

## Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

**Controlling officer:** the Permanent Secretary for Food and Health (Health) will account for expenditure under this Head.

**Estimate 2009–10** ..... **\$33,387.1m**

**Establishment ceiling 2009–10** (notional annual mid-point salary value) representing an estimated 52 non-directorate posts as at 31 March 2009 rising by 22 posts to 74 posts as at 31 March 2010 ..... **\$35.6m**

In addition, there will be an estimated seven directorate posts as at 31 March 2009 rising by four posts to 11 posts as at 31 March 2010.

**Commitment balance** ..... **\$396.3m**

### Controlling Officer's Report

#### Programmes

<p><b>Programme (1) Health</b></p> <p><b>Programme (2) Subvention: Hospital Authority</b></p> <p><b>Programme (3) Subvention: Prince Philip Dental Hospital</b></p>	<p>These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).</p>
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#### Detail

##### Programme (1): Health

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	<b>2009–10 (Estimate)</b>
Financial provision (\$m)	88.5	183.8	176.8 (–3.8%)	<b>221.2</b> (+25.1%)
				(or +20.3% on 2008–09 Original)

#### Aim

2 The aim is to formulate and oversee implementation of policies to protect and promote public health, to provide comprehensive and lifelong holistic health care to each citizen, and to ensure that no one is prevented, through lack of means, from obtaining adequate medical treatment.

#### Brief Description

3 The Branch formulates and co-ordinates policies and programmes to:

- protect and promote health;
- prevent and treat illness and disease; and
- minimise the impact of disability.

4 Generally, the effectiveness of the work of the Branch is reflected in the extent to which the departments and subvented organisations delivering medical and health care services achieve the objectives of this programme. The aims have been broadly achieved in 2008–09.

#### Matters Requiring Special Attention in 2009–10

5 During 2009–10, the Branch will:

- in accordance with the direction of the health care reform, before the health care financing arrangements are finalised for implementation, make use of the increased government funding for health care to strengthen existing health care services and to start implementing various service reforms, including the following:
  - take forward various proposals to enhance primary care through working with health care professionals, academics and other stakeholders in both the public and private sectors in the Working Group on Primary Care;
  - implement pilot projects to strengthen health care support for chronic diseases (e.g. diabetes, hypertension and renal disease) through enhancing primary care and promoting public-private partnership;

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- set up a dedicated office to co-ordinate the development of a territory-wide patient-oriented electronic health record system for sharing medical records between health care providers subject to patients’ consent;
- continue to oversee the implementation of the three-year pilot scheme to provide health care vouchers for elderly (aged 70 or above) to partially subsidise them to receive primary care services in the private sector;
- update the Childhood Immunisation Programme by introducing the pneumococcal conjugate vaccine into it;
- facilitate the development of private hospitals to expand the service capacity of the health care system in Hong Kong;
- continue to oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, construction of extension block of Prince of Wales Hospital, and expansion of Tseung Kwan O Hospital;
- prepare for the establishment of multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong;
- oversee the implementation of the three-year interim funding arrangement of the Hospital Authority, pending the development of a sustainable long-term funding arrangement in the light of the outcome of public consultation on the health care reform;
- based on the views received during the first stage public consultation on health care reform carried out from March to June 2008, formulate detailed proposals with the aim to initiate the second stage public consultation on service reform and supplementary financing in the first half of 2009;
- implement the Prevention and Control of Disease Ordinance and continue to improve our infectious disease surveillance, control, notification and emergency response systems;
- continue to oversee the implementation of health promotion and preventive programmes for children and parents, adolescents, men, women and elders;
- continue to oversee the implementation of the registration system for proprietary Chinese medicines and strengthen the regulation of Chinese medicine;
- explore sites for setting up more Chinese medicine clinics in the public sector to develop “evidence-based” Chinese medicine and provide better training opportunities for graduates of local Chinese medicine degree programmes;
- develop the long-term regulatory framework for medical devices;
- oversee the implementation of the comprehensive strategy to prevent and control non-communicable diseases;
- oversee the implementation of the fixed penalty system for smoking offences, the designation of public transport interchanges as no smoking areas, and coming into effect of the smoking ban in qualified establishments;
- continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations; and
- continue to manage the Research Fund for the Control of Infectious Diseases to generate evidence-based knowledge to enhance the overall system preparedness for infectious diseases, such as avian influenza and Severe Acute Respiratory Syndrome (SARS).

