

## 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 2010–11** ..... **\$34,584.2m**

**Establishment ceiling 2010–11** (notional annual mid-point salary value) representing an estimated 66 non-directorate posts as at 31 March 2010 rising by 15 posts to 81 posts as at 31 March 2011 ..... **\$39.2m**

In addition, there will be an estimated ten directorate posts as at 31 March 2010 and as at 31 March 2011.

**Commitment balance** ..... **\$353.1m**

### Controlling Officer's Report

#### Programmes

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

#### Detail

##### Programme (1): Health

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	<b>2010–11 (Estimate)</b>
Financial provision (\$m)	98.3	221.2	211.6 (–4.3%)	<b>333.9</b> (+57.8%)
				(or +50.9% on 2009–10 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 healthcare services achieve the objectives of this programme. The aims have been broadly achieved in 2009–10.

#### Matters Requiring Special Attention in 2010–11

**5** During 2010–11, the Branch will:

- allocate additional resources and establish a dedicated team to implement the initial recommendations of the Working Group on Primary Care to enhance primary care including the following:
  - develop protocols for managing chronic disease and continue to implement pilot projects based on these protocols to facilitate the provision of more comprehensive care to chronic disease patients;
  - prepare a Primary Care Directory to facilitate the establishment of networks among healthcare professional providing primary care to promote family doctor concept and advocate continuous training and education;
  - formulate proposals to launch pilot projects in various districts to set up community health centres and networks under different service models to provide more comprehensive primary care services;

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- explore in collaboration with the dental profession possible programmes for enhancing primary dental care and promoting oral health;
- take forward and co-ordinate the development of a territory-wide patient-oriented electronic health record system based on express and informed consent of patients for sharing medical records among healthcare providers;
- continue to oversee the implementation of the three-year Elderly Health Care Voucher pilot scheme launched on 1 January 2009 and conduct an interim review of its operation;
- oversee the implementation of the vaccination programmes for pneumococcal and seasonal influenza for elderly and young children;
- formulate arrangements for the disposal of four identified sites for private hospital development in the light of market feedback received in the Expression of Interest Exercise;
- continue to oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, expansion of Tseung Kwan O Hospital, construction of extension block of Prince of Wales Hospital and the North Lantau Hospital (Phase One);
- 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 healthcare reform;
- take forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong;
- formulate proposals for a voluntary supplementary healthcare financing scheme comprising insurance and savings components, and standardised and regulated by the Government;
- initiate the second-stage public consultation on healthcare reform in 2010 on various issues, including the development strategy for primary care, protection of personal data in the electronic health record system, and proposals for supplementary healthcare financing;
- 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;
- implement a pilot case management programme in some districts to provide customised intensive community support for patients with severe mental illness, and to enhance the assessment and treatment for patients with common mental disorders;
- continue to oversee the implementation of the registration system for proprietary Chinese medicines and strengthen the regulation of Chinese medicine; and to oversee the setting of standards for Chinese herbal medicines commonly used in Hong Kong, the coverage of which will be extended from the current 60 Chinese herbal medicines to 200;
- continue to explore sites for setting up Chinese medicine clinics in the public sector to develop “evidence-based” Chinese medicine and provide 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;
- continue to oversee the implementation of the established tobacco control policy through a multi-pronged approach, including promotion, education, legislation, enforcement, taxation and smoking cessation;
- continue to oversee publicity efforts to promote organ donation in collaboration with relevant organisations;
- 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 human swine influenza (H1N1 Influenza A) and other emerging diseases; and
- continue to manage the Health and Health Services Research Fund to inform health policy through the generation of evidence-based knowledge in the areas of human health and health services.

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

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	<b>2010–11 (Estimate)</b>
Financial provision (\$m)	32,770.2	33,041.4	32,727.2 (–1.0%)	<b>34,123.1</b> (+4.3%)
				(or +3.3% on 2009–10 Original)

**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.

**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 57 000 staff (full time equivalents as at 31 December 2009), 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 The Hospital Authority generally achieved its performance targets in 2009–10. The volume of patient care activities across the full range of services in 2009–10 is comparable to the level in 2008–09.

