

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 2008–09..... **\$30,762.0m**

Establishment ceiling 2008–09 (notional annual mid-point salary value) representing an estimated 49 non-directorate posts as at 31 March 2008 rising by three posts to 52 posts as at 31 March 2009..... **\$22.1m**

In addition, there will be an estimated seven directorate posts as at 31 March 2008 and as at 31 March 2009.

Commitment balance **\$409.8m**

Controlling Officer's Report

Programmes

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

Programme (1): Health

	2006–07 (Actual)	2007–08 (Original)	2007–08 (Revised)	2008–09 (Estimate)
Financial provision (\$m)	70.6#	160.2	162.7 (+1.6%)	183.8 (+13.0%)
				(or +14.7% on 2007–08 Original)

Following the division of the former Health, Welfare and Food Bureau into two branches with effect from 2 May 2006, the provision of this programme has been transferred from the "Health" programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau since 2007–08. The figure for 2006–07 represents the actual expenditure of the programme under Head 149.

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 2007–08.

Matters Requiring Special Attention in 2008–09

5 During 2008–09, the Branch will:

- continue to enhance our infectious disease emergency response system by strengthening the work of the Centre for Health Protection and building up our surge capacity in dealing with infectious diseases;
- introduce legislation to bring our legal framework on the prevention and control of diseases in line with the requirements promulgated under the International Health Regulations (2005) of the World Health Organization and to ensure its effectiveness;

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- 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;
- continue to set 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 development and implementation of the comprehensive strategy to prevent and control non-communicable diseases;
- continue to oversee the progress of various capital projects of the Hospital Authority, such as redevelopment of Yan Chai Hospital and Caritas Medical Centre, and construction of extension block of Prince of Wales Hospital;
- map out the strategy for implementation of health care reform and financing proposals in the light of responses during public consultation;
- implement 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;
- explore the feasibility of setting up multi-partite medical centres of excellence in the specialty areas of paediatrics and neuroscience in Hong Kong;
- set out a roadmap for taking forward the initiative of developing a territory-wide electronic health record sharing infrastructure;
- conduct a pilot project to purchase primary care services from the private sector in Tin Shui Wai North for certain patient groups to enhance the existing provision of public general out-patient services and explore the feasibility of public-private-partnership;
- aim to complete the legislative process for a legislation to introduce a fixed penalty system for smoking offences and to oversee the implementation;
- oversee the implementation of a centralised organ donation register (a computerised database to register the wish of organ donors) and 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

	2006–07 (Actual)	2007–08 (Original)	2007–08 (Revised)	2008–09 (Estimate)
Financial provision (\$m)	28,091.2#	28,631.6	29,677.2 (+3.7%)	30,462.2 (+2.6%)
				(or +6.4% on 2007–08 Original)

Following the division of the former Health, Welfare and Food Bureau into two branches with effect from 2 May 2006, the provision of this programme has been transferred from the “Subvention: Hospital Authority” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau since 2007–08. The figure for 2006–07 represents the actual expenditure of the programme under Head 149.

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 53 000 staff (full time equivalents as at 31 December 2007), manages 41 public hospitals and institutions, 48 specialist outpatient clinics and 74 general outpatient clinics.

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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 2007–08. The volume of patient care activities across the full range of services in 2007–08 is comparable to the level in 2006–07.

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

Targets

	As at 31 March 2007 (Actual)	As at 31 March 2008 (Revised Estimate)	As at 31 March 2009 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	20 180	20 324	20 416
infirmary	2 151	2 151	2 041
mentally ill	4 622	4 400	4 000
mentally handicapped	680	680	660
total	27 633	27 555	27 117
<i>ambulatory & outreach services</i>			
<i>accident and emergency (A&E) services</i>			
percentage of A&E patients with target waiting time			
triage I (critical cases – 0 minutes) (%)	100	100	100
triage II (emergency cases < 15 minutes) (%)	96	95	95
triage III (urgent cases < 30 minutes) (%)	86	90	90
<i>specialist outpatient services</i>			
median waiting time for first appointment at specialist clinics			
first priority patients	<1 week	2 weeks	2 weeks
second priority patients	5 weeks	8 weeks	8 weeks
<i>rehabilitation & geriatric services</i>			
no. of community nurses	388	390	395
no. of geriatric day places	614	614	634
<i>psychiatric services</i>			
no. of community psychiatric nurses	118	115	118
no. of psychiatric day places	842	858	858

