

Head 37 — DEPARTMENT OF HEALTH

Controlling officer: the Director of Health will account for expenditure under this Head.

Estimate 2016–17	\$7,790.1m
Establishment ceiling 2016–17 (notional annual mid-point salary value) representing an estimated 6 147 non-directorate posts as at 31 March 2016 rising by 114 posts to 6 261 posts as at 31 March 2017	\$2,938.3m
In addition, there will be an estimated 61 directorate posts as at 31 March 2016 rising by two posts to 63 posts as at 31 March 2017.	
Commitment balance	\$45.5m

Controlling Officer's Report

Programmes

<p>Programme (1) Statutory Functions Programme (2) Disease Prevention Programme (3) Health Promotion Programme (4) Curative Care Programme (5) Rehabilitation</p>	<p>These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).</p>
<p>Programme (6) Treatment of Drug Abusers</p>	<p>This programme contributes to Policy Area 9: Internal Security (Secretary for Security).</p>
<p>Programme (7) Medical and Dental Treatment for Civil Servants</p>	<p>This programme contributes to Policy Area 26: Central Management of the Civil Service (Secretary for the Civil Service).</p>
<p>Programme (8) Personnel Management of Civil Servants Working in Hospital Authority</p>	<p>This programme contributes to Policy Area 15: Health (Secretary for Food and Health).</p>

Detail

Programme (1): Statutory Functions

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	684.9	719.3	755.5 (+5.0%)	870.9 (+15.3%)
				(or +21.1% on 2015–16 Original)

Aim

- 2 The aim is to enforce legislation to ensure a high standard of public health protection.

Brief Description

- 3 The work involves:
- preventing spread of infectious diseases;
 - ensuring the safety, quality and efficacy of pharmaceutical products through product registration and licensing control;
 - promoting and protecting the health of radiation workers and minimising public exposure to radiation hazards;
 - providing secretariat support to the various boards and councils responsible for the registration and regulation of healthcare professionals and healthcare institutions;
 - licensing of healthcare institutions;
 - providing services in forensic medicine and operating public mortuaries; and
 - enforcing laws on tobacco control.

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4 The key performance measures in respect of statutory functions are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
free pratique to be granted within 30 minutes of receiving application (%).....	>95	99	99	>95
registration of pharmaceutical products within five months (% of applications)...	>90	99	96	>90
inspection of licensed retail drug premises at an average of twice a year per premises (%)	100	100	100	100
proportion of workers getting radiation dose <20mSv a year (%)	100	100	100	100
processing of registration application from healthcare professionals within ten working days (%)	>90	100	100	>90
investigation upon receipt of complaint against healthcare professionals within 14 working days (%)	>90	100	100	>90
inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) not less than twice a year (%)	100	100	100	100
inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance not less than once a year (%)	100	100	100	100

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
registration applications of pharmaceutical products processed	4 400	3 800	3 300
inspection of licensed retail drug premises	9 100	9 200	9 300
licences, notices and permits processed for irradiating apparatus/radioactive substances	12 800	13 200	13 200
registration applications from healthcare professionals processed	5 700	5 500	5 300
no. of inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance	112	107	110
no. of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance	132	150	125

Matters Requiring Special Attention in 2016–17

5 During 2016–17, the Department 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,
- continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600), and
- continue to support the Food and Health Bureau in the review of the regulation of private healthcare institutions and support private hospital development.

