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 2011–12	**$37,322.9m**
Establishment ceiling 2011–12 (notional annual mid-point salary value) representing an estimated 81 non-directorate posts as at 31 March 2011 rising by one post to 82 posts as at 31 March 2012	**$39.9m**
In addition, there will be an estimated ten directorate posts as at 31 March 2011 and as at 31 March 2012.	
Commitment balance	**$471.8m**

Controlling Officer's Report

Programmes

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

Detail

Programme (1): Health

	2009–10 (Actual)	2010–11 (Original)	2010–11 (Revised)	**2011–12 (Estimate)**
Financial provision ($m)	109.8	333.9	326.2 (–2.3%)	**340.4** (+4.4%) (or +1.9% on 2010–11 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 Health Branch of the Food and Health Bureau 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 aim has been broadly achieved in 2010–11.

Matters Requiring Special Attention in 2011–12

5 During 2011–12, the Branch will:

- analyse the views and suggestions received during the Second Stage Public Consultation on Healthcare Reform and consider the way forward for the proposed voluntary Health Protection Scheme;
- continue to oversee the strategy for primary care development on the advice of the Working Group on Primary Care, including the development and implementation of initiatives aiming to enhance primary care:
  - promulgating and promoting the reference frameworks for managing chronic disease and implementing pilot projects based on them to facilitate the provision of more comprehensive care to chronic disease patients;

  - launching the first phase of the Primary Care Directory on healthcare professionals providing primary care to promote family doctor concept and advocate continuous training and education;
  - initiating pilot projects in various districts to set up community health centres and networks under different service models to provide more comprehensive primary care services;
- roll out a pilot initiative in collaboration with non-governmental organisations to enhance dental care and oral health for needy elderly through providing outreach services to residential care homes for the elderly;
- 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 consider necessary adjustments having regard to the outcome of the interim review;
- continue to oversee the implementation of the vaccination programmes for pneumococcal and seasonal influenza for the elderly and young children;
- formulate arrangements for the disposal of four reserved 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 the North Lantau Hospital (Phase One) and to plan for the construction of a new hospital in Tin Shui Wai;
- 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;
- initiate public consultation in 2011 on the long-term legal framework for the protection of privacy and security of electronic health record sharing system;
- implement the Prevention and Control of Disease Ordinance (Cap. 599) 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; work out a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines; 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 by 2012;
- 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.

Programme (2): Subvention: Hospital Authority

	2009–10 (Actual)	2010–11 (Original)	2010–11 (Revised)	**2011–12 (Estimate)**
Financial provision ($m)	32,856.2	34,123.1	34,210.8 (+0.3%)	**36,826.8** (+7.6%) (or +7.9% on 2010–11 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 (Cap. 113) to manage all public hospitals in Hong Kong. The Authority, with over 58 000 staff (full time equivalents as at 31 December 2010), 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 2010–11. The volume of patient care activities across the full range of services in 2010–11 is comparable to the level in 2009–10.

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

Targets

	As at 31 March 2010 (Actual)	As at 31 March 2011 (Revised Estimate)	**As at 31 March 2012 (Target & Plan)**
Access to services			
inpatient services			
no. of hospital beds			
general (acute and convalescent)	20 516	20 733	**20 754**
infirmary	2 041	2 041	**2 041**
mentally ill	3 607	3 607	**3 607**
mentally handicapped	660	660	**660**
total	26 824	27 041	**27 062**
ambulatory and outreach services			
accident and emergency (A&E) services			
percentage of A&E patients within target waiting time			
triage I (critical cases – 0 minutes) (%)	100	100	**100**
triage II (emergency cases – 15 minutes) (%)	98	95	**95**
triage III (urgent cases – 30 minutes) (%)	90	90	**90**
specialist outpatient services			
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**

	As at 31 March 2010 (Actual)	As at 31 March 2011 (Revised Estimate)	**As at 31 March 2012 (Target & Plan)**
rehabilitation and geriatric services			
no. of community nurses	388	388	**398**
no. of geriatric day places	619	619	**619**
psychiatric services			
no. of community psychiatric nurses	146	145	**152**
no. of psychiatric day places	889	889	**889**