### Programme (2): Subvention: Hospital Authority

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	<b>2009–10 (Estimate)</b>
Financial provision (\$m)	29,781.3	30,462.2	32,681.2# (+7.3%)	<b>33,041.4</b> (+1.1%)

(or +8.5% on  
2008–09 Original)

# The revised financial provision of 2008–09 includes a one-off injection of \$1,000 million from the Government to the Samaritan Fund.

### *Aim*

6 The main aims of the Hospital Authority are to advise Government on the needs of the public for hospital services and resources required to meet those needs, and to provide adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

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### *Brief Description*

7 The Branch subvents the Hospital Authority to provide public medical services. The Hospital Authority is a statutory body established on 1 December 1990 under the Hospital Authority Ordinance to manage all public hospitals in Hong Kong. The Authority, with over 54 000 staff (full time equivalents as at 31 December 2008), manages 41 public hospitals and institutions, 48 specialist outpatient clinics and 74 general outpatient clinics.

8 The Hospital Authority manages and develops the public medical service system in ways which are conducive to achieving the following objectives:

- to use hospital beds and general outpatient clinics, staff, equipment and other resources efficiently to provide medical services of the highest possible standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to encourage public participation in the operation of the public medical service system; and
- to ensure accountability to the public for the management and control of the public medical service system.

9 Since its establishment, the Hospital Authority has made the following progress in working towards the objectives:

- translation of organisational mission into operational plans through an annual planning process to demonstrate public accountability;
- improvement of service quality and optimisation of resource utilisation through service networking under the hospital cluster structure;
- establishment of clear lines of responsibility and accountability through management reforms to allow individual clusters or services flexibility in setting their priorities to respond to local needs; and
- implementation of quality improvement programmes, risk management systems and systematic clinical audit to enhance the quality of care.

10 The Hospital Authority generally achieved its performance targets in 2008–09. The volume of patient care activities across the full range of services in 2008–09 is comparable to the level in 2007–08.

11 The key activity data in respect of the Hospital Authority are:

### *Targets*

	As at 31 March 2008 (Actual)	As at 31 March 2009 (Revised Estimate)	As at 31 March 2010 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	20 324	20 416	<b>20 516</b>
infirmary .....	2 151	2 041	<b>2 041</b>
mentally ill .....	4 400	4 000	<b>3 607</b>
mentally handicapped .....	680	660	<b>660</b>
total .....	27 555	27 117	<b>26 824</b>
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&amp;E) services</i>			
percentage of A&E patients with target waiting time			
triage I (critical cases – 0 minutes) (%) .....	100	100	<b>100</b>
triage II (emergency cases < 15 minutes) (%) .....	97	95	<b>95</b>
triage III (urgent cases < 30 minutes) (%) .....	86	90	<b>90</b>
<i>specialist outpatient services</i>			
median waiting time for first appointment at specialist clinics			
first priority patients .....	<1 week	2 weeks	<b>2 weeks</b>
second priority patients .....	5 weeks	8 weeks	<b>8 weeks</b>
<i>rehabilitation and geriatric services</i>			
no. of community nurses .....	378	395	<b>409</b>
no. of geriatric day places .....	634	634	<b>634</b>

