

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 2016–17 **\$52,238.0m**

Establishment ceiling 2016–17 (notional annual mid-point salary value) representing an estimated 110 non-directorate posts as at 31 March 2016 rising by two posts to 112 posts as at 31 March 2017..... **\$68.9m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2016 and as at 31 March 2017.

Commitment balance..... **\$1,017.7m**

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

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	242.6	371.6	371.2 (–0.1%)	489.3 (+31.8%)
				(or +31.7% on 2015–16 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 2015–16.

Matters Requiring Special Attention in 2016–17

5 During 2016–17, the Branch will:

- prepare for the implementation of the Voluntary Health Insurance Scheme;
- complete the strategic review on healthcare manpower planning and professional development;
- facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime;
- take forward the review on mental health with a view to mapping out the direction for development of mental health services in Hong Kong;

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- continue to oversee primary care development in Hong Kong, including the implementation of initiatives in accordance with the primary care development strategy;
- continue to oversee the implementation of the “Outreach Dental Care Programme for the Elderly”;
- oversee the operation of the first stage of the electronic health record sharing system (eHRSS);
- continue with the preparatory work for the second stage of the eHRSS, and commence the development work subject to funding approval by the Legislative Council;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme;
- continue to oversee the implementation of the vaccination programmes for seasonal influenza for the elderly, young children and persons with intellectual disability, as well as the vaccination programmes for pneumococcal for the elderly and young children;
- continue to oversee the progress of various capital works projects of the Hospital Authority, such as construction of the new Tin Shui Wai Hospital and the Hong Kong Children’s Hospital in Kai Tak, the reprovisioning of Yaumatei Specialist Clinic at Queen Elizabeth Hospital, the expansion of United Christian Hospital and the Hong Kong Red Cross Blood Transfusion Service Headquarters, the refurbishment of Hong Kong Buddhist Hospital, and to plan for the redevelopment of Kwong Wah Hospital, Queen Mary Hospital, Kwai Chung Hospital, Grantham Hospital and Our Lady of Maryknoll Hospital, the construction of a new acute hospital in Kai Tak, the extension of the Operating Theatre Block of Tuen Mun Hospital and the expansion of Haven of Hope Hospital;
- follow up with the Hospital Authority on the implementation of the recommendations of the review of the Hospital Authority with a view to improving its operation so that it can continue to provide quality services and meet the challenges brought about by social development and ageing population more effectively;
- take forward recommendations made by the Review Committee on the Regulation of Pharmaceutical Products in Hong Kong;
- implement the Prevention and Control of Disease Ordinance (Cap. 599) and continue to improve its 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 with the trade a timetable for mandatory compliance with the Good Manufacturing Practice for the manufacture of proprietary Chinese medicines; oversee the setting of standards for Chinese herbal medicines commonly used in Hong Kong; and plan and develop a testing centre for Chinese medicines;
- continue to oversee the operation of 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;
- continue to promote the development of Chinese medicine in Hong Kong through selective integrated Chinese and Western medicine treatment for Hospital Authority patients and examining the feasible mode of operation of the Chinese medicine hospital;
- 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 efforts to promote, facilitate and support breastfeeding in collaboration with relevant organisations;
- 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 and enhance the publicity efforts to promote organ donation in collaboration with relevant organisations; and
- continue to manage the Health and Medical Research Fund (HMRF) which aims to promote research and development, build research capacity and generate evidence-based knowledge in public health and medical services by funding research projects and facilities in areas of advanced medical research.

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Programme (2): Subvention: Hospital Authority

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	49,803.6	49,876.0	51,525.0 (+3.3%)	51,588.9 (+0.1%)
				(or +3.4% on 2015–16 Original)

Aim

6 The main aims of the Hospital Authority are to advise the 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 71 000 staff (full time equivalents as at 31 December 2015), manages 42 public hospitals and institutions, 47 specialist outpatient clinics and 73 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 clinics, staff, equipment and other resources efficiently to provide medical services of the highest standard within the resources available;
- to improve the efficiency of medical services by developing appropriate management structure, systems and performance measures;
- to attract, motivate and retain staff;
- 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 2015–16. The volume of patient care activities across the full range of services in 2015–16 is comparable to the level in 2014–15.