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Programme (2): Disease Prevention

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)				
Government sector	2,676.5	2,911.5	3,099.5 (+6.5%)	3,750.6 (+21.0%) (or +28.8% on 2015–16 Original)
Subvented sector	64.1	99.1	97.1 (–2.0%)	94.6 (–2.6%) (or –4.5% on 2015–16 Original)
Total	2,740.6	3,010.6	3,196.6 (+6.2%)	3,845.2 (+20.3%) (or +27.7% on 2015–16 Original)

Aim

6 The aim is to prevent and control diseases, and reduce preventable diseases and premature deaths.

Brief Description

7 This aim is achieved through a wide range of health services and activities covering different age groups and targeted at various communicable and non-communicable diseases. The work involves:

- providing genetic screening, diagnostic and counselling services;
- reducing preventable death and ill-health among pregnant women, infants and children;
- providing promotive and preventive healthcare to primary and secondary school students;
- improving the oral health of primary school children;
- maintaining the surveillance and control of communicable diseases;
- providing laboratory services for the diagnosis and surveillance of various diseases including infections, and for other screening activities;
- treating patients with sexually-transmitted diseases and controlling the spread of such diseases;
- providing integrated healthcare service to the elderly;
- providing woman health service;
- promoting and implementing the Elderly Health Care Voucher Scheme; and
- co-ordinating primary care development in Hong Kong and implementing policies and initiatives aiming to enhance primary care.

8 The Department subvents the family planning services provided by the Family Planning Association of Hong Kong and the outreach dental service provided by other non-governmental organisations under the “Outreach Dental Care Programme for the Elderly”.

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9 The key performance measures in respect of disease prevention are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
achieving a high participation rate of new born babies of local mothers attending maternal and child health centres (%)	>90	94 Δ	93	>90
contributing to achieving low infant mortality rate (IMR) and maternal mortality rate (MMR)				
IMR per 1 000 live births	<6.0	1.7	1.3	<6.0
MMR per 100 000 live births	<6.0	3.3	1.7	<6.0
School Dental Care Service participation rate (%).....	>90	96	96	>90
investigating reports of outbreaks of communicable diseases within 24 hours (%).....	100	100	100	100
coverage rate of immunisation programme for school children (%)	>95	99	99	>95

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
attendances at maternal and child health centres			
child health service.....	616 000	615 000	615 000
maternal health service.....	181 000	181 000	181 000
family planning service	116 000	110 000	110 000
cervical screening service	99 000	97 000	97 000
attendances at family planning clinics operated by Family Planning Association	110 000	110 000	110 000
school children participating in the Student Health Service			
primary school students	306 000	312 000	320 000
secondary school students	342 000	324 000	307 000
primary school children participating in the School Dental Care Service.....	307 500	315 600	325 100
no. of training activities on infection control	88	83	85
no. of attendances to training activities on infection control ...	9 620	8 080	8 480
doses of vaccines given to school children	167 000	165 000	165 000
attendances at social hygiene clinics.....	85 800	86 600	86 600
no. of enrolment in elderly health centres.....	39 100	42 400	45 700
no. of attendances for health assessment and medical consultation at elderly health centres.....	166 000 Δ	170 000	173 000
attendances at health education activities organised by elderly health centres and visiting health teams	499 000 Δ	492 000	492 000
no. of enrolment for woman health service.....	18 000	16 800	16 800
no. of attendances for woman health service	28 800	26 100	26 100
no. of laboratory tests relating to public health.....	6 072 000	6 100 000	6 200 000

Δ The figures have been updated after the finalisation of the 2015–16 Estimates.

Matters Requiring Special Attention in 2016–17

10 During 2016–17, the Department will:

- launch a pilot colorectal cancer screening programme for persons at specific ages,
- continue to enhance the preparedness for influenza pandemic and other public health emergencies,
- continue to support the Government's initiative to develop an Electronic Health Record infrastructure for Hong Kong, and
- strengthen the work in combating public health threats from antimicrobial resistance.

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Programme (3): Health Promotion

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)				
Government sector	252.9	295.9	299.0 (+1.0%)	317.2 (+6.1%) (or +7.2% on 2015–16 Original)
Subvented sector	97.6	95.5	96.8 (+1.4%)	99.0 (+2.3%) (or +3.7% on 2015–16 Original)
Total	350.5	391.4	395.8 (+1.1%)	416.2 (+5.2%) (or +6.3% on 2015–16 Original)

Aim

- 11 The aim is to promote health and increase health awareness in the community and among specific target groups.