Indicators

	2009–10 (Actual)	2010–11 (Revised Estimate)	**2011–12 (Estimate)**
Delivery of services			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent)	928 609	949 400	**958 500**
infirmary	3 340	3 400	**3 400**
mentally ill	16 018	16 300	**16 300**
mentally handicapped	347	360	**360**
overall	948 314	969 460	**978 560**
no. of patient days			
general (acute and convalescent)	5 314 224	5 388 000	**5 396 000**
infirmary	520 405	526 000	**526 000**
mentally ill	1 010 256	995 000	**995 000**
mentally handicapped	221 649	228 000	**228 000**
overall	7 066 534	7 137 000	**7 145 000**
bed occupancy rate (%)			
general (acute and convalescent)	82	83	**83**
infirmary	90	90	**90**
mentally ill	77	76	**76**
mentally handicapped	92	95	**95**
overall	82	83	**83**
average length of stay (days)§			
general (acute and convalescent)	5.8	5.7	**5.6**
infirmary	135	144	**144**
mentally ill	74	71	**71**
mentally handicapped	838	895	**895**
overall	7.7	7.6	**7.5**
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	416 885	434 600	**462 400**
A&E services			
no. of attendances	2 214 422	2 243 000	**2 268 000**
no. of attendances per 1 000 population	316	316	**317**
no. of first attendances for			
triage I	19 457	19 700	**20 000**
triage II	33 153	32 900	**33 400**
triage III	621 006	632 800	**639 900**
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	644 576	642 000	**657 000**
no. of specialist outpatient (clinical) follow-up attendances	5 747 834	5 776 000	**5 906 000**
total no. of specialist outpatient (clinical) attendances	6 392 410	6 418 000	**6 563 000**

	2009–10 (Actual)	2010–11 (Revised Estimate)	**2011–12 (Estimate)**
primary care services			
no. of general outpatient attendances	4 700 543	4 801 000	**4 817 000**
no. of family medicine specialist clinic attendances	272 146	267 600	**267 600**
total no. of primary care attendances	4 972 689	5 068 600	**5 084 600**
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	81 532	82 900	**86 500**
no. of home visits by community nurses	823 907	827 000	**834 000**
no. of allied health (community) attendances	27 816	28 000	**28 700**
no. of allied health (outpatient) attendances	2 024 568	2 060 000	**2 107 000**
geriatric services			
no. of outreach attendances	626 287	626 500	**632 000**
no. of geriatric elderly persons assessed for infirmary care service	1 417	1 420	**1 420**
no. of geriatric day attendances	133 992	134 900	**138 400**
no. of Visiting Medical Officer attendances	114 876	115 700	**117 600**
psychiatric services			
no. of psychiatric outreach attendances	135 927	168 000	**226 600**
no. of psychiatric day attendances	211 675	213 100	**213 600**
no. of psychogeriatric outreach attendances	83 003	83 000	**95 100**
Quality of services			
no. of hospital deaths per 1 000 population∆	3.6	3.6	**3.6**
unplanned readmission rate within 28 days for general inpatients (%)	11.0	11.2	**11.2**
Cost of services			
cost distribution			
cost distribution by service types (%)			
inpatient	57.2	57.1	**56.1**
ambulatory and outreach	42.8	42.9	**43.9**
cost by service types per 1 000 population ($m)			
inpatient	2.9	3.0	**3.1**
ambulatory and outreach	2.2	2.2	**2.4**
cost of services for persons aged 65 or above			
share of cost of services (%)	44.9	45.2	**45.2**
cost of services per 1 000 population ($m)	18.1	18.3	**19.4**
unit costs			
inpatient services			
cost per inpatient discharged ($)			
general (acute and convalescent)	18,920	19,100	**19,730**
infirmary	175,290	178,020	**182,370**
mentally ill	112,420	113,370	**116,300**
mentally handicapped	682,100	691,030	**706,370**
cost per patient day ($)			
general (acute and convalescent)	3,590	3,660	**3,830**
infirmary	1,130	1,150	**1,180**
mentally ill	1,780	1,860	**1,910**
mentally handicapped	1,070	1,090	**1,120**
ambulatory and outreach services			
cost per A&E attendance ($)	800	800	**830**
cost per specialist outpatient attendance ($)	880	900	**950**
cost per general outpatient attendance ($)	290	300	**310**
cost per family medicine specialist clinic attendance ($)	820	870	**910**
cost per outreach visit by community nurse ($)	320	330	**340**
cost per psychiatric outreach attendance ($)	1,100	1,180	**1,380**
cost per geriatric day attendance ($)	1,510	1,560	**1,600**
waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) waiver (%)	19.6	19.6	**19.6**
percentage of non-CSSA waiver (%)	3.8	3.8	**3.8**

	2009–10 (Actual)	2010–11 (Revised Estimate)	**2011–12 (Estimate)**
Manpower (no. of full time equivalent staff as at 31 March)			
medical			
doctor	4 995	5 028	**5 103**
no. of specialists	2 621	2 625	**2 648**
no. of trainees/non-specialists	2 374	2 403	**2 455**
intern	277	296	**280**
dentist	6	6	**6**
medical total	5 278	5 330	**5 389**
nursing			
qualified staff	19 370	19 704	**20 572**
trainee	496	500	**500**
nursing total	19 866	20 204	**21 072**
allied health	5 448	5 633	**6 070**
others	27 121	27 281	**27 740**
total	57 713	58 448	**60 271**

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

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).

