number of new attendances at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	4 041	3 541	3 270
Sai Ying Pun	2 440	2 150	2 106
Yau Ma Tei	4 752	4 747	4 712
Yung Fung Shee	5 009	4 982	4 960
Fanling	2 604	2 933	3 233
Chai Wan	3 005	2 930	2 324
Wan Chai	2 011	1 882	1 748
Tuen Mun	4 632	4 201	3 674

### Number of total attendances at Dermatological Service

	2014	2015	2016
Cheung Sha Wan	39 785	39 683	39 646
Sai Ying Pun	23 457	23 606	22 849
Yau Ma Tei	46 415	46 964	46 036



Yung Fung Shee	39 637	41 529	42 397
Fanling	24 346	25 257	26 774
Chai Wan	26 234	25 048	22 881
Wan Chai	15 315	15 755	15 201
Tuen Mun	30 571	30 295	28 413

### **Tuberculosis and Chest Service**

#### **Number of new attendances at Chest Clinics (both TB<sup>#</sup> and non-TB)**

	<b>2014</b>	<b>2015</b>	<b>2016</b>
East Kowloon	1 239	1 296	1 190
Kowloon	1 648	1 392	1 468
Pneumoconiosis	72	81	55
Sai Ying Pun	1 375	1 381	1 357
Shaukeiwan	1 245	1 201	1 087
Shek Kip Mei	1 211	1 177	1 256
South Kwai Chung	2 299	2 022	2 023
Tai Po	930	956	913
Wanchai	1 432	1 193	1 265
Yan Oi	1 956	1 986	2 120
Yaumatei	1 655	1 719	1 829
Yuen Chau Kok	1 523	1 453	1 747
Yung Fung Shee	1 345	1 564	1 528
New Territories*	1 232	1 270	1 323
Tung Chung	305	384	424

\* New Territories chest clinics refer to Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (the latter closed since 1 April 2015).

# “TB” stands for tuberculosis.

#### **Number of total attendances (new attendances and return visits) at Chest Clinics (both TB and non-TB)**

	<b>2014</b>	<b>2015</b>	<b>2016</b>
East Kowloon	12 631	12 740	12 532
Kowloon	17 519	14 755	14 797
Pneumoconiosis	5 433	4 911	4 806
Sai Ying Pun	10 396	9 789	10 155
Shaukeiwan	11 577	11 303	10 833
Shek Kip Mei	12 105	12 584	12 467
South Kwai Chung	23 043	20 596	21 370
Tai Po	8 482	7 734	8 116
Wanchai	15 833	14 583	14 585
Yan Oi	19 759	17 985	19 545
Yaumatei	14 211	14 876	14 414
Yuen Chau Kok	16 127	14 829	16 578
Yung Fung Shee	15 997	15 099	15 312
New Territories*	12 023	11 320	11 230
Tung Chung	1 838	2 033	2 199

\* New Territories chest clinics refer to Sheung Shui Chest Clinic, Yuen Long Chest Clinic, Cheung Chau Chest Clinic, Sai Kung Chest Clinic and Castle Peak Chest Clinic (the latter closed since 1 April 2015).

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. Tuberculosis and Chest Service has not compiled the waiting time for non-TB cases as these cases are not related to its primary role of TB control. The waiting time for non-TB cases may vary from within the same day to a few weeks but the exact figure is not available.

- (2) The DH was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

– End –

**The Establishment of Medical and Health Officer and Nursing Grades in Specialist Out-patient Clinics of the Department of Health**

Clinics	No. of Posts in 2014-15/ 2015-16 / 2016-17*						
	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><i>Sub-total:</i></b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>9</b>	<b>11</b>	<b>-</b>	<b>25</b>
<b><i>Dermatological and Social Hygiene Clinics</i></b>							
Cheung Sha Wan Dermatological Clinic	1	3	-	1	9	-	14
Sai Ying Pun Dermatological Clinic	-	2	-	1	6	-	9
Yau Ma Tei Dermatological Clinic	1	2	-	1	9	-	13
Yung Fung Shee Dermatological Clinic	-	2	-	1	6	-	9
Chai Wan Social Hygiene Clinic	-	2	-	2	7	1	12
Wan Chai Male & Female Social Hygiene Clinic	1	2	-	2	10	2	17
Tuen Mun Social Hygiene Clinic	1	1	-	2	9	2	15
Yau Ma Tei Female Social Hygiene Clinic	-	1	-	2	7	2	12
Yau Ma Tei Male Social Hygiene Clinic	-	1	-	2	8	2	13
Yung Fung Shee Male / Female Social Hygiene Clinic	-	1	-	1	6	1	9
Fanling Integrated Treatment Centre	1	3	-	2	9	2	17
<b><i>Sub-total:</i></b>	<b>5</b>	<b>20</b>	<b>-</b>	<b>17</b>	<b>86</b>	<b>12</b>	<b>140</b>
<b><i>Tuberculosis and 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

**The Establishment of Medical and Health Officer and Nursing Grades in Specialist Out-patient Clinics of the Department of Health**

Clinics	No. of Posts in 2014-15/ 2015-16 / 2016-17*						
	SMO	MO	SNO	NO	RN	EN	Total
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>Sub-total:</b>	<b>7</b>	<b>21</b>	<b>-</b>	<b>14</b>	<b>74</b>	<b>74</b>	<b>190</b>
<b>Total</b>	<b>14</b>	<b>43</b>	<b>1</b>	<b>40</b>	<b>171</b>	<b>86</b>	<b>355</b>

\*There is no change in the establishment for the past 3 years.

**Remarks:**

- **SMO:** Senior Medical and Health Officer
- **MO:** Medical and Health Officer
- **SNO:** Senior Nursing Officer
- **NO:** Nursing Officer
- **RN:** Registered Nurse
- **EN:** Enrolled Nurse

**CONTROLLING OFFICER'S REPLY**

**FHB(H)233**

**(Question Serial No. 1172)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

With regard to the provision of woman health service,

- what were the numbers of new cases of breast cancer and cervical cancer in the past 5 years (2012-2016)? Please provide the figures by age group in the table below.

<b>Year</b>		
	<b>Number of new cases of breast cancer</b>	<b>Number of new cases of cervical cancer</b>
<b>Age 29 or below</b>		
<b>Age 30-39</b>		
<b>Age 40-49</b>		
<b>Age 50-59</b>		
<b>Age 60-69</b>		
<b>Age 70 or above</b>		
<b>Total</b>		

- what were the numbers of deaths from breast cancer or cervical cancer in the past 5 years (2012-2016)? Please provide the figures in the table below.

<b>Year</b>	<b>Number of deaths from breast cancer</b>	<b>Number of deaths from cervical cancer</b>
<b>2012</b>		
<b>2013</b>		
<b>2014</b>		
<b>2015</b>		
<b>2016</b>		

- will a free or subsidised cervical cancer vaccination scheme or a mammography screening programme for women be launched in order to promote early prevention and treatment of cancer? If so, what are the details? What is the expected expenditure incurred? If not, why?

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 22)

Reply:

The number of new cases with breakdown by age groups of (female) breast cancer and cervical cancer from 2012 to 2014 are shown below -

**The number of new cases of (female) breast cancer**

Age group	2012	2013	2014
29 or below	18	19	17
30 - 39	259	248	250
40 - 49	961	917	995
50 - 59	1 036	1 099	1 173
60 - 69	658	652	813
70 or above	576	589	619
Unknown age	0	0	1
<b>Total</b>	<b>3 508</b>	<b>3 524</b>	<b>3 868</b>

Figures for 2015 and 2016 are not yet available.

**The number of new cases of cervical cancer**

Age group	2012	2013	2014
29 or below	8	10	4
30 - 39	74	58	64
40 - 49	124	136	136
50 - 59	103	116	106
60 - 69	59	82	79
70 or above	89	101	83
<b>Total</b>	<b>457</b>	<b>503</b>	<b>472</b>

Figures for 2015 and 2016 are not yet available.

The number of deaths from (female) breast cancer and cervical cancer from 2012 to 2015 are shown below -

**Number of deaths from (female) breast cancer and cervical cancer**

Year	Cancer deaths	
	(Female) Breast cancer	Cervical cancer
2012	601	133
2013	596	142
2014	604	131
2015	637	169

Figures for 2016 are not yet available.

The recommendations co-published by the Scientific Committee on Vaccine Preventable Diseases and the Scientific Committee on AIDS and Sexually Transmitted Infections in 2016 considered it effective and safe to use human papilloma virus (HPV) vaccination to protect against the development of cervical cancer. Hence, the Government has commissioned a systematic population-based cost-benefit analysis on the subject. The results of the analysis, coupled with local epidemiological data and overseas evidence, will provide a basis for the two Scientific Committees to make recommendations to the Government on strategies towards HPV vaccination in Hong Kong.

For breast cancer, the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population.

Having studied prevailing and increasing international evidence that questions overall benefits of population-based screening over harm, the CEWG considers that there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, the Government has commissioned a study to develop a locally validated risk prediction tool in order to identify individuals who are more likely to benefit from screening.

Meanwhile, the Department of Health (DH) promotes healthy lifestyles as the primary prevention strategy. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be observed. Besides, mammography is offered to high risk women receiving the DH's woman health services.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)234**

**(Question Serial No. 1184)**

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),

1. please list the numbers of enrolment, the median waiting time for enrolment and the numbers of new enrolment in the 18 EHCs in the past 5 years;
2. please list the numbers of attendances and mean age of attendees for first-time health assessment, the numbers of attendances for other health assessments and the total numbers of attendances for health assessments in the 18 EHCs for each of the past 5 years; and
3. please list the numbers of healthcare staff, the numbers of attendances for medical consultation and the costs per attendance for medical consultation in each EHC across the territory for each of the past 5 years.

Asked by: Hon MAK Mei-kuen, Alice (Member Question No. 48)

Reply:

1. The numbers of enrolments, the median waiting time for new enrolment and the numbers of new enrolments in the 18 EHCs for each of the past 5 years are listed below.

<b>EHC</b>		<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	No. of enrolments	2 130	2 120	2 177	2 288	2 310
	Median waiting time for new enrolment (Months)	13.4	22.8	30.5	30.0	6.0
	No. of new enrolments	185	120	162	698	642



Shau Kei Wan	No. of enrolments	2 211	2 196	2 213	2 224	2 205
	Median waiting time for new enrolments (Months)	14.4	21.5	24.9	23.5	2.4
	No. of new enrolments	145	204	326	665	800
Wan Chai	No. of enrolments	2 141	2 156	2 143	3 614	4 545
	Median waiting time for new enrolments (Months)	25.8	27.8	34.4	34.3	1.4
	No. of new enrolments	227	183	249	1 878	2 251
Aberdeen	No. of enrolments	2 126	2 124	2 164	2 182	2 148
	Median waiting time for new enrolments (Months)	6.7	11.5	16.2	14.5	4.3
	No. of new enrolments	228	163	183	467	452
Nam Shan	No. of enrolments	2 206	2 193	2 212	2 225	2 218
	Median waiting time for new enrolments (Months)	16.2	17.3	18.2	15.8	2.2
	No. of new enrolments	370	166	244	490	795
Lam Tin	No. of enrolments	2 230	2 218	2 220	2 220	2 223
	Median waiting time for new enrolments (Months)	4.6	11.1	15.0	12.0	4.0
	No. of new enrolments	244	268	410	560	634
Yau Ma Tei	No. of enrolments	2 121	2 079	2 162	2 216	2 254
	Median waiting time for new enrolments (Months)	23.7	25.4	32.9	34.2	7.6
	No. of new enrolments	334	104	128	487	930
San Po Kong	No. of enrolments	2 121	2 122	2 123	2 134	2 142
	Median waiting time for new enrolments (Months)	10	15.9	24.0	18.6	1.5
	No. of new enrolments	334	104	168	550	640
Kowloon City	No. of enrolments	2 210	2 193	2 211	2 211	2 210

	Median waiting time for new enrolments (Months)	16.4	23.4	31.4	34.4	8.5
	No. of new enrolments	198	98	104	554	537
Lek Yuen	No. of enrolments	2 125	2 121	2 129	3 541	2 550
	Median waiting time for new enrolments (Months)	36.2	22.8	21.9	4.5	8.7
	No. of new enrolments	445	440	238	1 629	681
Shek Wu Hui	No. of enrolments	2 122	2 119	2 155	2 162	2 144
	Median waiting time for new enrolments (Months)	9.9	10.8	14.3	16.4	7.9
	No. of new enrolments	290	264	210	450	716
Tseung Kwan O	No. of enrolments	2 136	2 136	2 136	2 136	3 471
	Median waiting time for new enrolments (Months)	14.5	20.5	27.0	29.0	2.8
	No. of new enrolments	263	163	191	537	1 406
Tai Po	No. of enrolments	2 124	2 125	2 122	2 124	2 124
	Median waiting time for new enrolments (Months)	21.9	28.6	22.4	16.3	3.8
	No. of new enrolments	96	192	278	581	729
Tung Chung	No. of enrolments	2 245	2 224	2 226	2 330	2 319
	Median waiting time for new enrolments (Months)	9.5	10.4	12.9	15.0	6.3
	No. of new enrolments	432	407	244	461	731
Tsuen Wan	No. of enrolments	2 117	2 092	2 114	2 116	2 516
	Median waiting time for new enrolments (Months)	11.3	12.7	15.8	17.8	12.0
	No. of new enrolments	392	386	396	520	1 032
Tuen Mun Wu Hong	No. of enrolments	2 133	2 109	2 127	2 149	2 208
	Median waiting	9.9	15	17.3	15.8	11.3

	time for new enrolments (Months)					
	No. of new enrolments	352	275	360	514	652
Kwai Shing	No. of enrolments	2 212	2 212	2 221	2 310	2 277
	Median waiting time for new enrolments (Months)	6.5	10.4	13.7	7.0	1.5
	No. of new enrolments	297	184	371	620	551
Yuen Long	No. of enrolments	2 217	2 198	2 215	2 219	2 270
	Median waiting time for new enrolments (Months)	7.5	8.7	10.7	13.4	6.0
	No. of new enrolments	344	332	275	420	739

\* Provisional figures

2. The numbers of attendances for first-time health assessment, subsequent health assessment, and follow-up of the results of assessment at each EHC for each of the past 5 years are as follows:

<b>EHC</b>		<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	First-time health assessment	185	120	162	698	642
	Subsequent health assessment	1 945	2 000	2 015	1 590	1 668
	Follow-up for the results of the assessment	1 990	2 060	2 072	2 057	2 016
	Sub-total	4 120	4 180	4 249	4 345	4 326
Shau Kei Wan	First-time health assessment	145	204	326	665	800
	Subsequent health assessment	2 066	1 992	1 887	1 559	1 405
	Follow-up for the results of the assessment	2 328	2 207	2 326	2 396	2 430
	Sub-total	4 539	4 403	4 539	4 620	4 635
Wan Chai	First-time health assessment	227	183	249	1 878	2 251
	Subsequent health assessment	1 914	1 973	1 894	1 736	2 294
	Follow-up for the results of the assessment	2 233	2 076	2 105	2 991	4 606
	Sub-total	4 374	4 232	4 248	6 605	9 151
Aberdeen	First-time health assessment	228	163	183	467	452

	Subsequent health assessment	1 898	1 961	1 981	1 715	1 696
	Follow-up for the results of the assessment	2 000	2 101	2 102	2 137	2 074
	Sub-total	4 126	4 225	4 266	4 319	4 222
Nam Shan	First-time health assessment	370	166	244	490	795
	Subsequent health assessment	1 836	2 027	1 968	1 735	1 423
	Follow-up for the results of the assessment	2 636	2 544	2 549	2 521	2 704
	Sub-total	4 842	4 737	4 761	4 746	4 922
Lam Tin	First-time health assessment	244	268	410	560	634
	Subsequent health assessment	1 986	1 950	1 810	1 660	1 589
	Follow-up for the results of the assessment	2 102	2 010	1 998	2 034	1 957
	Sub-total	4 332	4 228	4 218	4 254	4 180
Yau Ma Tei	First-time health assessment	334	104	128	488	930
	Subsequent health assessment	1 787	1 975	2 034	1 728	1 324
	Follow-up for the results of the assessment	2 333	2 343	2 271	2 119	2 200
	Sub-total	4 454	4 422	4 433	4 335	4 454
San Po Kong	First-time health assessment	225	175	168	550	640
	Subsequent health assessment	1 896	1 947	1 955	1 584	1 502
	Follow-up for the results of the assessment	2 006	1 968	1 998	2 051	2 004
	Sub-total	4 127	4 090	4 121	4 185	4 146
Kowloon City	First-time health assessment	198	98	104	554	537
	Subsequent health assessment	2 012	2 095	2 107	1 657	1 673
	Follow-up for the results of the assessment	1 931	1 838	1 839	1 874	1 823
	Sub-total	4 141	4 031	4 050	4 085	4 033
Lek Yuen	First-time health assessment	445	440	238	1 629	681
	Subsequent health assessment	1 680	1 681	1 891	1 912	1 869
	Follow-up for the results of the assessment	1 814	1 499	1 516	3 025	2 094
	Sub-total	3 939	3 620	3 645	6 566	4 644
Shek Wu Hui	First-time health assessment	290	264	210	450	716

	Subsequent health assessment	1 832	1 855	1 945	1 712	1 428
	Follow-up for the results of the assessment	2 673	2 572	2 177	1 977	1 964
	Sub-total	4 795	4 691	4 332	4 139	4 108
Tseung Kwan O	First-time health assessment	263	163	191	537	1 406
	Subsequent health assessment	1 873	1 973	1 945	1 599	2 065
	Follow-up for the results of the assessment	2 076	2 011	1 966	2 016	3 414
	Sub-total	4 212	4 147	4 102	4 152	6 885
Tai Po	First-time health assessment	96	192	278	581	729
	Subsequent health assessment	2 028	1 933	1 844	1 543	1 395
	Follow-up for the results of the assessment	2 069	2 069	2 110	2 027	2 047
	Sub-total	4 193	4 194	4 232	4 151	4 171
Tung Chung	First-time health assessment	432	407	244	461	731
	Subsequent health assessment	1813	1 817	1 982	1 869	1 588
	Follow-up for the results of the assessment	2 150	2 074	2 198	2 232	2 365
	Sub-total	4 395	4 298	4 424	4 562	4 684
Tsuen Wan	First-time health assessment	392	386	396	520	1 032
	Subsequent health assessment	1 725	1 706	1 718	1 596	1 484
	Follow-up for the results of the assessment	1 733	1 773	1 920	1 910	2 014
	Sub-total	3 850	3 865	4 034	4 026	4 530
Tuen Mun Wu Hong	First-time health assessment	352	275	360	514	652
	Subsequent health assessment	1 781	1 834	1 767	1 635	1 556
	Follow-up for the results of the assessment	2 414	2 220	2 756	2 321	2 408
	Sub-total	4 547	4 329	4 883	4 470	4 616
Kwai Shing	First-time health assessment	297	184	371	620	551
	Subsequent health assessment	1 915	2 028	1 850	1 690	1 726
	Follow-up for the results of the assessment	2 115	2 201	2 112	2 263	2 254
	Sub-total	4 327	4 413	4 333	4 573	4 531
Yuen Long	First-time health assessment	344	332	275	420	739

	Subsequent health assessment	1 873	1 866	1 940	1 799	1 531
	Follow-up for the results of the assessment	2 205	2 083	2 128	2 102	2 068
	Sub-total	4 422	4 281	4 343	4 321	4 338
<b>Total number of attendances for health assessments</b>		<b>77 735</b>	<b>76 386</b>	<b>77 213</b>	<b>82 454</b>	<b>86 576</b>

\* Provisional figures

Note:

“First-time health assessment” is an attendance by a newly enrolled EHC member for physical health examination.

“Subsequent health assessment” is an attendance by a re-enrolling EHC member for physical health examination.

“Follow-up for the results of the assessment” is an attendance by EHC members 2 to 4 weeks after a physical health examination for follow-up of the assessment results.

The average ages of attendees for first-time health assessment of the 18 EHCs for each of the past 5 years are as follows –

<b>EHC</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	71.0	72.2	71.3	70.9	69.9
Shau Kei Wan	71.0	71.7	71.2	70.6	69.8
Wan Chai	72.0	71.5	72.9	70.2	69.7
Aberdeen	70.0	69.5	70.3	69.6	69.9
Nam Shan	71.7	71.1	70.6	70.1	70.1
Lam Tin	70.7	70.6	70.6	70.3	69.9
Yau Ma Tei	71.8	72.7	72.0	71.5	70.5
San Po Kong	71.9	72.0	72.4	70.7	70.4
Kowloon City	71.3	71.3	72.3	71.9	70.8
Lek Yuen	71.8	71.0	70.7	69.8	69.6
Shek Wu Hui	71.8	71.1	71.2	70.0	70.1
Tseung Kwan O	70.2	71.6	71.3	71.0	70.0
Tai Po	70.5	71.0	70.5	69.9	69.4
Tung Chung	69.9	69.4	69.8	69.6	69.4
Tsuen Wan	70.2	70.5	70.3	70.4	70.1
Tuen Mun Wu Hong	69.5	70.1	69.7	68.9	68.9
Kwai Shing	70.1	70.1	70.0	69.6	70.2
Yuen Long	70.1	69.8	68.9	69.3	69.2
<b>Total</b>	<b>70.8</b>	<b>70.7</b>	<b>70.7</b>	<b>70.2</b>	<b>69.9</b>

\* Provisional figures

3. Healthcare staff are flexibly deployed to the 18 EHCs according to operational needs. The numbers of healthcare staff (excluding clerical and workman staff) deployed for the 18 EHCs in the past 5 years are as follows:

Grade	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017*
Medical and Health Officer	25	25	26	26	27
Registered Nurse	54	54	57	60	60
Dispenser	3	5	5	5	5
Clinical Psychologist	4	4	4	4	4
Dietitian	4	4	4	4	4
Occupational Therapist	4	4	4	4	4
Physiotherapist	4	4	4	4	4
<b>Total</b>	<b>98</b>	<b>100</b>	<b>104</b>	<b>107</b>	<b>108</b>

\* Projected establishment

The attendances for medical consultation at each of the 18 EHCs for each of the past 5 years are as follows:

EHC	2012	2013	2014	2015	2016*
Sai Ying Pun	4 777	4 453	4 046	3 648	3 149
Shau Kei Wan	4 476	4 444	4 289	4 517	4 613
Wan Chai	4 670	4 576	4 852	5 220	8 089
Aberdeen	6 555	6 472	6 059	5 915	6 075
Nam Shan	5 111	4 890	4 466	4 295	4 997
Lam Tin	4 164	3 960	4 026	3 753	3 851
Yau Ma Tei	4 698	4 515	4 320	3 861	3 929
San Po Kong	5 684	5 273	5 085	5 238	5 210
Kowloon City	4 669	4 503	4 371	4 440	4 636
Lek Yuen	6 175	5 669	5 489	5 488	5 286
Shek Wu Hui	8 244	8 370	7 997	8 012	7 577
Tseung Kwan O	6 165	5 768	5 837	5 623	6 655
Tai Po	5 347	5 423	5 691	5 439	5 914
Tung Chung	4 269	3 873	3 786	3 343	3 166
Tsuen Wan	6 146	6 014	5 830	6 008	5 903
Tuen Mun Wu Hong	5 470	5 310	4 998	4 880	4 783
Kwai Shing	3 933	3 785	3 773	3 565	3 204
Yuen Long	4 080	4 304	4 163	3 950	3 248
<b>Total</b>	<b>94 633</b>	<b>91 602</b>	<b>89 078</b>	<b>87 195</b>	<b>90 285</b>

\*Provisional figures

The costs per attendance for medical consultation from 2012-13 to 2016-17 are listed below:

Year	Cost per Attendance for Medical Consultation (\$)
<b>2012-13</b>	455
<b>2013-14</b>	470
<b>2014-15</b>	495
<b>2015-16</b>	515
<b>2016-17</b>	535

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)235**

**(Question Serial No. 0642)**

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:

The actual number of civil servants working in the Hospital Authority (HA) managed was 1 533 in 2016 while the estimated number for 2017 drops to 1 365. What are the reasons?

Asked by: Hon POON Siu-ping (Member Question No. 27)

Reply:

The number of civil servants working in the Hospital Authority (HA) will decrease from 1 533 in 2016 to the estimated figure of 1 365 in 2017. The estimated reduction of 168 posts during the period is due to natural wastage of civil servants working in HA including retirement.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)236**

**(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:

Regarding *Matters Requiring Special Attention in 2017-18*, the Government will continue to implement the pilot colorectal cancer screening programme for persons at specific ages. Please inform this Committee of:

1. the number of beneficiaries in the first phase of the pilot colorectal cancer screening programme.
2. the timetable for the expansion of the pilot colorectal cancer screening programme by the Government.
3. what publicity campaigns will be held by the Government to raise public awareness of the pilot colorectal cancer screening programme. What is the estimated number of beneficiaries in 2017-18?

Asked by: Hon QUAT Elizabeth (Member Question No. 10)

Reply:

1. The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.
2. On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The Department of Health (DH) will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

3. To promote participation in the Pilot Programme, the DH will continue to step up educational and publicity efforts through the mass media and by working with community partners and health service providers. Pamphlets, booklets, posters, educational videos, Announcements in the Public Interest, online resources, etc. have been produced to facilitate communication. An enquiry hotline has been set up to answer public enquiries.

The DH will continue to explore new and effective means of communication to maximize the impact of the publicity drive. Over the three-year pilot period, the DH expects some 300 000 numbers of participations, assuming a coverage rate of 30% among the eligible persons and that they have enrolled in the electronic Health Record Sharing System.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)237**

**(Question Serial No. 2964)**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the following information of each government dental clinic in the past 3 years (2014-15, 2015-16 and 2016-17) (months with data):

- (1) the maximum number of patients (non-civil servants) receiving pain relief and tooth extraction services per session on average (or the maximum number of discs allocated per session) as well as the actual number of patients (non-civil servants) receiving treatment per session on average;
- (2) the age distribution of the attendees; and
- (3) the number of patients who are recipients of Comprehensive Social Security Assistance.

Asked by: Hon SHIU Ka-chun (Member Question No. 14)

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 2014-15, 2015-16 and 2016-17 (up to 31 January 2017), 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		
			2014-15	2015-16	2016-17 (up to 31 January 2017)
Kowloon City Dental Clinic	Monday (AM)	84	5 089	5 177	4 363
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 214	4 028	3 567
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 796	5 905	5 773
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 272	2 218	1 973
Mona Fong Dental Clinic	Thursday (PM)	42	1 796	1 952	1 589
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 889	1 978	1 658
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	8 005	7 193	6 186
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 109	2 071	1 782
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 851	3 769	3 321
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	102	97	75
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	188	192	126

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

<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 2014, 2015 and 2016.

As the number of the GP sessions and the maximum number of disc offered per session by individual dental clinics are different, it will be difficult to draw the average number of

patients receiving treatment per GP session.

2. The distribution of attendances of GP sessions by age group in financial years 2014-15, 2015-16 and 2016-17 (up to 31 January 2017) are as follows:

	<b>% Distribution of attendances of GP sessions by age group</b>		
<b>Age group</b>	<b>2014-2015</b>	<b>2015-16</b>	<b>2016-17 (up to 31 January 2017)</b>
0-18	2.06%	2.09%	1.75%
19-42	13.28%	14.20%	14.19%
43-60	28.22%	27.46%	27.52%
61 or above	56.45%	56.25%	56.54%

3. The DH does not collect information from patients receiving treatment in GP sessions on whether they are recipients of Comprehensive Social Security Assistance.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)238**

**(Question Serial No. 3214)**

Head: (37) Department of Health  
Subhead (No. & title): (-) Not Specified  
Programme: (2) Disease Prevention  
Controlling Officer: Director of Health (Dr. Constance CHAN)  
Director of Bureau: Secretary for Food and Health

Question:

1. How many cases of children of suspected drug-abusing parents were handled by the Maternal and Child Health Centres (MCHCs) in the past 3 years?
2. What follow-up actions had been taken by the MCHCs on such cases?