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	As at 31 March 2008 (Actual)	As at 31 March 2009 (Revised Estimate)	As at 31 March 2010 (Target & Plan)
psychiatric services			
no. of community psychiatric nurses .....	122	129	<b>145</b>
no. of psychiatric day places.....	858	864	<b>889</b>
<b>Indicators</b>			
	2007–08 (Actual)	2008–09 (Revised Estimate)	<b>2009–10 (Estimate)</b>
<i>Delivery of services</i>			
inpatient services			
no. of discharges & deaths			
general (acute and convalescent).....	878 778	889 200	<b>906 900</b>
infirmary.....	4 124	3 300	<b>3 300</b>
mentally ill.....	15 830	15 800	<b>15 800</b>
mentally handicapped.....	286	310	<b>310</b>
overall.....	899 018	908 610	<b>926 310</b>
no. of patient days			
general (acute and convalescent).....	5 324 500	5 354 000	<b>5 387 000</b>
infirmary.....	554 823	529 000	<b>529 000</b>
mentally ill.....	1 042 177	1 022 000	<b>1 010 000</b>
mentally handicapped.....	231 536	229 000	<b>229 000</b>
overall.....	7 153 036	7 134 000	<b>7 155 000</b>
bed occupancy rate (%)			
general (acute and convalescent).....	83	83	<b>83</b>
infirmary.....	92	92	<b>92</b>
mentally ill.....	73	75	<b>77</b>
mentally handicapped.....	93	93	<b>93</b>
overall.....	82	83	<b>83</b>
average length of stay (days)§			
general (acute and convalescent).....	6.0	6.0	<b>5.9</b>
infirmary.....	114	135	<b>135</b>
mentally ill.....	101	89	<b>89</b>
mentally handicapped.....	674	659	<b>659</b>
overall.....	8.5	8.3	<b>8.1</b>
ambulatory and outreach services			
day inpatient services			
no. of discharges & deaths.....	325 625	345 200	<b>352 100</b>
accident and emergency services			
no. of attendances.....	2 087 902	2 103 000	<b>2 133 000</b>
no. of attendances per 1 000 population.....	301	301	<b>301</b>
no. of first attendances for			
triage I.....	18 847	18 900	<b>19 100</b>
triage II.....	36 741	35 900	<b>36 500</b>
triage III.....	582 831	587 100	<b>595 400</b>
outpatient services			
no. of specialist outpatient (clinical) new attendances.....	568 681	585 000	<b>596 000</b>
no. of specialist outpatient (clinical) follow-up attendances.....	5 343 702	5 409 000	<b>5 510 000</b>
total no. of specialist outpatient (clinical) attendancesΩ.....	5 912 383	5 994 000	<b>6 106 000</b>
no. of general outpatient attendances.....	4 841 927	4 806 000	<b>4 806 000</b>
no. of family medicine specialist clinic attendancesΩ.....	205 235	205 200	<b>211 300</b>
total no. of primary care attendances ‡.....	5 047 162	5 011 200	<b>5 017 300</b>