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

Matters Requiring Special Attention in 2011–12

11 In 2011–12, 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 service to meet increasing demand arising from population growth and demographic changes through a number of initiatives, including opening of additional beds in the New Territories West Cluster;
- enhance provision for haemodialysis service for patients with end-stage renal disease, cardiac service, clinical oncology service, palliative care for advanced cancer and end-stage patients, and expansion of the Cancer Case Manager Programme;
- strengthen mental health services through extension of the case management programme to persons with severe mental illness, extension of the Integrated Mental Health Programme in primary care setting for patients with common mental disorder to all clusters, expansion of the service targets of the Early Assessment and Detection of Young Persons with Psychosis Programme, extension of psychogeriatric outreach service, enhancement of the autistic service and setting up of crisis intervention teams to provide prompt support for high risk mental patients and to respond to crisis situations involving other mental patients in the community;
- enhance chronic disease management through multidisciplinary, case management and empowerment approach in accordance with the primary care development strategy;
- introduce additional drugs of proven cost-effectiveness and efficacy as standard drugs and expansion of use of drugs in the Hospital Authority Drug Formulary; and
- enhance community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation.

Programme (3): Subvention: Prince Philip Dental Hospital

	2009–10 (Actual)	2010–11 (Original)	2010–11 (Revised)	**2011–12 (Estimate)**
Financial provision ($m)	124.5#	127.2	127.7 (+0.4%)	**155.7** (+21.9%) (or +22.4% on 2010–11 Original)

The actual expenditure of the Prince Philip Dental Hospital for 2009–10 was $124.4 million. The unspent subvention of $0.1 million was recovered in 2010–11.

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 (Cap. 1081). 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 2009/10 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

	Academic Year 2009/10 (Actual)	2010/11 (Revised Estimate)	**2011/12 (Estimate)**
No. of training places			
undergraduate	260	262	**265**
postgraduate	197	194	**216**
student dental technician	34	43	**33**
student dental surgery assistant	33	42	**27**
student dental hygienist	31	43	**43**
total	555	584	**584**
Capacity utilisation rate (%)ϕ			
undergraduate	100	100	**100**
postgraduate	100	100	**100**
student dental technician	94	100	**87**
student dental surgery assistant	92	100	**84**
student dental hygienist	86	90	**90**
Completion rate (%)			
undergraduate	100	100	**100**
postgraduate	96	100	**100**
student dental technician	97	79	**79**
student dental surgery assistant	79	81	**78**
student dental hygienist	90	81	**79**

ϕ 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 2011–12

17 During 2011–12, the PPDH will continue to explore ways to further improve and enhance the enrolments to the para-dental training courses.

ANALYSIS OF FINANCIAL PROVISION

Programme	2009–10 (Actual) ($m)	2010–11 (Original) ($m)	2010–11 (Revised) ($m)	**2011–12 (Estimate) ($m)**
(1) Health	109.8	333.9	326.2	**340.4**
(2) Subvention: Hospital Authority	32,856.2	34,123.1	34,210.8	**36,826.8**
(3) Subvention: Prince Philip Dental Hospital	124.5	127.2	127.7	**155.7**
	33,090.5	34,584.2	34,664.7 (+0.2%)	**37,322.9 (+7.7%)**
				(or +7.9% on 2010–11 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2011–12 is $14.2 million (4.4%) higher than the revised estimate for 2010–11. This is mainly due to the increased cash flow requirement for non-recurrent items. In addition, one post will be created in 2011–12.

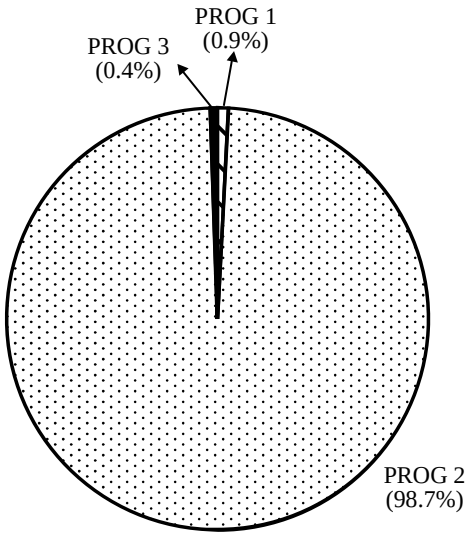
Programme (2)

Provision for 2011–12 is $2,616.0 million (7.6%) higher than the revised estimate for 2010–11. 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 and expansion of use of drugs in the Hospital Authority Drug Formulary, strengthening mental health services and the support for chronic patients, and enhancing community and ambulatory care to minimise hospital admissions and reduce avoidable hospitalisation.