Asked by: Hon SHIU Ka-chun (Member Question No. 197)

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 immunization 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 the 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 2014, 2015 and 2016 are 340, 360, and 375 respectively.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)239**

**(Question Serial No. 2581)**

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:

During 2017-18, the Department of Health will take forward the legislative proposal to prohibit commercial sale and supply of alcohol to minors. Will the Government advise on the details of the initiative, timetable for implementation and estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 41)

Reply:

Since 2000, Hong Kong has put in place a liquor licensing system, as laid down in the Dutiable Commodities (Liquor) Regulations (Cap. 109B), under which no licensee shall permit any person under the age of 18 to drink any intoxicating liquor on any licensed premises. However, there is currently no restriction on off-premises purchase of alcoholic beverages by people aged under 18.

To protect young people who are vulnerable to the harm caused by alcohol, the Government proposes to introduce a statutory regulatory regime to prohibit the sale and supply of alcohol in the course of business to persons under the age of 18. The proposed regulation will cover all forms of commercial sale and supply of alcohol, including internet sale. The Government plans to introduce an amendment bill into the Legislative Council in the latter half of 2016-17 legislative session. Meanwhile, the Department of Health will enhance publicity and education activities to combat underage drinking.

In 2017-18, financial provision of \$3.5 million has been earmarked to support the legislative work for introducing a regulatory regime to prohibit the sale and supply of alcohol to persons under the age of 18, and another \$2.5 million to enhance "Young and Alcohol Free" education and publicity work on alcohol-related harm to minors.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)240**

**(Question Serial No. 2583)**

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:

During 2017-18, the Department of Health will strengthen the support to the Medical Council of Hong Kong in handling complaints and conducting inquiries. Will the Government advise on the details of the relevant plan, timetable for implementation and estimated expenditure involved?

Asked by: Hon SHIU Ka-fai (Member Question No. 42)

Reply:

The Boards and Councils Office of the Department of Health (DH) provides secretariat support to the Medical Council of Hong Kong (MCHK). The secretariat staff are civil servants under the establishment of DH. They are deployed to provide administrative support to MCHK and its Committees and Sub-committees e.g. in arranging meetings, handling registration, providing support for licensing examinations and conducting inquiries and disciplinary proceedings concerning the professional conduct of registered medical practitioners.

During 2017-18, the Government has earmarked additional funding of \$8.4 million for increasing manpower resources of MCHK Secretariat and provision of honorarium to experts at the preliminary investigation stage of MCHK to facilitate MCHK to expedite its complaint handling process.

Subsequent to the Legislative Council's deliberation of the Medical Registration (Amendment) Bill 2016, the Government has set up a tripartite platform comprising doctors, representatives of patient groups and Consumer Council, and Legislative Councillors to promote understanding and communication, as well as provide views and deliberate on amendment proposals to Medical Registration Ordinance. The Government plans to re-introduce a Medical Registration (Amendment) Bill into the Legislative Council as soon as possible in the first half of 2017 to, among others, improve the complaint investigation and disciplinary inquiry mechanism of MCHK.

The Government will provide sufficient manpower resources to the MCHK Secretariat so as to facilitate MCHK in conducting complaint investigation and disciplinary inquiry efficiently.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)241**

**(Question Serial No. 2584)**

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:

During 2017-18, the Department of Health will set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Will the Department advise on:

- (a) whether reference has been made to the reference standards and testing methods adopted by other territories; if so, the details;
- (b) whether adequate consultations and discussions with the relevant industry will be held; if so, the details; and
- (c) the timetable and estimated expenditure involved for the initiative.

Asked by: Hon SHIU Ka-fai (Member Question No. 43)

Reply:

- (a) By employing new analytical technology and conducting scientific research, the Government Chinese Medicines Testing Institute (GCMTI) will develop a set of internationally-recognised reference standards for Chinese medicines (CM) and related products. In this connection, the GCMTI will work closely with local, Mainland and overseas research institutions with a view to developing standards and testing methods on the CM. With the support of the China Food and Drug Administration, the National Institutes for Food and Drug Control will become one of the major working partners and provide technical support for the GCMTI.
- (b) The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The Chief Executive established the Chinese Medicine Development Committee (CMDC) in February 2013 to give recommendations to the Government concerning the direction and long-term strategy of the future development of Chinese medicines in Hong Kong. The Committee is chaired by the Secretary for Food and Health and comprising representatives from the Chinese medicine practitioners, the Chinese medicine trade, academia and the research

and health-care sector, as well as lay persons. As announced in the 2015 Policy Address, the Government has accepted the recommendation of the CMDC to set up a testing centre for Chinese medicines to be managed by the Department of Health. The testing centre will specialise in the testing of, and scientific research on, Chinese medicines, with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines.

Apart from CMDC, the Government has also consulted the CM and testing sectors via the Panel on Promoting Testing and Certification Services in Chinese Medicines Trade under the Hong Kong Council for Testing and Certification and Committee on Research and Development of Chinese Medicines of the Innovation and Technology Commission on the GCMTI. The Government will continue to maintain close liaison with the trade and conduct consultation when needed.

- (c) Before the establishment of the permanent GCMTI, a temporary centre is being set up at the Hong Kong Science Park and will come into operation in phases starting from late March 2017. The temporary GCMTI will kick start some of the work, including the ongoing effort of developing reference standards for Chinese materia medica and decoction pieces, commencing research on high-end biological and chemical technologies applicable to CM and related products, and preparing for the establishment of a digitalised herbarium on CM of international standard. The provision for the temporary GCMTI in 2017-18 is about \$24.9 million.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)242**

**(Question Serial No. 2586)**

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 2017-18, the Department of Health will continue the effort for promotion of breastfeeding and implementation of the "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children". In this regard, will the Government please advise on:

- a. the details, timetable and breakdown of the estimated expenditure in connection with the relevant work;
- b. whether a higher target breastfeeding rate has been set. If so, what are the details and justifications; if not, why; and
- c. whether adequate consultations and discussions with the relevant industries have been taken place. If so, what are the details; if not, why?

Asked by: Hon SHIU Ka-fai (Member Question No. 44 )

Reply:

a. and b.

In 2017-18, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplace Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of baby care facilities; implementing the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children (HK Code); and strengthening the surveillance on local breastfeeding situation.

A provision of \$6.0 million has been earmarked in 2017-18 for enhancing the effort for promotion of breastfeeding. Breakdown of the estimated expenditure is not available.

The practices of feeding infants and young children are affected by a multitude of socio-economic, cultural and environmental factors. With the concerted effort of the Government and various sectors of the community over the years, the local ever-breastfeeding rate on hospital discharge has increased from 66% in 2004 to 88.5% in 2015. According to the DH's Breastfeeding Surveys, local exclusive breastfeeding rate for infants at 4 months of age has also increased from 11% for babies born in 2004 to 27% for those born in 2014. But the local exclusive breastfeeding rate still remains on the relatively low side. The DH would conduct regular surveys to monitor the local trend of breastfeeding rate.

c.

To protect breastfeeding and ensure safety and quality of food products for infants and young children, the DH set up the Taskforce on Hong Kong Code of Marketing of Breastmilk Substitutes in June 2010 to develop and promulgate the HK Code. In the course of drafting the code, meetings were held with, among others, representatives of multinational formula milk companies to listen to their views. The Government conducted a 4-month public consultation exercise from 26 October 2012 to 28 February 2013 on the HK Code. In finalising the HK Code, the Government has conducted thorough deliberation of the detailed provisions of the code taking into account the views collected in the public consultation, comments expressed thereafter, and the latest guidance and principles laid down by the World Health Organization and the local context. A series of briefing sessions have been recently conducted for relevant stakeholders including healthcare professionals and institutions, chambers of commerce, formula milk traders, breastfeeding advocacy organisations, retailers and distributors in Hong Kong to listen to their views on the latest draft HK Code.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)243**

**(Question Serial No. 2587 )**

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 provision for 2017-18 is \$1,180.4 million (33.9%) higher than the revised estimate for 2016-17. Please explain in detail the reasons for the increase and provide a breakdown of the estimated expenditure on different areas of work.

Asked by: Hon SHIU Ka-fai (Member Question No. 45)

Reply:

Provision for 2017-18 under Programme 2 is \$1,180.4 million (33.9%) higher than the revised estimate for 2016-17. The increase in provision is mainly due to the following:

- (a) continuing to promote and implement the Elderly Health Care Voucher Scheme, which will be enhanced in 2017 by lowering the eligibility age to 65, with increased provision of \$1,013.7 million;
- (b) enhancing protection of elders against invasive pneumococcal disease with a provision of \$77.2 million;
- (c) continuing to implement the pilot colorectal cancer screening programme with increased provision of \$47.0 million;
- (d) enhancing the elderly health services with increased provision of \$7.3 million;
- (e) promoting breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children" with a provision of \$6.0 million; and
- (f) implementing a pilot public-private partnership programme on smoking cessation with a provision of \$4.2 million.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)244**

**(Question Serial No. 1349 )**

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 enhancement to the Elderly Health Care Voucher Scheme by lowering the eligibility age from 70 to 65, please advise on the following:

- (a) What are the details of the enhancement? When will the enhancement be implemented? What will be the estimated expenditure involved?
- (b) What were the numbers of participating elders, the numbers of voucher claims and the amounts of voucher claims in the past 5 years (2012-2016)? Please provide a breakdown by year and type of service.
- (c) What were the numbers of eligible elders and the percentages of all eligible elders those participating elders accounted for in the past 5 years (2012-2016)? Please provide a breakdown by year.
- (d) How many elders are expected to be benefited from the lowering of the eligibility age? How much expenditure will be incurred?

Eligibility age	70 or above	65 or above	60 or above
Number of eligible elders			
Annual expenditure incurred in providing each eligible elder with \$2,000 worth of health care voucher per year			

Asked by: Hon WONG Kwok-kin (Member Question No. 27 )

Reply:

- (a) The Government proposes to lower the eligibility age for the Elderly Health Care Voucher (EHV) Scheme from 70 to 65 within 2017. Upon implementation of this enhancement, the estimated voucher expenditure for 2017-18 is \$2,135.0 million.

(b) & (c)

Regarding the EHV Scheme, the relevant statistics in the past 5 years are as follows:

	2012	2013	2014	2015	2016
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	59%	67%	75%	79%	84%

\*Source: Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

### **Number of Voucher Claim Transactions**

	2012	2013	2014	2015	2016
Medical Practitioners	812 872	1 229 078	1 734 967	2 006 263	1 955 048
Chinese Medicine Practitioners	98 189	190 017	383 613	533 700	607 531
Dentists	19 239	36 783	73 586	109 840	119 305
Occupational Therapists	101	79	584	478	620
Physiotherapists	3 058	6 922	13 201	19 947	21 835
Medical Laboratory Technologists	935	1 941	3 697	5 646	9 748
Radiographers	867	1 507	3 047	4 971	5 886
Nurses	334	317	921	1 457	3 079
Chiropractors	377	823	1 975	3 125	5 003
Optometrists	1 228	2 972	5 956	21 326	72 572
Sub-total (Hong Kong):	937 200	1 470 439	2 221 547	2 706 753	2 800 627
University of Hong Kong - Shenzhen Hospital <sup>Note 1</sup>	-	-	-	2 287	5 667
Total:	937 200	1 470 439	2 221 547	2 709 040	2 806 294

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

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Medical Practitioners	139,683	256,296	444,401	611,860	638,006
Chinese Medicine Practitioners	13,808	31,968	82,369	142,265	171,599
Dentists	7,751	20,805	55,131	98,563	105,455
Occupational Therapists	27	28	390	230	271
Physiotherapists	614	1,758	3,981	6,381	7,007
Medical Laboratory Technologists	362	1,046	2,273	3,820	9,905
Radiographers	242	512	1,358	2,365	3,197
Nurses	125	265	773	1,389	3,335
Chiropractors	171	485	1,276	1,825	1,913
Optometrists	436	1,541	5,587	37,092	128,399
Sub-total (Hong Kong):	163,219	314,704	597,539	905,790	1,069,087
University of Hong Kong - Shenzhen Hospital <sup>Note 1</sup>	-	-	-	537	1,471
Total:	163,219	314,704	597,539	906,327	1,070,558

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

- (d) The estimated number of elders to benefit from the proposed enhancement of lowering the eligibility age for the EHV Scheme from 70 to 65 and the estimated financial implications for 2017-18 are as follows:

	<b>Eligibility Age</b>	
	<b>Aged 70 or Above</b> <sup>Note 2</sup>	<b>Aged 65 or above</b> <sup>Note 3</sup>
Population Projections in 2017*	806 200	1 223 400
Estimated cash flow requirement in 2017-18 based on an annual voucher amount of \$2,000 per eligible elder (\$ million)	1,422.1	2,135.0

\*Source: Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

Note 2: Assuming that the eligibility age is maintained at the age of 70 or above.

Note 3: Assuming that the eligibility age is lowered from 70 to 65 within 2017.

With an ageing population, we anticipate that both the number of elders using vouchers and the annual financial commitment involved will increase substantially if the eligibility age is further lowered to 60.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)245**

**(Question Serial No. 1350)**

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 (EHV Scheme),

- (a) how many healthcare service providers enrolled in and withdrew from the EHV Scheme and how many places of practices were there in the past 5 years (2012-2016)? Please provide a breakdown by year and enrolled healthcare profession.
- (b) what percentages of healthcare professions were enrolled as healthcare service providers under the EHV Scheme in the past 5 years (2012-2016)? Please provide a breakdown by year and enrolled healthcare profession.

Asked by: Hon WONG Kwok-kin (Member Question No. 28)

Reply:

The number of healthcare service providers enrolled and withdrawn under the Elderly Health Care Voucher Scheme from 2012 to 2016 are at the **Annex**.

- End -

**(A) Number of enrolled healthcare service providers and their places of practices from 2012 to 2016**

	2012		2013		2014		2015		2016	
	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers	Number of Places of Practices	Number of Service Providers (Percentage <sup>Note 1</sup> )	Number of Places of Practices
Medical Practitioners	1 599	1 986	1 645	2 086	1 782	2 422	1 936	2 995	2 126 (42%)	3 332
Chinese Medicine Practitioners	1 120	1 539	1 282	1 726	1 559	2 336	1 826	2 993	2 047 (32%)	4 773
Dentists	336	430	408	561	548	845	646	1 046	770 (44%)	1 307
Occupational Therapists	34	62	39	75	45	94	45	97	51 (6%)	101
Physiotherapists	243	325	267	379	306	473	312	524	344 (22%)	595
Medical Laboratory Technologists	24	47	25	49	26	49	30	54	35 (3%)	74
Radiographers	20	37	19	30	21	32	21	28	24 (3%)	35
Nurses	66	107	79	138	108	175	124	187	148 (1%)	235
Chiropractors	33	44	45	83	51	87	54	101	66 (36%)	113
Optometrists	152	368	167	416	185	450	265	607	533 (67%)	1 286
Sub-total (Hong Kong)	<u>3 627</u>	<u>4 945</u>	<u>3 976</u>	<u>5 543</u>	<u>4 631</u>	<u>6 963</u>	<u>5 259</u>	<u>8 632</u>	<u>6 144</u>	<u>11 851</u>
University of Hong Kong - Shenzhen Hospital <sup>Note 2</sup>	-	-	-	-	-	-	1	1	1	1
<b>Total</b>	<b><u>3 627</u></b>	<b><u>4 945</u></b>	<b><u>3 976</u></b>	<b><u>5 543</u></b>	<b><u>4 631</u></b>	<b><u>6 963</u></b>	<b><u>5 260</u></b>	<b><u>8 633</u></b>	<b><u>6 145</u></b>	<b><u>11 852</u></b>

**Note:** 1. Amongst all the registered healthcare professionals in Hong Kong, there are some who are practising in the public sector or are economically inactive, e.g. not practising in Hong Kong. In calculating the percentage of healthcare professionals enrolled in the Scheme, we have excluded them.

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

**(B) Number of healthcare service providers withdrawn from the Scheme from 2012 to 2016** <sup>Note 3</sup>

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Medical Practitioners	47	52	16	12	23
Chinese Medicine Practitioners	14	27	9	11	30
Dentists	9	11	2	5	5
Occupational Therapists	-	2	2	-	-
Physiotherapists	10	8	3	11	2
Medical Laboratory Technologists	-	-	1	-	-
Radiographers	-	1	-	-	-
Nurses	1	4	-	4	1
Chiropractors	1	1	-	1	2
Optometrists	2	2	-	1	2
<b>Total</b>	<b><u>84</u></b>	<b><u>108</u></b>	<b><u>33</u></b>	<b><u>45</u></b>	<b><u>65</u></b>

Note: 3. Including the deceased cases known to the Department of Health.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)246**

**(Question Serial No. 1351)**

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,

- (a) how many elders aged 60-64, 65-69 and 70 or above are there in each of the 18 District Council districts (18 districts) at present? What will be the estimated numbers of elders in such age groups in the next 5 years?
- (b) how many voucher claims were made in each of the 18 districts in the past 5 years (2012-2016)?
- (c) how many places of practices of enrolled healthcare service providers are there in each of the 18 districts at present? Please provide a breakdown by the 18 districts and enrolled healthcare professions.

Asked by: Hon WONG Kwok-kin (Member Question No. 29)

Reply:

- (a) According to the "Projections of Population Distribution, 2015-2024" published by the Planning Department in 2015, the population projections for the age groups of 60-64, 65-69 and 70 or above from 2017 to 2021 are at Annex A.
- (b) Regarding the Elderly Health Care Voucher Scheme, the annual numbers of voucher claims in each of the 18 districts in Hong Kong in the past five years from 2012 to 2016 are at Annex B.
- (c) As at end December 2016, there were a total of 6 144 healthcare service providers in Hong Kong enrolled in the Scheme, involving 11 851 places of practice. A service provider can register more than one place of practice for accepting the use of vouchers.

A breakdown of the places of practice by enrolled healthcare professions and 18 districts in Hong Kong is at Annex C.

- End -



**Population Projections for the Age Groups of 60-64, 65-69 and 70 or Above by District Council Districts**

Age Group District	2017			2018			2019			2020			2021		
	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70	60-64	65-69	≥ 70
Central & Western	16 500	14 500	30 800	16 900	14 700	32 500	16 900	15 100	33 900	17 300	15 100	35 600	17 200	15 400	37 400
Eastern	42 400	37 400	73 400	43 900	37 800	77 200	44 600	38 600	80 600	45 500	38 700	85 300	45 600	39 800	89 900
Southern	20 600	16 200	33 300	21 600	16 700	34 600	22 300	17 500	35 900	22 800	18 100	37 500	23 200	18 800	39 200
Wan Chai	13 000	11 400	24 600	13 300	11 700	25 800	13 300	11 800	27 000	13 300	11 800	28 300	13 100	12 200	29 600
Kowloon City	27 400	24 600	55 000	28 800	25 000	57 300	29 600	25 300	60 300	30 200	25 500	63 600	30 400	26 200	66 900
Kwun Tong	46 500	38 700	83 700	49 500	40 100	86 200	51 200	41 400	88 900	53 000	41 900	92 000	54 000	43 700	94 600
Sham Shui Po	28 500	23 100	54 100	29 600	24 000	55 600	30 300	25 600	58 400	30 900	27 000	61 600	31 000	28 600	64 100
Wong Tai Sin	31 000	24 000	58 400	32 900	24 800	59 300	34 700	26 000	60 300	36 500	26 800	61 900	37 900	28 000	63 000
Yau Tsim Mong	19 500	18 800	39 200	20 000	18 700	41 000	20 100	18 500	43 100	20 100	18 300	45 400	19 700	18 100	47 800
Sha Tin	54 000	41 600	63 700	56 500	43 400	67 500	58 000	46 200	71 800	58 900	48 600	76 800	59 700	51 100	82 000
Tai Po	26 100	17 400	28 000	27 500	19 100	29 500	28 600	20 700	31 300	29 800	22 500	33 500	30 500	24 300	36 100
Sai Kung	29 800	21 000	34 200	32 100	22 200	36 300	34 100	23 500	38 400	36 400	24 900	41 200	37 900	26 800	43 700
North	22 800	15 600	28 100	24 800	16 700	29 300	26 300	17 800	30 900	27 600	19 000	32 900	28 600	20 400	34 600
Kwai Tsing	37 600	30 400	62 300	39 100	31 400	64 100	40 700	32 100	66 200	41 700	32 700	68 800	42 600	34 300	71 200
Tsuen Wan	20 600	16 300	34 500	21 900	16 700	35 800	23 100	17 100	37 400	24 100	17 500	39 500	24 700	18 300	41 100
Tuen Mun	40 500	31 600	41 400	42 800	33 200	46 200	44 000	34 500	49 700	45 200	36 100	53 600	45 700	37 900	57 900
Yuen Long	40 300	27 300	48 300	43 500	29 500	50 300	46 500	31 800	53 600	48 900	33 700	56 800	51 000	36 200	59 700
Islands	9 100	7 200	13 100	9 700	7 700	13 800	10 500	8 400	15 100	11 100	8 700	16 200	11 400	9 000	17 000
<b>Total</b>	<b>526 200</b>	<b>417 100</b>	<b>806 100</b>	<b>554 400</b>	<b>433 400</b>	<b>842 300</b>	<b>574 800</b>	<b>451 900</b>	<b>882 800</b>	<b>593 300</b>	<b>466 900</b>	<b>930 500</b>	<b>604 200</b>	<b>489 100</b>	<b>975 800</b>

Source: Projections of Population Distribution 2015-2024, Planning Department

**Annual Number of Voucher Claim Transactions by 18 Districts in Hong Kong**  
**(According to the places of practice of enrolled healthcare professionals)**

<b>District \ Year</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Central & Western	34 482	55 975	82 453	105 878	112 430
Eastern	82 734	129 652	198 192	230 706	234 527
Southern	30 393	51 118	80 428	91 567	93 947
Wan Chai	19 909	33 233	54 390	71 825	80 211
Kowloon City	55 653	84 327	127 350	150 832	160 573
Kwun Tong	104 455	162 422	247 468	294 851	299 266
Sham Shui Po	67 372	102 348	153 490	182 585	182 441
Wong Tai Sin	90 398	138 534	198 599	233 724	234 689
Yau Tsim Mong	50 493	80 461	133 212	185 701	205 666
Sha Tin	67 742	105 603	160 498	197 437	205 167
Tai Po	31 625	52 485	80 590	98 160	99 949
Sai Kung	36 794	59 864	87 044	109 796	110 037
North	30 217	48 438	73 165	84 377	86 608
Kwai Tsing	77 110	113 605	162 681	197 998	206 699
Tsuen Wan	52 366	82 358	124 157	144 751	147 768
Tuen Mun	57 621	94 599	141 131	176 096	179 774
Yuen Long	40 283	63 952	97 600	124 290	134 027
Islands	7 553	11 465	19 099	26 179	26 848
<b>Total</b>	<b>937 200</b>	<b>1 470 439</b>	<b>2 221 547</b>	<b>2 706 753</b>	<b>2 800 627</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>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)247**

**(Question Serial No. 1365)**

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,

- (1) please set out the numbers of staff and the amounts of expenditure involved in promoting tobacco control work in the past 3 financial years, broken down by tobacco control measure.
- (2) please set out the numbers of complaints received, inspections, summonses issued and fixed penalty notices issued by the Tobacco Control Office in the past 3 years respectively. Among those cases, how many involved electronic cigarettes?
- (3) had enforcement actions been taken by the Government against the sale of electronic cigarettes over a previous period of time? If so, what were the details; if not, what were the reasons or difficulties?

Asked by: Hon WONG Kwok-kin (Member Question No. 47)

Reply:

- (1) The expenditures and staff establishment of the Tobacco Control Office (TCO) of Department of Health (DH) in the past three years are at **Annexes 1 and 2** respectively.
- (2) TCO conducts inspections at venues concerned in response to smoking complaints. The numbers of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued by TCO for the period from 2014 to 2016 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 –

		2014	2015	2016
Complaints received		17 354	17 875	22 939
Inspections conducted		29 032	29 324	30 395
FPNs issued (for smoking offences)		7 834	7 693	8 650
Summonses issued	for smoking offences	193	163	207
	for other offences (such as willful obstruction and failure to produce identity document)	92	80	79

The Smoking (Public Health) Ordinance (Cap. 371) stipulates that no person shall smoke or carry a lighted cigarette, cigar or pipe in a no smoking area. Any person who smokes (including electronic cigarettes) in a no smoking area commits an offence and is subject to a fixed penalty of \$1,500. The TCO issued 1 summons, 1 FPN and 4 FPNs to offenders who smoked electronic cigarettes in no smoking areas in 2014, 2015 and 2016 respectively.

- (3) According to the Pharmacy and Poisons Ordinance (Cap. 138), electronic cigarettes containing nicotine are considered as pharmaceutical products. They have to comply with the requirements on safety, quality and efficacy, and must be registered with the Pharmacy and Poisons Board of Hong Kong before they can be sold or distributed in Hong Kong. Currently, there is no nicotine containing electronic cigarette registered as pharmaceutical product in Hong Kong. Besides, under the same Ordinance, nicotine is a listed Part 1 poison, which can only be legally sold by authorised sellers of poisons in the presence and under the supervision of registered pharmacist or by licensed wholesale dealers. Illegal possession or sale of Part 1 poisons or unregistered pharmaceutical products is an offence. Any person convicted of the offence is liable to a maximum fine of \$100,000 and imprisonment for two years.

According to the records of the Drug Office of DH, there was a convicted case from 2014 to 2016 involving illegal online sale of unregistered pharmaceutical product related to nicotine-containing electronic cigarettes.