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	2007–08 (Actual)	2008–09 (Revised Estimate)	2009–10 (Estimate)
rehabilitation & palliative care services			
no. of rehabilitation day and palliative care day attendances .....	74 221	75 400	<b>77 400</b>
no. of home visits by community nurses .....	798 054	771 800	<b>772 000</b>
no. of allied health (community) attendances .....	22 778	22 100	<b>22 700</b>
no. of allied health (outpatient) attendances .....	1 771 971	1 831 000	<b>1 863 000</b>
geriatric services			
no. of outreach attendances .....	543 054	547 000	<b>607 100</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 575	1 360	<b>1 360</b>
no. of geriatric day attendances .....	125 367	132 900	<b>132 900</b>
no. of Visiting Medical Officer attendances .....	104 168	105 300	<b>107 400</b>
psychiatric services			
no. of psychiatric outreach attendances .....	95 344	97 700	<b>112 100</b>
no. of psychiatric day attendances .....	183 385	182 800	<b>188 400</b>
no. of psychogeriatric outreach attendances .....	51 485	61 100	<b>71 100</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	3.7	3.7	<b>3.7</b>
unplanned readmission rate within 28 days for general inpatients (%) .....	10.4	10.6	<b>10.6</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by services types (%)			
inpatient .....	61.6	61.3	<b>61.1</b>
ambulatory and outreach .....	38.4	38.7	<b>38.9</b>
cost by services per 1 000 population (\$m)			
inpatient .....	2.9	3.0	<b>3.1</b>
ambulatory and outreach .....	1.8	1.9	<b>2.0</b>
cost of services for persons aged 65 or above			
share of cost of services (%) .....	46.2	46.2	<b>46.3</b>
cost of services per 1 000 population (\$m) .....	17.2	18.3	<b>18.8</b>
unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent) .....	19,550	20,710	<b>20,850</b>
infirmary .....	138,990	178,370	<b>180,020</b>
mentally ill .....	113,400	122,100	<b>123,230</b>
mentally handicapped .....	830,650	826,780	<b>834,400</b>
cost per patient day (\$)			
general (acute and convalescent) .....	3,440	3,680	<b>3,760</b>
infirmary .....	1,030	1,110	<b>1,120</b>
mentally ill .....	1,720	1,890	<b>1,930</b>
mentally handicapped .....	1,030	1,120	<b>1,130</b>
ambulatory and outreach services			
cost per accident and emergency attendance (\$) ...	750	810	<b>820</b>
cost per specialist outpatient attendance (\$) $\beta$ .....	790	820	<b>830</b>
cost per general outpatient attendance (\$) .....	270	290	<b>290</b>
cost per family medicine specialist clinic attendance (\$) $\beta$ .....	720	780	<b>780</b>
cost per outreach visit by community nurse (\$) .....	310	340	<b>350</b>
cost per psychiatric outreach attendance (\$) .....	1,090	1,190	<b>1,200</b>
cost per geriatric day attendance (\$) .....	1,490	1,500	<b>1,510</b>
waivers $\S$			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%) .....	20.8	20.8	<b>20.8</b>
percentage of non-CSSA waiver (%) .....	3.6	3.6	<b>3.6</b>

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	2007–08 (Actual)	2008–09 (Revised Estimate)	<b>2009–10 (Estimate)</b>
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor .....	4 722	4 816	<b>4 917</b>
no. of specialists .....	2 405	2 450	<b>2 490</b>
no. of trainees/non-specialists.....	2 317	2 366	<b>2 427</b>
intern.....	329	292	<b>292</b>
dentist .....	6	5	<b>4</b>
medical total .....	5 057	5 113	<b>5 213</b>
nursing			
qualified staff.....	19 004	19 011	<b>19 118</b>
trainee .....	269	293	<b>302</b>
nursing total.....	19 273	19 304	<b>19 420</b>
allied health .....	5 063	5 156	<b>5 289</b>
others .....	24 696	25 236	<b>25 667</b>
total.....	54 089	54 809	<b>55 589</b>

- § Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged/treated.
- Ω Starting from 2009–10, the number of specialist outpatient (clinical) attendances will no longer include the number of family medicine specialist clinic attendances. The latter will be separately listed as one of the components of a new indicator “total number of primary care attendances”. For comparison purposes, the figures for 2007–08 and 2008–09 have been adjusted accordingly.
- ‡ Starting from 2009–10, a new indicator “total number of primary care attendances” is added. It is comprised of the number of general outpatient attendances and family medicine specialist clinic attendances.
- Δ Refers to the standardised mortality rate covering all deaths in Hospital Authority hospitals. It is derived by applying the age-specific mortality rate in the Hospital Authority in a particular year to a ‘standard’ population (which is the 2001 Hong Kong mid-year population).
- β A new indicator on unit cost of family medicine specialist clinic attendance is added as from 2009–10. The unit cost of specialist outpatient attendance for 2007–08 and 2008–09 have been adjusted accordingly.
- ¶ Refers to the amount waived as percentage to total charge.