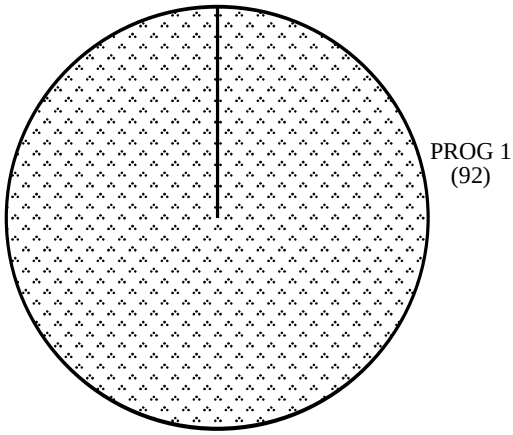
Programme (3)

Provision for 2011–12 is $28.0 million (21.9%) higher than the revised estimate for 2010–11. This is mainly due to the increase in capital expenditure, increased provision for filling of vacancies as well as the increase in other operating expenses in the PPDH.

Allocation of provision to programmes (2011-12)

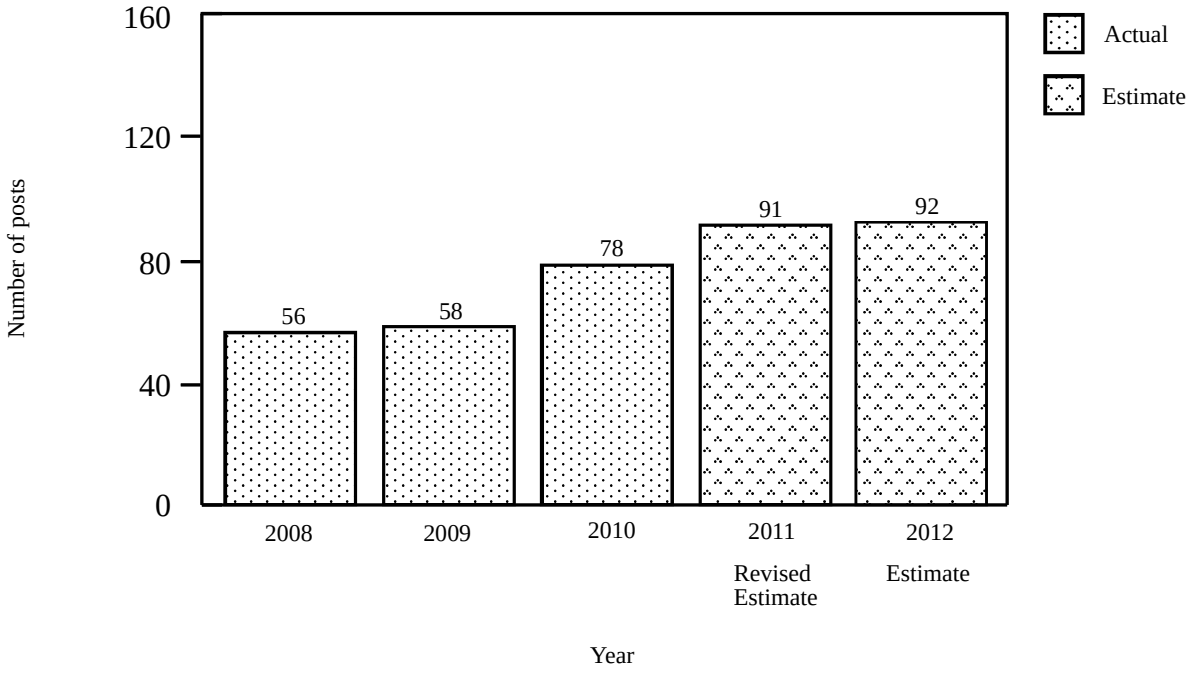


Staff by programme (as at 31 March 2012)



(No government staff under PROG 2-3)