- End -

Expenditures of the Department of Health's Tobacco Control Office

	2014-15	2015-16	2016-17 Revised Estimate
	(\$ million)	(\$ million)	(\$ million)
<b><u>Enforcement</u></b>			
Programme 1: Statutory Functions	49.9	51.5	53.9
<b><u>Health Education and Smoking Cessation</u></b>			
Programme 3: Health Promotion	124.5	127.2	139.8
<b><u>(a) General health education and promotion of smoking cessation</u></b>			
<i>TCO</i>	<i>45.1</i>	<i>46.7</i>	<i>56.7</i>
<i>Subvention to Hong Kong Council on Smoking and Health (COSH)</i>	<i>24.3</i>	<i>22.4</i>	<i>22.8</i>
<b><i>Sub-total</i></b>	<b><u><i>69.4</i></u></b>	<b><u><i>69.1</i></u></b>	<b><u><i>79.5</i></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>	<i>37.0</i>	<i>39.1</i>	<i>41.5</i>
<i>Subvention to Pok Oi Hospital</i>	<i>7.8</i>	<i>7.3</i>	<i>7.6</i>
<i>Subvention to Po Leung Kuk</i>	<i>2.0</i>	<i>2.2</i>	<i>2.0</i>
<i>Subvention to Lok Sin Tong</i>	<i>1.9</i>	<i>2.3</i>	<i>2.4</i>
<i>Subvention to United Christian Nethersole Community Health Service</i>	<i>2.6</i>	<i>2.6</i>	<i>2.6</i>
<i>Subvention to Life Education Activity Programme</i>	<i>2.3</i>	<i>2.3</i>	<i>2.3</i>
<i>Subvention to The University of Hong Kong</i>	<i>1.5</i>	<i>2.3</i>	<i>1.9</i>
<b><i>Sub-total</i></b>	<b><u><i>55.1</i></u></b>	<b><u><i>58.1</i></u></b>	<b><u><i>60.3</i></u></b>
<b>Total</b>	<b><u>174.4</u></b>	<b><u>178.7</u></b>	<b><u>193.7</u></b>

**Staff Establishment of Tobacco Control Office of the Department of Health**

<b>Rank</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
<b><u>Head, TCO</u></b>			
Principal Medical & Health Officer	1	1	1
<b><u>Enforcement</u></b>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman	89	89	89
Senior Executive Officer/ Executive Officer	9	9	9
<i>Sub-total</i>	<u>107</u>	<u>106</u>	<u>106</u>
<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)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
<i>Sub-total</i>	<u>10</u>	<u>11</u>	<u>11</u>
<b><u>Administrative and General Support</u></b>			
Senior Executive Officer/ Executive Officer	4	4	4
Clerical and support staff	17	17	17
Motor Driver	1	1	1
<i>Sub-total</i>	<u>22</u>	<u>22</u>	<u>22</u>
<b>Total no. of staff:</b>	<u>140</u>	<u>140</u>	<u>140</u>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)248**

**(Question Serial No. 2513 )**

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. Were there any epidemiological studies conducted in response to the public concern over the potential health risk posed by the third-generation artificial turf pitches in 2015 and 2016? Will such studies be conducted in 2017? If so, what were and what will be the manpower and expenditure involved? What were the findings of the studies?
2. Toxic materials were found in the third-generation artificial turf pitches according to tests done by some international schools. Did the Student Health Service under the Department of Health provide support to the schools in the past 2 years? If so, what were the staffing and expenditure involved?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 44 )

1. Regarding health concerns of using third generation (3G) artificial turfs, the Department of Health (DH) has conducted ongoing health risk assessments based on literature review and correspondence with overseas authorities such as Toronto Public Health of Canada, Dutch National Institute for Public Health and the Environment, Public Health England, National Institute for Health and Welfare of Finland and the U.S. Environmental Protection Agency. So far, these overseas authorities are of the view that existing limited scientific studies do not suggest artificial turf presents a significant public health risk. As for the risk of cancer due to potential exposure of hazardous substances such as polycyclic aromatic hydrocarbons (PAHs) in the rubber granules of artificial turfs, the European Chemicals Agency on 28 February 2017 released its latest evaluation results that the concern for lifetime cancer risk is very low given the concentrations of PAHs typically measured in European sports grounds. The DH has communicated with the Leisure and Cultural Services Department (LCSD) and the Education Bureau to offer health advice regarding personal hygiene, namely no eating in the field, hand washing, body cleansing and removing dust from shoes and clothing after physical activities to reduce possible exposure to chemicals, and for them to disseminate to users of artificial turf pitches accordingly. The DH will keep abreast with the latest scientific evidence



and participate in the inter-departmental committee led by LCSD to advise on quality aspects of artificial turf pitches in LCSD venues. Resources involved for the above activities are absorbed by the DH's overall provision for disease prevention and cannot be separately identified.

2. There were some parents' concerns about symptoms of their children due to playing on artificial turf. It is noted that alleged enlarged lymph nodes, skin allergies and throat problems are common conditions in children which could be related to various diseases including viral/bacterial infections. DH, has directly or through Education Bureau, provided schools with health advice such as alerting students to maintain good personal hygiene when using the artificial turfs, adopting proper installation and maintenance of the 3G artificial turfs, and advising parents to bring their children to the doctor for accurate diagnosis and appropriate management of alleged symptoms. The Student Health Service of the DH does not have a specific service role in this matter.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)249**

**(Question Serial No. 2577)**

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. The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 were only 43% and 31% respectively. Why were they far below the target?
2. The planned percentage for 2017 is still set at 31%. Why the target is set at over 90% when the planned figure is expected to be far below it?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 8 )

Reply:

1. The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.
2. The DH will keep reviewing the performance target of appointment for new skin cases and revise the target accordingly if necessary.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. Q2654)**

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:

1. There will be an increase of 130 new posts for the Department of Health in 2017-18. Please set out the number of new posts required under each programme and their respective starting pay points as well as duties and responsibilities.

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 9)

Reply:

Details of the net increase of 130 posts in 2017-18 are at the **Annex**.

- End -

### Creation and Deletion of Posts in Department of Health in 2017-18

<u>Initiative / Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Starting Point (Monthly Salary* w.e.f. 1.4.2016 (\$))</u>
<b>Programme 1 – Statutory Functions</b>		
(a) Lapse of time-limited post for developing Chinese medicine by various initiatives		
Scientific Officer (Medical)	-1	MPS 27 (49,445)
<b>Sub-total :</b>	<b>-1</b>	
(b) Enhancing the dispensing services in the Department of Health		
Pharmacist	5	MPS 27 (49,445)
<b>Sub-total :</b>	<b>5</b>	
(c) Strengthening the manpower support in the control of medical devices		
Medical and Health Officer	1	MPS 32 (62,225)
Scientific Officer (Medical)	1	MPS 27 (49,445)
Electronics Engineer/Assistant Electronics Engineer	1	MPS 18 (32,470)
<b>Sub-total :</b>	<b>3</b>	
(d) Undertaking the preparatory work on regulation of health products for advanced therapies (Time-limited for 3 years from 2017-18 to 2019-20)		
Medical and Health Officer	1	MPS 32 (62,225)
Scientific Officer (Medical)	1	MPS 27 (49,445)
<b>Sub-total :</b>	<b>2</b>	
(e) Providing essential port health services – new Boundary Control Points at the West Kowloon Terminus of the Hong Kong Section of Guangzhou-Shenzhen-Hong Kong Express Rail Link and the Hong Kong-Zhuhai-Macao Bridge		
Medical and Health Officer	2	MPS 32 (62,225)
Registered Nurse	2	MPS 15 (28,040)
Health Inspector I/II	2	MPS 14 (26,700)
Senior Foreman	1	MPS 12 (23,970)
Foreman	2	MPS 7 (17,685)
<b>Sub-total :</b>	<b>9</b>	

<u>Initiative / Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Starting Point (Monthly Salary* w.e.f. 1.4.2016 (\$))</u>
(f) Rationalising the executive and clerical support in the Chinese Medicine Division		
Executive Officer I	1	MPS 28 (51,780)
Clerical Officer	1	MPS 16 (29,455)
<b>Sub-total :</b>	<b>2</b>	
(g) Strengthening the executive support in the Boards and Councils Office		
Executive Officer II	2	MPS 15 (28,040)
<b>Sub-total :</b>	<b>2</b>	
(h) Conversion of T-contract positions to civil service posts for strengthening the information technology support in the Drug Office		
Systems Manager	1	MPS 34 (65,740)
Analyst/Programmer I	1	MPS 28 (51,780)
Analyst/Programmer II	1	MPS 16 (29,455)
Computer Operator I	2	MPS 16 (29,455)
<b>Sub-total :</b>	<b>5</b>	
<b>Total (Programme 1) :</b>	<b>27</b>	

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

#### (a) Enhancing the Elderly Health Service

Medical and Health Officer	1	MPS 32 (62,225)
Nursing Officer	1	MPS 26 (47,240)
Registered Nurse	2	MPS 15 (28,040)
Clinical Psychologist	1	MPS 27 (49,445)
Dietitian	1	MPS 16 (29,455)
Occupational Therapist I	1	MPS 25 (45,120)
Physiotherapist I	1	MPS 25 (45,120)
Assistant Clerical Officer	1	MPS 3 (13,735)
Workman II	1	MOD 0 (12,115)
<b>Sub-total :</b>	<b>10</b>	

<u>Initiative / Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Starting Point (Monthly Salary* w.e.f. 1.4.2016 (\$))</u>
(b) Enhancing the Elderly Health Care Voucher Scheme		
Senior Executive Officer	2	MPS 34 (65,740)
Executive Officer I	2	MPS 28 (51,780)
Executive Officer II	6	MPS 15 (28,040)
Assistant Clerical Officer	10	MPS 3 (13,735)
Clerical Assistant	1	MPS 1 (12,120)
Statistical Officer I	1	MPS 22 (39,350)
Senior Accounting Officer	1	MPS 34 (65,740)
Accounting Officer I	1	MPS 28 (51,780)
<b>Sub-total :</b>	<b>24</b>	
(c) Conversion of a T-contract position to a civil service post for strengthening the IT support in the Non-Communicable Disease Division		
Systems Manager	1	MPS 34 (65,740)
<b>Sub-total :</b>	<b>1</b>	
<b>Total (Programme 2) :</b>	<b>35</b>	

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

(a) Enhancing general dental services for civil service eligible persons		
Senior Dental Officer	1	MPS 45 (105,880)
Dental Officer	15	MPS 30 (56,755)
Senior Dental Surgery Assistant	1	MPS 18 (32,470)
Dental Surgery Assistant	16	MPS 5 (15,605)
Dental Hygienist	1	MPS 5 (15,605)
Assistant Clerical Officer	2	MPS 3 (13,735)
Clerical Assistant	5	MPS 1 (12,120)
Laboratory Attendant	1	MPS 5 (15,605)
Workman II	5	MOD 0 (12,115)
<b>Sub-total :</b>	<b>47</b>	

<u>Initiative / Rank</u>	<u>No. of posts to be created/deleted</u>	<u>Starting Point (Monthly Salary* w.e.f. 1.4.2016 (\$))</u>
(b) Setting up a new Families Clinic in Sai Kung		
Medical and Health Officer	1	MPS 32 (62,225)
Nursing Officer	1	MPS 26 (47,240)
Assistant Clerical Officer	1	MPS 3 (13,735)
Clerical Assistant	1	MPS 1 (12,120)
Workman II	1	MOD 0 (12,115)
<b>Sub-total :</b>	<b>5</b>	
(c) Setting up additional prosthodontic surgeries		
Senior Dental Officer	1	MPS 45 (105,880)
Dental Officer	1	MPS 30 (56,755)
Senior Dental Surgery Assistant	1	MPS 18 (32,470)
Dental Surgery Assistant	2	MPS 5 (15,605)
Clerical Officer	1	MPS 16 (29,455)
Clerical Assistant	1	MPS 1 (12,120)
Laboratory Attendant	1	MPS 5 (15,605)
Workman II	1	MOD 0 (12,115)
<b>Sub-total :</b>	<b>9</b>	
(d) Improving the services of Families Clinics for civil service eligible persons		
Clinical Psychologist	2	MPS 27 (49,445)
Dispenser/Student Dispenser	3	TPS 5 (14,030)
<b>Sub-total :</b>	<b>5</b>	
(e) Setting up 3 periodontal surgeries in phases		
Dental Officer	1	MPS 30 (56,755)
Dental Surgery Assistant	1	MPS 5 (15,605)
<b>Sub-total :</b>	<b>2</b>	
<b>Total (Programme 7) :</b>	<b>68</b>	
<b>Total(Overall):</b>	<b>130</b>	

**\*Legend**

- MPS: Master Pay Scale
- MOD: Model Scale 1 Pay Scale
- TPS: Training Pay Scale

**CONTROLLING OFFICER'S REPLY**

**FHB(H)251**

**(Question Serial No. 2815)**

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 and estimated numbers of samples of Chm tested/to be tested in 2015-16, 2016-17 and 2017-18? Please also provide the number of samples exceeding the permitted limits set by the Chinese Medicine Council of Hong Kong (CMCHK) each year.
2. Please set out the numbers of recalls initiated in respect of Chm exceeding the permitted limits and their names in the past 3 years.
3. The Chinese Medicines Board under the CMCHK reviews the permitted limits of pesticide residues and heavy metals contained in Chm from time to time. Which permitted limits were reviewed in the past 3 years and what were the recommended limits? Which pesticide residues and heavy metals will be selected for a review of their permitted limits in 2017?

Asked by: Hon WONG Pik-wan, Helena (Member Question No. 48)

Reply:

(1) & (2)

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.

Number of samples taken in 2015, 2016 and 2017 are tabulated as follows –

Year	Targeted number of samples taken per month	Actual number of samples taken in that year
2015	30	377
2016	30	380
2017	45 <sup>#</sup>	78 (as at 28 February 2017)



# The targeted number of samples taken per month has increased from 30 to 45 since February 2017.

The limits currently used for testing of pesticide residues and heavy metals in Chm sold in Hong Kong were formulated by the Chinese Medicine Council of Hong Kong (CMCHK) with reference to international standards. At present, 37 pesticide residues (including 20 organochlorine pesticides and 17 organophosphorus pesticides) and 4 heavy metals (including lead, arsenic, cadmium and mercury) are tested in market surveillance of Chm.

The testing of pesticide residues and heavy metals in Chm is carried out by the Government Laboratory (GL) and consists of 2 stages. The first stage involves tests on the Chm samples in their raw state before decoction to check whether they contain the 37 pesticides and 4 heavy metals and the respective residue levels/contents. The second stage test is conducted to assess the quantity of pesticide residues or heavy metals in the decoction of the Chm concerned. Testing for pesticide residues and heavy metals in the decoction of Chm is considered to be a closer simulation of condition during human consumption which is more appropriate for human risk assessment. The procedures and scope of tests are recognised by both the Chinese Medicines Board (CMB) of the CMCHK and the international expert group of the Scientific Committee set up under the Hong Kong Chinese Materia Medica Standards (HKCMMS) project.

From 2014 to 2016, a total of 1 131 Chm samples collected from market surveillance were tested by the GL. None of them exceeded the limits set by the CMCHK on pesticides and heavy metals after decoction and hence no subsequent recall of Chm was conducted.

- (3) The HKCMMS office was established in 2001 and has developed reference standards for around 270 commonly used Chm. Limits of heavy metals and pesticide residues of Chm under the HKCMMS project were critically reviewed and endorsed by the International Advisory Board established under the HKCMMS project. Heavy metal limits of specific Chm would also be revised as appropriate subject to the research findings of heavy metals in crude herbs and their related decoctions. Results of these research works have provided important and local evidence-based information to guide the setting of reference standards on the safety and quality of Chm. The newly established Government Chinese Medicines Testing Institute will further support the HKCMMS project and embark on further scientific research of developing reference standards of more commonly used Chm.

As regulatory authorities around the world are increasingly concerned about the possible health effects of pesticide residues and heavy metals on human, the CMB of the CMCHK has been reviewing the limits and scope of pesticide residues and heavy metals in Chm, as well as the sampling strategy of the market surveillance system from time to time to safeguard public health. In this connection, the DH has increased the targeted number of market surveillance samples taken from 30 to 45 per month and extended the coverage to include wholesalers of Chm since February 2017.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)252**

**(Question Serial No. 1009)**

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", please inform this Committee of the following:

- 1) What is the percentage of residential care homes for the elderly (RCHEs) and day care centres (DEs) currently participating in the Programme by administrative district of the Social Welfare Department (SWD)?
- 2) Since the implementation of the Programme, has the Government evaluated its effectiveness including the number of attendances receiving the services of outreach dental teams and the average service cost per person?
- 3) Does the Government have any plans to raise the percentage of participating RCHEs and DEs? If so, what are the details?

Asked by: Hon WU Chi-wai (Member Question No.77)

Reply:

- 1) Each service year of the Outreach Dental Care Programme for the Elderly (ODCP) covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating residential care homes for the elderly and day care centres by administrative districts of the SWD by service year is at **Annex**.
- 2) Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) were served under the ODCP. We do not have information on the average service cost per elder served.
- 3) All RCHEs and DEs are invited to join the ODCP but the participation is voluntary. We will step up efforts in promoting the ODCP in conjunction with the participating non-governmental organisations and SWD.

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

	First Service Year of ODCP <sup>Note</sup>			Second Service Year of ODCP <sup>Note</sup>			Third Service Year of ODCP <sup>Note</sup> (October 2016 - January 2017)		
	I (a)	II (b)	% (a)/(b)	I (c)	II (d)	% (c)/(d)	I (e)	II (f)	% (e)/(f)
Central, Western, Southern and Islands	69	110	63%	88	109	81%	20	107	19%
Eastern and Wan Chai	76	102	75%	81	103	79%	23	103	22%
Kwun Tong	44	66	67%	52	69	75%	31	70	44%
Wong Tai Sin and Sai Kung	54	69	78%	57	72	79%	35	72	49%
Kowloon City and Yau Tsim Mong	103	130	79%	109	134	81%	83	133	62%
Sham Shui Po	58	88	66%	56	91	62%	35	91	38%
Tsuen Wan and Kwai Tsing	78	110	71%	92	110	84%	52	110	47%
Tuen Mun	47	54	87%	49	54	91%	41	54	76%
Yuen Long	54	59	92%	56	60	93%	32	60	53%
Sha Tin	48	64	75%	49	64	77%	37	64	58%
Tai Po and North	74	92	80%	84	93	90%	74	93	80%
<b>Total:</b>	<b>705</b>	<b>944</b>	<b>75%</b>	<b>773</b>	<b>959</b>	<b>81%</b>	<b>463</b>	<b>957</b>	<b>48%</b>

*Note: Service year covers the period from 1 October of the year to 30 September of the following year.*

I: No. of participating RCHEs and DEs

II: Total no. of RCHEs and DEs

**CONTROLLING OFFICER'S REPLY**

**FHB(H)253**

**(Question Serial No. 2939)**

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 public dental services, please advise on:

the expenditure, service districts, number of attendances and manpower required in respect of the Outreach Dental Care Programme for the Elderly in 2016-17.

Asked by: Hon YUNG Hoi-yan (Member Question No. 19)

Reply:

A total of 22 outreach dental teams from 11 non-governmental organisations have been set up to serve elders in residential care homes / day care centres and similar facilities in 18 districts. Each service year of the Outreach Dental Care Programme for the Elderly (ODCP) runs from 1 October of the year to 30 September of the following year. Between 1 October 2015 to 30 September 2016, about 46 300 elders were served under the ODCP.

For the 2016-17 financial year, \$44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)254**

**(Question Serial No. 2946 )**

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 the following:

1. What were the districts served by the EHCs, the numbers of enrolment in respect of the EHCs, the average numbers of elders on the waiting list for health assessments and medical consultations in the EHCs, and the average and longest waiting times in the EHCs in 2015-16 and 2016-17? Please provide a breakdown by age group.
2. The number of enrolment in the EHCs was 44 200 in 2016 and the figure increases by over 10% [sic] to 44 700 in 2017. Will additional resources be allocated to cope with the increase? If so, what are the details as well as the manpower and expenditure involved?

Asked by: Hon YUNG Hoi-yan (Member Question No. 23 )

Reply:

1. The districts served by the 18 Elderly Health Centres (EHCs) are listed below:

<b>EHC</b>	<b>District</b>
Sai Ying Pun	Central & Western
Shau Kei Wan	Eastern
Wan Chai	Wan Chai
Aberdeen	Southern
Nam Shan	Sham Shui Po
Lam Tin	Kwun Tong
Yau Ma Tei	Yau Tsim Mong
San Po Kong	Wong Tai Sin
Kowloon City	Kowloon City
Lek Yuen	Sha Tin
Shek Wu Hui	North
Tseung Kwan O	Sai Kung
Tai Po	Tai Po
Tung Chung	Islands

Tsuen Wan	Tsuen Wan
Tuen Mun Wu Hong	Tuen Mun
Kwai Shing	Kwai Tsing
Yuen Long	Yuen Long

The number of enrolments in respect of the 18 EHCs by age groups in 2015 and 2016 are as follows:

EHC	2015					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	449	442	572	540	285	2 288
Shau Kei Wan	456	387	488	579	314	2 224
Wan Chai	1130	720	794	598	372	3 614
Aberdeen	428	365	504	581	304	2 182
Nam Shan	406	473	548	523	275	2 225
Lam Tin	482	419	466	524	329	2 220
Yau Ma Tei	260	389	534	608	425	2 216
San Po Kong	354	355	482	621	322	2 134
Kowloon City	292	385	610	643	281	2 211
Lek Yuen	1141	662	692	648	398	3 541
Shek Wu Hui	394	415	412	559	382	2 162
Tseung Kwan O	346	500	571	477	242	2 136
Tai Po	451	389	532	472	280	2 124
Tung Chung	564	688	572	366	140	2 330
Tsuen Wan	421	398	498	496	303	2 116
Tuen Mun Wu Hong	533	485	474	399	258	2 149
Kwai Shing	551	503	522	494	240	2 310
Yuen Long	498	499	498	467	257	2 219
Total	9 156	8 474	9 769	9 595	5 407	42 401

EHC	2016 (as at 30 September 2016)*					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	355	397	383	350	249	1 734
Shau Kei Wan	472	298	285	376	225	1 656
Wan Chai	1227	740	649	606	339	3 561
Aberdeen	306	330	331	386	260	1 613
Nam Shan	473	376	340	311	223	1 723
Lam Tin	438	343	302	349	236	1 668
Yau Ma Tei	442	340	315	350	261	1 708
San Po Kong	361	314	300	394	242	1 611
Kowloon City	242	256	421	506	239	1 664
Lek Yuen	295	264	353	400	278	1 590
Shek Wu Hui	383	348	280	333	260	1 604
Tseung Kwan O	866	672	663	529	271	3 001
Tai Po	480	296	324	330	191	1 621

Tung Chung	499	482	365	282	116	1 744
Tsuen Wan	553	377	342	333	219	1 824
Tuen Mun Wu Hong	445	382	302	348	180	1 657
Kwai Shing	417	383	354	375	193	1 722
Yuen Long	500	379	329	296	190	1 694
<b>Total</b>	<b>8 754</b>	<b>6 977</b>	<b>6 638</b>	<b>6 854</b>	<b>4 172</b>	<b>33 395</b>

\*Provisional figures

The median waiting time in 2015 and 2016 are 16.3 months and 5.2\* months respectively. The longest median waiting time in 2015 and 2016 are 34.4 months and 12.0\* months respectively. The number of elders on the waiting list for enrolment at each of the 18 EHCs for 2015 and 2016 are listed in the following table. Breakdown by age groups are not available. Medical consultation service is available to all enrolled members at any time.

<b>EHC</b>	Number of elders on the waiting list for enrolment (as at end of year)	
	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	765	837
Shau Kei Wan	988	674
Wan Chai	1 200	1 279
Aberdeen	456	411
Nam Shan	785	153
Lam Tin	363	370
Yau Ma Tei	751	789
San Po Kong	186	299
Kowloon City	430	374
Lek Yuen	386	1 096
Shek Wu Hui	370	375
Tseung Kwan O	1 379	602
Tai Po	644	507
Tung Chung	801	355
Tsuen Wan	994	704
Tuen Mun Wu Hong	1 182	1 386
Kwai Shing	63	206
Yuen Long	696	809
<b>Total</b>	<b>12 439</b>	<b>11 226</b>

\*Provisional figures

2. The Department of Health will establish a new clinical team in 2017-18 and another new clinical team in 2018-19 to enhance the service capacity of EHCs. An additional allied health team will also be established in 2017-18 to provide professional support to the EHCs and the Visiting Health Teams of the Elderly Health Service (EHS). The additional financial provision for EHS as a whole in 2017-18 and 2018-19 are \$7.3 million and \$10.4 million respectively.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)255**

**(Question Serial No. 2950 )**

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 Student Health Service (SHS), please advise on:

1. the numbers of primary and secondary school students who were eligible to participate in the SHS, the actual number of participating students, the participation rate of the SHS, the unit cost for attendance of each participating student and the total manpower and expenditure involved in 2016-17. Will there be any changes expected in these figures in 2017-18; and
2. whether the effectiveness of the SHS has been reviewed; if so, what is the outcome? Will there be any adjustments made to the SHS in 2017-18; if so, what are the details as well as the manpower and expenditure involved?

Asked by: Hon YUNG Hoi-yan (Member Question No. 22)

Reply:

1. The number of primary and secondary school students eligible to join the Student Health Service (SHS) in 2016-17 school year are around 348 000 and 333 000 respectively. The number of primary and secondary school students participating in SHS are 331 000 (estimate) and 293 000 (estimate) respectively with an enrolment rate of around 95% and 88%.

The expenditure for SHS for 2016-17 (revised estimate) is \$ 216.8 million with a staff establishment of 409 (as at 1 March 2017). The unit cost per attendance under SHS is \$580 for 2016-17.

The financial provision for SHS in 2017-18 is \$215.4 million with a staff establishment of 409.

2. The SHS was introduced in 1995-96 school year to provide centre-based disease prevention and health promotion services for primary and secondary school students. To further address the health needs of adolescent, the Adolescent Health Programme was



launched in 2001-02 school year to provide outreach school-based health promotion programmes to secondary students, their parents and teachers. Through service review, evaluation studies and continuous monitoring, a number of improvement measures have been introduced to enhance the quality and effectiveness of the services. In addition to streamlining the services and updating the programme content, new programmes like health education workshop for Primary 3 students, promotion on the healthy use of internet and electronic screen products as well as promotion of mental health, etc. have been introduced. We will continuously monitor the provision and effectiveness of SHS. There will be no substantial change in the services provided by SHS in 2017-18.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)256**

**(Question Serial No. 2953)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in *Matters Requiring Special Attention in 2017-18* under programme (1), the Department of Health will set up a testing centre of Chinese medicines at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Please advise on:

1. whether work on identifying locations for setting up the said testing centre of Chinese medicines has been started, and the locations under consideration as well as the expected service years of the temporary centre;
2. the specific works schedule and the works expenditure involved; and
3. the number and estimated expenditure on remunerations of staff to be working in the testing centre, broken down by grade and rank, as well as their functions and qualifications.

Asked by: Hon YUNG Hoi-yan (Member Question No. 45)

Reply:

1. Before the establishment of the permanent Government Chinese Medicines Testing Institute (GCMTI), the temporary GCMTI is being set up in the Hong Kong Science Park (HKSP) for operation in the interim. The Food and Health Bureau and the Department of Health are currently working with the Planning Department on a site search for the development of the permanent GCMTI. The temporary GCMTI will be in operation until the permanent GCMTI has been established and come into operation. At this stage, we are unable to estimate when the permanent GCMTI will come into operation.
2. The fitting out works of the temporary GCMTI in the HKSP was completed and most of the major equipment have been installed. The temporary GCMTI will come into operation in phases starting from late March 2017. The estimated fitting out costs for setting up the temporary GCMTI is \$28.3 million.

3. Details of the civil service posts by function and their salaries in the temporary GCMTI are set out below. The qualification requirement is set with reference to the job nature and level of responsibilities of the respective grades of the civil service posts.

<u>Function / Grade</u>	<u>No. of posts</u>	<u>Annual recurrent cost of civil service posts (\$)</u>
<b>Professional support</b>		
Scientific Officer (Medical)	9	7,984,440
Senior Chemist	1	1,363,920
Chemist	1	887,160
<b>Technical support</b>		
Science Laboratory Technologist	1	713,100
Science Laboratory Technician I	1	541,440
Science Laboratory Technician II	2	672,960
Laboratory Attendant	1	212,220
<b>Administrative and general support</b>		
Executive Officer II	1	472,200
Assistant Clerical Officer	1	255,060
<b>Total :</b>	<b><u>18</u></b>	<b><u>13,102,500</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)421**

**(Question Serial No. 4163)**

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 inform this Committee of:

1. the respective numbers of prosecutions initiated by the Tobacco Control Office (TCO) and successful prosecutions in 2016-17?
2. the operational expenses, staff establishment and annual payroll costs of the TCO in 2017-18?