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

**Targets**

	As at 31 March 2009 (Actual)	As at 31 March 2010 (Revised Estimate)	As at 31 March 2011 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent).....	20 416	20 516	<b>20 733</b>
infirmary.....	2 041	2 041	<b>2 041</b>
mentally ill.....	4 000	3 607	<b>3 607</b>
mentally handicapped.....	660	660	<b>660</b>
total.....	27 117	26 824	<b>27 041</b>
<i>ambulatory and outreach services</i>			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases – 0 minutes) (%).....	100	100	<b>100</b>
triage II (emergency cases – 15 minutes) (%).....	98	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%)....	89	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>

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	As at 31 March 2009 (Actual)	As at 31 March 2010 (Revised Estimate)	As at 31 March 2011 (Target & Plan)
rehabilitation and geriatric services			
no. of community nurses.....	378	377	<b>395</b>
no. of geriatric day places.....	634	639	<b>639</b>
psychiatric services			
no. of community psychiatric nurses .....	134	137	<b>154</b>
no. of psychiatric day places .....	889	889	<b>889</b>
<b>Indicators</b>			
	2008–09 (Actual)	2009–10 (Revised Estimate)	<b>2010–11 (Estimate)</b>
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent).....	890 479	906 900	<b>916 300</b>
infirmary.....	3 272	3 300	<b>3 300</b>
mentally ill.....	15 540	15 600	<b>15 600</b>
mentally handicapped.....	295	310	<b>310</b>
overall.....	909 586	926 110	<b>935 510</b>
no. of patient days			
general (acute and convalescent).....	5 293 308	5 300 000	<b>5 300 000</b>
infirmary.....	525 421	529 000	<b>529 000</b>
mentally ill.....	988 037	985 000	<b>985 000</b>
mentally handicapped.....	227 419	229 000	<b>229 000</b>
overall.....	7 034 185	7 043 000	<b>7 043 000</b>
bed occupancy rate (%)			
general (acute and convalescent).....	83	82	<b>81</b>
infirmary.....	91	92	<b>92</b>
mentally ill.....	73	74	<b>74</b>
mentally handicapped.....	93	93	<b>93</b>
overall.....	82	82	<b>81</b>
average length of stay (days)§			
general (acute and convalescent).....	6.0	5.9	<b>5.8</b>
infirmary.....	132	135	<b>135</b>
mentally ill.....	79	73	<b>73</b>
mentally handicapped.....	569	659	<b>659</b>
overall.....	8.0	7.7	<b>7.6</b>
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths.....	365 222	375 800	<b>398 400</b>
A&E services			
no. of attendances.....	2 116 509	2 147 000	<b>2 173 000</b>
no. of attendances per 1 000 population.....	303	306	<b>308</b>
no. of first attendances for			
triage I.....	18 325	19 100	<b>19 300</b>
triage II.....	34 632	36 500	<b>36 900</b>
triage III.....	592 963	595 400	<b>609 700</b>
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances.....	608 374	617 000	<b>630 000</b>
no. of specialist outpatient (clinical) follow-up attendances.....	5 462 257	5 549 000	<b>5 658 000</b>
total no. of specialist outpatient (clinical) attendancesΩ.....	6 070 631	6 166 000	<b>6 288 000</b>