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Indicators

	2006–07 (Actual)	2007–08 (Revised Estimate)	2008–09 (Estimate)
<i>Delivery of services</i>			
<i>inpatient services</i>			
no. of discharges & deaths			
general (acute and convalescent)	845 258	861 300	866 600
infirmery	3 864	3 800	2 700
mentally ill	16 048	15 700	15 300
mentally handicapped	355	300	290
overall	865 525	881 100	884 890
no. of patient days			
general (acute and convalescent)	5 220 272	5 243 000	5 283 500
infirmery	546 756	552 000	530 000
mentally ill	1 122 315	1 083 000	1 048 000
mentally handicapped	237 047	233 000	230 000
overall	7 126 390	7 111 000	7 091 500
bed occupancy rate (%)			
general (acute and convalescent)	82	82	82
infirmery	91	92	92
mentally ill	74	72	76
mentally handicapped	96	94	96
overall	82	81	82
average length of stay (days)§			
general (acute and convalescent)	6.2	6.1	6.1
infirmery	122	117	130
mentally ill	104	98	100
mentally handicapped	732	695	699
overall	8.9	8.5	8.3
<i>ambulatory & outreach services</i>			
<i>day inpatient services</i>			
no. of discharges & deaths	289 699	304 600	314 000
<i>accident & emergency services</i>			
no. of attendances	2 052 774	2 138 000	2 149 100
no. of attendances per 1 000 population	299	309	310
no. of first attendances for			
triage I	17 065	17 500	17 500
triage II	36 513	36 700	37 400
triage III	561 652	579 100	578 300
<i>outpatient services</i>			
no. of specialist outpatient (clinical) new attendances	564 879	605 000	608 000
no. of specialist outpatient (clinical) follow-up attendances	5 440 378	5 581 000	5 585 000
total no. of specialist outpatient (clinical) attendances	6 005 257	6 186 000	6 193 000
no. of general outpatient attendances	4 842 247	4 838 000	4 806 000
<i>rehabilitation & palliative care services</i>			
no. of rehabilitation day and palliative care day attendances	71 207	72 800	72 800
no. of home visits by community nurses	814 236	796 000	797 000
no. of allied health (community) attendances	23 065	21 200	21 200
no. of allied health (outpatient) attendances	1 778 902	1 752 000	1 752 000
<i>geriatric services</i>			
no. of outreach attendances	533 231	533 600	533 600
no. of geriatric elderly persons assessed for infirmery care service	1 470	1 600	1 600
no. of geriatric day attendances	126 823	129 000	132 900
no. of Visiting Medical Officer attendances	122 199	89 000	89 000