Asked by: Hon CHAN Chi-chuen (Member Question No. 122)

Reply:

1. In 2016, Tobacco Control Office (TCO) issued 8 650 fixed penalty notices and 207 summonses for smoking offences, and 79 summonses for other offences (such as willful obstruction and failure to produce identity document). As at 8 March 2017, 238 summonses issued in 2016 were convicted by court, 3 summonses were not pursuable and withdrawn, and the remaining are pending hearing results.
2. The provisions for TCO in 2017-18 are \$189.4 million which include annual recurrent cost of civil service posts of \$52.4 million. The staff establishment of the TCO in 2017-18 is at **Annex**.

- End -

**Staff Establishment of Tobacco Control Office of the Department of Health**

<b>Rank</b>	<b>2017-18 Estimate</b>
<b><u>Head, TCO</u></b>	
Principal Medical & Health Officer	1
<b><u>Enforcement</u></b>	
Senior Medical & Health Officer	1
Medical & Health Officer	1
Land Surveyor	1
Police Officer	5
Overseer/ Senior Foreman/ Foreman	89
Senior Executive Officer/ Executive Officer	9
<i>Sub-total</i>	<b><u>106</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	17
Motor Driver	1
<i>Sub-total</i>	<b><u>22</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>

**CONTROLLING OFFICER'S REPLY**

**FHB(H)422**

**(Question Serial No. 4112)**

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 a breakdown by 18 districts of the number of licensed retail drug premises in each district, the annual expenditure for inspecting such premises, and the checklist items and details of the inspection.

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

Reply:

The Drug Office (DO) of the Department of Health (DH) conducts surprise inspections of licensed retailers of controlled pharmaceutical products regularly to ensure their compliance with the relevant statutory requirements (including those stipulated by the Pharmacy and Poisons Ordinance (Cap. 138), Antibiotics Ordinance (Cap. 137) and Dangerous Drugs Ordinance (Cap. 134) as applicable) as well as the relevant code of practice. The Chinese Medicine Division (CMD) of the DH conducts surprise inspections of licensed retailers of Chinese herbal medicines (Chm) regularly to ensure their compliance with the Chinese Medicine Ordinance (Cap. 549) and the relevant practising guidelines. Since the expenditures required for the above inspections have been absorbed within the overall provision of the DO and the CMD respectively, breakdown of expenditures for inspection is not available.

Breakdown by 18 districts of the number of licensed retailers of controlled pharmaceutical products and of the number of licensed retailers of Chm are not readily available. The number of licensed retailers of controlled pharmaceutical products and licensed retailers of Chm, as at 1 March 2017, located in Hong Kong Island, Kowloon and New Territories are as follows:

	Number of licensed retailers of controlled pharmaceutical products	Number of licensed retailers of Chm
Hong Kong Island	928	1 181
Kowloon	1 658	1 625
New Territories	2 021	1 880
<b>Total</b>	<b>4 607</b>	<b>4 686</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)423**

**(Question Serial No. 4113)**

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 occurrence of a number of maternal death cases last year, will the Government provide additional resources to prevent similar cases from happening again? If so, what are the details; if not, why not?

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

Reply:

The Maternal and Child Health Centres (MCHCs) of the Department of Health, in collaboration with the obstetric departments of hospitals under the Hospital Authority (HA), provide an antenatal shared-care programme to pregnant women. The MCHCs provide antenatal health assessment, check-up, relevant investigations and health advice to pregnant women. Pregnant women with high risk factors or suspected to have antenatal problem will be referred to the HA's obstetric department for follow up and clinical management if necessary, and delivery care is provided by the HA's birthing hospitals.

The MCHCs will continue to maintain vigilance and close collaboration with the HA's birthing hospitals to provide quality antenatal care.

- End -



**CONTROLLING OFFICER'S REPLY****FHB(H)424****(Question Serial No. 5328)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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 each year for the past 5 years.

Type of developmental disorder	2012	2013	2014	2015	2016
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 CHEUNG Chiu-hung, Fernando (Member Question No. 1033)Reply:

The number of newly diagnosed cases of developmental conditions in the Child Assessment Service in the past 5 years are as follows:

<b>Newly diagnosed conditions</b>	<b>Number of cases</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016 (Provisional figure)</b>
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60
Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)425**

**(Question Serial No. 5496 )**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

How long did it take, on average, to complete the registration of pharmaceutical products in the past 5 years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 6080)

Reply:

According to the Pharmacy and Poisons Ordinance (Cap. 138) (PPO), all pharmaceutical products must be registered with the Pharmacy and Poisons Board (PPB), a statutory body set up under the PPO, before they can be sold or distributed in Hong Kong. The Department of Health (DH) has been tasked to provide professional and executive support to the PPB. Applications for registration of pharmaceutical products are classified into two main categories, namely New Chemical Entity (NCE) and non-NCE (generic) products.

As NCE products contain new active ingredients, the PPB would have to examine and recommend the suitable sales control for the concerned new active ingredients. Subject to the PPB's advice, the Government will seek approval from the Legislative Council (LegCo), through amendment of the Pharmacy and Poisons Regulations (Cap. 138A) (PPR), to impose suitable sales control for the new active ingredients. The PPB will register the NCE products which satisfy the registration criteria of safety, quality and efficacy as stated in the PPR after the prescribed sales control for the new active ingredients have been introduced through amendment of the PPR.

For generic products containing active ingredients already found in other registered pharmaceutical products with prescribed sales control, the PPB would register the generic products which satisfy the registration criteria of safety, quality and efficacy without the need for amendment of the PPR.

The DH has a performance pledge of 5 months for approving an application for registration of pharmaceutical product when the applicant has submitted the documents as stated in the Guidance Notes on Registration of Pharmaceutical Products/Substances, and satisfied the registration criteria of safety, quality and efficacy.

The statistics for the registration of pharmaceutical products approved by the PPB between 2012 and 2016 are provided in the table below. Between 2012 and 2016, there were 32, 11, 13, 33 and 3 cases of registered pharmaceutical products with processing time over 5 months. They belonged to NCE products which would require longer processing time as the above legislative amendments were required before the NCE products would be registered with the PPB. To expedite the registration of pharmaceutical products, the Government had sought the approval of the LegCo to streamline the legislative procedures to amend the PPR related to the sales control of new active ingredients found in NCE products by replacing the positive vetting procedures with negative vetting procedures. The streamlined procedures came into effect on 6 February 2015. Therefore, compared with the situations in 2015 and before, the number of registered pharmaceutical products with processing time exceeding the 5-month performance pledge has been reduced significantly in 2016.

Year	2012	2013	2014	2015	2016
Number of new pharmaceutical products approved in the year:	679	807	882	871	663
of which –					
(a) approvals granted within 5 months	647	796	869	838	660
(b) approvals granted exceeding 5 months' time	32	11	13	33	3
Percentage of registered pharmaceutical products approved within the performance pledge of 5 months	95%	99%	99%	96%	99%

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)426**

**(Question Serial No. 5530)**

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Service,

- (a) what were the numbers of new cases, broken down by age group (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?
- (b) what were the average, median and longest times required to complete assessment of children under 6 years of age in the CACs in the past 5 years?
- (c) 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 (Member Question No. 5038)

Reply:

(a) The Child Assessment Service (CAS) of the Department of Health (DH) receives referrals from doctors and clinical psychologists for clinical assessment for 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), the Hospital Authority (HA), private practitioners and psychologists. In the past 5 years, CAS received new cases referred from the following sources:

Channels of Referral	Number of cases				
	2012	2013	2014	2015	2016 (provisional figure)
MCHCs and other specialties (DH)	4 991	5 132	5 731	6 328	6 554

Paediatricians, Out-Patient Clinics and other specialties (HA)	1 264	1 226	1 344	1 368	1 416
Doctors in private practice	2 012	1 859	1 844	1 652	1 611
Psychologists (including HA, Education Bureau, Social Welfare Department, non-governmental organisations & private psychologists)	312	424	548	505	600
Others	194	134	27	19	7
<b>TOTAL</b>	<b>8 773</b>	<b>8 775</b>	<b>9 494</b>	<b>9 872</b>	<b>10 188</b>

Breakdown of the above figures by age groups is not available.

(b) In the past 5 years, nearly all new cases at the CAS were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. The actual waiting time depends on the complexity and conditions of individual cases. The DH has not compiled statistics on the average, the median or the longest waiting time for assessment of new cases.

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

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 the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months.

**CONTROLLING OFFICER'S REPLY****FHB(H)427****(Question Serial No. 5636)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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 problems.
2. How many children were on the waiting list for assessment in the CACs and what were their longest, average and shortest waiting times for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 3035)Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Newly diagnosed conditions	Number of cases				
	2012	2013	2014	2015	2016 (Provisional figure)
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60

Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

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

2. In the past 5 years, nearly all new cases at CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -



**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 6164)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

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

- (1) the number of attendances of the elderly receiving the services, broken down by type of service (e.g. dental examination, scaling and polishing, pain relief and emergency dental treatment) since the launch of the Pilot Project on Outreach Primary Dental Care Services for the Elderly (the Pilot Project); and
- (2) the annual expenditure incurred by the Pilot Project since its launch and the estimated expenditure for next year.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1203)

Reply:

- (1) Since the implementation of the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014 up to January 2017, about 66 500 elders (involving about 109 900 attendances) 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).
- (2) The financial provision for ODCP from 2014-15 to 2017-18 is as follows -

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15	25.1
2015-16	44.5
2016-17	44.8
2017-18	44.8

**CONTROLLING OFFICER'S REPLY**

**FHB(H)429**

**(Question Serial No. 6266)**

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:

It is stated in paragraph 157 of the 2016 Policy Address that “the Department of Health will set up an additional Child Assessment Centre”. Please give an account of the particulars, related allocation of resources, expected staff establishment and expected effectiveness of this project.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2259)

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 the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies in CAS through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for CAS in 2017-18 is \$131.8 million.

**CONTROLLING OFFICER'S REPLY****FHB(H)430****(Question Serial No. 6268)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (5) RehabilitationControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

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 problems.
2. What were the longest, average and shortest waiting times for assessment in the CACs for the past 5 financial years?

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2427)Reply:

1. The number of newly diagnosed cases of developmental conditions in the Child Assessment Service (CAS) in the past 5 years are as follows:

Newly diagnosed conditions	Number of cases				
	2012	2013	2014	2015	2016 (Provisional figure)
Attention Problems/Disorders	2 182	2 325	2 541	2 890	2 809
Autism Spectrum Disorder	1 567	1 478	1 720	2 021	1 905
Borderline Developmental Delay	1 891	1 915	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 744	1 928	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	518	482	535	643	506
Hearing Loss (Moderate to profound grade)	97	88	109	76	67
Language Delay/Disorders and Speech Problems	2 764	3 098	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	47	55	41	61	60

Significant Developmental Delay/Intellectual Disability	1 036	1 213	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	41	41	36	43	29

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

2. In the past 5 years, nearly all new cases at CAS were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the average, the longest or the shortest waiting time for assessment of new cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)431**

**(Question Serial No. 6275)**

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 respect of new cases in each child assessment centre in the past 5 years.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 2431)

Reply:

In the past 5 years, nearly all new cases at the Child Assessment Service (CAS) were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health has not compiled statistics on the median, the longest or the shortest waiting time for assessment of new cases.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)432**

**(Question Serial No. 7069)**

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 5 years:

1. the cost per attendance for health assessment;
2. the cost per attendance for medical consultation;
3. the cost per attendance for health education activities organised by the EHCs and Visiting Health Teams;
4. the annual operating costs of each EHC;
5. the annual total enrolment quota, quota for new members, and number of members from other districts in each EHC;
6. the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of the total number of members such members accounted for) of each EHC, as well as the average waiting time for application for enrolment as an EHC member each year (please provide a breakdown by EHC);
7. the average waiting time for having a health check at an EHC.

Asked by: Hon CHEUNG Chiu-hung, Fernando (Member Question No. 1202)

Reply:

(1) and (2)

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

as follows:

<b>Financial Year</b>	<b>Health Assessment</b>	<b>Medical Consultation</b>
2012-13	\$1,140	\$455
2013-14	\$1,190	\$470
2014-15	\$1,250	\$495
2015-16	\$1,310	\$515
2016-17	\$1,360	\$535

(3)

The cost per attendance at 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:

<b>Financial Year</b>	<b>Total expenditure of the 18 EHCs (\$ million)</b>	<b>Total expenditure of the 18 VHTs # (\$ million)</b>
2013-14 (Actual)	121.7	74.9
2014-15 (Actual)	130.6	76.7
2015-16 (Actual)	140.0	77.8
2016-17 (Revised Estimate)	143.7	80.6
2017-18 (Estimate)	149.2	81.4

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

(4)

The Department of Health does not have a breakdown of operating cost by EHC. The average operating expenditure of each EHC are as follows:

<b>Financial Year</b>	<b>Average operating expenditure of each EHC (\$ million)</b>
2013-14	6.8
2014-15	7.3
2015-16	7.8
2016-17*	8.0
2017-18*	8.3

\*Provisional figures

(5)

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

<b>EHC</b>	<b>Total number of enrolments</b>					<b>Number of new members</b>				
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	2 130	2 120	2 177	2 288	2 310	185	120	162	698	642
Shau Kei Wan	2 211	2 196	2 213	2 224	2 205	145	204	326	665	800
Wan Chai	2 141	2 156	2 143	3 614	4 545	227	183	249	1 878	2 251
Aberdeen	2 126	2 124	2 164	2 182	2 148	228	163	183	467	452
Nam Shan	2 206	2 193	2 212	2 225	2 218	370	166	244	490	795

Lam Tin	2 230	2 218	2 220	2 220	2 223	244	268	410	560	634
Yau Ma Tei	2 121	2 079	2 162	2 216	2 254	334	104	128	487	930
San Po Kong	2 121	2 122	2 123	2 134	2 142	225	175	168	550	640
Kowloon City	2 210	2 193	2 211	2 211	2 210	198	98	104	554	537
Lek Yuen	2 125	2 121	2 129	3 541	2 550	445	440	238	1 629	681
Shek Wu Hui	2 122	2 119	2 155	2 162	2 144	290	264	210	450	716
Tseung Kwan O	2 136	2 136	2 136	2 136	3 471	263	163	191	537	1 406
Tai Po	2 124	2 125	2 122	2 124	2 124	96	192	278	581	729
Tung Chung	2 245	2 224	2 226	2 330	2 319	432	407	244	461	731
Tsuen Wan	2 117	2 092	2 114	2 116	2 516	392	386	396	520	1 032
Tuen Mun Wu Hong	2 133	2 109	2 127	2 149	2 208	352	275	360	514	652
Kwai Shing	2 212	2 212	2 221	2 310	2 277	297	184	371	620	551
Yuen Long	2 217	2 198	2 215	2 219	2 270	344	332	275	420	739
Total	38 927	38 737	39 070	42 401	44 134	5 067	4 124	4 537	12 081	14 918

\*Provisional figures

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

EHC	Number of members from other districts				
	2012	2013	2014	2015	2016*
Sai Ying Pun	601	568	621	608	416
Shau Kei Wan	44	71	72	66	45
Wan Chai	1 011	1 070	1 079	1 956	2 270
Aberdeen	46	40	48	58	36
Nam Shan	786	802	809	835	656
Lam Tin	103	129	180	196	133
Yau Ma Tei	789	790	858	853	725
San Po Kong	492	532	510	582	483
Kowloon City	962	875	935	899	654
Lek Yuen	51	46	49	76	45
Shek Wu Hui	84	106	92	119	63
Tseung Kwan O	269	266	257	238	266
Tai Po	350	308	319	246	194
Tung Chung	1 383	1 332	1 372	1 325	900
Tsuen Wan	735	729	761	734	662
Tuen Mun Wu Hong	69	82	48	42	31
Kwai Shing	536	550	532	564	440
Yuen Long	93	82	101	115	95

\*Provisional figures as at 30 September 2016



(6) and (7)

The numbers of members enrolled in a year who did not renew their membership by 2 years and their percentage among the total number of enrolments in individual EHCs are as follows:

EHC	EHC members who did not return by									
	2012		2013		2014		2015		2016*	
	No.	%	No.	%	No.	%	No.	%	No.	%
Sai Ying Pun	494	23%	499	24%	443	21%	446	21%	536	25%
Shau Kei Wan	568	26%	533	24%	441	20%	510	23%	599	27%
Wan Chai	440	21%	372	17%	358	17%	343	16%	428	20%
Aberdeen	502	23%	420	20%	395	19%	396	19%	429	20%
Nam Shan	489	22%	467	21%	456	21%	405	18%	506	23%
Lam Tin	584	26%	577	26%	546	24%	482	22%	540	24%
Yau Ma Tei	474	22%	465	22%	427	20%	358	17%	458	21%
San Po Kong	535	25%	513	24%	495	23%	447	21%	519	24%
Kowloon City	493	22%	470	21%	464	21%	450	21%	505	23%
Lek Yuen	619	29%	679	31%	549	26%	606	29%	732	34%
Shek Wu Hui	533	25%	551	26%	508	24%	475	22%	614	28%
Tseung Kwan O	473	22%	478	22%	435	20%	453	21%	553	26%
Tai Po	347	16%	329	15%	348	16%	310	15%	481	23%
Tung Chung	360	16%	391	17%	420	19%	344	15%	441	20%
Tsuen Wan	668	31%	549	26%	534	25%	548	26%	713	34%
Tuen Mun Wu Hong	535	25%	492	23%	500	23%	491	23%	641	30%
Kwai Shing	497	23%	499	23%	434	20%	452	20%	482	22%
Yuen Long	371	17%	403	18%	440	20%	411	19%	443	20%

\*Provisional figures as at 30 September 2016

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)				
	2012	2013	2014	2015	2016*
Sai Ying Pun	13.4	22.8	30.5	30.0	6.0
Shau Kei Wan	14.4	21.5	24.9	23.5	2.4
Wan Chai	25.8	27.8	34.4	34.3	1.4
Aberdeen	6.7	11.5	16.2	14.5	4.3
Nam Shan	16.2	17.3	18.2	15.8	2.2
Lam Tin	4.6	11.1	15.0	12.0	4.0
Yau Ma Tei	23.7	25.4	32.9	34.2	7.6
San Po Kong	10	15.9	24.0	18.6	1.5
Kowloon City	16.4	23.4	31.4	34.4	8.5
Lek Yuen	36.2	22.8	21.9	4.5	8.7
Shek Wu Hui	9.9	10.8	14.3	16.4	7.9
Tseung Kwan O	14.5	20.5	27.0	29.0	2.8
Tai Po	21.9	28.6	22.4	16.3	3.8
Tung Chung	9.5	10.4	12.9	15.0	6.3
Tsuen Wan	11.3	12.7	15.8	17.8	12.0
Tuen Mun Wu Hong	9.9	15	17.3	15.8	11.3
Kwai Shing	6.5	10.4	13.7	7.0	1.5
Yuen Long	7.5	8.7	10.7	13.4	6.0
Overall	12.3	16.6	20.1	16.3	5.2

\*Provisional figures

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)433**

**(Question Serial No. 3614)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

1. What were the number of students attending the Student Health Service, the number and type of referrals to the Special Assessment Centres as well as the specialist clinics of the Department of Health and the Hospital Authority for follow-up, and the unit cost for handling each case for each school year from 2013/2014 to 2016/2017 (if applicable)?
2. What were the number of schools and students joining the Adolescent Health Programme, the number of school visits made and activities arranged, and the expenditure involved for each school year from 2013/2014 to 2016/2017 (if applicable)?

Asked by: Hon IP Kin-yuen (Member Question No. 76)

Reply:

1. The number of students attended the Student Health Service Centres and referrals to Special Assessment Centres and specialist clinics with breakdown by specialties in school years 2013-14, 2014-15 and 2015-16 are shown in the table below. Figures for school year 2016-17 are not yet available.

<b>School Year</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<b>Number of students attended Student Health Service Centres</b>	419 923	415 365	413 456
<b>Number of referrals to Special Assessment Centre *</b>	68 273	71 088	72 492

<b>Number of referrals by specialty including Department of Health and Hospital Authority *</b>			
Ophthalmology	518	475	494
Ear, Nose, Throat	1 229	1 248	1 380
Paediatrics	4 764	5 060	5 490
Medical	90	115	102
Surgery	2 358	2 219	2 343
Orthopaedics	950	1 049	1 103
Gynaecology	399	395	411
Psychiatry	450	461	489
Adolescent Medicine	19	15	9
Dermatology	905	824	919
Child Assessment Service	113	92	109
Family Medicine	5	23	27
Others	110	82	91
<b>Total</b>	<b>11 910</b>	<b>12 058</b>	<b>12 967</b>

Note : \* A student might have more than 1 referral.

The unit cost per attendance under Student Health Service for 2013-14, 2014-15, 2015-16 and 2016-17 are as follows:

<u>Financial Year</u>	<u>Unit cost per attendance</u>
	<u>(\$)</u>
2013-14	510
2014-15	530
2015-16	555
2016-17	580

2. From school years from 2013-2014 to 2015-2016, the number of schools enrolled to Adolescent Health Programme (AHP) and the number of students joined the AHP are as follows:

<b>School Year</b>	<u>2013-14</u>	<u>2014-15</u>	<u>2015-16</u>
No. of schools	325	317	318
No. of students	79 000	75 000	69 000

Figures for school year 2016-17 are not yet available.

During the same period, the number of school visits made and the number of activities arranged are as follows:

<b>School Year</b>	<b><u>2013-14</u></b>	<b><u>2014-15</u></b>	<b><u>2015-16</u></b>
Number of school visits for programme delivery	2 700	2 600	2 600
Number of briefing/debriefing sessions with teachers/school management	5 700	5 500	5 500

The expenditure of AHP for 2013-14, 2014-15, 2015-16 and 2016-17 is as follows:

<b><u>Financial Year</u></b>	<b><u>Amount</u></b>
	\$ million
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Revised Estimate)	77.1

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 7172)**

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 inform this Committee of the implementation details, the number of elderly persons benefited and the expenditure of the Outreach Dental Care Programme for the Elderly in the 2016-17 financial year.

Asked by: Hon IP LAU Suk-ye, Regina (Member Question No. 7)

Reply:

Under the Outreach Dental Care Programme for the Elderly (ODCP), a total of 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes / day care centres and similar facilities.

Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. Between October 2015 and September 2016, about 46 300 elders were served. Between October 2016 and January 2017, about 19 300 elders were served under the ODCP.

For the 2016-17 financial year, \$44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

**CONTROLLING OFFICER'S REPLY****FHB(H)435****(Question Serial No. 4567 )**Head: (37) Department of HealthSubhead (No. & title): 000 Operational expensesProgramme: (2) Disease PreventionControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

How much resources were allocated for healthcare staff to provide HIV/AIDS treatment and care in the public healthcare system in the past 3 years? Will additional resources be allocated to prepare for a rising epidemic in the future? Please provide a detailed breakdown of the expenditure involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 63)Reply:

The number of staff establishment relating to healthcare professional of the HIV/AIDS clinic of the Department of Health from 2014-15 to 2016-17 remains the same as follows:

HIV/AIDS	Number of posts from 2014-15 to 2016-17					Total
	Senior Medical and Health Officer	Medical and Health Officer	Senior Nursing Officer	Nursing Officer	Registered Nurse	
Kowloon Bay Integrated Treatment Centre	2	2	1	9	11	25

The annual recurrent cost (revised estimate) for the HIV/AIDS clinic in 2016-17 is \$16.5 million, which is solely used to cover manpower cost of the clinic. Breakdown is as follows:

<b>Rank</b>	<b>Number of posts</b>	<b>Annual recurrent cost in 2016-17 (\$)</b>
Senior Medical and Health Officer	2	2,727,840
Medical and Health Officer	2	2,025,240
Senior Nursing Officer	1	887,160
Nursing Officer	9	6,129,540
Registered Nurse	11	4,722,960
<b>Total</b>	<b>25</b>	<b>16,492,740</b>

The Government will keep in view the demand in the coming years for resource allocation.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)436**

**(Question Serial No. 4568)**

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:

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 KWOK Ka-ki (Member Question No. 64)

Reply:

Based on the "Recommended HIV/AIDS Strategies for Hong Kong 2012-2016" issued by the Hong Kong Advisory Council on AIDS, the AIDS Trust Fund (the Fund) has accorded priority to provide funding to programmes targeted at 5 high risk groups, which include male clients of female sex workers (MCFSW). The Fund also supported projects other than the 5 high risk groups (including cross border travellers, prisoners, ethnic minorities and general public) to prevent HIV transmission through heterosexual contacts.

For the 3 years from 2014-15 to 2016-17, the Fund approved a total of \$5.4 million for 4 projects targeted at MCFSW. Other than the 5 high risk groups, the Fund also granted a total of \$9.5 million for 15 projects for the prevention of HIV infection, including via heterosexual contacts. Besides, the Fund granted a total of \$6.4 million for 3 projects which served more than 1 high risk group including MCFSW.

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, support

the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS. However, there is no further breakdown of resources targeted at heterosexual males.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)437**

**(Question Serial No. 4569)**

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:

Although cases of heterosexual contacts accounted for almost 20% of all new HIV cases, many AIDS service organisations indicated that the resources allocated by the AIDS Trust Fund for HIV/AIDS prevention amongst heterosexual men had been reduced substantially in recent years. Will additional resources be allocated to the Fund, Centre for Health Protection and AIDS service organisations for reducing the prevalence of HIV/AIDS amongst heterosexuals in the future? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 65)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

Among the newly reported case received by the Department of Health (DH), the proportion of HIV infections acquired through heterosexual contact has decreased from 70% in 1996 to 20% in 2015. On the contrary, HIV infection through homosexual/bisexual contact has increased from 17% to 64% during the same period. Moreover, assessment conducted by the DH showed that the prevalence (number of infection per 100 persons) of men who have sex with men (MSM) (men who practiced homosexual/bisexual contact) was 5.9% in 2014, while that of heterosexual males was less than 0.1%.

In response to the rising HIV epidemic dominated by MSM, the Fund has accorded priority to funding programmes targeted at the 5 high risk groups as recommended by the Hong Kong Advisory Council on AIDS, among which male clients of female sex workers is one of them. Other than the 5 high risk groups, the Fund would also assess and grant funding

to proposals serving other groups for prevention of HIV transmission, including via heterosexual contact.

The DH also allocates resources in Student Health Services (SHS), Special Preventive Programme (SPP), Men's Health Programme and Social Hygiene Service for HIV prevention. The DH has been providing educational information and conducting promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the SHS Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on HIV and sex by SPP, as well as online resources on sex education. The DH will continue to promote sex education and regularly review and update the content and approach so as to address the needs of the adolescents. The SPP is also committed to expanding the community's response to HIV/AIDS, support the development of evidence-based AIDS strategies, and cultivate expertise in clinical and public health HIV medicine and infectious diseases. Moreover, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of AIDS and foster acceptance and care of people with HIV/AIDS.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)438**

**(Question Serial No. 4570)**

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:

How much resources had been allocated to the promotion of sex education in primary and secondary schools in the past 3 years? Will additional resources be allocated to provide well-planned sex education for the adolescents? Please specify the details.

Asked by: Hon KWOK Ka-ki (Member Question No. 66)

Reply:

The Department of Health (DH) has been providing educational information and organizing promotional programmes on sex education to primary and secondary school students through various means, including health talks about puberty at the Student Health Service Centres, interactive school-based programme on sex education series conducted by the Adolescent Health Programme, life skills-based education on Human Immunodeficiency Virus (HIV) and sex by Special Preventive Programme, as well as online resources on sex education. As sex education for primary and secondary school students is provided by the DH under various programmes, there is no breakdown of the resources specifically allocated for sex education. The DH will continue to promote sex education, as well as regularly review and update the content and approach so as to better address the needs of the adolescents.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)439**

**(Question Serial No. 4571)**

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:

How much resources did the Government allocate for conducting the study on legislation against discrimination on the ground of sexual orientation in the past 3 years in response to the recommendations by the UNAIDS for reducing the prevalence of HIV/AIDS and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon KWOK Ka-ki (Member Question No. 67)

Reply:

In the most updated "UNAIDS Strategy 2016-2021" issued by the UNAIDS, and the "Global health sector strategy on HIV (2016-2021)" issued by the World Health Organization, there is no recommendation for conducting studies on legislation against discrimination on the ground of sexual orientation.