Brief Description

12 This aim is achieved through a wide range of health promotion activities. The work is discharged by the Department's various units in collaboration with other community groups and interested agencies.

13 The Department subvents the first aid training and service provided by the Hong Kong St. John Ambulance and the first aid training provided by the Hong Kong Red Cross. It also subvents the Hong Kong Council on Smoking and Health (COSH) in providing a focal point for promotional initiatives in support of tobacco control. The Department also provides community-based smoking cessation programmes and promotes smoking prevention in collaboration with non-governmental organisations.

- 14 The key performance measures in respect of health promotion are:

Target

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
training of health promoters (annual total)	>2 000	2 350	2 350	>2 000

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
production of health education materials (annual no. of titles)	710	720	720
attendances at health education activities	916 000	912 000	912 000
AIDS counselling attendances	3 250	2 900	2 900
utilisation of the AIDS telephone enquiry service	17 500	18 400	18 400
no. of publicity/educational activities delivered by COSH.....	445	432	420
no. of secondary schools joining the Adolescent Health Programme.....	330	320	320

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Matters Requiring Special Attention in 2016–17

15 During 2016–17, the Department will continue to:

- carry out a territory-wide education and promotion campaign to raise public awareness on mental health;
- drive public health promotion programmes to instil a healthy lifestyle concept in the community, with emphasis on healthy eating and physical activity; and
- strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation.

Programme (4): Curative Care

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)				
Government sector	875.4	839.6	818.7 (–2.5%)	925.0 (+13.0%) (or +10.2% on 2015–16 Original)
Subvented sector	3.2	3.3	3.3 (—)	3.4 (+3.0%) (or +3.0% on 2015–16 Original)
Total	878.6	842.9	822.0 (–2.5%)	928.4 (+12.9%) (or +10.1% on 2015–16 Original)

Aim

16 The aim is to provide specialised outpatient treatment for various illnesses.

Brief Description

17 Specialised outpatient clinics provide curative services to patients with tuberculosis (TB) and chest diseases, skin diseases or human immunodeficiency virus (HIV) infection. Dental service is provided to hospital patients, emergency cases and groups with special oral healthcare needs. The Department subvents two Chinese Medicine Clinics run by the Tung Wah Group of Hospitals.

18 The key performance measures in respect of curative care are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
coverage rate of TB vaccination (BCG) at birth (%)	>99	>99	>99	>99
cure rate of TB patients under supervised treatment (%)	>85	86	86	>85
appointment time for new dermatology cases within 12 weeks (% of cases)	>90	48	43	43

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
BCG vaccinations given to new born babies	61 300	60 000	60 000
attendances at specialised outpatient clinics			
TB and Chest	696 300	671 200	671 200
Dermatology	245 800	248 100	248 100
HIV/AIDS	16 900	17 500	17 500

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	2014 (Actual)	2015 (Actual)	2016 (Estimate)
dental treatment cases			
hospital patients (attendances)	55 000	55 600	55 600
dental clinics emergency treatment (attendances)	41 000	40 500	40 500
special needs group (no. of patients).....	11 000	10 600	10 600

Matters Requiring Special Attention in 2016–17

19 During 2016–17, the Department will continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

Programme (5): Rehabilitation

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	107.3	110.2	114.9 (+4.3%)	129.6 (+12.8%)
				(or +17.6% on 2015–16 Original)

Aim

20 The aim is to provide comprehensive assessment for children with developmental problems and disabilities.

Brief Description

21 The Department runs child assessment centres which are responsible for:

- providing comprehensive physical, psychological and social assessment for children with developmental anomalies;
- formulating rehabilitation plan after developmental diagnosis;
- assisting to arrange appropriate pre-school and school placements for training, remedial and special education where necessary; and
- providing interim support to parents and the children through counselling, talks and support groups.