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	2008–09 (Actual)	2009–10 (Revised Estimate)	<b>2010–11 (Estimate)</b>
primary care services			
no. of general outpatient attendances .....	4 968 586	4 513 000	<b>4 816 000</b>
no. of family medicine specialist clinic attendancesΩ.....	235 546	211 300	<b>221 100</b>
total no. of primary care attendances‡.....	5 204 132	4 724 300	<b>5 037 100</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances.....	76 615	79 500	<b>81 000</b>
no. of home visits by community nurses.....	799 324	807 000	<b>826 000</b>
no. of allied health (community) attendances .....	22 516	24 000	<b>24 300</b>
no. of allied health (outpatient) attendances .....	1 904 870	1 939 000	<b>1 974 000</b>
geriatric services			
no. of outreach attendances .....	555 124	607 100	<b>610 200</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 474	1 480	<b>1 480</b>
no. of geriatric day attendances .....	135 184	138 900	<b>141 800</b>
no. of Visiting Medical Officer attendances .....	105 223	110 800	<b>114 800</b>
psychiatric services			
no. of psychiatric outreach attendances .....	104 753	122 900	<b>160 000</b>
no. of psychiatric day attendances .....	189 208	198 000	<b>199 300</b>
no. of psychogeriatric outreach attendances .....	66 617	74 400	<b>76 100</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationΔ .....	3.7	3.7	<b>3.7</b>
unplanned readmission rate within 28 days for general inpatients (%).....	10.7	10.8	<b>10.8</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	59.8	59.6	<b>58.7</b>
ambulatory and outreach .....	40.2	40.4	<b>41.3</b>
cost by service types per 1 000 population (\$m)			
inpatient.....	3.0	3.0	<b>3.1</b>
ambulatory and outreach .....	2.0	2.1	<b>2.2</b>
cost of services for persons aged 65 or above			
share of cost of services (%).....	45.4	45.6	<b>45.3</b>
cost of services per 1 000 population (\$m) .....	18.2	18.4	<b>19.0</b>
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent).....	20,230	20,370	<b>20,590</b>
infirmary.....	174,650	176,690	<b>177,160</b>
mentally ill.....	120,360	122,220	<b>122,490</b>
mentally handicapped.....	809,000	781,400	<b>782,340</b>
cost per patient day (\$)			
general (acute and convalescent).....	3,650	3,750	<b>3,850</b>
infirmary.....	1,090	1,100	<b>1,110</b>
mentally ill.....	1,890	1,940	<b>1,940</b>
mentally handicapped.....	1,050	1,060	<b>1,060</b>
ambulatory and outreach services			
cost per A&E attendance (\$) .....	820	830	<b>830</b>
cost per specialist outpatient attendance (\$)β.....	840	850	<b>870</b>
cost per general outpatient attendance (\$) .....	280	290	<b>300</b>
cost per family medicine specialist clinic attendance (\$)β .....	750	770	<b>790</b>
cost per outreach visit by community nurse (\$).....	330	340	<b>340</b>
cost per psychiatric outreach attendance (\$).....	1,110	1,120	<b>1,120</b>
cost per geriatric day attendance (\$).....	1,450	1,450	<b>1,450</b>
waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%) .....	19.4	19.5	<b>19.5</b>
percentage of non-CSSA waiver (%).....	3.3	3.8	<b>3.8</b>

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	2008–09 (Actual)	2009–10 (Revised Estimate)	2010–11 (Estimate)
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor .....	4 863	4 960	<b>5 023</b>
no. of specialists .....	2 502	2 551	<b>2 584</b>
no. of trainees/non-specialists.....	2 361	2 409	<b>2 439</b>
intern .....	292	279	<b>276</b>
dentist .....	5	6	<b>6</b>
medical total .....	5 160	5 245	<b>5 305</b>
nursing			
qualified staff.....	19 124	19 298	<b>19 732</b>
trainee.....	398	444	<b>300</b>
nursing total.....	19 522	19 742	<b>20 032</b>
allied health .....	5 231	5 410	<b>5 628</b>
others .....	25 998	26 782	<b>27 111</b>
total.....	55 911	57 179	<b>58 076</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 does not include the number of family medicine specialist clinic attendances. The latter is separately listed as one of the components of the indicator “total number of primary care attendances”. For comparison purposes, the figures for 2008–09 have been adjusted accordingly.