***Matters Requiring Special Attention in 2009–10***

**12** In 2009–10, the Hospital Authority will continue to meet the health care needs of the population within the policy framework of the Government. The Government’s direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of health care professionals.

**13** The Hospital Authority will also:

- enhance health care services in New Territories West Cluster through opening of additional beds in Pok Oi Hospital and Tuen Mun Hospital;
- improve services in Kowloon East Cluster by opening of additional beds and provision of additional surgical operations and specialist outpatient clinic attendances in Tseung Kwan O Hospital;
- enhance service provision for life-threatening diseases including chemotherapy, oncology service, cytogenetic service, haemodialysis, liver transplant, blood collection and transfusion service and acute cardiac care;
- strengthen mental health services through new initiatives such as recovery support programme for psychiatric patients in the community and triage clinics in psychiatric specialist outpatient clinics;
- enhance support to discharged elderly patients by extending the Community Geriatric Assessment Service (CGAS) to additional residential care homes for the elderly;
- launch a pilot scheme for accreditation in public hospitals to improve patient safety and quality of care; and
- extend the psychogeriatric outreach programme to additional residential care homes for the elderly to provide support to elderly psychiatric patients.

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**Programme (3): Subvention: Prince Philip Dental Hospital**

	2007–08 (Actual)	2008–09 (Original)	2008–09 (Revised)	<b>2009–10 (Estimate)</b>
Financial provision (\$m)	110.8#	116.0	122.0 (+5.2%)	<b>124.5</b> (+2.0%)

(or +7.3% on  
2008–09 Original)

# The actual expenditure of the Prince Philip Dental Hospital for 2007–08 was \$109.9 million. The unspent subvention of \$0.9 million was recovered in 2008–09.

**Aim**

**14** The aim is to provide facilities for the training of dentists and dental ancillary personnel.

**Brief Description**

**15** The Branch subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the PPDH Ordinance. It is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. It also runs courses for dental ancillary personnel at diploma/certificate level.

**16** In the 2007/08 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma/certificate courses.

**17** The key performance measures are:

**Indicators**

	2007/08 (Actual)	Academic Year 2008/09 (Revised Estimate)	<b>2009/10 (Estimate)</b>
No. of training places			
undergraduate .....	258	263	<b>262</b>
postgraduate.....	179	195	<b>200</b>
student dental technician .....	31	30	<b>29</b>
student dental surgery assistant .....	29	34	<b>33</b>
student dental hygienist .....	33	26	<b>27</b>
total .....	530	548	<b>551</b>
Capacity utilisation rate (%) $\phi$			
undergraduate .....	100	100	<b>100</b>
postgraduate.....	100	97	<b>100</b>
student dental technician .....	89	83	<b>81</b>
student dental surgery assistant .....	97	94	<b>92</b>
student dental hygienist .....	100	72	<b>75</b>
Completion rate (%)			
undergraduate .....	99	100	<b>100</b>
postgraduate.....	96	98	<b>100</b>
student dental technician .....	84	80	<b>83</b>
student dental surgery assistant .....	86	79	<b>81</b>
student dental hygienist .....	76	81	<b>81</b>

$\phi$  This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

**Matters Requiring Special Attention in 2009–10**

**18** During 2009–10, the PPDH will continue to explore ways to further improve and enhance the enrolments to the para-dental training courses.

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**ANALYSIS OF FINANCIAL PROVISION**

<b>Programme</b>	2007–08 (Actual) (\$m)	2008–09 (Original) (\$m)	2008–09 (Revised) (\$m)	<b>2009–10 (Estimate) (\$m)</b>
(1) Health.....	88.5	183.8	176.8	<b>221.2</b>
(2) Subvention: Hospital Authority .....	29,781.3	30,462.2	32,681.2	<b>33,041.4</b>
(3) Subvention: Prince Philip Dental Hospital .....	110.8	116.0	122.0	<b>124.5</b>
	29,980.6#	30,762.0	32,980.0 (+7.2%)	<b>33,387.1 (+1.2%)</b>
				<b>(or +8.5% on 2008–09 Original)</b>

# For comparison purpose, the figure excludes relevant expenditure for the programmes of Social Welfare, Women's Interests, Subvention: Skills centres and Subvention: Guardianship Board and Environmental Advisory Service which have been transferred to the new Head 141—Government Secretariat: Labour and Welfare Bureau due to the re-organisation of the Government Secretariat with effect from 1 July 2007.