Nevertheless, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of HIV/AIDS and foster acceptance and care of people with HIV/AIDS. The Government will also continue to closely monitor new development and studies of effective interventions to control the HIV epidemic, especially those based on strong scientific and epidemiological evidence.

End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)440**

**(Question Serial No. 4572)**

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:

Will the Government allocate more resources for conducting the study on legislation against discrimination on the ground of sexual orientation in response to the recommendations by the UNAIDS for reducing the prevalence of HIV/AIDS and sexually-transmitted diseases? Please provide a detailed breakdown.

Asked by: Hon KWOK Ka-ki (Member Question No. 68)

Reply:

In the most updated "UNAIDS Strategy 2016-2021" issued by the UNAIDS, and the "Global health sector strategy on HIV (2016-2021)" issued by the World Health Organization, there is no recommendation for conducting studies on legislation against discrimination on the ground of sexual orientation.

Nevertheless, the Government has been collaborating with non-governmental organisations to conduct events to promote public awareness of HIV/AIDS and foster acceptance and care of people with HIV/AIDS. The Government will also continue to closely monitor new development and studies of effective interventions to control the HIV epidemic, especially those based on strong scientific and epidemiological evidence.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)441**

**(Question Serial No. 4573)**

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:

Will the Department of Health propose that additional resources be allocated so that pre-exposure prophylaxis (PrEP), which has started to be administered worldwide, can be listed as recommended medication while huge barriers impeding access to post-exposure prophylaxis (PEP) by target groups locally can be removed? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 69)

Reply:

The Department of Health (DH) is aware of the results of some overseas trials on the effectiveness of pre-exposure prophylaxis (PrEP) with antiviral agent to prevent HIV infection in uninfected people. It is worth noting that the effectiveness of PrEP is highly dependent on the level of infection risk and the degree of adherence to the treatment. As of now, a small number of countries (e.g. France) have included PrEP in their national health care systems. Other areas like Australia, Thailand, and Taiwan are delivering PrEP through clinical trials or self-pay plans. In some other countries, there is reservation in launching full scale PrEP programmes due to a number of reasons, of which cost-effectiveness is one of the major considerations.

In view of the rapid development of PrEP, the Scientific Committee on AIDS & STI (the Scientific Committee) thoroughly reviewed PrEP in the local context and issued an interim statement in December 2016. It recommended conducting implementation studies in Hong Kong to yield important information on, among others, the appropriate delivery model, ways to reach targeted population, drug toxicity, willingness to pay by the targeted population and the level of achievable adherence.

PrEP is one key new development examined by the Advisory Council on AIDS (ACA) in its formulation of the next strategies for Hong Kong. ACA considered that any public health approach to PrEP should be formulated based on evidence. Factors to consider include the



selection of appropriate users and prescribers, drug adherence, avoidance of risk compensation (exhibition of risk behaviour), cost-effectiveness, who to pay, financial sustainability, acceptability to the communities and related stigma and effects etc. More researches/studies have to be conducted to gauge valid information relating to local acceptability and service demand, with a view to developing an appropriate service delivery model. The DH agrees with the recommendations of the ACA. Academic and health institutions are encouraged to apply funding from the AIDS Trust Fund to support research on the use of PrEP in Hong Kong.

For post-exposure prophylaxis (PEP), the Scientific Committee updated the recommendations in January 2014 on the management and PEP of occupational needlestick injury or mucosal contact to hepatitis B virus, hepatitis C virus and human immunodeficiency virus. The Scientific Committee has been monitoring the latest scientific evidence and, if necessary, will consider updating the above recommendation. As the Scientific Committee's recommendation on PEP announced in January 2014 remains valid, we have no plan to adjust the recommendations for prescribing PEP for occupational exposure.

For non-occupational PEP (nPEP) to sexual or injection exposure, the current position of the Scientific Committee, as issued in 2006, is that it should not be used routinely. This position is due to be revisited by the Scientific Committee in the near future.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)442**

**(Question Serial No. 4574)**

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide a detailed breakdown of the expenditures on counselling and treatment provided for patients with HIV/AIDS by the Department of Health in the past 3 years.

Asked by: Hon KWOK Ka-ki (Member Question No. 70)

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)443**

**(Question Serial No. 4575)**

Head: (37) Department of Health

Subhead (No. & title): 000 Operational expenses

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

It is estimated that the number of patients attending HIV/AIDS services will increase in 2017. Will the Department of Health allocate additional resources to provide counselling and treatment for people living with HIV/AIDS? Please provide a detailed breakdown of the resources involved.

Asked by: Hon KWOK Ka-ki (Member Question No. 71)

Reply:

Psychological and social counselling and management are integral components of the medical treatment and care for HIV patients. The Department of Health (DH) does not maintain separate figures on expenditures of different components of medical treatment and care provided to HIV patients.

The DH will keep in view the demand in the coming years for resource allocation.

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 4592)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the Outreach Dental Care Programme for the Elderly, will the Government provide the following information:

- (a) the number of attendances by scope of dental services each year since 2011 and the healthcare manpower involved;
- (b) the location where outreach services were provided and the number of attendances by location where outreach services were provided each year since 2011, as well as the healthcare manpower involved; and
- (c) the manpower and resources involved in the Programme.

Asked by: Hon KWOK Ka-ki (Member Question No. 90)

Reply:

- (a)&(b) The Outreach Dental Care Programme (ODCP) was launched in October 2014. A total of 22 outreach dental teams from 11 non-governmental organisations have been set up to provide free outreach dental services for elders in residential care homes (RCHes) / day care centres (DEs) and similar facilities. Between October 2014 and January 2017, about 66 500 elders (involving about 109 900 attendances) 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). Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The distribution of the participating RCHes and DEs by the administrative districts of the Social Welfare Department (SWD) by service year is as follows -

SWD's Administrative District	No. of participating RCHEs and DEs		
	First service year of ODCP <sup>Note</sup>	Second service year of ODCP <sup>Note</sup>	Third service year of ODCP <sup>Note</sup> (October 2016 - January 2017)
Central, Western, Southern and Islands	69	88	20
Eastern and Wan Chai	76	81	23
Kwun Tong	44	52	31
Wong Tai Sin and Sai Kung	54	57	35
Kowloon City and Yau Tsim Mong	103	109	83
Sham Shui Po	58	56	35
Tsuen Wan and Kwai Tsing	78	92	52
Tuen Mun	47	49	41
Yuen Long	54	56	32
Sha Tin	48	49	37
Tai Po and North	74	84	74
<b>Total:</b>	<b>705</b>	<b>773</b>	<b>463</b>

*Note: Service year covers the period from 1 October of the year up to 30 September of the following year.*

- (c) For the 2016-17 financial year, \$44.8 million has been earmarked for the ODCP and 6 civil service posts have been provided for the programme.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)445**

**(Question Serial No. 4750 )**

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

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

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

2. 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 population?

(b) What were the numbers of training places for CMPs in the past 3 years and the respective numbers of enrolment applications, successful enrolments, graduates and registration cases in each year?

(c) What were the numbers of application for registration of CMPs trained in places other than Hong Kong, including those trained on the Mainland and from other channels, and successful registration in the past 3 years? Please set out the numbers by location of training.

(d) Does the Government have any five-year or ten-year plan in respect of the number of CMPs? If so, what are the details? If not, why?

Asked by: Hon KWOK Ka-ki (Member Question No. 275)

Reply:

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

(b) TCO conducts inspections at venues concerned in response to smoking complaints. The number of complaints received, inspections conducted and fixed penalty notices (FPNs) / summonses issued for the period from 2014 to 2016 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 -

		2014	2015	2016
Complaints received		17 354	17 875	22 939
Inspections conducted		29 032	29 324	30 395
FPNs issued (for smoking offences)		7 834	7 693	8 650
Summonses issued	for smoking offences	193	163	207
	for other offences (such as willful obstruction and failure to produce identity document)	92	80	79

2. (a) As at 28 February 2017, there were a total of 9 946 Chinese medicine practitioners (CMPs) in Hong Kong. Amongst these CMPs, 7 304 were registered CMPs and 2 642 were listed CMPs. The ratio of registered CMPs and listed CMPs to the Hong Kong population as at end of 2015 were 1:1036 and 1:2752 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 (CMCHK), 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 2014, 2015 and 2016 were 62, 61 and 67 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 2014, 2015 and 2016, the number of non-local graduates who passed the CMPLE and got registered were 83, 87 and 114 respectively.

(d) To ensure the sustainable development of our healthcare system, the Government is conducting a strategic review on healthcare manpower planning and professional development in Hong Kong (the Strategic Review), which aims to formulate recommendations on ways to meet the projected demand for healthcare manpower and

foster professional development. The Strategic Review covers 13 healthcare disciplines which are subject to statutory regulations, including CMPs. We expect that the report of the Strategic Review will be published in the second quarter of 2017. We will take forward its recommendations (including those relevant to CMPs) upon consultation with stakeholders.

- End -



**Expenditures of the Department of Health's Tobacco Control Office**

	2014-15	2015-16	2016-17 Revised Estimate
	(\$ million)	(\$ million)	(\$ million)
<b><u>Enforcement</u></b>			
Programme 1: Statutory Functions	49.9	51.5	53.9
<b><u>Health Education and Smoking Cessation</u></b>			
Programme 3: Health Promotion	124.5	127.2	139.8
<b><u>(a) General health education and promotion of smoking cessation</u></b>			
<i>TCO</i>	45.1	46.7	56.7
<i>Subvention to Council on Smoking and Health (COSH)</i>	24.3	22.4	22.8
<b><i>Sub-total</i></b>	<b><u>69.4</u></b>	<b><u>69.1</u></b>	<b><u>79.5</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>	37.0	39.1	41.5
<i>Subvention to Pok Oi Hospital</i>	7.8	7.3	7.6
<i>Subvention to Po Leung Kuk</i>	2.0	2.2	2.0
<i>Subvention to Lok Sin Tong</i>	1.9	2.3	2.4
<i>Subvention to United Christian Nethersole Community Health Service</i>	2.6	2.6	2.6
<i>Subvention to Life Education Activity Programme</i>	2.3	2.3	2.3
<i>Subvention to The University of Hong Kong</i>	1.5	2.3	1.9
<b><i>Sub-total</i></b>	<b><u>55.1</u></b>	<b><u>58.1</u></b>	<b><u>60.3</u></b>
<b>Total</b>	<b><u>174.4</u></b>	<b><u>178.7</u></b>	<b><u>193.7</u></b>

**Staff Establishment of Tobacco Control Office of the Department of Health**

<b>Rank</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
<b><u>Head, TCO</u></b>			
Principal Medical & Health Officer	1	1	1
<b><u>Enforcement</u></b>			
Senior Medical & Health Officer	1	1	1
Medical & Health Officer	2	1	1
Land Surveyor*	1	1	1
Police Officer	5	5	5
Overseer/ Senior Foreman/ Foreman*	89	89	89
Senior Executive Officer/ Executive Officer*	9	9	9
<i>Sub-total</i>	<b><u>107</u></b>	<b><u>106</u></b>	<b><u>106</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)	1	2	2
Nursing Officer/ Registered Nurse	3	3	3
Hospital Administrator II	4	4	4
<i>Sub-total</i>	<b><u>10</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	17
Motor Driver	1	1	1
<i>Sub-total</i>	<b><u>22</u></b>	<b><u>22</u></b>	<b><u>22</u></b>
<b>Total no. of staff:</b>	<b><u>140</u></b>	<b><u>140</u></b>	<b><u>140</u></b>

\* Staff carrying out frontline enforcement duties

**CONTROLLING OFFICER'S REPLY**

**FHB(H)446**

**(Question Serial No. 4751 )**

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 Elderly Health Centres (EHCs), will the Government advise on the following for the past 3 years:
  - (a) What were the numbers of enrolment in each EHC? Please provide a breakdown by age group.
  - (b) What were the numbers of elders on the waiting list for health assessments and medical consultations? What were the median and longest waiting times?
2. Does the Government include the enhancement of services of the EHCs in the 2017-18 Estimates? If so, what are the details and expenditure involved? If not, why?
3. Regarding woman health service, will the Government advise on the following for the past 3 years:
  - (a) What were the numbers of enrolment in each Woman Health Centre (WHC) and Maternal and Child Health Centre (MCHC)?
  - (b) What were the numbers of women on the waiting list for woman health service in each WHC and MCHC? What were the respective median and longest waiting times?
4. Does the Government include the enhancement of services of the WHCs and MCHCs in the 2017-18 Estimates? If so, what are the details and expenditure involved? If not, why?
5. Regarding cervical screening service, will the Government advise on the following:
  - (a) What were the numbers of women on the waiting list for the said service as well as the median and longest waiting times for the past 3 years?

- (b) What were the numbers of attendances for the said service by age group for the past 3 years?
  - (c) What were the numbers of recipients of the screening service found to be in need of referral for treatment by age group for the past 3 years?
6. Regarding oral health services, will the Government introduce an “Elderly Dental Care Service” by making reference to the School Dental Care Service to provide elders with services including oral check-up, scaling and polishing as well as filling so as to protect their oral health? If so, what are the implementation details as well as the expenditure and manpower involved? If not, why?
7. Regarding the measure to enhance protection of elders against invasive pneumococcal disease, will the Government advise on the detailed proposal, staff establishment and resources involved, estimated number of service recipients and expected effectiveness.
8. Regarding the “pilot colorectal cancer screening programme”, will the Government advise on the following:
- (a) What are the details of the programme as well as the provision, manpower and expenditure involved?
  - (b) Following the announcement of the initiation of the programme, what items of work have been implemented? What working groups have been set up and what is the progress of work? When is the screening expected to commence?
9. Does the Government earmark any resources for implementing a breast cancer screening programme for women in the 2017-18 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?
10. Does the Government earmark any resources for implementing a health programme for men that covers such services as physical examination, prostate examination, reproductive health check-up, counselling service etc. in the 2017-18 Estimates? If so, what are the details of the programme as well as the manpower and expenditure involved? If not, why?
11. Regarding antenatal and postnatal services, will the Government advise on the following:
- (a) What are the minimum, average and maximum numbers of antenatal check-ups undergone by pregnant women?
  - (b) What are the minimum, average and maximum numbers of postnatal check-ups undergone by pregnant women?
  - (c) What are the manpower and expenditure involved for each antenatal and postnatal check-up?

Asked by: Hon KWOK Ka-ki (Member Question No. 276)

Reply:

1(a) The number of enrolment in each of the Elderly Health Centres (EHCs) by age groups in the past 3 years are as follows:

EHC	2014					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	165	433	679	593	307	2 177
Shau Kei Wan	218	384	603	671	337	2 213
Wan Chai	130	428	653	592	340	2 143
Aberdeen	268	371	628	565	332	2 164
Nam Shan	255	495	635	571	256	2 212
Lam Tin	356	401	560	614	289	2 220
Yau Ma Tei	94	357	633	677	401	2 162
San Po Kong	141	333	650	679	320	2 123
Kowloon City	120	343	740	713	295	2 211
Lek Yuen	167	391	624	604	343	2 129
Shek Wu Hui	253	439	521	595	347	2 155
Tseung Kwan O	194	481	679	544	238	2 136
Tai Po	210	362	667	564	319	2 122
Tung Chung	433	682	630	364	117	2 226
Tsuen Wan	330	409	545	568	262	2 114
Tuen Mun Wu Hong	402	507	516	466	236	2 127
Kwai Shing	383	472	591	560	215	2 221
Yuen Long	422	489	586	476	242	2 215
Total	4 541	7 777	11 140	10 416	5 196	39 070

EHC	2015					Total
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	
Sai Ying Pun	449	442	572	540	285	2 288
Shau Kei Wan	456	387	488	579	314	2 224
Wan Chai	1130	720	794	598	372	3 614
Aberdeen	428	365	504	581	304	2 182
Nam Shan	406	473	548	523	275	2 225
Lam Tin	482	419	466	524	329	2 220
Yau Ma Tei	260	389	534	608	425	2 216
San Po Kong	354	355	482	621	322	2 134
Kowloon City	292	385	610	643	281	2 211
Lek Yuen	1141	662	692	648	398	3 541
Shek Wu Hui	394	415	412	559	382	2 162
Tseung Kwan O	346	500	571	477	242	2 136
Tai Po	451	389	532	472	280	2 124
Tung Chung	564	688	572	366	140	2 330
Tsuen Wan	421	398	498	496	303	2 116
Tuen Mun Wu Hong	533	485	474	399	258	2 149
Kwai Shing	551	503	522	494	240	2 310
Yuen Long	498	499	498	467	257	2 219
Total	9 156	8 474	9 769	9 595	5 407	42 401

EHC	2016 (as at 30 September)*					
	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85 or over	Total
Sai Ying Pun	355	397	383	350	249	1 734
Shau Kei Wan	472	298	285	376	225	1 656
Wan Chai	1227	740	649	606	339	3 561
Aberdeen	306	330	331	386	260	1 613
Nam Shan	473	376	340	311	223	1 723
Lam Tin	438	343	302	349	236	1 668
Yau Ma Tei	442	340	315	350	261	1 708
San Po Kong	361	314	300	394	242	1 611
Kowloon City	242	256	421	506	239	1 664
Lek Yuen	295	264	353	400	278	1 590
Shek Wu Hui	383	348	280	333	260	1 604
Tseung Kwan O	866	672	663	529	271	3 001
Tai Po	480	296	324	330	191	1 621
Tung Chung	499	482	365	282	116	1 744
Tsuen Wan	553	377	342	333	219	1 824
Tuen Mun Wu Hong	445	382	302	348	180	1 657
Kwai Shing	417	383	354	375	193	1 722
Yuen Long	500	379	329	296	190	1 694
Total	8 754	6 977	6 638	6 854	4 172	33 395

\*Provisional figures

- (b) For the past 3 years, the number of elders on the waiting list for first-time health assessment, the median waiting times and longest median waiting times for first-time health assessments among all EHCs are shown in the table below. Medical consultation service is available to all enrolled members at any time.

	2014	2015	2016*
Number of elders on the waiting list for first-time health assessment (as at end of December each year)	17 174	12 439	11 226
Median waiting time for first-time health assessment (months)	20.1	16.3	5.2
Longest median waiting time for first-time health assessments among all EHCs (months)	34.4 (Wan Chai EHC)	34.4 (Kowloon City EHC)	12.0 (Tsuen Wan EHC)

\*Provisional figures

2. The Department of Health (DH) will establish a new clinical team in 2017-18 to enhance the service capacity of EHCs. An additional allied health team will also be established in 2017-18 to provide professional support to the EHCs and the Visiting Health Teams of the Elderly Health Service. The additional financial provision for EHS as a whole in 2017-18 is \$7.3 million.

3. Women aged 64 or below can enroll for woman health service provided by Woman Health Centres (WHCs) or Maternal and Child Health Centres (MCHCs) operated by the DH. At present, there are 3 WHCs and 10 MCHCs providing woman health service on full-time and sessional basis respectively. In 2014, 2015 and 2016, the number of enrolment for woman health service in individual centres are:

Centre	No. of enrolment		
	2014	2015	2016
Chai Wan WHC	4 749	4 204	3 698
Lam Tin WHC	5 176	5 056	4 891
Tuen Mun WHC	4 969	4 908	4 341
Ap Lei Chau MCHC	268	231	227
Fanling MCHC	520	488	550
Lek Yuen MCHC	912	640	643
Ma On Shan MCHC	382	352	292
Sai Ying Pun MCHC	22	36	28
South Kwai Chung MCHC	208	168	189
Tseung Kwan O Po Ning Road MCHC	261	214	176
Tsing Yi MCHC	131	141	112
Wang Tau Hom MCHC	179	130	118
West Kowloon MCHC	211	234	263
<b>Total (nearest hundred)</b>	<b>18 000</b>	<b>16 800</b>	<b>15 500</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 10 weeks, with a median waiting time of 2 weeks.

4. In 2017-18, a provision of \$6.0 million will be allocated to the Family Health Service (FHS) of the DH to further strengthen the work on promotion of breastfeeding. Besides, a provision of \$1.3 million will be allocated to FHS in 2017-18 for implementing the Baby Friendly Initiative on a pilot basis in 3 MCHCs.
5. There are 31 MCHCs under FHS of the DH which provide cervical screening service. Clients are given an appointment for cervical screening service within 4 weeks of telephone booking. In the past 3 years, the actual appointment varied from 2 days to 4 weeks within each year.

In 2014, 2015 and 2016, the number of attendance for cervical screening service provided at MCHCs were 99 000, 97 000 and 102 000 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 proportions of screened women belonging to age groups 25-34, 35-44, 45-54 and 55-64 were 22.4%, 31.5%, 28.1% and 16.9% respectively. There were 5 228, 4 911 and 5 179 referrals made to specialists for further management in the corresponding years. The FHS does not keep the age breakdown of clients who have been referred to specialists.

6. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene

and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels. Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions at 11 government dental clinics. The Oral Maxillofacial Surgery and Dental Units (OMS&DUs) of the DH in 7 public hospitals provide specialist dental treatment to the special needs groups. The provision of service in the OMS&DUs is by referral from other hospital units and registered dental or medical practitioners.

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

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

7. As announced in the 2017 Policy Address, the Government will provide free/subsidised 13-valent pneumococcal conjugate vaccine (PCV13) to eligible high risk elders under the Government Vaccination Programme (GVP) and Vaccination Subsidy Scheme (VSS) respectively. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases (SCVPD). Upon implementation of the above new initiative, eligible high risk elders will receive 1 dose of free/subsidised PCV13 on top of 1 dose of free/ subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes.

The vaccination will be administered through either the GVP or the VSS in the following ways -

- (a) for previously vaccinated elders with high risk conditions, they will be given 1 dose of PCV13 after the previous 23vPPV vaccination, or alternatively, 1 dose of 23vPPV if they have been vaccinated with PCV13 before; and
- (b) for those high risk elders who have reached 65 and have never been vaccinated before, they will be given 1 dose of PCV13, followed by 1 dose of 23vPPV.

The vaccination arrangement for elders without high risk conditions remain unchanged, that is, they are eligible for receiving 1 dose of free/subsidised 23vPPV through either the GVP or the VSS.



The additional workload arising from the implementation of the above new initiative will be absorbed by the existing staff, with employment of extra staff on a short-term basis. In 2017-18, a provision of \$77.2 million is earmarked for the implementing the above new initiative. The expenses to be covered include cost for procuring and administering the vaccines under the GVP, payment of subsidies under the VSS, cost for employing extra staff and other administrative costs, etc.

The overall coverage rate so far for pneumococcal vaccination of 23vPPV for elders aged 65 or above is around 33.8% of the target elderly population of 1.17 million.

8. The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, will provide subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. Faecal immunochemical tests (FIT) are prescribed by enrolled primary care doctors under the Pilot Programme. Participants with positive FIT results will then be referred to enrolled colonoscopy specialists for colonoscopy. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. Over 13 900 participants enrolled in the Pilot Programme under the first phase.

On 27 February 2017, the second phase commenced and extended to those born in the years 1949 to 1951. The DH will monitor the overall response and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable.

A multi-disciplinary taskforce was formed in 2014 to oversee planning, implementation, promotion and evaluation of the Pilot Programme. A total of 32 meetings of the task force and its working groups were held. The task force met in February 2017 to review the first phase of the Pilot Programme and advise on the way forward for the second phase.

A provision of \$422.1 million has been reserved for 5 years from 2014-15 to 2018-19 for the Pilot Programme. The revised estimate for the Pilot Programme in 2016-17 is \$51.7 million. The time-limited civil service posts involved in the Pilot Programme are listed in the table below.

<u>Rank</u>	<u>No.</u>
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1
Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
<b>Total :</b>	<b>14</b>

9. For breast cancer, the Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) established under the Cancer Coordinating Committee chaired by

the Secretary for Food and Health regularly reviews the local and international scientific evidence, with a view to making recommendations to the Government on evidence-based measures for cancer prevention and screening for the local population. Having studied prevailing and increasing international evidence that questions overall benefits of population-based screening over harm, the CEWG considers that there is insufficient evidence to recommend for or against population-based breast cancer screening for asymptomatic women at average risk in Hong Kong. In view of this, the Government has commissioned a study to develop a locally validated risk prediction tool in order to identify individuals who are more likely to benefit from screening. Meanwhile, the DH promotes healthy lifestyle as the primary prevention strategy. The DH also encourages breastfeeding and raises women's breast awareness to seek early attention should abnormal changes be observed. Besides, mammography is offered to high risk women receiving the DH's woman health services. There is no provision in 2017-18 to implement mass screening for breast cancer.

10. The DH operates a Men's Health Programme which provides through the Men's Health website, customer-centric information, useful links and advice to raise public awareness and increase understanding of men's health issues. Other modes of health communication include printed materials, media and web-based publicity and a telephone education hotline. There is no provision in 2017-18 to provide health check or dedicated clinical services for men by the DH.
11. MCHCs of the DH, in collaboration with the obstetric department of hospitals under the Hospital Authority (HA), provide an antenatal shared-care programme to pregnant women. In 2016, there were 29 800 pregnant women registered in MCHCs and a total of 146 600 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 obstetric department for follow up and management if necessary.

In 2016, there were 30 700 postnatal women registered in MCHCs and a total of 31 500 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.

Maximum number of antenatal and postnatal check-ups attended by pregnant women and postnatal women are not available.

MCHCs provide a variety of services to children and women. The manpower and expenditure for each antenatal and postnatal check-up cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)447**

**(Question Serial No. 4753)**

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. The target percentage of new dermatology cases with an appointment time given within 12 weeks is set at over 90%, yet the actual figures for 2015 and 2016 were 43% and 31% respectively. In this regard, will the Government advise on the reasons for failing to meet the target? Is there any plan for improvement and if so, what are the details as well as the staff establishment and resources involved? If not, why? The planned percentage for 2017 is lowered to 31%, why is that so?
2. Regarding public dental services, will the Government advise on the following for the past 3 years:
  - a. What were the service sessions, utilisation rates, numbers of attendances, daily consultation capacities for each dentist, maximum daily service capacities as well as costs per case of dental services in respect of the public dental clinics under the Department of Health?
  - b. What were the numbers, lengths 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 the dental clinics?

Asked by: Hon KWOK Ka-ki (Member Question No. 278)

Reply:

1. The Department of Health (DH) was unable to meet the target of 90% mainly due to high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavored to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay. Since a number of experienced Medical and Health Officers of the Dermatology clinics resigned in the first quarter of 2017, after making reference to the actual performance in 2016, it was estimated that the percentage of new dermatology cases with an appointment time given within 12 weeks in 2017 would be 31%.

2a. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

Apart from oral health promotion and prevention, the DH provides free emergency dental services to the public through the general public sessions (GP sessions) at 11 government dental clinics. The DH also 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.

The expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

In 2014, 2015 and 2016, the maximum number of discs allocated to and number of attendances at GP sessions for each dental clinic are as follows:

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session <sup>@</sup>	No. of attendances		
			2014	2015	2016
Kowloon City Dental Clinic	Monday (AM)	84	5 126	5 177	5 100
	Thursday (AM)	42			
Kwun Tong Dental Clinic*	Wednesday (AM)	84	4 146	4 009	4 168
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	5 535	6 159	6 552
	Friday (AM)	84			
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	2 176	2 340	2 238
Mona Fong Dental Clinic	Thursday (PM)	42	1 816	1 937	1 900
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1 915	1 966	1 983
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	7 812	7 642	7 173
	Friday (AM)	84			
Yan Oi Dental Clinic	Wednesday (AM)	42	2 088	2 065	2 120

Dental clinic with GP sessions	Service session	Max. no. of discs allocated per session <sup>@</sup>	No. of attendances		
			2014	2015	2016
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	3 776	3 876	3 857
	Friday (AM)	42			
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	118	98	85
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	192	198	144

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

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

@ The maximum number of disc allocated per session at individual dental clinics remain the same in 2014, 2015 and 2016.

The overall utilisation rate of GP sessions in 2014, 2015 and 2016 are as follows:

	2014	2015	2016
Overall utilisation rate of GP sessions(%)	86.0	87.5	88.2

The attendance of hospital patients and number of patients with special oral healthcare needs in OMS&DUs under the DH in 2014, 2015 and 2016 are as follows:

	2014 (Actual)	2015 (Actual)	2016 (Actual)
Hospital patients (attendances)	55 000	55 600	58 000
Special needs group (number of patients)	11 000	10 600	11 400

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 utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

2b. Regarding the number of clinical staff in the above dental clinics and OMS&DUs, there were a total of 82 Dental Officers (DOs) and 84 Dental Surgery Assistants (DSAs) as at December 2016. These staff are funded by both Programme (4) and Programme (7) which cannot be separately identified. The DH has endeavoured to deploy adequate staff to operate the dental surgeries in OMS&DUs and GP sessions in the 11 designated government dental clinics with a view to fully utilising the surgeries. The length of service of both DOs and DSAs working in DH ranging from over 30 years to less than 1 year and the wastage rates for DOs and DSAs in 2016 were 2.8% and 2.4% respectively. Their conditioned hours of work are 44 hours gross per week.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)448**

**(Question Serial No. 4754)**

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. The target percentage of completion of assessment for new cases in the Child Assessment Centres (CACs) within 6 months is set at over 90%, yet the actual figures in 2015 and 2016 were 71% and 61% respectively. In this regard, will the Government advise on the reasons for failing to meet the target? Are there any plans for improvement and if so, what are the details of the plan as well as the staff establishment and resources involved? If not, why? The planned target percentage for 2017 is lowered to over 70%, why is that so?
2. Regarding the CACs, will the Government advise on the following:
  - (a) What were the respective numbers of children on the waiting list of the Government CACs, children who had received assessments and children assessed to have developmental disorders for the past 3 years? Please provide a break down by their developmental problems.
  - (b) What were the lower quartile, median, average and longest waiting times for new cases in the CACs for the past 3 years?
  - (c) What are the staff establishments of the CACs? What types of professional staff are involved? What types of healthcare staff are involved? Please provide a breakdown by post of the professional and healthcare staff.
  - (d) Will the Government advise whether follow-up services are 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 their developmental problems.
  - (e) Will the Government advise on the numbers of parents and children who were provided with support by the CACs through interim counselling, talks and support groups for the past 3 years? What were the percentages of the total numbers of help-seeking parents and children such parents and children accounted for?

- (f) Will the Government provide a breakdown of the numbers of children assessed to be in need of referral to appropriate pre-school and school placements for training, remedial and special education for the past 3 years?

Asked by: Hon KWOK Ka-ki (Member Question No. 279)

Reply:

1.

The Department of Health (DH) was unable to meet the target of 90% of completion of assessment for new cases in the Child Assessment Centres (CACs) within 6 months mainly due to the increasing demand for the services provided by the CAS, as well as the high turnover rate and difficulties in recruitment of doctors to the CAS.

Noting the continuous increase in the 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 the service capacity to meet the rising number of referred cases. As an interim measure, the Government has allocated additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The setting up of the temporary CAC involves creation of 16 civil service posts in the DH and 2 civil service posts in Social Welfare Department. The DH is currently working closely with Architectural Services Department on the preparation of fitting-out works for target commissioning of the temporary CAC in end 2017. We expect the temporary CAC, upon full commissioning, would help alleviate the waiting time problem.

In addition, the DH has all along endeavored to fill the vacancies through recruitment of new doctors and internal re-deployment. CAS has also adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment. Coupled with the establishment and full-functioning of the new CAC, it is expected that the CAS will be able to improve the rate of completion of assessment for newly referred cases within 6 months. The financial provision for CAS in 2017-18 is \$131.8 million.

Due to the above reasons, the target for completion time for assessment of new cases in CACs within 6 months in 2017 has been adjusted accordingly to over 70%.

2.

(a) The number of newly referred cases received and the number of children assessed by CAS in the past 3 years are as follows:

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

The numbers of newly diagnosed cases of developmental conditions in CAS in the past 3 years are as follows:



Newly diagnosed conditions	Number of cases		
	2014	2015	2016 (Provisional figure)
Attention Problems/Disorders	2 541	2 890	2 809
Autism Spectrum Disorder	1 720	2 021	1 905
Borderline Developmental Delay	2 073	2 262	2 205
Developmental Motor Coordination Problems/Disorders	1 849	1 888	1 822
Dyslexia & Mathematics Learning Disorder	535	643	506
Hearing Loss (Moderate to profound grade)	109	76	67
Language Delay/Disorders and Speech Problems	3 308	3 487	3 627
Physical Impairment (i.e. Cerebral Palsy)	41	61	60
Significant Developmental Delay/Intellectual Disability	1 252	1 443	1 323
Visual Impairment (Blind or Low Vision)	36	43	29

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

(b) In the past 3 years, nearly all new cases were seen within 3 weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new cases within 6 months in 2014, 2015 and 2016 were 83%, 71% and 61% respectively. The actual waiting time depends on the complexity and conditions of individual cases. The statistics on the lower quartile, median, average or longest waiting time for assessment of new cases are not available.

(c) The approved establishment of CAS as at 31 March 2017 is as follows:

Grades	Number of posts
<b>Medical Support</b>	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	23
<b>Nursing Support</b>	
Senior Nursing Officer / Nursing Officer / Registered Nurse	30
<b>Professional Support</b>	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	23
Occupational Therapist I	8
Physiotherapist I	6
Optometrist	2
Speech Therapist	13
<b>Technical Support</b>	
Electrical Technician	2
<b>Administrative and General Support</b>	
Executive Officer I	1

<b>Grades</b>	<b>Number of posts</b>
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	12
Clerical Assistant	19
Office Assistant	2
Personal Secretary I	1
Workman II	12
<b>Total:</b>	<b>161</b>

(d) The CAS provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

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

Duration for follow-up action on children depends on the specific circumstances of individual needs. Statistics on the average and the longest follow-up period by developmental disorders/problems are not available.

(e) The number of cases who participated in interim support activities such as counselling, talks and workshops and the number of new cases referred to CAS in the past 3 years are as follows. The children and their families may join these interim support activities before or after the assessment.

	2014	2015	2016 (provisional figure)
Number of cases participated in interim support	7 401	8 187	8 524
Number of new cases referred to CAS	9 494	9 872	10 188

(f) The number of cases referred to pre-school and school placement for training, remedial and special education are 11 834 in 2014, 13 197 in 2015 and 12 903(provisional) in 2016. Case statistics by support service are not available.



c) the numbers of children on the waiting queue for appointment given for new cases and completion of assessment by age for the past 5 years:

Age	Appointment given for new cases				Completion of assessment			
	Within 3 weeks	Within 1 month	1 to 3 months	Above 3 months (please specify the exact months required)	Within 6 months	6 to 12 months	12 to 18 months	Above 18 months (please specify the exact months required)
0								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

d) If information for the above items is not available, what are the reasons?

Asked by: Hon KWOK Wing-hang, Dennis (Member Question No. 107)

Reply:

(a)

The Child Assessment Service (CAS) provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, the 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 the 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 and resources involved in the provision of different services is not available. The approved establishment and revised estimate of financial expenditure for the CAS in 2016-17 are 161 posts and \$132.1 million respectively.

(b)

The number of newly referred cases received and the number of children assessed by the CAS in the past 5 years are as follows:

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016 (provisional figures)</b>
Number of new cases referred to the CAS	8 773	8 775	9 494	9 872	10 188
Number of children assessed by the CAS	14 489	14 672	14 909	15 958	15 395

A breakdown of the above statistics by age groups is not available.

(c) and (d)

In the past 5 years, nearly all new cases were seen within 3 weeks after registration. Due to continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within 6 months has dropped from 90% in 2012 to 61% in 2016. CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment with a view to enhancing service efficiency. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health does not have statistics on the number of new cases with assessment completion in specific time frames.

The Department of Health does not compile statistics in the CAS by specific services/ages/time frames, hence such breakdown is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)450**

**(Question Serial No. 4083 )**

Head: (37) Department of Health

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

Programme: (4) Curative Care

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the numbers of patients receiving curative services by patient with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection as well as the unit costs per attendance for curative treatment in the past 5 financial years respectively.

Asked by: Hon LAU Siu-lai (Member Question No. 3102)

Reply:

The number of attendances at the specialist outpatient clinics of the Department of Health in the past 5 calendar years are tabulated below:

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Chest clinics (new attendances and return visits)	206 981	199 911	196 974	185 137	188 939
Dermatology clinics	242 479	242 470	245 760	248 137	244 197
HIV/AIDS clinic (excluded non-HIV/AIDS visits)	12 408	13 381	13 750	14 600	14 900

The cost per attendance for the above services is not readily available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)451**

**(Question Serial No. 4084)**

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 policies and initiatives had been introduced and implemented in connection with the primary care development in Hong Kong in the past 5 financial years? What were the details of these policies and initiatives as well as their operating expenditures in respective financial years?

(2) What public health education programmes targeting at infants aged between 0 and 3, children aged 3 or above, minors, women, the elderly and families respectively had been launched in the past 5 financial years? What were the expenditures involved in these programmes in respective financial years? How many people were benefited from each of these programmes?

(3) Regarding the Elderly Health Care Voucher Scheme, what were the total administrative expenditures involved and the administrative costs incurred by each elderly beneficiary participating in the Scheme in 2015-16 and 2016-17?

Asked by: Hon LAU Siu-lai (Member Question No. 3103)

Reply:

(1)

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

(a) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under

these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(b) Primary Care Directory (PCD)

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

(c) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(d) Publicity Activities

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

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

(2)

DH has been promoting healthy lifestyle through a life-course and setting-based approach. These include the StartSmart@school.hk Campaign targeting pre-primary institutions, EatSmart@school.hk Campaign targeting schools, EatSmart@restaurant.hk (ESR) Campaign enlisting support of restaurants to provide healthier dishes, Joyful@Healthy Workplace Programme targeting workplace settings and “I’m So Smart” Community Health Promotion Programme promoting healthy living in the community. DH also launched a three-year territory-wide Joyful@HK Campaign in 2016 to promote mental health and has been carrying out activities in promoting organ donation and the prevention and control of communicable diseases.



Over the years, DH has launched a range of health promotion and disease prevention programmes aiming at different target populations. Notably, the Cervical Screening Programme is a territory-wide programme implemented since 2004 in which over 512 000 women aged 25 to 64 years already participated to prevent cervical cancer; the Colorectal Cancer Screening Pilot Programme is a three-year programme launched in September 2016 that aims to provide subsidised screening in phases to asymptomatic individuals born from 1946 to 1955 for prevention of colorectal cancer; and the “Young and Alcohol Free” publicity campaign was launched in 2016 to enhance public awareness on alcohol-related harm on young people. Manpower and expenditure for these programmes are met from DH’s overall provision for prevention and control of non-communicable diseases and cannot be separately identified.

For children from birth to 5 years of age, the Maternal and Child Health Centres (MCHCs) of DH provide a range of health promotion and disease prevention services through an integrated child health and development programme which includes immunisation services, growth and developmental surveillance, and health education for parents. DH also promotes and supports breastfeeding through strengthening of publicity and education; encouraging adoption of the Breastfeeding Friendly Workplaces Policy; promoting breastfeeding friendly premises; and strengthening the surveillance on the local breastfeeding situation.

Women aged 64 or below can enrol for woman health service provided by Woman Health Centres (WHCs) or MCHCs operated by DH. At present, there are 3 WHCs and 10 MCHCs providing respectively woman health service on a full-time and a sessional basis. MCHCs also provide maternal, family planning and cervical screening services to women. Health education is provided to clients attending MCHCs and WHCs via various channels including distribution of health education resource materials, workshops and individual counselling.

Apart from the above, health messages have also been disseminated to the public through health education resources, information hotline, e-newsletters, designated websites and publicity activities.

The attendances for the various services under the Family Health Service (FHS) of DH in the past 5 years are as follows:

Service	Attendance				
	2012	2013	2014	2015	2016
Child Health	680 000	626 000	616 000	615 000	610 000
Maternal Health	197 000	170 000	181 000	181 000	178 000
Family Planning	125 000	120 000	116 000	110 000	104 000
Cervical Screening	98 000	99 000	99 000	97 000	102 000
Woman Health: enrolment	19 200	19 200	18 000	16 800	15 500
Woman Health: attendance	33 000	32 000	28 800	26 100	24 800

The expenditure for FHS in the past 5 financial years is as follows:

Financial Year	Actual Expenditure (\$ million)
2012-13 (Actual)	652.7
2013-14 (Actual)	692.4

<b>Financial Year</b>	<b>Actual Expenditure (\$ million)</b>
2014-15 (Actual)	714.8
2015-16 (Actual)	764.1
2016-17 (Revised Estimate)	775.9

The expenditure for health education activities cannot be separately identified as it has been absorbed under the overall expenditure for FHS.

The Student Health Service (SHS) provides health promotion and disease prevention services to students through centre-based services and school-based outreach programmes. All primary and secondary day school students are eligible to enrol at the Student Health Service Centres (SHSCs). Enrolled students will be given an annual appointment at a designated SHSC where they receive health programmes designed to cater for their health needs at various stages of development. These services include health screening and assessment, physical examination, individual health counselling and health education. Students found to have specific health problems will be referred to the Special Assessment Centres or specialist clinics for further management.

The expenditure for SHS and the number of students enrolled in SHSCs in the past 5 financial years (2012-13 to 2016-17) are as follows:

<b>Financial year</b>	<b>2012-13 (Actual)</b>	<b>2013-14 (Actual)</b>	<b>2014-15 (Actual)</b>	<b>2015-16 (Actual)</b>	<b>2016-17 (Revised Estimate)</b>
Expenditure (\$ million)	179.4	183.9	201.8	210.1	216.8

<b>School year</b>	<b>2012-13 (Actual)</b>	<b>2013-14 (Actual)</b>	<b>2014-15 (Actual)</b>	<b>2015-16 (Actual)</b>	<b>2016-17 (Estimate)</b>
No. of students enrolled in SHSCs	661 000	648 000	636 000	629 000	624 000

The outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes the Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication, aiming at increasing the resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like Internet use, healthy lifestyle, sex education, substance abuse, understanding adolescents, etc.

The expenditure for the AHP and the number of participating students in the past 5 years (2011-12 to 2015-16) are as follows:

<b>Financial year</b>	<b>2011-12 (Actual)</b>	<b>2012-13 (Actual)</b>	<b>2013-14 (Actual)</b>	<b>2014-15 (Actual)</b>	<b>2015-16 (Actual)</b>
Expenditure (\$ million)	55.2	57.7	62.5	68.0	74.0

<b>School year</b>	<b>2011-12 (Actual)</b>	<b>2012-13 (Actual)</b>	<b>2013-14 (Actual)</b>	<b>2014-15 (Actual)</b>	<b>2015-16 (Actual)</b>
No. of participating students in AHP	80 000	81 000	79 000	75 000	69 000

Figures for 2016-17 are not yet available.

From the results of evaluation studies and feedback from schools, it is noted that the AHP is well received by students and teachers. We will continue to monitor the provision and effectiveness of the AHP.

The Elderly Health Service (EHS) of DH operates 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aiming to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 and over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

The expenditure for the EHS in the past 5 years is set out below:

	<b>2012-13 (Actual) \$ million</b>	<b>2013-14 (Actual) \$ million</b>	<b>2014-15 (Actual) \$ million</b>	<b>2015-16 (Actual) \$ million</b>	<b>2016-17 (Revised Estimate) \$ million</b>
EHCs	107.5	121.7	130.6	140.0	143.7
Public health & administration and VHTs	76.6	74.9	76.7	77.8	80.6
Total	184.1	196.6	207.3	217.8	224.3

Utilisation statistics for the EHS in the past 5 years are as follows:

	2012	2013	2014	2015	2016*
No. of enrolment in EHCs	38 500	38 600	39 100	42 400	44 200
No. of attendances for health assessment and medical consultation at EHCs	175 000	167 000	166 000	170 000	178 000
Attendances at health education activities organised by EHCs and VHTs	460 000	469 000	499 000	491 000	491 000

\* Provisional figures

(3)

The administrative expenses incurred by DH for administering the EHV Scheme in 2015-16 and 2016-17 are as follows:

	2015-16 (Actual) \$ million	2016-17 (Revised Estimate) \$ million
Administrative expenses for the EHV Scheme	13.1	15.5

As at end December 2015 and 2016, about 600 000 and 649 000 elders had made use of vouchers respectively. The administrative expenses spent on each elder who had used vouchers cannot be separately identified.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)452**

**(Question Serial No. 3467)**

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

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

Director of Bureau: Secretary for Food and Health

Question:

As mentioned in *Matters Requiring Special Attention in 2017-18*, a testing centre of Chinese medicines will be set up at a temporary location to conduct research on reference standards and testing methods of Chinese medicines. Please advise on the work progress and details as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 66)

Reply:

Before the establishment of the permanent Government Chinese Medicines Testing Institute (GCMTI), a temporary centre is being set up at the Hong Kong Science Park and will come into operation in phases starting from late March 2017. The temporary GCMTI will kick start some of the work, including the ongoing effort of developing reference standards for Chinese materia medica and decoction pieces, commencing research on high-end biological and chemical technologies applicable to Chinese medicines (CM) and related products, and preparing for the establishment of a digitalised herbarium on CM of international standard. The provision for the temporary GCMTI in 2017-18 is about \$24.9 million.

The number of staff establishment of the temporary GCMTI as at 1 March 2017 was 18. Details of the posts are appended below.

<u>Rank</u>	<u>No. of posts</u>
Scientific Officer (Medical)	9
Senior Chemist	1
Chemist	1
Science Laboratory Technologist	1
Science Laboratory Technician I	1
Science Laboratory Technician II	2

Laboratory Attendant	1
Executive Officer II	1
Assistant Clerical Officer	<u>1</u>
	<b><u>18</u></b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)453**

**(Question Serial No. 3468)**

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 2016 was 300 000 higher than that in 2015, why was that so? It is estimated that such number in 2017 will be similar to that of last year. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 67)

Reply:

The number of laboratory tests relating to public health in 2016 was 6 060 000, which was 300 000 (or 5.2%) higher than the number (i.e. 5 760 000) of 2015. The increase was mainly due to the increase in requests from 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 fulfill the service demand. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)454**

**(Question Serial No. 3469 )**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Regarding the implementation of a pilot public-private partnership programme to provide smoking cessation service supported by family physicians as mentioned in *Matters Requiring Special Attention*, please advise on the details of the programme as well as the manpower and estimated expenditure involved.

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 68 )

Reply:

With a view to further lowering the smoking prevalence in Hong Kong, the Primary Care Office of the Department of Health (DH) will launch a Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP) to engage private doctors to encourage smoker patients to attempt smoking cessation during consultations. The SCPPP will be launched in Q4 of 2017 for two years with a quota of 450 smokers in the first year. The financial provision of \$4.2 million has been earmarked for the SCPPP in the financial year of 2017-18. The Tobacco Control Office of DH will arrange training sessions for doctors who register for the programme.

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)455**

**(Question Serial No. 3470)**

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 strengthening the work in combating public health threats from antimicrobial resistance under this programme, what was the progress of work in 2016? What are the specific work plan, timetable as well as the estimated manpower and resources required for 2017?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 69)

Reply:

Antimicrobial resistance (AMR) is a burning public health issue globally. The Centre for Health Protection (CHP) of the Department of Health (DH) focuses on fostering an infection control culture to reduce epidemic infections and minimise the spread of disease outbreaks in healthcare settings and the community in Hong Kong. The CHP organises training sessions about infection control and AMR to healthcare workers and staff of the Residential Care Homes for Elderly (RCHE). The CHP also develops, promulgates and evaluates best practices in infection control, provides professional advice, supports epidemiological investigation of communicable disease outbreaks in hospitals and other institutions. To reduce the burden of healthcare associated infections, the CHP collaborates with the Hospital Authority (HA) to conduct on-going surveillance of the healthcare associated infection in public hospitals.

Based on strategies of the Scientific Committee on Infection Control, the CHP formulates strategies for controlling the transmission of healthcare associated infections and antibiotic resistant bacteria. To promote antibiotic awareness, the CHP has formed a partnership with private hospitals via the Working Group of Collaboration between CHP and Private Hospitals on Safe Use of Antibiotics and Infection Control to regularly discuss and review the safe use of antibiotics and infection control. Besides, the CHP works with the key stakeholders in infection control and academia to update the Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy (IMPACT) Guidelines. The CHP has launched a three-year project from 2013-14 to introduce new infection control programmes to address the rapid emergence of superbugs multi-drug resistance organisms,

such as Community-Associated Methicillin-Resistant Staphylococcus aureus (CA-MRSA), New Delhi metallo- $\beta$ -lactamase-1 (NDM-1), Vancomycin-Resistant Enterococcus (VRE) and multi-drug resistant Acinetobacter (MDRA) in RCHEs, hospitals and the general community in Hong Kong.

In recognition of the major threat posed by AMR to the global public health, the Government set up a High Level Steering Committee on AMR (HLSC) in 2016 to formulate strategies and action plans in collaboration with relevant sectors to tackle the threat of AMR. Chaired by the Secretary for Food and Health, the HLSC comprises representatives from relevant Government departments, public and private hospitals, healthcare organisations, academia and relevant professional bodies. The HLSC, at its first meeting held in June 2016, endorsed the setting up of an Expert Committee on AMR (Expert Committee) to provide practical and science-based advice to assist in formulating territory-wide action plans against AMR.

The Expert Committee would review the local situation in light of international experience, trends and developments, with a view to advising the HLSC on practical and science-based initiatives. The HLSC would make reference to the Expert Committee's advice and take into consideration international and local situations in making recommendations to the Government on the AMR containment strategies. It is expected that an "Action Plan for Containment of AMR in Hong Kong" would be launched in mid-2017.

The AMR Office was set up in 2016 under the DH to serve as an executive arm to the HLSC and the Expert Committee to coordinate formulation of comprehensive and multi-sectoral policies to combat AMR. The AMR Office also takes up a coordination role to oversee and monitor the implementation of the action plans in partnership with key stakeholders.

The financial provision for combating public health threats from AMR in 2017-18 is \$16.7 million covering a total of 12 non-directorate grade posts.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)456**

**(Question Serial No. 3471 )**

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:

The percentage of new dermatology cases with an appointment time given within 12 weeks has been dropping over the past 2 years. The figure recorded in 2016 was even as low as 31%, far below the target of 90%. Please give detailed reasons for failing to meet the target. Has the Government earmarked sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency in order to cope with the demand? If so, what are the manpower and resources involved in, as well as the details of, these measures?

Asked by: Hon LEE Kok-long, Joseph (Member Question No. 70 )

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department.

To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal re-deployment. Dermatology clinics have also implemented a triage system for new skin referrals. Serious or potentially serious cases are accorded higher priority so that patients concerned will be seen by doctors without delay.

- End -

**CONTROLLING OFFICER'S REPLY****FHB(H)457****(Question Serial No. 4985)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

How many Medical and Health Officers from the Department of Health are currently stationed at the correctional institutions under the Correctional Services Department? What are the ranks of these officers (e.g. Medical and Health Officer or Senior Medical and Health Officer)?

Name of correctional institution	Number of Medical and Health Officers	Number of Senior Medical and Health Officers

Asked by: Hon LEUNG Kwok-hung (Member Question No. 196)Reply:

As at 1 March 2017, there are a total of 18 Medical and Health Officer grade posts in the correctional institutions under the Correctional Services Department. The breakdown by regions is appended below. The medical services provided to the inmates are not limited to the services provided by the Medical and Health Officers stationed in the correctional institutions. The Hospital Authority also provides medical services to inmates at public hospitals.

Name of Correctional Institution	Number of Medical and Health Officers	Number of Senior Medical and Health Officers
Hong Kong Region and Hei Ling Chau Cape Collinson Correctional Institution Hei Ling Chau Addiction Treatment Centre Hei Ling Chau Correctional Institution Lai Sun Correctional Institution	5	1

Nei Kwu Correctional Institution Pak Sha Wan Correctional Institution Stanley Prison Tai Tam Gap Correctional Institution Tung Tau Correctional Institution		
<u>Kowloon Region and Pik Uk</u> Chi Lan Rehabilitation Centre Lai Chi Kok Reception Centre Lai King Correctional Institution Lai Hang Rehabilitation Centre Phoenix House Pik Uk Correctional Institution Pik Uk Prison	5	1
<u>New Territories Region and Other Islands</u> Lai Chi Rehabilitation Centre Lo Wu Correctional Institution Sha Tsui Correctional Institution Shek Pik Prison Siu Lam Psychiatric Centre Tai Lam Centre for Women Tai Lam Correctional Institution Tong Fuk Correctional Institution Wai Lan Rehabilitation Centre	5	1

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)458**

**(Question Serial No. 4986)**

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:

How many Medical and Health Officers currently stationed at correctional institutions under the Correctional Services Department have been serving in the same institution for over 6 years? Does the Department of Health put in place any mechanisms, like those adopted by other government departments, to post officers to different posts regularly in order to avoid any unnecessary misunderstandings (e.g. conflict of interest, prevention of bribery etc.)? If so, how long is such a posting? If not, why?

Name of correctional institution	Number of Medical and Health Officers serving in the same correctional institution for over 6 years	Number of Senior Medical and Health Officers serving in the same correctional institution for over 6 years

Asked by: Hon LEUNG Kwok-hung (Member Question No. 197)

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. DH has adhered to the principles of upholding high standard of professional integrity and conduct, avoiding conflict of interest and ensured that posting arrangement and/or rotation of staff has complied with Civil Service Regulations and relevant guidelines in handling conflict of interest and prevention of corruption in the workplace.

There are 18 doctors working in Clinics of different Correctional Institutions (Clinics (CIs)) in the three regions of Hong Kong, Kowloon and the New Territories in Correctional Services Department. Doctors of the same region are pooled together to provide medical service in various Clinics (CIs) within the same region, and may also need to perform duties

in Clinics (CIs) in other regions when necessary. As each M&HO is required to provide service in various Clinics (CIs) and each clinic is staffed with more than one doctor, there is no M&HO providing services to cover a single institution for over 6 years.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)459**

**(Question Serial No. 4987)**

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:

Are there any Chinese medicine practitioners from the Department of Health being currently stationed at the correctional institutions under the Correctional Services Department? If so, what is the number of these Chinese medicine practitioners? If not, why?

Name of correctional institution	Number of Chinese medicine practitioners

Asked by: Hon LEUNG Kwok-hung (Member Question No. 198)

Reply:

The Department of Health (DH) does not provide clinical service of Traditional Chinese Medicine. There are no Chinese medicine practitioners from DH stationed at the correctional institutions under the Correctional Services Department.