‡ Starting from 2009–10, the indicator “total number of primary care attendances” is added. It is comprised of the number of general outpatient (GOP) attendances and family medicine specialist clinic attendances. Eight GOP clinics have been designated as Designated Flu Clinics for human swine influenza (H1N1 Influenza A) since 13 June 2009. The attendances of the Designated Flu Clinics are not included in the 2009–10 Revised Estimate and 2010–11 estimate.

Δ Refers to the standardised mortality rate covering inpatient and day patient 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 Starting from 2009–10, the indicator on unit cost of family medicine specialist clinic attendance is added. The unit cost of specialist outpatient attendance for 2008–09 has been adjusted accordingly.

¶ Refers to the amount waived as percentage to total charge.

***Matters Requiring Special Attention in 2010–11***

**11** In 2010–11, the Hospital Authority will continue to meet the healthcare 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 healthcare professionals.

**12** The Hospital Authority will also:

- improve healthcare services in Hong Kong East, Kowloon East and New Territories West Clusters respectively through opening of additional acute and convalescent beds;
- enhance service provision for life-threatening diseases including haemodialysis service, palliative care for patients with end-stage renal diseases, clinical oncology service, integrated cancer care, acute cardiac care, etc.;
- strengthen mental health services through introduction of case management programme and personalised care programme for patients with severe mental illness in the community, enhance treatment of patients with common mental disorders by providing more timely treatment at psychiatric specialist outpatient clinics and introduce an integrated mental health programme in the primary care settings;
- enhance service provision of Substance Abuse Clinics to improve early treatment to drug abusers with mental health problems;
- introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs in the Hospital Authority Drug Formulary;
- enhance support to discharged elderly patients through expansion of service of the Community Health Call centres to four more hospital clusters;
- strengthen the support for chronic patients by expanding the comprehensive multi-disciplinary Risk Assessment and Management Programme and provision of systematic diabetic complication screening;

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- enhance infection control measures to cope with the new virus human swine influenza (H1N1 Influenza A); and
- strengthen the quality control mechanism for pharmaceutical products supplied to the Hospital Authority.

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

	2008–09 (Actual)	2009–10 (Original)	2009–10 (Revised)	<b>2010–11 (Estimate)</b>
Financial provision (\$m)	121.9	124.5	124.5 (—)	<b>127.2</b> (+2.2%)
				(or +2.2% on 2009–10 Original)

### Aim

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

### Brief Description

**14** 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.

**15** In the 2008/09 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.

- 16** The key performance measures are:

### Indicators

	2008/09 (Actual)	Academic Year 2009/10 (Revised Estimate)	<b>2010/11 (Estimate)</b>
No. of training places			
undergraduate .....	264	261	<b>263</b>
postgraduate .....	190	195	<b>180</b>
student dental technician .....	30	34	<b>34</b>
student dental surgery assistant .....	34	33	<b>34</b>
student dental hygienist .....	26	31	<b>36</b>
total.....	544	554	<b>547</b>
Capacity utilisation rate (%) <sup>φ</sup>			
undergraduate .....	100	100	<b>100</b>
postgraduate .....	99	99	<b>100</b>
student dental technician .....	83	94	<b>94</b>
student dental surgery assistant .....	94	92	<b>94</b>
student dental hygienist .....	72	86	<b>100</b>
Completion rate (%)			
undergraduate .....	99	100	<b>100</b>
postgraduate .....	95	99	<b>100</b>
student dental technician .....	93	79	<b>82</b>
student dental surgery assistant .....	85	79	<b>79</b>
student dental hygienist .....	92	81	<b>83</b>

<sup>φ</sup> 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 2010–11

**17** During 2010–11, 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>	2008–09 (Actual) (\$m)	2009–10 (Original) (\$m)	2009–10 (Revised) (\$m)	<b>2010–11 (Estimate) (\$m)</b>
(1) Health .....	98.3	221.2	211.6	<b>333.9</b>
(2) Subvention: Hospital Authority .....	32,770.2	33,041.4	32,727.2	<b>34,123.1</b>
(3) Subvention: Prince Philip Dental Hospital.....	121.9	124.5	124.5	<b>127.2</b>
	32,990.4	33,387.1	33,063.3 (-1.0%)	<b>34,584.2 (+4.6%)</b>
				<b>(or +3.6% on 2009–10 Original)</b>