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	2006-07 (Actual)	2007-08 (Revised Estimate)	2008-09 (Estimate)
psychiatric services			
no. of psychiatric outreach attendances	88 240	91 700	97 700
no. of psychiatric day attendances	179 170	182 000	182 000
no. of psychogeriatric outreach attendances	50 847	51 100	61 100
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population Δ	3.7	3.7	3.7
unplanned readmission rate within 28 days for general inpatients (%)	9.6	9.9	9.9
<i>Cost of services</i>			
cost distribution			
cost distribution by services types (%)			
inpatient	62.3	62.0	61.8
ambulatory & outreach	37.7	38.0	38.2
cost by services per 1 000 population (\$m)			
inpatient	2.7	2.9	2.9
ambulatory & outreach	1.7	1.8	1.8
cost of services for persons aged 65 or above			
share of cost of services (%)	45.5	45.4	45.3
cost of services per 1 000 population (\$m)	16.3	17.1	17.3
unit cost			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	19,170	19,970	20,330
infirmary	140,620	150,450	205,180
mentally ill	108,880	116,040	119,970
mentally handicapped	639,210	780,550	820,770
cost per patient day (\$)			
general (acute and convalescent)	3,290	3,480	3,540
infirmary	990	1,040	1,050
mentally ill	1,560	1,680	1,750
mentally handicapped	960	1,010	1,030
ambulatory & outreach services			
cost per accident & emergency attendance (\$).....	700	730	750
cost per specialist outpatient attendance (\$)	740	770	790
cost per general outpatient attendance (\$).....	260	270	270
cost per outreach visit by community nurse (\$)	290	310	310
cost per psychiatric outreach attendance (\$)	1,010	1,070	1,110
cost per geriatric day attendance (\$)	1,390	1,440	1,450
waivers@			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%).....	22.5	22.5	22.5
percentage of non-CSSA waiver (%).....	4.0	4.0	4.0
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	4 617	4 658	4 712
no. of specialists.....	2 385	2 399	2 425
no. of trainees/non-specialists	2 232	2 259	2 287
intern	313	311	293
dentist	6	6	6
medical total	4 936	4 975	5 011
nursing			
qualified staff	19 068	18 960	19 079
trainee	144	133	133
nursing total	19 212	19 093	19 212
allied health.....	4 966	5 004	5 073
others	23 809	24 211	24 557
total	52 923	53 283	53 853

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged/treated.

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- △ 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).
- @ Refers to the amount waived as percentage to total charge.

Matters Requiring Special Attention in 2008–09

12 In 2008–09, 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 phased opening of the redeveloped Pok Oi Hospital and Rehabilitation Block of Tuen Mun Hospital;
- improve services in Kowloon East Cluster through expansion of Tseung Kwan O Hospital Ambulatory Surgery Centre, enhancement of breast cancer services at United Christian Hospital, and establishment of an integrated one-stop ambulatory otorhinolaryngology centre;
- build up surge capacity for neonatal intensive care services;
- provide treatments for life-threatening diseases including additional provision for haemodialysis, enhanced provision of new cancer drugs to improve cancer services, and development and expansion of molecular diagnosis for emerging infectious diseases and haematologic malignancy;
- strengthen mental health programmes such as enhancement of post-discharge community support to frequent re-admitters and psychiatric consultation liaison service at accident & emergency departments in public hospitals;
- control the surging HIV epidemic by expanding the capacity of inpatient service for HIV patients;
- launch a pilot scheme for accreditation in public hospitals to improve patient safety; and
- extend the psychogeriatric outreach programme to all residential care homes for the elderly to enhance the quality of life of elders who require psychogeriatric inputs.

Programme (3): Subvention: Prince Philip Dental Hospital

	2006–07 (Actual)	2007–08 (Original)	2007–08 (Revised)	2008–09 (Estimate)
Financial provision (\$m)	106.4#	107.5	110.9 (+3.2%)	116.0 (+4.6%)
				(or +7.9% on 2007–08 Original)

Following the division of the former Health, Welfare and Food Bureau into two branches with effect from 2 May 2006, the provision of this programme has been transferred from the “Subvention: Prince Philip Dental Hospital” programme under the former Head 149—Government Secretariat: Health, Welfare and Food Bureau since 2007–08. The figure for 2006–07 represents the actual expenditure of the programme under Head 149. The actual expenditure of the Prince Philip Dental Hospital for 2006–07 is \$106.2 million. The unspent subvention of \$0.2 million was recovered in 2007–08.

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 2006/07 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.