- End -



**CONTROLLING OFFICER'S REPLY****FHB(H)460****(Question Serial No. 4988)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (4) Curative CareControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Are there any Dental Officers from the Department of Health being currently stationed at the correctional institutions under the Correctional Services Department? If so, what is the number of these Dental Officers? If not, why?

Name of correctional institution	Number of Dental Officers

Asked by: Hon LEUNG Kwok-hung (Member Question No. 199)Reply:

The numbers of dental officer providing service to correctional institutions on a part-time sessional basis are as follows-

<b>Correctional Institutions</b>	<b>No. of Dental Officers *</b>
Hei Ling Chau Correctional Institution	1
Lo Wu Correctional Institution	1
Lai Chi Kok Reception Centre	1
Tong Fuk Correctional Institution	1
Pik Uk Prison	1
Shek Pik Prison	1
Stanley Prison	1
Tai Lam Correctional Institution	1

In addition to those stationed in correctional institutions, the dental officers of the Department of Health also provide certain dental service to inmates at public hospitals on a need basis.

Notes: \*Redeployed from government dental clinics on a part-time sessional basis

**CONTROLLING OFFICER'S REPLY**

**FHB(H)461**

**(Question Serial No. 3330)**

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:

Does the Department provide sign language interpretation services? If so, what are the number of staff and expenditure involved? If not, why?

Asked by: Hon LEUNG Yiu-chung (Member Question No. 69)

Reply:

The Department of Health provides on-site sign language interpretation service for patients in need through hire of service from non-governmental organisations, part-time interpreters from Judiciary or interpreters on the list of sign language interpreters in Hong Kong which is promulgated at the website of Hong Kong Council of Social Service. In 2016, the total expenditure involved was \$6,888.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)462**

**(Question Serial No. 3349)**

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:

Regarding the outsourcing of services in the Department, please inform this Committee of the following:

1. the total numbers of outsourced workers deployed by the Department and the percentages of the total numbers of staff with the same types of work in the Department such outsourced workers accounted for in the past 3 years;
2. the total staff costs of the Department, the total payments for outsourced service providers, and the percentages of the total staff costs of the Department such payments for outsourced service providers accounted for in the past 3 years; and
3. the nature of the outsourced services of the Department and the duration of their contracts in the past 3 years.

In addition, according to the Government's guidelines for the tendering of outsourced services revised last year, where an outsourced service relies heavily on the deployment of non-skilled workers and a marking scheme for tender assessment is adopted, the procuring department should include in the assessment criteria the evaluation of the tenderer's proposed wage rates and working hours for non-skilled workers in assessing the tenders. In this regard, please inform this Committee of the following:

1. the current number of outsourced service contracts involving a large number of non-skilled workers awarded by the Department since the implementation of the guidelines;
2. the departments which have adjusted their assessment criteria in respect of wage rates and working hours for the outsourced service contracts involving a large number of non-skilled workers in the light of the new guidelines since their implementation; how the Department has made adjustment; and if no relevant information is available, the reasons for it;

3. whether there have been any rises in the average wage rates for workers in the outsourced service contracts involving a large number of non-skilled workers since the implementation of the guidelines; if so, the number of contracts with a rise in wage rates; if no relevant information is available, the reasons for it;
4. the measures that the Department has in place to evaluate the effectiveness of the new tendering guidelines;
5. whether the Department is required to adopt the existing mechanism of two-envelope approach in assessing the technical and price aspects in evaluating tenders for outsourced service contracts; if not, the number of contracts awarded without adopting such assessment mechanism in the past 3 years;
6. the annual numbers of cases of government service contractors breaching the service contracts, the Employment Ordinance or the Occupational Safety and Health Ordinance as revealed by the inspections conducted by the Department, and the annual numbers of complaints received from the outsourced workers;
7. the details of follow-up actions on the aforementioned non-compliance and complaint cases; and
8. the number and details of cases involving contractors being penalised for non-compliance or sustained complaints.

Asked by: Hon LEUNG Yiu-chung (Member Question No. 94)

Reply:

1.- 3.

Information regarding outsourced services in respect of the Department of Health is provided below –

	2014-15	2015-16	2016-17 (as at 31.12.2016)
Number of outsourced workers	665	821	900
Percentage of the total number of staff with the same type of work in the Department such outsourced workers accounted for	49.8%	46.4%	46.6%
Total staff costs of the Department	\$3,000.1 million	\$3,220.2 million	\$2,552.2 million
Total payments to outsourced service providers	\$202.3 million	\$230.2 million	\$192.7 million
Percentages of the total staff costs of the Department such payments for outsourced service providers accounted for	6.74%	7.15%	7.55%

Type of outsourced services	Major type of outsourced services includes security service, cleansing and general support services, information technology and related services, health screening service, clerical support service, data input and filing service, customer service, quality assurance service, tree management service, laundry service, clinical waste collection service and ancillary support services such as publicity service, translation service, project support service, etc.		
Contract period of outsourced services			
• Less than 1 year	152	219	145
• 1 year to less than 2 years	148	140	119
• 2 years to less than 3 years	39	74	86
• 3 years or above	11	19	26
	350	452	376

Regarding the tendering arrangement of outsourced services that rely heavily on deployment of non-skilled workers in the Department of Health, the following information is provided –

1. There is no outsourced service contract involving a large number of non-skilled workers awarded by the Department of Health after the implementation of the said guidelines.
2. A tender exercise for outsourcing cleansing and general support services is in progress. The Department of Health has increased the weighting of assessment criterion in respect of wage rates in the marking scheme.
3. As the tender exercise mentioned in paragraph 2 above has not been completed, we have no information on whether there are any rises in the average wage rates for workers in the contracts to be awarded.
4. Considering that the wage rates are affected by a number of factors including market situation, labour supply, economic conditions, etc., it is difficult to evaluate the effectiveness of the new tendering guidelines over wage rates.
5. The adoption of two-envelope approach in assessing tenders for outsourced service contracts is not compulsory. However, we have adopted the two-envelope approach for assessing the outsourced cleansing and general support services contracts. As for the outsourced security services contracts, we have not adopted marking scheme in tender evaluation due to non-complex service requirements. The number of such contracts awarded in 2014-15, 2015-16 and 2016-17 are 0, 3 and 0 respectively.
- 6.- 8. As revealed by the inspections conducted by the Department, there was no case of outsourced service contractors breaching the service contracts, the Employment Ordinance or the Occupational Safety and Health Ordinance and no complaint was received from the outsourced workers.

**CONTROLLING OFFICER'S REPLY**

**FHB(H)463**

**(Question Serial No. 4867)**

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 mentioned in *Matters Requiring Special Attention in 2017-18* under Programme (2): Disease Prevention of the Estimates of the Department of Health (DH), the DH will continue its effort for the promotion of breastfeeding. What are the specific work plan and estimated expenditure for 2017-18 in this regard?
2. A sum of \$470,000 was earmarked in 2015-16 for conducting studies on the local breastfeeding situation. Please list the studies that had been conducted, are being conducted and are planned to be conducted in the future in 2015-16 and 2016-17 respectively. Please provide the manpower distribution as well as the actual and estimated expenditure of the work plan by work item.

Asked by: Hon MA Fung-kwok (Member Question No. 24)

Reply:

1.

In 2017-18, the Department of Health (DH) will continue to promote and support breastfeeding through strengthening publicity and education on breastfeeding; encouraging adoption of Breastfeeding Friendly Workplaces Policy to support working mothers to continue breastfeeding after returning to work; promoting breastfeeding in public places through promotion of breastfeeding friendly premises and provision of baby care facilities; implementing the Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children; and strengthening the surveillance on local breastfeeding situation.

2.

To strengthen the surveillance on local breastfeeding situation, the DH conducted a survey on local breastfeeding rate and a survey on public perception on breastfeeding, and their results were released in 2016 and available in the website of Family Health Service (FHS) of the DH. The DH is also in the process of conducting studies on local marketing situation of formula

milk and formula milk related products for infants and young children, as well as a survey on young child feeding.

An additional provision of \$5.0 million had been allocated in 2015-16 and 2016-17 respectively to FHS of the DH to strengthen the work on promotion of breastfeeding. In 2016-17, the actual expenditure for conducting studies on local breastfeeding situation was \$0.9 million. A provision of \$6.0 million has been earmarked in 2017-18 for enhancing the effort for promotion of breastfeeding. The manpower for implementing the initiatives relating to the promotion of breastfeeding has been subsumed in the overall manpower resources of FHS, hence breakdown by work items is not available.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)464**

**(Question Serial No. 7202)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide information on the establishment date and the Government's initial capital injection in respect of the AIDS Trust Fund, as well as its respective year-end balances, capital injections and total expenditures in 2013-14, 2014-15, 2015-16 and 2016-17. If the Department has other funds under its purview, please also provide such information.

Asked by: Hon MA Fung-kwok (Member Question No. 98)

Reply:

The Government has set up the AIDS Trust Fund (the Fund) since April 1993, with a commitment of \$350 million approved by the Finance Committee (FC) of the Legislative Council, to provide assistance to HIV-infected haemophiliacs; to strengthen medical and support services; and to enhance public education on AIDS. An additional injection of \$350 million was approved by the FC in 2013-14 to continue to support the funding applications under the Fund.

The yearly fund balances in 2013-14, 2014-15, 2015-16 and 2016-17 are \$385 million, \$338 million, \$310 million and \$280 million (provisional) respectively. The total expenditure of the Fund from 2013-14 to 2016-17 is \$151 million (provisional).

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)465**

**(Question Serial No.4492)**

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 11 dental clinics of the Department of Health with general public sessions, please advise this Committee on:

- a) the number of operating hours per week in each clinic;
- b) the number of discs available per service day in each clinic, given that each clinic provides services on different days of the week and at different hours of the day;
- c) the number of attending dentists during the service hours in each clinic;
- d) the number of service recipients, broken down by age group, per year in each clinic; and
- e) the number of pain relief and tooth extraction cases that can be handled per year in each clinic.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No.61)

Reply:

(a) - (c)

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 service sessions, the maximum number of disc allocated per GP session and the number of dentists in the government dental clinics for GP sessions are as follows –

<b>Dental clinics with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session</b>	<b>No. of Dentists for GP session</b>
Kowloon City Dental Clinic	Monday (AM)	84	2
	Thursday (AM)	42	1
Kwun Tong Dental Clinic*	Wednesday (AM)	84	2
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	2
	Friday (AM)	84	2
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	1
Mona Fong Dental Clinic	Thursday (PM)	42	1
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1
Tsuen Wan Dental Clinic#	Tuesday (AM)	84	2
	Friday (AM)	84	2
Yan Oi Dental Clinic	Wednesday (AM)	42	1
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	1
	Friday (AM)	42	1
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	1
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	1

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

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

The “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.

(d)

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

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2015-16</b>	<b>Attendance in 2016-17 (up to 31 January 2017)</b>
Kowloon City Dental Clinic	0-18	158	49
	19-42	719	491
	43-60	1 336	1 066
	61 or above	2 964	2 757
Kwun Tong Dental Clinic*	0-18	88	71
	19-42	398	349
	43-60	942	933
	61 or above	2 600	2 214
Kennedy Town Community Complex Dental Clinic	0-18	112	102
	19-42	1 190	1 267
	43-60	1 578	1 606
	61 or above	3 025	2 798
Fanling Health Centre Dental Clinic	0-18	45	26
	19-42	287	244
	43-60	698	541
	61 or above	1 188	1 162
Mona Fong Dental Clinic	0-18	57	26
	19-42	249	223
	43-60	605	476
	61 or above	1 041	864
Tai Po Wong Siu Ching Dental Clinic	0-18	34	29
	19-42	261	192
	43-60	608	445
	61 or above	1 075	992
Tsuen Wan Dental Clinic#	0-18	123	122
	19-42	896	765
	43-60	1 916	1 707
	61 or above	4 258	3 592
Yan Oi Dental Clinic	0-18	24	18
	19-42	287	206
	43-60	519	447
	61 or above	1 241	1 111
Yuen Long Jockey Club Dental Clinic	0-18	77	76
	19-42	566	480
	43-60	1 221	1 047
	61 or above	1 905	1 718
Tai O Dental Clinic	0-18	1	0
	19-42	22	15
	43-60	23	14
	61 or above	51	46
Cheung Chau Dental Clinic	0-18	7	3
	19-42	35	22
	43-60	44	32
	61 or above	106	69

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

(e)

The DH does not keep statistics on the number of cases of pain relief and tooth extraction conducted in GP sessions. The maximum number of cases that could be handled in each dental clinic with GP sessions in the financial years 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

Dental clinic with GP sessions	Max. no. of cases that could be handled in GP sessions	
	2015-16	2016-17 (up to 31 January 2017)
Kowloon City Dental Clinic	6 090	4 956
Kwun Tong Dental Clinic*	4 200	3 612
Kennedy Town Community Complex Dental Clinic	7 896	6 636
Fanling Health Centre Dental Clinic	2 500	2 050
Mona Fong Dental Clinic	2 142	1 764
Tai Po Wong Siu Ching Dental Clinic	2 142	1 764
Tsuen Wan Dental Clinic#	8 148	6 888
Yan Oi Dental Clinic	2 100	1 806
Yuen Long Jockey Club Dental Clinic	4 074	3 444
Tai O Dental Clinic	384	320
Cheung Chau Dental Clinic	384	320

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

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)466**

**(Question Serial No. 4496)**

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:

- (a) Please set out in detail the primary care development in Hong Kong and the implementation of its policies and initiatives, the beneficiary groups as well as the total expenditures involved in the past 5 years.
- (b) Please provide the total expenditures on the implementation of the Elderly Health Care Voucher Scheme, the numbers of elderly persons making voucher claims, and the percentages of the total population aged 70 such elderly persons making voucher claims account for in the past 5 years.
- (c) Please provide the details of the integrated healthcare service to the elderly, the beneficiaries by age group, the percentages of the total population of the same age groups such beneficiary age groups account for, and the total expenditures on various services in the past 5 years.
- (d) Please provide the details of the provision of promotive and preventive healthcare to primary and secondary school students, the beneficiaries by age group, the percentages of the total population of the same age groups such beneficiary age groups account for, and the total expenditures on various services in the past 5 years.

Asked by : Hon TIEN Puk-sun, Michael (Member Question No. 69)

Reply :

(a)

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

(i) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars were also conducted to deliver child health messages.

(ii) Primary Care Directory (PCD)

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

(iii) Community Health Centres (CHCs)

The CHC in Tin Shui Wai North, the first of its kind based on the primary care development strategy and service model, was commissioned in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced service in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

(iv) Publicity Activities

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

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

(b)

The table below shows the number of eligible elders, the number and percentage of elders who had made use of vouchers under the EHV Scheme and the amount of vouchers claimed in the past 5 years:

	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Number of elders who had made use of vouchers	424 000	488 000	551 000	600 000	649 000
Number of eligible elders (i.e. elders aged 70 or above)*	714 000	724 000	737 000	760 000	775 000
Percentage of eligible elders who had made use of vouchers	59%	67%	75%	79%	84%
Amount of vouchers claimed (in \$'000)	163,219	314,704	597,539	906,327	1,070,558

\*Source: Hong Kong Population Projections 2012 - 2041 and Hong Kong Population Projections 2015 - 2064, Census and Statistics Department

(c)

The Elderly Health Service (EHS), comprising 18 Elderly Health Centres (EHCs) and 18 Visiting Health Teams (VHTs), aims to enhance primary health care to elderly people living in the community, improve their self-care ability, encourage healthy living and strengthen family support so as to minimise illness and disability.

The EHCs adopt a multi-disciplinary approach in providing integrated health services including health assessment, counselling, health education and treatment to the elderly aged 65 or over on a membership basis.

The VHTs reach out to the community and residential care settings to provide health promotion activities for the elderly and their carers in collaboration with other elderly services providers. The aim is to increase their health awareness, the self-care ability of the elderly, and to enhance the quality of caregiving.

Data collected from daily service operations are used for monitoring the health status of the elderly and research purposes.

The expenditure for the EHS in the past 5 years is as below:

	2012-13 (Actual) \$ million	2013-14 (Actual) \$ million	2014-15 (Actual) \$ million	2015-16 (Actual) \$ million	2016-17 (Revised Estimate) \$ million
EHCs	107.5	121.7	130.6	140.0	143.7
Public Health & Administration and VHTs	76.6	74.9	76.7	77.8	80.6
Total	184.1	196.6	207.3	217.8	224.3

All EHC members (both old members and new members) can attend the EHCs for medical consultation services according to their health needs. The VHTs provide health promotion activities and training to both the elderly and their carers regardless of their age. Population coverage statistics for the EHS is not available.

(d)

The Student Health Service (SHS) provides health promotion and disease prevention services to students through centre-based services and school-based outreach programmes. All primary and secondary day school students are eligible to enrol at the Student Health Service Centres (SHSCs). Enrolled students will be given an annual appointment at a designated SHSC where they receive health programmes designed to cater for their health needs at various stages of development. These services include health screening and assessment, physical examination, individual health counselling and health education.

The expenditure for the SHS in the past 5 years is as below:

Financial Year	\$ million
2012-13 (Actual)	179.4
2013-14 (Actual)	183.9
2014-15 (Actual)	201.8
2015-16 (Actual)	210.1
2016-17 (Revised Estimate)	216.8

Students found to have specific health problems will be referred to the Special Assessment Centres or specialist clinics for further management. The outreach Adolescent Health Programme (AHP) provides health promotion programmes to secondary school students, their teachers and parents in the school setting. The AHP includes Basic Life Skill Training (BLST) Programme and Topical Programme. The BLST Programme targets at Secondary 1 to Secondary 3 students, providing a wide range of life skills, including stress and emotional management, problem-solving and effective communication are covered, aiming at increasing resilience of adolescents so that they can face challenges throughout their development; whereas the Topical Programme is designed for Secondary 1 to Secondary 6 students, teachers and parents addressing specific themes like internet use, healthy lifestyle, sex-education, substance abuse, understanding adolescents, etc.

The number of total school students enrolled in SHSCs and the number of students participated in AHP in the past 5 years are as below:

School year	2012-13 (Actual)	2013-14 (Actual)	2014-15 (Actual)	2015-16 (Actual)	2016-17 (Estimate)
No. of total school students enrolled in SHSCs	661 000	648 000	636 000	629 000	624 000
No. of students participated in AHP	81 000	79 000	75 000	69 000	Not yet available

The expenditure for the AHP in the past 5 years is as below:

Financial Year	\$ million
2012-13 (Actual)	57.7
2013-14 (Actual)	62.5
2014-15 (Actual)	68.0
2015-16 (Actual)	74.0
2016-17 (Revised Estimate)	77.1



**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 7173)**

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

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

Director of Bureau: Secretary for Food and Health

Question:

Please provide the numbers of beneficiaries and the expenditures of the Outreach Dental Care Programme for the Elderly in the past 5 years.

Asked by: Hon TIEN Puk-sun, Michael (Member Question No. 72)

Reply:

The Outreach Dental Care Programme for the Elderly (ODCP) was launched in October 2014. Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. The ODCP served about 44 300 and 46 300 elders in the first (from October 2014 to September 2015) and second (from October 2015 to September 2016) service years respectively. Between October 2016 and January 2017, about 19 300 elders were served under the ODCP.

The financial provision for the ODCP in the past 3 years was as follows –

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

- End -

**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 5802)**

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:

Kowloon East is facing the problem of an ageing population and its demand for dental services is increasing. As mentioned in *Matters Requiring Special Attention* of the 2017-18 Estimates of the Food and Health Bureau (FHB), the FHB will continue to oversee the implementation of the Outreach Dental Care Programme for the Elderly (ODCP).

How many elderly persons are expected to benefit from the ODCP in different districts? What are the service coverage and expenditure of the ODCP? How do the figures compare with those of the past 3 financial years?

The number of Kowloon East residents benefited from the ODCP for the 2016-17 financial year was not provided. Are the figures available for this financial year? If so, how do they compare with those of the previous financial year? If not, why?

Asked by: Hon TSE Wai-chun, Paul (Member Question No. 61)

Reply:

Under the ODCP, a total of 22 outreach dental teams have been set up to provide free outreach dental services for elders in residential care homes / day care centres and similar facilities in 18 districts. Each service year of the ODCP covers the period from 1 October of the year up to 30 September of the following year. Between October 2014 and January 2017, about 66 500 elders were served. The ODCP served about 5 570 and 5 700 elders in Kowloon East in the first (from October 2014 to September 2015) and second (from October 2015 to September 2016) service years respectively. Between October 2016 and January 2017, about 1 500 elders in Kowloon East were served.

The financial provision for the ODCP in the past 3 financial years is as follows-

<u>Financial Year</u>	<u>Amount</u> \$ million
2014-15	25.1
2015-16	44.5
2016-17	44.8

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)469**

**(Question Serial No. 3916)**

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) under this programme, please inform this Committee of:

1. the numbers of enrolment, the median waiting time for enrolment and the waiting time for first-time health assessment in the 18 EHCs from 2014 to 2017 respectively;
2. the numbers of attendances for first-time health assessment and non-first-time health assessment as well as the total number of attendances for health assessments in the 18 EHCs from 2014 to 2017 respectively; and
3. the numbers of attendances for medical consultation and the costs per attendance for medical consultation in the EHCs across the territory from 2014 to 2017 respectively.

Asked by: Hon WU Chi-wai (Member Question No. 82)

Reply:

1. The number of enrolments and median waiting time for enrolment at each of the 18 Elderly Health Centres (EHCs) for 2014 to 2016 are listed below. As the health assessment is conducted on the day of enrolment, the waiting time for first-time health assessment is the same as the waiting time for enrolment as a new member.

<b>EHC</b>		<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	No. of enrolments	2 177	2 288	2 310
	Median waiting time for first-time health assessment (Months)	30.5	30.0	6.0
Shau Kei Wan	No. of enrolments	2 213	2 224	2 205
	Median waiting time for first-time health assessment (Months)	24.9	23.5	2.4

Wan Chai	No. of enrolments	2 143	3 614	4 545
	Median waiting time for first-time health assessment (Months)	34.4	34.3	1.4
Aberdeen	No. of enrolments	2 164	2 182	2 148
	Median waiting time for first-time health assessment (Months)	16.2	14.5	4.3
Nam Shan	No. of enrolments	2 212	2 225	2 218
	Median waiting time for first-time health assessment (Months)	18.2	15.8	2.2
Lam Tin	No. of enrolments	2 220	2 220	2 223
	Median waiting time for first-time health assessment (Months)	15.0	12.0	4.0
Yau Ma Tei	No. of enrolments	2 162	2 216	2 254
	Median waiting time for first-time health assessment (Months)	32.9	34.2	7.6
San Po Kong	No. of enrolments	2 123	2 134	2 142
	Median waiting time for first-time health assessment (Months)	24.0	18.6	1.5
Kowloon City	No. of enrolments	2 211	2 211	2 210
	Median waiting time for first-time health assessment (Months)	31.4	34.4	8.5
Lek Yuen	No. of enrolments	2 129	3 541	2 550
	Median waiting time for first-time health assessment (Months)	21.9	4.5	8.7
Shek Wu Hui	No. of enrolments	2 155	2 162	2 144
	Median waiting time for first-time health assessment (Months)	14.3	16.4	7.9
Tseung Kwan O	No. of enrolments	2 136	2 136	3 471
	Median waiting time for first-time health assessment (Months)	27.0	29.0	2.8
Tai Po	No. of enrolments	2 122	2 124	2 124
	Median waiting time for first-time health assessment (Months)	22.4	16.3	3.8
Tung Chung	No. of enrolments	2 226	2 330	2 319
	Median waiting time for first-time health assessment (Months)	12.9	15.0	6.3
Tsuen Wan	No. of enrolments	2 114	2 116	2 516

	Median waiting time for first-time health assessment (Months)	15.8	17.8	12.0
Tuen Mun Wu Hong	No. of enrolments	2 127	2 149	2 208
	Median waiting time for first-time health assessment (Months)	17.3	15.8	11.3
Kwai Shing	No. of enrolments	2 221	2 310	2 277
	Median waiting time for first-time health assessment (Months)	13.7	7.0	1.5
Yuen Long	No. of enrolments	2 215	2 219	2 270
	Median waiting time for first-time health assessment (Months)	10.7	13.4	6.0
<b>Total number of enrolments</b>		<b>39 070</b>	<b>42 401</b>	<b>44 134</b>

\* Provisional figures

2. The number of attendances for first-time health assessment, subsequent health assessment, and follow-up of results of the assessment at each of the 18 EHCs for 2014 to 2016 are as follows:

<b>EHC</b>		<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	First-time health assessment	162	698	642
	Subsequent health assessment	2 015	1 590	1 668
	follow-up for the results of the assessment	2 072	2 057	2 016
	Total	4 249	4 345	4 326
Shau Kei Wan	First-time health assessment	326	665	800
	Subsequent health assessment	1 887	1 559	1 405
	follow-up for the results of the assessment	2 326	2 396	2 430
	Total	4 539	4 620	4 635
Wan Chai	First-time health assessment	249	1 878	2 251
	Subsequent health assessment	1 894	1 736	2 294
	follow-up for the results of the assessment	2 105	2 991	4 606
	Total	4 248	6 605	9 151
Aberdeen	First-time health assessment	183	467	452
	Subsequent health assessment	1 981	1 715	1 696
	follow-up for the results of the assessment	2 102	2 137	2 074
	Total	4 266	4 319	4 222

Nam Shan	First-time health assessment	244	490	795
	Subsequent health assessment	1 968	1 735	1 423
	follow-up for the results of the assessment	2 549	2 521	2 704
	Total	4 761	4 746	4 922
Lam Tin	First-time health assessment	410	560	634
	Subsequent health assessment	1 810	1 660	1 589
	follow-up for the results of the assessment	1 998	2 034	1 957
	Total	4 218	4 254	4 180
Yau Ma Tei	First-time health assessment	128	487	930
	Subsequent health assessment	2 034	1 729	1 324
	follow-up for the results of the assessment	2 271	2 119	2 200
	Total	4 433	4 335	4 454
San Po Kong	First-time health assessment	168	550	640
	Subsequent health assessment	1 955	1 584	1 502
	follow-up for the results of the assessment	1 998	2 051	2 004
	Total	4 121	4 185	4 146
Kowloon City	First-time health assessment	104	554	537
	Subsequent health assessment	2 107	1 657	1 673
	follow-up for the results of the assessment	1 839	1 874	1 823
	Total	4 050	4 085	4 033
Lek Yuen	First-time health assessment	238	1 629	681
	Subsequent health assessment	1 891	1 912	1 869
	follow-up for the results of the assessment	1 516	3 025	2 094
	Total	3 645	6 566	4 644
Shek Wu Hui	First-time health assessment	210	450	716
	Subsequent health assessment	1 945	1 712	1 428
	follow-up for the results of the assessment	2 177	1 977	1 964
	Total	4 332	4 139	4 108
Tseung Kwan O	First-time health assessment	191	537	1 406
	Subsequent health assessment	1 945	1 599	2 065
	follow-up for the results of the assessment	1 966	2 016	3 414
	Total	4 102	4 152	6 885

Tai Po	First-time health assessment	278	581	729
	Subsequent health assessment	1 844	1 543	1 395
	follow-up for the results of the assessment	2 110	2 027	2 047
	Total	4 232	4 151	4 171
Tung Chung	First-time health assessment	244	461	731
	Subsequent health assessment	1 982	1 869	1 588
	follow-up for the results of the assessment	2 198	2 232	2 365
	Total	4 424	4 562	4 684
Tsuen Wan	First-time health assessment	396	520	1 032
	Subsequent health assessment	1 718	1 596	1 484
	follow-up for the results of the assessment	1 920	1 910	2 014
	Total	4 034	4 026	4 530
Tuen Mun Wu Hong	First-time health assessment	360	514	652
	Subsequent health assessment	1 767	1 635	1 556
	follow-up for the results of the assessment	2 756	2 321	2 408
	Total	4 883	4 470	4 616
Kwai Shing	First-time health assessment	371	620	551
	Subsequent health assessment	1 850	1 690	1 726
	follow-up for the results of the assessment	2 112	2 263	2 254
	Total	4 333	4 573	4 531
Yuen Long	First-time health assessment	275	420	739
	Subsequent health assessment	1 940	1 799	1 531
	follow-up for the results of the assessment	2 128	2 102	2 068
	Total	4 343	4 321	4 338
<b>Total number of assessment and follow up</b>		<b>77 213</b>	<b>82 454</b>	<b>86 576</b>

\* Provisional figures

Note:

“First-time health assessment” is an attendance by a newly enrolled EHC member for physical health examination.