**Analysis of Financial and Staffing Provision**

**Programme (1)**

Provision for 2010–11 is \$122.3 million (57.8%) higher than the revised estimate for 2009–10. This is mainly due to additional provision for commencing pilot projects to provide enhanced primary care services, enhancing primary dental care, enhancing support for the Electronic Health Record Office, other increases in operating expenses, and increased cash flow requirement for non-recurrent items. 15 posts will be created in 2010–11.

**Programme (2)**

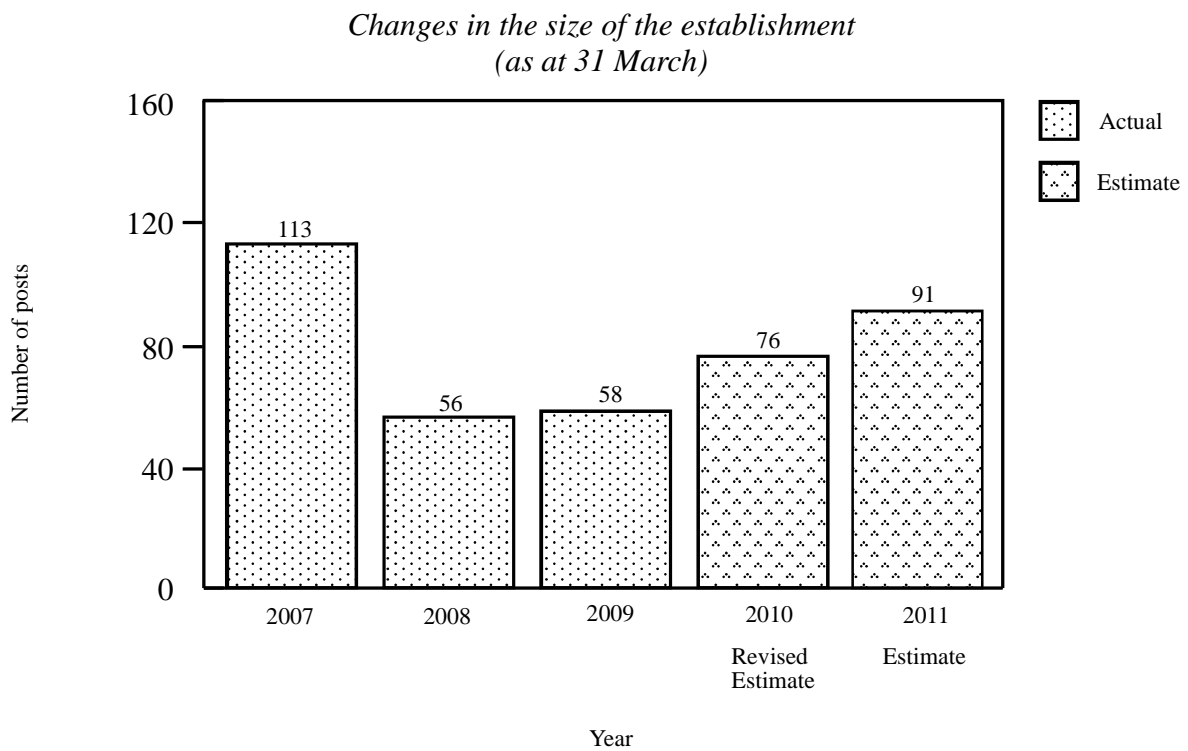
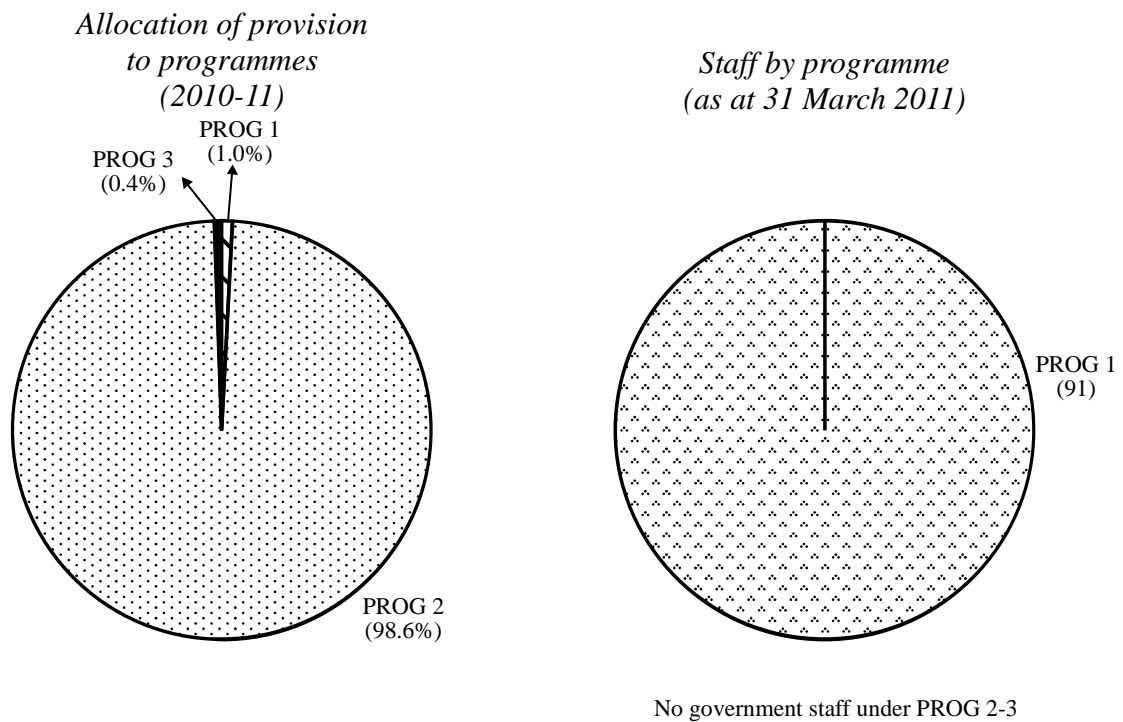
Provision for 2010–11 is \$1,395.9 million (4.3%) higher than the revised estimate for 2009–10. This is mainly due to the additional provision to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care, such as, introducing additional drugs in the Hospital Authority Drug Formulary, strengthening mental health services and the support for chronic patients, enhancing infection control measures and the quality control mechanism for pharmaceutical products supplied to the Hospital Authority. There is also an increase in capital expenditure for replacement of aging medical equipment.