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17 The key performance measures are:

Indicators

	2006/07 (Actual)	<i>Academic Year</i> 2007/08 (Revised Estimate)	2008/09 (Estimate)
No. of training places			
undergraduate	255	258	265
postgraduate.....	165	177	202
student dental technician.....	23	31	33
student dental surgery assistant.....	24	29	28
student dental hygienist.....	35	32	35
total.....	<hr/> 502	<hr/> 527	<hr/> 563
Capacity utilisation rate (%) ^Ω			
undergraduate	100	100	100
postgraduate.....	100	100	100
student dental technician.....	79	89	92
student dental surgery assistant.....	83	97	93
student dental hygienist.....	100	97	97
Completion rate (%)			
undergraduate	100	100	100
postgraduate.....	97	99	100
student dental technician.....	91	81	79
student dental surgery assistant.....	88	79	79
student dental hygienist.....	71	81	80

^Ω 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 2008–09

18 During 2008–09, 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

Programme	2006–07 (Actual) (\$m)	2007–08 (Original) (\$m)	2007–08 (Revised) (\$m)	2008–09 (Estimate) (\$m)
(1) Health.....	70.6	160.2	162.7	183.8
(2) Subvention: Hospital Authority.....	28,091.2	28,631.6	29,677.2	30,462.2
(3) Subvention: Prince Philip Dental Hospital.....	106.4	107.5	110.9	116.0
	<u>28,268.2#</u>	<u>28,899.3#</u>	<u>29,950.8#</u> (+3.6%)	<u>30,762.0</u> (+2.7%)
				(or +6.4% on 2007–08 Original)

The figures exclude relevant provisions for the programmes of Social Welfare, Women's Interests, Subvention: Skill 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 2008–09 is \$21.1 million (13.0%) higher than the revised estimate for 2007–08. This is mainly due to the net increase of three posts for enhancing support and implementing the pilot scheme to provide health care vouchers for elderly, additional provision for researches and studies on health policies and related matters and other increases in operating expenses, and increased cash flow requirement for non-recurrent items.