**Analysis of Financial and Staffing Provision**

**Programme (1)**

Provision for 2009–10 is \$44.4 million (25.1%) higher than the revised estimate for 2008–09. This is mainly due to additional provision for the establishment of an Electronic Health Record Office to coordinate the development of a territory-wide electronic system for sharing health records between health care providers, strengthening support to implement the service reform initiatives set out in the 2008–09 Policy Agenda as part of the health care reform, plan for the development of the Centres of Excellence in paediatrics and neuroscience, other increases in operating expenses, and increased cash flow requirement for non-recurrent items. 26 posts will be created in 2009–10.

**Programme (2)**

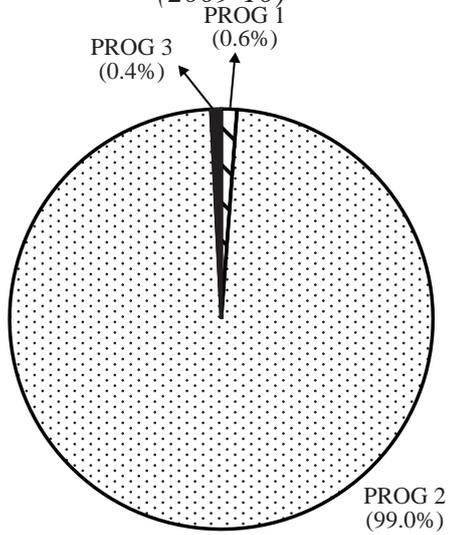
Provision for 2009–10 is \$360.2 million (1.1%) higher than the revised estimate for 2008–09. This is mainly due to the additional provision to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care, partly offset by the lapse of a one-off funding of \$1,000.0 million injected into the Samaritan Fund, for which the Hospital Authority is the administrator, in 2008–09.

**Programme (3)**

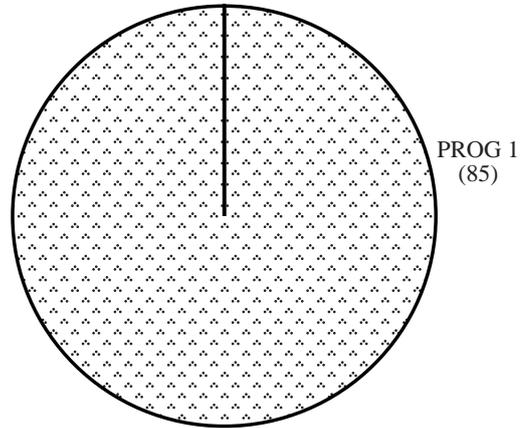
Provision for 2009–10 is \$2.5 million (2.0%) higher than the revised estimate for 2008–09. This is mainly due to the increased requirement for replacement and maintenance of facilities and other increases in operating expenses in the PPDH.

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*Allocation of provision  
to programmes  
(2009-10)*