22 The key performance measures in respect of rehabilitation are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
appointment time for new cases in child assessment centres within three weeks (%).....	>90	99	99	>90
completion time for assessment of new cases in child assessment centres within six months (%).....	>90	83Δ	71	>80

Indicator

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
attendances at child assessment centres	34 600Δ	37 400	37 600

Δ The figures have been updated after the finalisation of the 2015–16 Estimates.

Matters Requiring Special Attention in 2016–17

23 During 2016–17, the Department will continue to provide comprehensive assessment services to children with developmental problems and disabilities, and interim support and educational activities to these children, their families and the public.

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Programme (6): Treatment of Drug Abusers

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)				
Government sector	48.7	41.4	37.6 (–9.2%)	42.5 (+13.0%) (or +2.7% on 2015–16 Original)
Subvented sector	109.9	113.6	117.7 (+3.6%)	119.0 (+1.1%) (or +4.8% on 2015–16 Original)
Total	158.6	155.0	155.3 (+0.2%)	161.5 (+4.0%) (or +4.2% on 2015–16 Original)

Aim

24 The aim is to contribute to Government's overall strategy for the control of drug abuse.

Brief Description

25 This aim is achieved by providing treatment services to drug abusers through the methadone clinic service and by subventing residential treatment and rehabilitation programmes operated by voluntary agencies, namely, the Society for the Aid and Rehabilitation of Drug Abusers (SARDA), the Caritas Hong Kong and the Hong Kong Christian Service.

26 The key performance measures in respect of treatment of drug abusers are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
average attendance rate of patients registered with methadone clinics (%)....	>70	76	75	>70
completion rate of SARDA's inpatient treatment courses				
detoxification (%).....	>70	80	78	>70
rehabilitation (%).....	>60	70	69	>60

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
patients registered with methadone clinics	7 100	6 700	6 700
average daily attendances at methadone clinics.....	5 400	5 000	5 000
patients admitted for residential treatment.....	1 770	1 670	1 700
bed-days occupied at residential treatment and rehabilitation centres.....	108 600	98 600	100 000

Matters Requiring Special Attention in 2016–17

27 During 2016–17, the Department will continue to provide treatment services to drug abusers.

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Programme (7): Medical and Dental Treatment for Civil Servants

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	1,050.9	1,232.4	1,145.5 (–7.1%)	1,429.2 (+24.8%)
				(or +16.0% on 2015–16 Original)

Aim

28 The aim is to provide medical and dental services for serving and retired civil servants and other eligible persons.

Brief Description

29 The work involves:

- providing medical services to eligible persons at non-public clinics,
- providing dental treatment services to eligible persons at dental clinics, and
- effecting payment for medical fees and hospital charges incurred by eligible persons in authorised cases.

30 The key performance measures in respect of medical and dental treatment for eligible persons are:

Targets

	Target	2014 (Actual)	2015 (Actual)	2016 (Plan)
appointment time for new dental cases within six months (%).....	>90	94	93	>90
processing of applications for reimbursement of medical expenses within four weeks (%).....	>90	99	99	>90

Indicators

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
attendances at non-public clinics	246 120	253 400	258 700
attendances at dental clinics	675 000	716 000	730 000

Matters Requiring Special Attention in 2016–17

31 During 2016–17, the Department will continue to provide medical and dental services for civil servants and other eligible persons.

Programme (8): Personnel Management of Civil Servants Working in Hospital Authority

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	8.9	8.7	9.1 (+4.6%)	9.1 (—)
				(or +4.6% on 2015–16 Original)

Aim

32 The aim is to discharge the personnel management responsibility for the civil servants working in the Hospital Authority (HA) to maintain their morale and efficiency to facilitate the smooth operation of all public hospitals in a mixed staff situation, and to look after the interests of these civil servants.