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



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

Sub-head (Code)		Actual expenditure 2009–10	Approved estimate 2010–11	Revised estimate 2010–11	**Estimate 2011–12**
		$'000	$'000	$'000	**$'000**
	Operating Account				
	Recurrent				
000	Operational expenses	32,347,356	33,638,154	33,732,332	**36,478,451**
	Total, Recurrent	32,347,356	33,638,154	33,732,332	**36,478,451**
	Non-Recurrent				
700	General non-recurrent	28,749	72,293	68,494	**86,322**
	Total, Non-Recurrent	28,749	72,293	68,494	**86,322**
	Total, Operating Account	32,376,105	33,710,447	33,800,826	**36,564,773**
	Capital Account				
	Subventions				
85C	Prince Philip Dental Hospital	—	9,860	9,860	**33,141**
882	Hospital Authority - information technology system for health care vouchers	6,337	6,400	3,573	**5,512**
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	7,854	6,464	6,464	**3,079**
979	Hospital Authority - equipment and information systems (block vote)	693,500	851,000	844,000	**716,400**
	Hospital Authority - information technology system for Chinese medicine outpatient clinics	200	—	—	**—**
	Prince Philip Dental Hospital - information technology system	856	—	—	**—**
	Prince Philip Dental Hospital - replacement of 37 dental units in the Discipline of Paediatric Dentistry and Orthodontics	5,684	—	—	**—**
	Total, Subventions	714,431	873,724	863,897	**758,132**
	Total, Capital Account	714,431	873,724	863,897	**758,132**
	Total Expenditure	33,090,536	34,584,171	34,664,723	**37,322,905**

Details of Expenditure by Subhead

The estimate of the amount required in 2011–12 for the salaries and expenses of the Health Branch is $37,322,905,000. This represents an increase of $2,658,182,000 over the revised estimate for 2010–11 and of $4,232,369,000 over actual expenditure in 2009–10.

Operating Account

Recurrent

2 Provision of $36,478,451,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch. The increase of $2,746,119,000 (8.1%) over the revised estimate for 2010–11 is mainly due to higher provision to the Hospital Authority to meet increasing demand for hospital services and to implement measures for improving the quality of clinical care.

3 The establishment as at 31 March 2011 will be 89 permanent posts and two supernumerary posts. It is expected that there will be a net increase of one post in 2011–12. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2011–12, but the notional annual mid-point salary value of all such posts must not exceed $39,913,000.

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

	2009–10 (Actual) ($'000)	2010–11 (Original) ($'000)	2010–11 (Revised) ($'000)	**2011–12 (Estimate) ($'000)**
Personal Emoluments				
- Salaries	46,477	54,976	51,794	**55,184**
- Allowances	1,815	2,078	1,908	**2,127**
- Job-related allowances	—	6	2	**2**
Personnel Related Expenses				
- Mandatory Provident Fund contribution	169	216	192	**147**
- Civil Service Provident Fund contribution	—	32	147	**440**
Departmental Expenses				
- General departmental expenses	32,616	204,241	203,630	**196,219**
Subventions				
- Hospital Authority	32,156,203	33,265,699	33,363,273	**36,104,865**
- Prince Philip Dental Hospital	110,076	110,906	111,386	**119,467**
	32,347,356	33,638,154	33,732,332	**36,478,451**

Capital Account

Subventions

5 Provision of $3,079,000 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 $3,385,000 (52.4%) against the revised estimate for 2010–11 is mainly due to the reduced requirement for replacement and maintenance of facilities in the Prince Philip Dental Hospital.

6 Provision of $716,400,000 under *Subhead 979 Hospital Authority – equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over $150,000 each. The decrease of $127,600,000 (15.1%) against the revised estimate for 2010–11 is mainly due to the realignment in the funding arrangement for the procurement of electrical and mechanical equipment items which will be funded under the minor works block vote for Hospital Authority starting from 2011–12.

Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2010	Revised estimated expenditure for 2010–11	Balance
			$'000	$'000	$'000	$'000
Operating Account						
700		*General non-recurrent*				
	019	Health and Health Services Research Fund	226,000	19,996	9,248	196,756
	021	Funding Research on Control of Infectious Diseases	500,000	208,144	59,246	232,610
			726,000	228,140	68,494	429,366
Capital Account						
85C		*Prince Philip Dental Hospital*				
	829	Replacement of variable air volume air handling unit no. 1	7,041	—	—	7,041
	850	Installation of a Central Sterile Supplies Unit with associated electrical, mechanical and building works	9,860	—	1,360	8,500
	884	Replacement of central air-conditioning system for the Prince Philip Dental Hospital	26,100	—	8,500	17,600
			43,001	—	9,860	33,141
882	886	Hospital Authority – information technology system for health care vouchers	30,000	17,137	3,573	9,290
			30,000	17,137	3,573	9,290
		Total	799,001	245,277	81,927	471,797