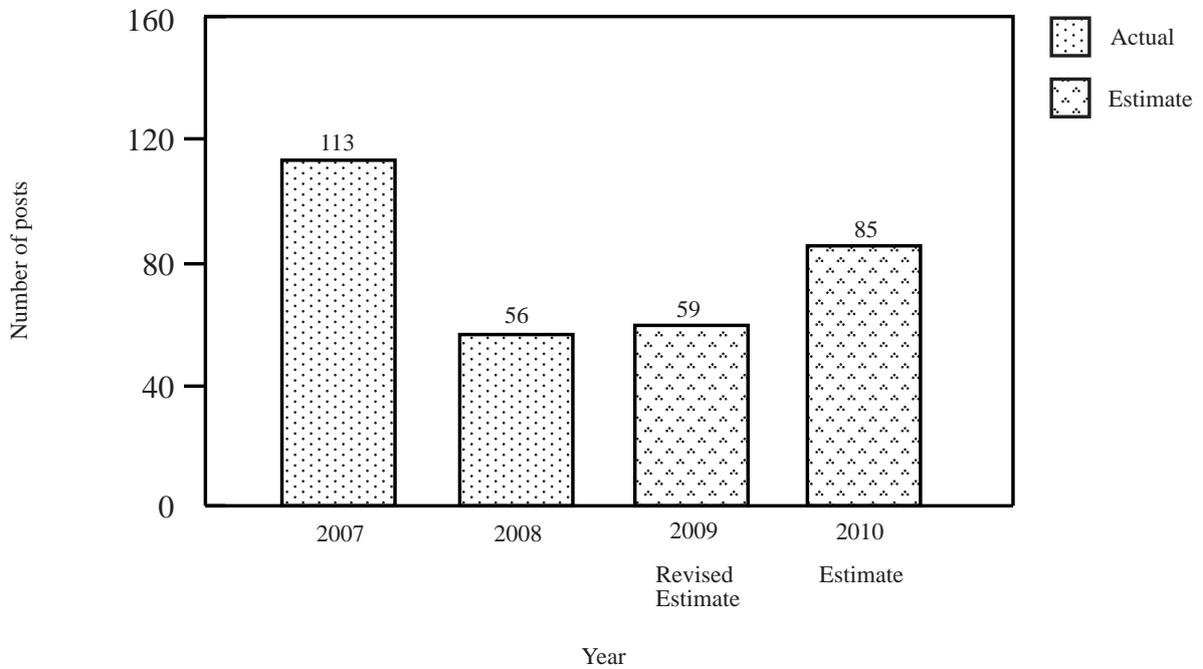


*Staff by programme  
(as at 31 March 2010)*



No government staff under PROG 2-3

*Changes in the size of the establishment  
(as at 31 March)*



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Sub-head (Code)	Actual expenditure 2007–08	Approved estimate 2008–09	Revised estimate 2008–09	Estimate 2009–10	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	29,297,688	29,997,681	31,211,615	<b>32,624,614</b>
	Total, Recurrent.....	29,297,688	29,997,681	31,211,615	<b>32,624,614</b>
Non-Recurrent					
700	General non-recurrent.....	34,688	49,956	1,041,546	<b>46,215</b>
	Total, Non-Recurrent.....	34,688	49,956	1,041,546	<b>46,215</b>
	Total, Operating Account .....	29,332,376	30,047,637	32,253,161	<b>32,670,829</b>
<b>Capital Account</b>					
Subventions					
869	Hospital Authority - information technology system for Chinese medicine outpatient clinics .....	2,545	3,114	2,914	<b>200</b>
874	Prince Philip Dental Hospital - information technology system.....	1,979	2,732	2,732	<b>857</b>
881	Prince Philip Dental Hospital - replacement of 37 dental units in the Discipline of Paediatric Dentistry and Orthodontics .....	—	—	1,875	<b>5,625</b>
882	Hospital Authority - information technology system for health care vouchers .....	—	—	10,800	<b>8,200</b>
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	4,757	6,618	6,618	<b>7,863</b>
979	Hospital Authority - equipment and information systems (block vote) .....	678,000	699,000	699,000	<b>693,500</b>
	Prince Philip Dental Hospital - replacement of lift controllers and driving machines.....	300	2,920	2,920	—
	Skills centres (block vote).....	640	—	—	—
	Total, Subventions.....	688,221	714,384	726,859	<b>716,245</b>
	Total, Capital Account.....	688,221	714,384	726,859	<b>716,245</b>
	Total Expenditure .....	<u>30,020,597</u>	<u>30,762,021</u>	<u>32,980,020</u>	<u><b>33,387,074</b></u>

## Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

### Details of Expenditure by Subhead

The estimate of the amount required in 2009–10 for the salaries and expenses of the Health Branch is \$33,387,074,000. This represents an increase of \$407,054,000 over the revised estimate for 2008–09 and of \$3,366,477,000 over actual expenditure in 2007–08.