Brief Description

33 On 1 April 1999, the Department took over from the former Hospital Services Department the role of ensuring an effective liaison with the HA in respect of the personnel management of the public hospital staff who chose to retain their civil servant status.

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34 The key performance measure is:

Indicator

	2014 (Actual)	2015 (Actual)	2016 (Estimate)
no. of civil servants working in the HA managed as at 1 April.....	1 904	1 715	1 537

Matters Requiring Special Attention in 2016–17

35 During 2016–17, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

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ANALYSIS OF FINANCIAL PROVISION

Programme	2014–15 (Actual) (\$m)	2015–16 (Original) (\$m)	2015–16 (Revised) (\$m)	2016–17 (Estimate) (\$m)
(1) Statutory Functions	684.9	719.3	755.5	870.9
(2) Disease Prevention	2,740.6	3,010.6	3,196.6	3,845.2
(3) Health Promotion	350.5	391.4	395.8	416.2
(4) Curative Care	878.6	842.9	822.0	928.4
(5) Rehabilitation	107.3	110.2	114.9	129.6
(6) Treatment of Drug Abusers.....	158.6	155.0	155.3	161.5
(7) Medical and Dental Treatment for Civil Servants.....	1,050.9	1,232.4	1,145.5	1,429.2
(8) Personnel Management of Civil Servants Working in Hospital Authority	8.9	8.7	9.1	9.1
	5,980.3	6,470.5	6,594.7 (+1.9%)	7,790.1 (+18.1%)
				(or +20.4% on 2015–16 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2016–17 is \$115.4 million (15.3%) higher than the revised estimate for 2015–16. This is mainly due to increased requirement for operating expenses, increase in cash flow requirement for procurement of equipment, and an increase of 45 posts in 2016–17 to meet operational needs.

Programme (2)

Provision for 2016–17 is \$648.6 million (20.3%) higher than the revised estimate for 2015–16. This is mainly due to additional provision for meeting funding requirement for the Elderly Health Care Voucher Scheme, meeting claims under subsidised vaccination schemes, launching a pilot colorectal cancer screening programme, and the net increase of 44 posts in 2016–17 to meet operational needs.

Programme (3)

Provision for 2016–17 is \$20.4 million (5.2%) higher than the revised estimate for 2015–16. This is mainly due to increased requirement for operating expenses.

Programme (4)

Provision for 2016–17 is \$106.4 million (12.9%) higher than the revised estimate for 2015–16. This is mainly due to increased requirement for operating expenses and procurement of equipment.

Programme (5)

Provision for 2016–17 is \$14.7 million (12.8%) higher than the revised estimate for 2015–16. This is mainly due to increased requirement for operating expenses, and an increase of 16 posts in 2016–17 to meet operational needs.

Programme (6)

Provision for 2016–17 is \$6.2 million (4.0%) higher than the revised estimate for 2015–16. This is mainly due to increased requirement for operating expenses and procurement of equipment in subvented institutions.

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Programme (7)

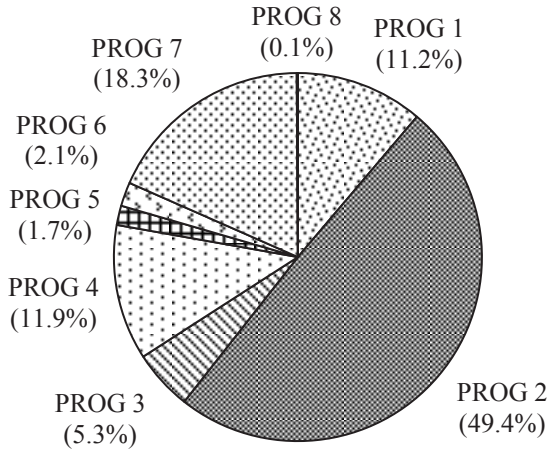
Provision for 2016–17 is \$283.7 million (24.8%) higher than the revised estimate for 2015–16. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, enhancing the medical and dental services for civil service eligible persons, and an increase of 11 posts in 2016–17 to meet operational needs.