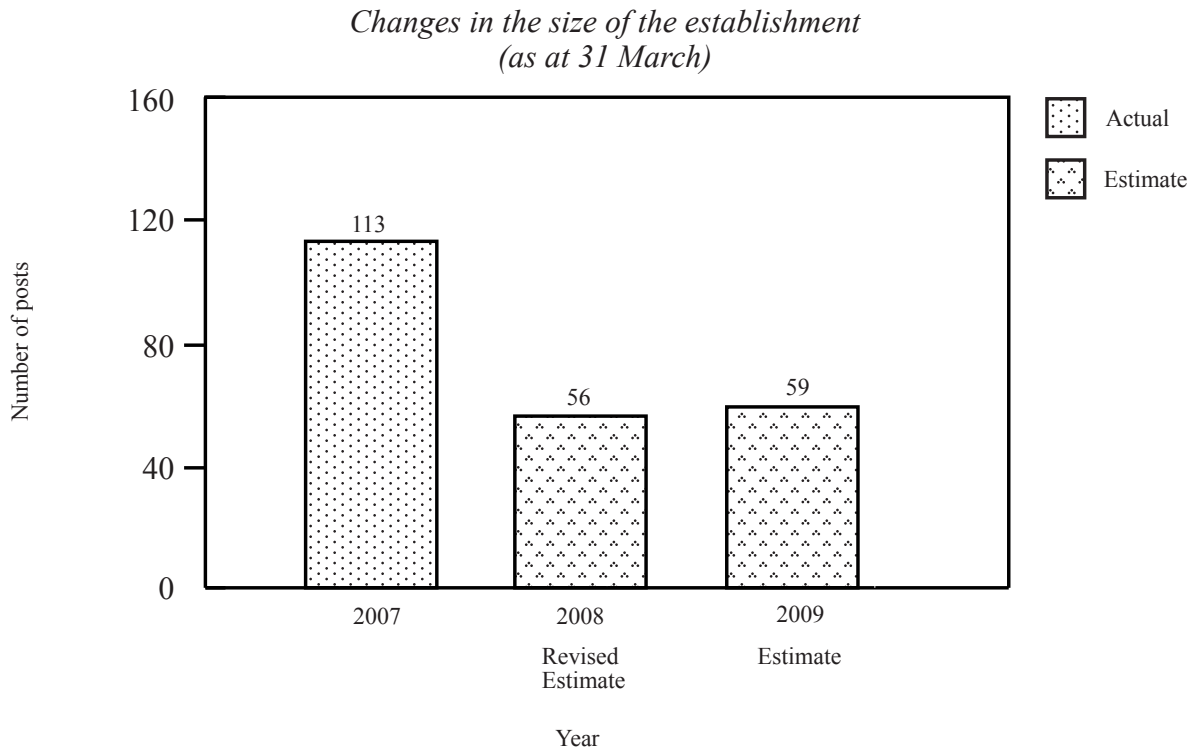
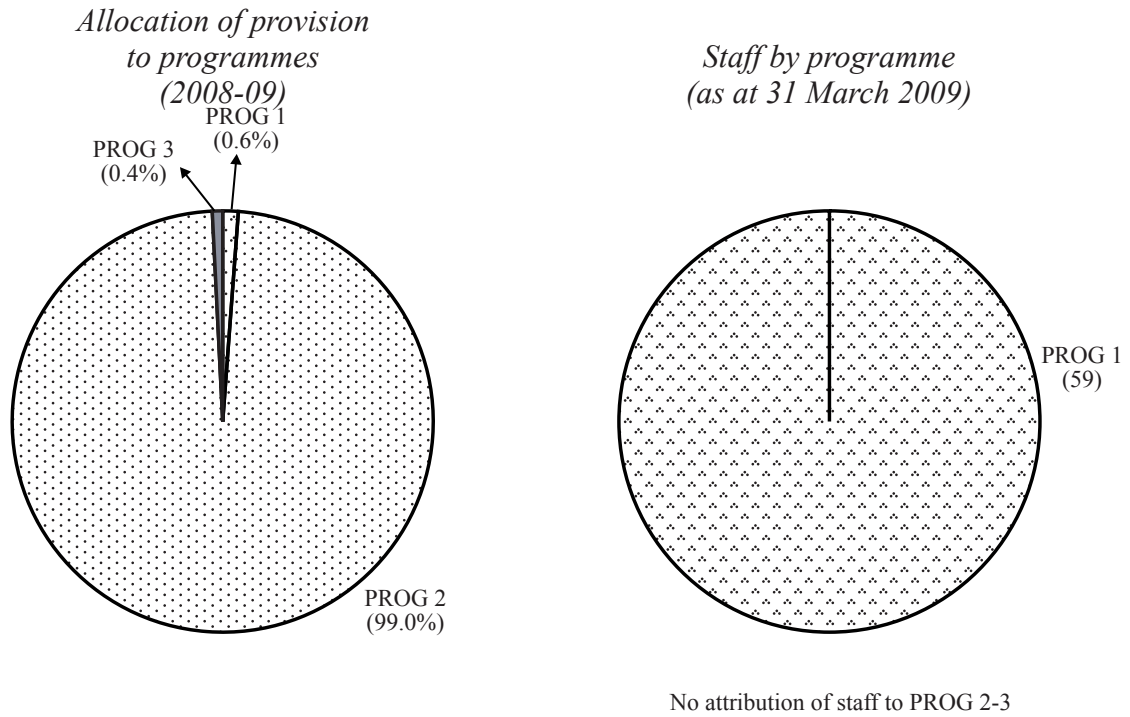
Programme (2)

Provision for 2008–09 is \$785.0 million (2.6%) higher than the revised estimate for 2007–08. 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.

Programme (3)

Provision for 2008–09 is \$5.1 million (4.6%) higher than the revised estimate for 2007–08. This is mainly due to the increased requirement for replacement and maintenance of facilities in the PPDH.