#### Operating Account

##### Recurrent

**2** Provision of \$32,624,614,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch.

**3** The establishment as at 31 March 2009 will be 59 permanent posts. It is expected that there will be an increase of 26 posts including two supernumerary posts in 2009–10. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2009–10, but the notional annual mid-point salary value of all such posts must not exceed \$35,587,000.

**4** An analysis of the financial provision under *Subhead 000 Operational expenses* is as follows:

	2007–08 (Actual) (\$'000)	2008–09 (Original) (\$'000)	2008–09 (Revised) (\$'000)	2009–10 (Estimate) (\$'000)
Personal Emoluments				
- Salaries .....	39,148	34,781	36,845	<b>54,598</b>
- Allowances .....	2,081	2,220	2,206	<b>2,395</b>
- Job-related allowances .....	2	6	6	<b>6</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	104	113	133	<b>156</b>
- Civil Service Provident Fund contribution .....	32	143	54	<b>104</b>
Departmental Expenses				
- General departmental expenses .....	31,349	96,570	96,024	<b>117,724</b>
Other Charges				
- Public education on rehabilitation .....	415	—	—	—
Subventions				
- Environmental Advisory Service .....	336	—	—	—
- Hospital Authority .....	29,100,717	29,760,105	30,968,455	<b>32,339,468</b>
- Skills centres .....	18,340	—	—	—
- Guardianship Board .....	857	—	—	—
- Prince Philip Dental Hospital .....	103,809	103,743	107,892	<b>110,163</b>
- Legal representation scheme for children/juvenile involved in care or protection proceedings .....	498	—	—	—
	<b>29,297,688</b>	<b>29,997,681</b>	<b>31,211,615</b>	<b>32,624,614</b>

#### Capital Account

##### Subventions

**5** Provision of \$7,863,000 under *Subhead 899 Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)* is for the procurement of plant and equipment, maintenance, and minor improvement works costing over \$150,000 but not exceeding \$2,000,000 for each project. The increase of \$1,245,000 (18.8%) over the revised estimate for 2008–09 is mainly due to the increased requirement for replacement and maintenance of facilities in the PPDH.

**6** Provision of \$693,500,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is to cover expenditure on all equipment items and computerisation projects costing over \$150,000 each.

**Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU  
(HEALTH BRANCH)**

**Commitments**

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2008	Revised estimated expenditure for 2008–09	Balance
			\$'000	\$'000	\$'000	\$'000
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
	019	Health and Health Services Research Fund .....	76,000	10,948	7,216	57,836
	021	Funding Research on Control of Infectious Diseases.....	500,000	156,252	32,825	310,923
	443	Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine .....	9,500	6,302	1,505	1,693
			<u>585,500</u>	<u>173,502</u>	<u>41,546</u>	<u>370,452</u>
<b><i>Capital Account</i></b>						
869	166	Hospital Authority – information technology system for Chinese medicine outpatient clinics.....	14,160	11,046	2,914	200
874	445	Prince Philip Dental Hospital – information technology system.....	9,300	5,711	2,732	857
881	877	Prince Philip Dental Hospital – replacement of 37 dental units in the Discipline of Paediatric Dentistry and Orthodontics.....	7,500	—	1,875	5,625
882	886	Hospital Authority – information technology system for health care vouchers .....	30,000	—	10,800	19,200
			<u>60,960</u>	<u>16,757</u>	<u>18,321</u>	<u>25,882</u>
		Total .....	<u><u>646,460</u></u>	<u><u>190,259</u></u>	<u><u>59,867</u></u>	<u><u>396,334</u></u>