Programme (8)

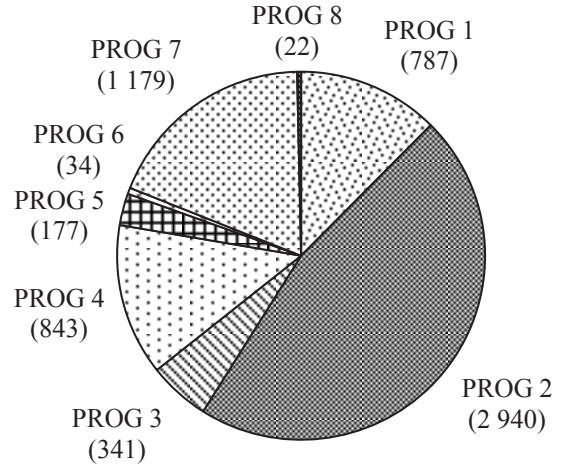
Provision for 2016–17 is the same as the revised estimate for 2015–16.

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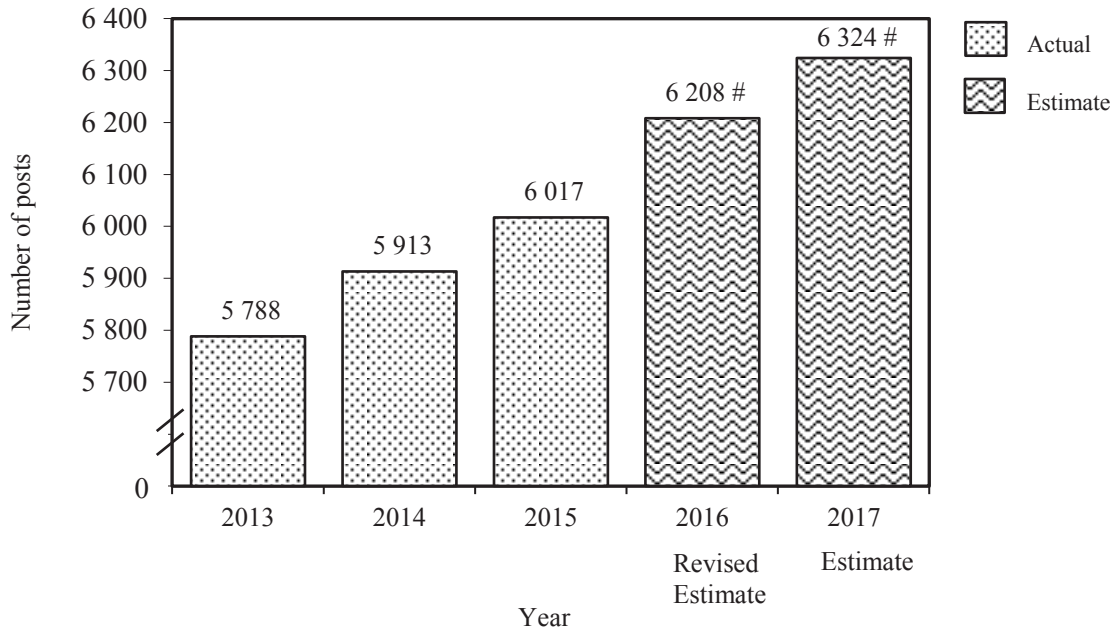
*Allocation of provision
to programmes
(2016-17)*



*Staff by programme@
(as at 31 March 2017)*



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



@ Excludes one post to accommodate a general grades officer working in a general outpatient clinic of the HA.

Includes one post to accommodate a general grades officer working in a general outpatient clinic of the HA.