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Sub-head (Code)	Actual expenditure 2006–07	Approved estimate 2007–08	Revised estimate 2007–08	Estimate 2008–09	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	—	28,389,383	29,256,253	29,997,681
	Total, Recurrent.....	—	28,389,383	29,256,253	29,997,681
Non-Recurrent					
700	General non-recurrent	—	47,741	46,472	49,956
	Total, Non-Recurrent.....	—	47,741	46,472	49,956
	Total, Operating Account	—	28,437,124	29,302,725	30,047,637
Capital Account					
Subventions					
869	Hospital Authority - information technology system for Chinese medicine outpatient clinics	—	—	2,545	3,114
874	Prince Philip Dental Hospital - information technology system	—	2,200	1,982	2,732
879	Prince Philip Dental Hospital - replacement of lift controllers and driving machines	—	—	300	2,920
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	—	4,763	4,763	6,618
979	Hospital Authority - equipment and information systems (block vote)	—	678,000	678,000	699,000
	Skills centres (block vote).....	—	2,559	640	—
	Total, Subventions.....	—	687,522	688,230	714,384
	Total, Capital Account.....	—	687,522	688,230	714,384
	Total Expenditure	—	29,124,646	29,990,955	30,762,021

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Details of Expenditure by Subhead

The estimate of the amount required in 2008–09 for the salaries and expenses of the Health Branch is \$30,762,021,000. This represents an increase of \$771,066,000 over the revised estimate for 2007–08.

Operating Account

Recurrent

2 Provision of \$29,997,681,000 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 2008 will be 56 permanent posts. It is expected that there will be a net increase of three permanent posts in 2008–09. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2008–09, but the notional annual mid-point salary value of all such posts must not exceed \$22,118,000.

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

	2006–07 (Actual) (\$'000)	2007–08 (Original) (\$'000)	2007–08 (Revised) (\$'000)	2008–09 (Estimate) (\$'000)
Personal Emoluments				
- Salaries	—	60,038	39,595	34,781
- Allowances	—	3,570	2,074	2,220
- Job-related allowances	—	6	6	6
Personnel Related Expenses				
- Mandatory Provident Fund contribution	—	171	118	113
- Civil Service Provident Fund contribution	—	24	35	143
Departmental Expenses				
- General departmental expenses	—	164,748	93,297	96,570
Other Charges				
- Financial assistance for family members of those who sacrifice their lives to save others	—	12,000	—	—
- Public education on rehabilitation	—	2,000	594	—
Subventions				
- Environmental Advisory Service	—	1,344	336	—
- Hospital Authority	—	27,953,560	28,996,693	29,760,105
- Skills centres	—	83,895	18,340	—
- Guardianship Board	—	3,755	857	—
- Prince Philip Dental Hospital	—	100,572	103,809	103,743
- Legal representation scheme for children/juvenile involved in care or protection proceedings	—	3,700	499	—
	—	<u>28,389,383</u>	<u>29,256,253</u>	<u>29,997,681</u>

Capital Account

Subventions

5 Provision of \$6,618,000 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 \$1,855,000 (38.9%) over the revised estimate for 2007–08 is mainly due to the increased requirement for replacement and maintenance of facilities in the PPDH.

6 Provision of \$699,000,000 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.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2007	Revised estimated expenditure for 2007–08	Balance
			\$'000	\$'000	\$'000	\$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	019	Health and Health Services Research Fund	76,000	8,242	5,572	62,186
	021	Funding Research on Control of Infectious Diseases.....	500,000	125,693	39,479	334,828
	443	Setting up of an international network for continuing medical education and continuing professional development by the HK Academy of Medicine.....	9,500	4,880	1,421	3,199
			<u>585,500</u>	<u>138,815</u>	<u>46,472</u>	<u>400,213</u>
<i>Capital Account</i>						
869	166	Hospital Authority – information technology system for Chinese medicine outpatient clinics.....	14,160	8,501	2,545	3,114
874	445	Prince Philip Dental Hospital – information technology system	9,300	3,733	1,982	3,585
879	888	Prince Philip Dental Hospital – replacement of lift controllers and driving machines	3,220	—	300	2,920
		Total	<u>612,180</u>	<u>151,049</u>	<u>51,299</u>	<u>409,832</u>