“Subsequent health assessment” is an attendance by a re-enrolling EHC member for physical health examination.

“Follow-up for the results of the assessment” is an attendance by EHC members 2 to 4 weeks after a physical health examination for follow-up of the assessment results.



3. The attendance for medical consultation at each of the 18 EHCs from 2014 to 2016 are as follows:

<b>EHC</b>	<b>2014</b>	<b>2015</b>	<b>2016*</b>
Sai Ying Pun	4 046	3 648	3 149
Shau Kei Wan	4 289	4 517	4 613
Wan Chai	4 852	5 220	8 089
Aberdeen	6 059	5 915	6 075
Nam Shan	4 466	4 295	4 997
Lam Tin	4 026	3 753	3 851
Yau Ma Tei	4 320	3 861	3 929
San Po Kong	5 085	5 238	5 210
Kowloon City	4 371	4 440	4 636
Lek Yuen	5 489	5 488	5 286
Shek Wu Hui	7 997	8 012	7 577
Tseung Kwan O	5 837	5 623	6 655
Tai Po	5 691	5 439	5 914
Tung Chung	3 786	3 343	3 166
Tsuen Wan	5 830	6 008	5 903
Tuen Mun Wu Hong	4 998	4 880	4 783
Kwai Shing	3 773	3 565	3 204
Yuen Long	4 163	3 950	3 248
<b>Total</b>	<b>89 078</b>	<b>87 195</b>	<b>90 285</b>

\* Provisional figures

The cost per attendance for medical consultation from 2014-15 to 2016-17 are listed below:

Financial Year	Cost per Attendance for Medical Consultation (\$)
<b>2014-15</b>	495
<b>2015-16</b>	515
<b>2016-17</b>	535

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)470**

**(Question Serial No. 3917)**

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 inform this Committee of:

- 1) the utilisation rates, numbers of attendances, maximum daily service capacities for each dentist and costs per case of dental services in respect of the government dental clinics under the Department of Health in 2015-16 and 2016-17;
- 2) the service sessions, maximum numbers of discs available per service session and numbers of dentists in respect of the government dental clinics with general public sessions in 2015-16 and 2016-17; and
- 3) the numbers of service recipients, broken down by age group, in respect of the dental clinics per year.

Asked by: Hon WU Chi-wai (Member Question No.83)

Reply:

- (1) 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 (GP sessions) at 11 government dental clinics. The DH also 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 in-patients, groups with special oral healthcare needs and dental emergency on referral from other hospital units and registered dental or medical practitioners.

The expenditures on GP sessions and OMS&DUs are absorbed within the provisions for dental service under Programme (4) and are not separately identifiable. The DH does not keep statistics on the cost per case for public dental services in various dental clinics.

The maximum number of service provided by each dentist at individual GP sessions, as well as the overall utilization rate and the total number of attendance in GP sessions of each dental clinic in 2015-16 and 2016-17(up to 31 January 2017) are as follows –

Dental clinic with GP sessions	Max. no. of service provided by each dentist per session	Total no. of attendances		Overall utilization rate in %	
		2015-16	2016-17 (up to 31 January 2017)	2015-16	2016-17 (up to 31 January 2017)
Kowloon City Dental Clinic	42	5 177	4 363	85.1	88.2
Kwun Tong Dental Clinic*	42	4 028	3 567	95.6	98.7
Kennedy Town Community Complex Dental Clinic	42	5 905	5 773	74.8	86.9
Fanling Health Centre Dental Clinic	50	2 218	1 973	88.5	96.4
Mona Fong Dental Clinic	42	1 952	1 589	91.1	90.4
Tai Po Wong Siu Ching Dental Clinic	42	1 978	1 658	92.4	94.1
Tsuen Wan Dental Clinic <sup>#</sup>	42	7 193	6 186	88.3	90.5
Yan Oi Dental Clinic	42	2 071	1 782	98.5	98.6
Yuen Long Jockey Club Dental Clinic	42	3 769	3 321	92.4	96.4
Tai O Dental Clinic	32	97	75	25.3	23.4
Cheung Chau Dental Clinic	32	192	126	50.0	39.4

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

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

The attendances in OMS&DUs for public under the DH in 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

	<b>2015-16</b>	<b>2016-17 (up to 31 January 2017)</b>
Attendance	55 796	49 346

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 utilisation rate, daily consultation capacity for each dentist and maximum daily service capacity are not available.

- (2) In 2015-16 and 2016-17, the service session, the maximum number of discs allocated to and number of dentists for GP sessions for each dental clinic are as follows –

<b>Dental clinic with GP sessions</b>	<b>Service session</b>	<b>Max. no. of discs allocated per session<sup>@</sup></b>	<b>Number of dentist(s) for GP session</b>
Kowloon City Dental Clinic	Monday (AM)	84	2
	Thursday (AM)	42	1
Kwun Tong Dental Clinic*	Wednesday (AM)	84	2
Kennedy Town Community Complex Dental Clinic	Monday (AM)	84	2
	Friday (AM)	84	2
Fanling Health Centre Dental Clinic	Tuesday (AM)	50	1
Mona Fong Dental Clinic	Thursday (PM)	42	1
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	42	1
Tsuen Wan Dental Clinic <sup>#</sup>	Tuesday (AM)	84	2
	Friday (AM)	84	2
Yan Oi Dental Clinic	Wednesday (AM)	42	1
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	42	1
	Friday (AM)	42	1
Tai O Dental Clinic	2 <sup>nd</sup> Thursday (AM) of each month	32	1
Cheung Chau Dental Clinic	1 <sup>st</sup> Friday (AM) of each month	32	1

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

# Tsuen Wan Dental Clinics (TWDC) was temporarily closed for renovation and the GP session was relocated to Tsuen Wan Government Offices Dental Clinic with effect from

1 September 2015. GP session was resumed in TWDC in January 2017 after the completion of renovation.

@ The maximum number of disc allocated per session at individual dental clinics remain the same in 2015-16 and 2016-17.

(3) The number of attendance in GP sessions by age groups for each dental clinic in 2015-16 and 2016-17 (up to 31 January 2017) are as follows –

<b>Dental clinic with GP sessions</b>	<b>Age group</b>	<b>Attendance in 2015-16</b>	<b>Attendance in 2016-17 (up to 31 January 2017)</b>
Kowloon City Dental Clinic	0-18	158	49
	19-42	719	491
	43-60	1 336	1 066
	61 or above	2 964	2 757
Kwun Tong Dental Clinic*	0-18	88	71
	19-42	398	349
	43-60	942	933
	61 or above	2 600	2 214
Kennedy Town Community Complex Dental Clinic	0-18	112	102
	19-42	1 190	1 267
	43-60	1 578	1 606
	61 or above	3 025	2 798
Fanling Health Centre Dental Clinic	0-18	45	26
	19-42	287	244
	43-60	698	541
	61 or above	1 188	1 162
Mona Fong Dental Clinic	0-18	57	26
	19-42	249	223
	43-60	605	476
	61 or above	1 041	864
Tai Po Wong Siu Ching Dental Clinic	0-18	34	29
	19-42	261	192
	43-60	608	445
	61 or above	1 075	992
Tsuen Wan Dental Clinic#	0-18	123	122
	19-42	896	765
	43-60	1 916	1 707
	61 or above	4 258	3 592
Yan Oi Dental Clinic	0-18	24	18
	19-42	287	206
	43-60	519	447
	61 or above	1 241	1 111
Yuen Long Jockey Club Dental Clinic	0-18	77	76
	19-42	566	480
	43-60	1 221	1 047
	61 or above	1 905	1 718

Tai O Dental Clinic	0-18	1	0
	19-42	22	15
	43-60	23	14
	61 or above	51	46
Cheung Chau Dental Clinic	0-18	7	3
	19-42	35	22
	43-60	44	32
	61 or above	106	69

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

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

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)471**

**(Question Serial No. 3918)**

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 set out the names of the subvented organisations and their respective amounts of subvention received in 2014-15, 2015-16 and 2016-17.

Asked by: Hon WU Chi-wai (Member Question No. 84)

Reply:

The Department of Health subvents the following organisations / programmes with their respective amounts of subvention under Subhead 000 Operational expenses in 2014-15, 2015-16 and 2016-17 as listed below:

<b>Organisations / Programmes subvented by the Department of Health</b>	<b>2014-15 (Actual) (\$ million)</b>	<b>2015-16 (Actual) (\$ million)</b>	<b>2016-17 (Revised Estimate) (\$ million)</b>
<b>Programme (2) : Disease Prevention</b>			
The Family Planning Association of Hong Kong	48.4	52.1	54.9
Elderly Health Assessment Pilot Programme <sup>Note 1</sup>	2.8	4.4	- (Note 2)
Outreach Dental Care Programme for the Elderly <sup>Note 3</sup>	12.2	29.9	39.9
<b>Programme (3) : Health Promotion</b>			
Hong Kong St. John Ambulance	14.5	15.2	15.9
Hong Kong Red Cross	1.2	1.3	1.3

<b>Organisations / Programmes subvented by the Department of Health</b>	<b>2014-15 (Actual)</b> <b>(\$ million)</b>	<b>2015-16 (Actual)</b> <b>(\$ million)</b>	<b>2016-17 (Revised Estimate)</b> <b>(\$ million)</b>
Hong Kong Council on Smoking and Health	24.3	22.4	22.8
Tung Wah Group of Hospitals – Smoking Cessation Programme	37.0	39.1	41.5
Pok Oi Hospital – Smoking Cessation Programme by Traditional Chinese Medicine	7.8	7.3	7.6
Po Leung Kuk – School-based Smoking Prevention Programme / School-based Kindergarten Smoking Prevention Programme	2.0	2.2	2.0
Lok Sin Tong – Smoking Cessation Programme in Workplace	1.9	2.3	2.4
United Christian Nethersole Community Health Service – Smoking Cessation Programme for Ethnic Minorities and New Immigrants	2.6	2.6	2.6
Life Education Activity Programme – Smoking Prevention Programme for Primary and Secondary Schools	2.3	2.3	2.3
The University of Hong Kong – Smoking Cessation Evaluation and Training Project	1.5	2.3	1.9
<b>Programme (4) : Curative Care</b>			
Tung Wah Group of Hospitals – Chinese Medicine General Outpatient Clinics	3.2	3.3	3.4
<b>Programme (6) : Treatment of Drug Abusers</b>			
The Society for the Aid and	92.9	99.0	101.0



<b>Organisations / Programmes subvented by the Department of Health</b>	<b>2014-15 (Actual) (\$ million)</b>	<b>2015-16 (Actual) (\$ million)</b>	<b>2016-17 (Revised Estimate) (\$ million)</b>
Rehabilitation of Drug Abusers			
Caritas Hong Kong	6.9	7.4	7.6
Hong Kong Christian Service	8.7	9.4	9.5

Note 1: The organisations subvented under the Elderly Health Assessment Pilot Programme are: (i) Chai Wan Baptist Church Community Health Centre Limited; (ii) Evangel Hospital; (iii) Haven of Hope Christian Service; (iv) Hong Kong Sheng Kung Hui Welfare Council Limited; (v) Po Leung Kuk; (vi) Sik Sik Yuen; (vii) The Lok Sin Tong Benevolent Society, Kowloon; (viii) Tung Wah Group of Hospitals; and (ix) United Christian Nethersole Community Health Service.

Note 2: The two-year “Elderly Health Assessment Pilot Programme” ended in July 2015.

Note 3: The organisations subvented under the Outreach Dental Care Programme for the Elderly are: (i) Caritas Dental Clinics Limited, (ii) Chi Lin Nunnery, (iii) Christian Family Service Centre Dental Services Limited, (iv) Haven of Hope Christian Service, (v) The Hong Kong Tuberculosis, Chest & Heart Diseases Association, (vi) H.K.S.K.H. Lady MacLehose Centre, (vii) Pok Oi Hospital, (viii) Project Concern Hong Kong, (ix) TWGHs Dental Services Limited, (x) Yan Chai Hospital, and (xi) Yan Oi Tong.

- End -

**CONTROLLING OFFICER'S REPLY**

**CSB051**

**(Question Serial No. 1989 )**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the medical and dental treatment for civil servants, will the Government inform this Committee of the following:

- a. Since the launch of the Automated Telephone Booking System (ATBS) for the five Families Clinics by the Department of Health in mid-September 2015, what has been its utilisation rate among all civil servant attendees so far (a breakdown by each families clinic)? What is the expenditure involved in running the ATBS?
- b. At present, the Families Clinics for civil service eligible persons (CSEPs) provide services during normal office hours. Will the Government consider extending the service hours or introducing evening services for the CSEPs?

Asked by: Hon HO Kai-ming (Member Question No. 34)

Reply:

- a. At present, the five Families Clinics are offering about 20% of the total consultation slots available for each working day to civil service eligible persons through the Automated Telephone Booking System (ATBS). The quota for same-day appointments is always fully used up, and the utilisation of advance appointments within seven working days reaches 90%. The cost of setting up the ATBS was approximately \$360,000 and the annual recurrent expenditure is around \$40,000.
- b. The Department of Health (DH) has looked into various options to extend the service hours of the Families Clinics and even introduce evening services therein, which include (i) arranging for part of the current clinic staff to work on the evening shift; (ii) requesting the current clinic staff to work overtime so as to extend the service hours; and (iii) recruiting a team of part-time staff to operate the evening clinics. None of the above options is feasible as consultation and dispensing services require the participation of staff from many different grades, and the DH expects it will be difficult to recruit a full team for such purposes.

**CONTROLLING OFFICER'S REPLY**

**CSB052**

**(Question Serial No. 0641)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding the utilisation rates of the medical and dental treatment for civil servants in 2014, 2015 and 2016, please provide:

1. the attendance at each non-public clinic for each year;
2. 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
3. the actual attendance at periodontal surgeries, the average waiting time of such cases and the number of patients waiting for periodontal procedures by the end of January 2017.

Asked by: Hon POON Siu-ping (Member Question No. 26)

Reply:

1. The attendances of civil service eligible persons (CSEPs) at each families clinic in the past three years were as follows:

<b>Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
<b>Number of attendances <sup>^</sup></b>			
Chai Wan Families Clinic	63 000	64 000	66 000
Hong Kong Families Clinic	67 000	68 000	68 000
Kowloon Families Clinic	69 000	75 000	73 000
New Territories Families Clinic	48 000	46 000	50 000
Fanling Families Clinic	N/A	N/A	16 000*

<sup>^</sup> The number of attendances is rounded to the nearest thousand.

\* Fanling Families Clinic commenced service on 30 March 2016.

2. Dental procedures vary in types and complexities, which include general and specialised dental treatments. CSEPs can receive general dental follow-up treatment by appointment or specialised dental service by referral. The appointments are arranged according to the urgency and nature of the medical conditions of patients, and patients with urgent conditions will receive treatment as early as possible.

The waiting times of CSEPs for appointments for dental follow-up treatment and specialised dental service in the past three years were as follows:

<b>As at</b>	<b>Dental Follow-up Treatment</b>	<b>Specialised Dental Service</b>
31 December 2014	2 to 20 months	5 to 47 months
31 December 2015	2 to 19 months	5 to 41 months
31 December 2016	1 to 16 months	5 to 40 months

Statistics on the attendances and the number of patients on the waiting list by type of dental procedure/treatment are not available. The attendances of CSEPs at dental clinics (including Oral Maxillofacial Surgery & Dental Units in hospitals) in the past three years were as follows:

	<b>Attendances at Dental Clinics</b>
2014	675 000
2015	719 700*
2016	739 800

\* The figure had been updated after the finalisation of the 2016-17 Estimates.

3. The attendances and the waiting times of CSEPs for periodontal services in the past three years were as follows:

	<b>Attendances</b>
2014	700
2015	680
2016	720

<b>As at</b>	<b>Waiting Time</b>
31 December 2014	16 months
31 December 2015	16 to 17 months
31 December 2016	14 to 23 months

Statistics on the number of patients waiting for periodontal procedures are not available.

**CONTROLLING OFFICER'S REPLY**

**CSB053**

**(Question Serial No. 3000)**

Head: (37) Department of Health

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

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

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

Director of Bureau: Secretary for the Civil Service

Question:

Regarding medical and dental treatment for civil servants, will the Government inform this Committee of the following:

1. Please set out the average waiting time and longest waiting time for appointment in respect of check-up and diagnosis, specialised outpatient treatment, emergency dental treatment, elective consultation for specialised dental service and dental follow-up treatment provided for civil service eligible persons in the past year. Does the Government have any measures to shorten the waiting time?
2. Provision for 2017-18 is \$162.5 million (12.0%) higher than the revised estimate for 2016-17, part of which is allocated for an increase of 68 posts to meet operational needs. Please set out the professional grades and ranks involved in these new posts and their terms of appointment.
3. Does the Government have any plans to include Chinese medicine service as part of the medical and dental treatment for civil servants? If so, what will be the manpower and provision allocated for 2017-18 for the implementation of the initiative?

Asked by: Hon YUNG Hoi-yan (Member Question No. 3)

Reply:

1.

Services provided by families clinics (including check-up and diagnosis)

Families clinics provide general out-patient services for civil service eligible persons (CSEPs). Subsequent to treatments in these clinics, blood tests or other examinations will be arranged for patients or referrals to the Hospital Authority (HA) will be made for further follow-ups and treatments subject to the needs of individual patients. Statistics on the waiting time for appointment in families clinics in respect of such check-up and diagnosis are not available.

## Specialised outpatient (SOP) treatments

Dedicated SOP treatments are provided by 9H Specialist Clinic in Prince of Wales Hospital, L Block of Queen Elizabeth Hospital and Saturday SOP Clinic in Queen Mary Hospital under the HA for CSEPs. The median waiting times of new cases for major specialties in 2016 are listed as follows:

### 9H Specialist Clinic in Prince of Wales Hospital

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Ear, Nose & Throat	1
Gynaecology	7
Medicine	9
Orthopaedics & Traumatology	7
Paediatrics	1
Surgery	1

### L Block of Queen Elizabeth Hospital

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Medicine	102
Surgery	48
Gynaecology	36
Paediatrics	2
Orthopaedics & Traumatology	51

### Saturday SOP Clinic in Queen Mary Hospital

<b>Specialty</b>	<b>Median Waiting Time (week)</b>
Medicine	12
Surgery	6

## Dental services

CSEPs with urgent conditions can attend any government dental clinic for emergency dental service during clinic operating hours, and generally speaking, they will be seen within the same session of attendance.

As at 31 December 2016, the waiting times for dental follow-up treatment and elective consultation for specialised dental service were as follows –

<b>As at</b>	<b>Dental Follow-up Treatment</b>	<b>Elective Consultation for Specialised Dental Service</b>
31 December 2016	1 to 16 months	5 to 40 months

We will keep a close watch on CSEPs' needs for medical and dental treatment and continue to work closely with the Department of Health (DH) and the HA to explore suitable and feasible options for further enhancing the medical benefits for CSEPs. Such options include setting up of new families clinics, enhancement of the dedicated SOP services for CSEPs, setting up of new dental surgeries 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.

2. Details of the 68 new posts are at Annex. For candidates appointed to civil service posts, their entry pay, terms of appointment and conditions of service are subject to the provisions prevailing at the time when the offer of appointment is made.
3. In accordance with the contractual requirements, civil service medical benefits are confined to services provided by the DH or the HA. Neither the DH nor the HA provides Chinese medicine services as their standard services at present. Hence, Chinese medicine services are currently not covered as the medical benefits provided to CSEPs. The Government will continue to keep in view any significant developments of Chinese medicine and changes to the roles of the DH and the HA in Chinese medicine services in future that would merit a review of the implications on civil service medical benefits.

**Posts proposed to be created in 2017-18 under  
Programme (7) : Medical and Dental Treatment for Civil Servants**

<b><u>Function/Rank</u></b>	<b><u>No. of posts to be created</u></b>
<b>Dental / Para-dental support</b>	
Senior Dental Officer	2
Dental Officer	17
Dental Hygienist	1
Senior Dental Surgery Assistant	2
Dental Surgery Assistant	19
<b>Medical support</b>	
Medical and Health Officer	1
<b>Nursing support</b>	
Nursing Officer	1
<b>Professional support</b>	
Clinical Psychologist	2
<b>Technical support</b>	
Dispenser / Student Dispenser	3
Laboratory Attendant	2
<b>Administrative and general support</b>	
Clerical Officer	1
Assistant Clerical Officer	3
Clerical Assistant	7
Workman II	7
	<b><u>68</u></b>



**CONTROLLING OFFICER'S REPLY**

**CSB103**

**(Question Serial No. 4756)**

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 (Member Question No. 281)

Reply:

While the Department of Health does not keep statistics on the number of cases of various groups of eligible persons receiving services at families clinics, the attendances of civil service eligible persons at these clinics for the past 3 years were as follows:

2014	246 000
2015	253 000
2016	273 000

The actual expenditures of families clinics for 2014-15 and 2015-16 were \$103.1 million and \$125.7 million respectively, and the revised estimate for 2016-17 is \$132.5 million.

**CONTROLLING OFFICER'S REPLY**

**SB582**

**(Question Serial No. 4755 )**

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:

1. Regarding the voluntary agencies subvented by the Department of Health to provide drug treatment services, will the Government advise on the following:
  - (a) How many enquiries and help-seeking cases have been received regarding the residential treatment and rehabilitation programmes?
  - (b) How many applications for the service and applicants on the waiting list are there? What are the median, average and maximum waiting times respectively? How many applicants can be served each year? What is the percentage of all applicants each age group accounts for?
  - (c) How many residential places are provided in each agency? What is the number of professional staff at each rank?
  - (d) What are the median, average, maximum and minimum duration of drug treatment respectively? How many service recipients have stayed abstinent from drug a year after the treatment? What is the percentage of such service recipients each age group accounts for?
2. Will the Government advise on the estimated number of drug abusers currently in Hong Kong? How many people need drug treatment services? What is the ratio of the number of residential places provided by the Department of Health and the subvented organisations to the number of drug abusers?

Asked by: Hon KWOK Ka-ki (Member Question No. 280)

Reply:

1.(a) The Department of Health (DH) subvents 3 non-governmental organisations (NGOs), namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong (Caritas) and the Hong Kong Christian Service (HKCS), to operate a total of 6

drug treatment and rehabilitation centres (DTRCs). In 2016, they received around 1 970 enquiries about admission to their programmes.

(b) The waiting time for admission in 2016 and the number of applications and clients on the waiting list as at 31 December 2016 of each of these DTRCs are set out below:

NGO	DTRC	No. of applications Note 1	No. of clients on the waiting list Note 1	Waiting time for admission <sup>Note 1</sup> (weeks)		
				Median	Average	Maximum
SARDA	Adult Female Rehabilitation Centre (AFRC)	52	2	1.9	2.5	6.4
	Au Tau Youth Centre (ATYC)	44	1	2	2.7	10
	Shek Kwu Chau Treatment and Rehabilitation Centre (SKC)	1 606	0	0	0	0
	Sister Aquinas Memorial Women's Treatment Centre (WTC)	106	6	1	1.6	7.3
Caritas	Wong Yiu Nam Centre (WYNC)	53	0	1.3	1.6	8.6
HKCS	Jockey Club Lodge of Rising Sun (LRS)	53	3	2.1	3.4	20.4 <sup>Note 2</sup>

Note 1: There is no breakdown by age group.

Note 2: About 91% of the cases were admitted within 2 months. The maximum waiting time for admission to LRS was a single exceptional case.

The doctors and social workers in DTRCs would discuss with their clients the duration of their stay according to their varying needs, background and circumstances. Hence, the number of drug abusers who can be served by a DTRC would vary from year to year.

(c) The number of beds and subvented posts of each of the DTRCs are as follows:

NGO	DTRC	No. of beds	No. of subvented posts	Remarks
SARDA	AFRC	24	190	Including doctors, nurses, social workers, administrative, clerical and supporting staff.
	ATYC	20		
	SKC	260		
	WTC	42		
Caritas	WYNC	28	18.25	Including nurses, social workers, clerical and supporting staff, and one part-time doctor.
HKCS	LRS	30	23.03	Including nurses, social workers, clerical and supporting staff, and one part-time doctor.

(d) The above centres each have different programme designs and duration so as to target at the varying background and needs of the drug abusers. In general, a treatment and rehabilitation programme lasts from 4 weeks to 12 months. After completing the programme and being discharged from the centres, rehabilitants would also be provided with follow-up counselling service for 12 months. The completion rate of detoxification and rehabilitation programmes in the above centres in 2016 ranges from 64% to 100%.

2. According to the information of the Central Registry of Drug Abuse, the total number of reported drug abusers registered a decreasing trend in recent years. In 2016, the total number of reported drug abusers was 8 077.

Hong Kong adopts a multi-modality approach in providing residential or community-based treatment and rehabilitation services to meet the varying needs and circumstances of drug abusers. DH provides residential drug treatment and rehabilitation services through subventing NGOs, offering a total of 404 places. In 2016, they admitted a total of about 1 540 residents. DH also operates the methadone clinics. In 2016, the number of drug abusers registered with methadone clinics was about 6 200.

- End -

**CONTROLLING OFFICER'S REPLY**

**SB583**

**(Question Serial No. 4082)**

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:

1. What were the respective numbers of clients served by methadone clinics and unit costs of service per client served in the past 5 financial years?
2. What were the respective numbers of clients who occupied beds at residential treatment and rehabilitation centres for drug abusers and unit costs of service per client served in the past 5 financial years?

Asked by: Hon LAU Siu-lai (Member Question No. 3101)

Reply:

1. The Department of Health (DH) operates the methadone clinics to provide methadone treatment for opiate dependent patients. The number of patients registered with methadone clinics and the average daily attendances at methadone clinics in the past 5 years are as follows:

	2012	2013	2014	2015	2016
Number of patients registered with methadone clinics	8 000	7 600	7 100	6 700	6 200
Average daily attendances at methadone clinics	6 000	5 700	5 400	5 000	4 600

The respective costs per attendance for methadone treatment provided by methadone clinics in the past 5 years are as follows:

Financial Year	Cost per attendance
2012-13	\$28
2013-14	\$29
2014-15	\$30

2015-16	\$31
2016-17	\$32

2. DH subvents 3 non-governmental organisations (NGOs), namely the Society for the Aid and Rehabilitation of Drug Abusers, the Caritas Hong Kong and the Hong Kong Christian Service, to operate 6 drug treatment and rehabilitation centres with a total of 404 beds. The respective numbers of patients admitted for residential treatment in the past 5 years are as follows:

Year	Number of patients admitted
2012	2 040
2013	1 950
2014	1 770
2015	1 670
2016	1 540

DH does not have information on the unit cost per patient admitted for residential treatment.

- End -