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Sub-head (Code)		Actual expenditure 2014–15	Approved estimate 2015–16	Revised estimate 2015–16	Estimate 2016–17
	\$'000	\$'000	\$'000	\$'000	\$'000
Operating Account					
Recurrent					
000	Operational expenses	5,906,307	6,343,199	6,507,163	7,605,660
003	Recoverable salaries and allowances (General)..... 878,000				
	Deduct reimbursements <i>Cr. 878,000</i>	—	—	—	—
	Total, Recurrent.....	<u>5,906,307</u>	<u>6,343,199</u>	<u>6,507,163</u>	<u>7,605,660</u>
Non-Recurrent					
700	General non-recurrent	72	971	631	535
	Total, Non-Recurrent.....	<u>72</u>	<u>971</u>	<u>631</u>	<u>535</u>
	Total, Operating Account	<u>5,906,379</u>	<u>6,344,170</u>	<u>6,507,794</u>	<u>7,606,195</u>
Capital Account					
Plant, Equipment and Works					
603	Plant, vehicles and equipment.....	29,081	54,626	30,237	28,908
661	Minor plant, vehicles and equipment (block vote).....	40,440	67,271	52,556	150,058#
	Total, Plant, Equipment and Works.....	<u>69,521</u>	<u>121,897</u>	<u>82,793</u>	<u>178,966</u>
Subventions					
974	Subvented institutions - maintenance, repairs, and minor improvements (block vote)	581	2,918	2,709	1,982
975	Subvented institutions - minor plant, vehicles and equipment (block vote).....	3,849	1,493	1,436	2,911
	Total, Subventions	<u>4,430</u>	<u>4,411</u>	<u>4,145</u>	<u>4,893</u>
	Total, Capital Account.....	<u>73,951</u>	<u>126,308</u>	<u>86,938</u>	<u>183,859</u>
	Total Expenditure	<u><u>5,980,330</u></u>	<u><u>6,470,478</u></u>	<u><u>6,594,732</u></u>	<u><u>7,790,054</u></u>

Provision of \$150,058,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$97,502,000 (185.5%) over the revised estimate for 2015–16. This reflects the updating of the ambit of this block vote subhead as set out in the Introduction to the Estimates and the increased requirement for scheduled replacement of minor plant and equipment.

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Details of Expenditure by Subhead

The estimate of the amount required in 2016–17 for the salaries and expenses of the Department of Health is \$7,790,054,000. This represents an increase of \$1,195,322,000 over the revised estimate for 2015–16 and \$1,809,724,000 over the actual expenditure in 2014–15.

Operating Account

Recurrent

2 Provision of \$7,605,660,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions. The increase of \$1,098,497,000 (16.9%) over the revised estimate for 2015–16 is mainly due to the additional provision for meeting the estimated expenditure for the Elderly Health Care Voucher Scheme, claims under subsidised vaccination schemes, increased demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, and the net increase of 116 posts in 2016–17 to meet operational needs.

3 The establishment as at 31 March 2016 will be 6 208 posts, including one post to accommodate a general grade officer working in a general outpatient clinic of the Hospital Authority (HA). It is expected that there will be a net increase of 116 posts including two supernumerary posts in 2016–17. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2016–17, but the notional annual mid-point salary value of all such posts must not exceed \$2,938,330,000.

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

	2014–15 (Actual) (\$'000)	2015–16 (Original) (\$'000)	2015–16 (Revised) (\$'000)	2016–17 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	2,877,455	2,985,816	3,081,890	3,169,743
- Allowances.....	19,798	21,727	22,568	22,668
- Job-related allowances.....	1,950	2,010	2,067	2,097
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	11,163	10,515	13,191	9,012
- Civil Service Provident Fund contribution.....	89,705	110,422	113,958	139,447
Departmental Expenses				
- Temporary staff.....	165,851	175,994	167,145	178,021
- Specialist supplies and equipment.....	502,530	579,687	552,830	671,509
- General departmental expenses.....	823,666	786,127	749,158	1,092,066
Other Charges				
- Contracting out of dental prostheses.....	8,912	8,600	8,600	8,600
- Payment and reimbursement of medical fees and hospital charges.....	400,293	460,000	390,000	620,000
- Supply, repair and renewal of prostheses and surgical appliances.....	5,021	4,300	6,300	7,434
- Health Care Voucher Scheme.....	682,229	811,000	1,028,686	1,290,400
- Vaccination reimbursements.....	47,337	79,969	59,969	83,629
Subventions				
- Subvented institutions.....	270,397	307,032	310,801	311,034
	5,906,307	6,343,199	6,507,163	7,605,660