**Programme (3)**

Provision for 2010–11 is \$2.7 million (2.2%) higher than the revised estimate for 2009–10. This is mainly due to increase in capital expenditure and operating expenses in the PPDH.



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Sub-head (Code)	Actual expenditure 2008–09	Approved estimate 2009–10	Revised estimate 2009–10	Estimate 2010–11	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	31,236,276	32,624,614	32,302,700	<b>33,638,154</b>
	Total, Recurrent .....	31,236,276	32,624,614	32,302,700	<b>33,638,154</b>
Non-Recurrent					
700	General non-recurrent .....	1,035,388	46,215	45,793	<b>72,293</b>
	Total, Non-Recurrent .....	1,035,388	46,215	45,793	<b>72,293</b>
	Total, Operating Account .....	32,271,664	32,670,829	32,348,493	<b>33,710,447</b>
<b>Capital Account</b>					
Subventions					
85C	Prince Philip Dental Hospital - installation of a Central Sterile Supplies Unit with associated electrical, mechanical and building works .....	—	—	—	<b>9,860</b>
882	Hospital Authority - information technology system for health care vouchers .....	10,800	8,200	6,800	<b>6,400</b>
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	6,609	7,863	7,863	<b>6,464</b>
979	Hospital Authority - equipment and information systems (block vote) .....	691,000	693,500	693,500	<b>851,000</b>
	Hospital Authority - information technology system for Chinese medicine outpatient clinics .....	2,914	200	200	—
	Prince Philip Dental Hospital - information technology system .....	2,711	857	857	—
	Prince Philip Dental Hospital - replacement of 37 dental units in the Discipline of Paediatric Dentistry and Orthodontics .....	1,793	5,625	5,625	—
	Prince Philip Dental Hospital - replacement of lift controllers and driving machines .....	2,859	—	—	—
	Total, Subventions .....	718,686	716,245	714,845	<b>873,724</b>
	Total, Capital Account .....	718,686	716,245	714,845	<b>873,724</b>
	Total Expenditure .....	32,990,350	33,387,074	33,063,338	<b>34,584,171</b>

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### Details of Expenditure by Subhead

The estimate of the amount required in 2010–11 for the salaries and expenses of the Health Branch is \$34,584,171,000. This represents an increase of \$1,520,833,000 over the revised estimate for 2009–10 and of \$1,593,821,000 over actual expenditure in 2008–09.

#### Operating Account

##### Recurrent

**2** Provision of \$33,638,154,000 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 2010 will be 74 permanent posts and two supernumerary posts. It is expected that there will be an increase of 15 posts in 2010–11. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2010–11, but the notional annual mid-point salary value of all such posts must not exceed \$39,232,000.

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

	2008–09 (Actual) (\$'000)	2009–10 (Original) (\$'000)	2009–10 (Revised) (\$'000)	2010–11 (Estimate) (\$'000)
Personal Emoluments				
- Salaries .....	37,210	54,598	46,419	<b>54,976</b>
- Allowances .....	2,045	2,395	1,957	<b>2,078</b>
- Job-related allowances .....	1	6	6	<b>6</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	114	156	175	<b>216</b>
- Civil Service Provident Fund contribution .....	37	104	16	<b>32</b>
Departmental Expenses				
- General departmental expenses .....	23,501	117,724	117,226	<b>204,241</b>
Subventions				
- Hospital Authority .....	31,065,476	32,339,468	32,026,766	<b>33,265,699</b>
- Prince Philip Dental Hospital .....	107,892	110,163	110,135	<b>110,906</b>
	31,236,276	32,624,614	32,302,700	<b>33,638,154</b>

#### Capital Account

##### Subventions

**5** Provision of \$6,464,000 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 decrease of \$1,399,000 (17.8%) against the revised estimate for 2009–10 is mainly due to the reduced requirement for replacement and maintenance of facilities in the PPDH.

**6** Provision of \$851,000,000 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. The increase of \$157,500,000 (22.7%) over the revised estimate for 2009–10 is mainly due to the increased requirement for replacement of aging medical equipment and enhancement of information systems.

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

**Commitments**

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2009	Revised estimated expenditure for 2009–10	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	15,843	9,100	51,057
	021	Funding Research on Control of Infectious Diseases .....	500,000	185,241	35,000	279,759
			<u>576,000</u>	<u>201,084</u>	<u>44,100</u>	<u>330,816</u>
<b><i>Capital Account</i></b>						
85C	850	Prince Philip Dental Hospital - installation of a Central Sterile Supplies Unit with associated electrical, mechanical and building works .....	9,860	—	—	9,860
882	886	Hospital Authority – information technology system for health care vouchers.....	30,000	10,800	6,800	12,400
			<u>39,860</u>	<u>10,800</u>	<u>6,800</u>	<u>22,260</u>
		Total.....	<u>615,860</u>	<u>211,884</u>	<u>50,900</u>	<u>353,076</u>