5 Gross provision of \$878,000,000 under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the HA. Expenditure under this subhead is reimbursed by the HA. Subject to certain conditions, the controlling officer may under delegated power create or delete both directorate and non-directorate posts under the subhead during 2016–17. Before exercising his delegated power, the controlling officer is required to seek the endorsement of the HA that the proposals and their financial implications are acceptable. In addition, the gross estimate under the subhead must not be exceeded without the prior approval of the Secretary for Financial Services and the Treasury.

Head 37 — DEPARTMENT OF HEALTH

Capital Account

Plant, Equipment and Works

6 Provision of \$150,058,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$97,502,000 (185.5%) over the revised estimate for 2015–16. This reflects the updating of the ambit of this block vote subhead as set out in the Introduction to the Estimates and the increased requirement for scheduled replacement of minor plant and equipment.

Subventions

7 Provision of \$1,982,000 under *Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote)* is for the maintenance of buildings, including repairs, repainting, refurbishment and rewiring, and minor improvements, costing over \$200,000 but not exceeding \$10,000,000 for each project. The decrease of \$727,000 (26.8%) against the revised estimate for 2015–16 is mainly due to decrease in requirement for repair and renovation works.

8 Provision of \$2,911,000 under *Subhead 975 Subvented institutions - minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$200,000 but not exceeding \$10,000,000 each. The increase of \$1,475,000 (102.7%) over the revised estimate for 2015–16 is mainly due to increase in requirement for replacement of equipment.

Head 37 — DEPARTMENT OF HEALTH

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2015	Revised estimated expenditure for 2015–16	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700	<i>General non-recurrent</i>					
	718	Conditioning of radioactive waste.....	9,800	8,896	500	404
	728	Studies on Chinese medicinal herbs.....	46,600	44,164	110	2,326
	731	Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong	975	873	21	81
			<u>57,375</u>	<u>53,933</u>	<u>631</u>	<u>2,811</u>
<i>Capital Account</i>						
603	<i>Plant, vehicles and equipment</i>					
	846	Acquisition of a virology genome sequencing system at Molecular Laboratory.....	2,500	1,765	80	655
	847	Acquisition of a digital imaging system for School Dental Care Service	2,100	—	—	2,100
	852	Replacement of the whole body radioactivity counting system for Radiation Health Unit.....	2,200	1,422	—	778
	853	Replacement of the X-ray vehicle (AM5766) for Tuberculosis and Chest Service	7,000	375	800	5,825
	854	Replacement of the X-ray vehicle (AM5767) for Tuberculosis and Chest Service	7,000	375	800	5,825
	855	Replacement of a thermoluminescent dosimetry system for Radiation Monitoring Service	22,000	221	17,179	4,600
	862	Replacement of a set of conventional X-ray machine with digital X-ray system at Chai Wan Special Assessment Centre.....	9,857	—	—	9,857
	870	Replacement of a set of conventional X-ray machine with digital X-ray system at Shaukeiwan Chest X-ray Unit.....	6,500	—	—	6,500
	871	Replacement of a set of conventional X-ray machine with digital X-ray system at Yuen Chau Kok Chest X-ray Unit.....	6,500	—	—	6,500
			<u>65,657</u>	<u>4,158</u>	<u>18,859</u>	<u>42,640</u>
	Total		<u>123,032</u>	<u>58,091</u>	<u>19,490</u>	<u>45,451</u>