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

Targets

	As at 31 March 2015 (Actual)	As at 31 March 2016 (Revised Estimate)	As at 31 March 2017 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	21 337	21 587	21 798
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	660	680
overall	27 645	27 895	28 126
<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 minute) (%)	100	100	100
triage II (emergency cases – 15 minutes) (%)	97	95	95
triage III (urgent cases – 30 minutes) (%)	75	90	90

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	As at 31 March 2015 (Actual)	As at 31 March 2016 (Revised Estimate)	As at 31 March 2017 (Target & Plan)
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
rehabilitation and geriatric services			
no. of community nurses.....	468	468	468
no. of geriatric day places.....	639	659	659
psychiatric services			
no. of community psychiatric nurses.....	129	135	135
no. of psychiatric day places.....	889	889	889
 <i>Indicators</i>			
	2014–15 (Actual)	2015–16 (Revised Estimate)	2016–17 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent).....	1 035 951	1 039 400	1 052 800
infirmary.....	3 501	3 500	3 500
mentally ill.....	17 140	17 100	17 100
mentally handicapped.....	531	540	540
overall.....	1 057 123	1 060 540	1 073 940
no. of patient days			
general (acute and convalescent).....	5 937 588	5 974 000	6 047 000
infirmary.....	510 633	510 000	510 000
mentally ill.....	935 336	971 000	971 000
mentally handicapped.....	201 122	204 000	206 000
overall.....	7 584 679	7 659 000	7 734 000
bed occupancy rate (%)			
general (acute and convalescent).....	88	88	88
infirmary.....	88	88	88
mentally ill.....	71	71	71
mentally handicapped.....	85	85	85
overall.....	85	85	85
average length of stay (days)§			
general (acute and convalescent).....	5.7	5.7	5.7
infirmary.....	141	141	141
mentally ill.....	57	57	57
mentally handicapped.....	420	420	420
overall.....	7.3	7.3	7.3
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths.....	571 563	582 000	609 100
A&E services			
no. of attendances.....	2 222 901	2 222 000	2 222 000
no. of attendances per 1 000 population.....	307	307	307
no. of first attendances for			
triage I.....	19 353	19 300	19 300
triage II.....	41 344	41 300	41 300
triage III.....	677 457	677 400	677 400

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	2014–15 (Actual)	2015–16 (Revised Estimate)	2016–17 (Estimate)
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	712 500	714 000	720 000
no. of specialist outpatient (clinical) follow-up attendances	6 479 280	6 486 000	6 510 000
total no. of specialist outpatient (clinical) attendances	7 191 780	7 200 000	7 230 000
primary care services			
no. of general outpatient attendances	5 905 262	5 913 000	5 962 000
no. of family medicine specialist clinic attendances	289 048	283 200	287 700
total no. of primary care attendances	6 194 310	6 196 200	6 249 700
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	87 250	88 700	88 700
no. of home visits by community nurses.....	861 961	863 000	866 000
no. of allied health (community) attendances	33 165	33 400	33 400
no. of allied health (outpatient) attendances	2 428 470	2 439 000	2 445 000
geriatric services			
no. of outreach attendances.....	642 176	642 100	666 600
no. of geriatric elderly persons assessed for infirmary care service	1 637	1 670	1 670
no. of geriatric day attendances.....	144 138	145 100	144 400
no. of Visiting Medical Officer attendances	113 591	111 000	111 000
psychiatric services			
no. of psychiatric outreach attendances	280 120	280 100	280 500
no. of psychiatric day attendances	219 163	222 400	223 200
no. of psychogeriatric outreach attendances	95 219	97 800	97 800
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population Δ	3.1	3.1	3.1
unplanned readmission rate within 28 days for general inpatients (%).....	10.4	10.4	10.4
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.5	54.7	54.7
ambulatory and outreach	45.5	45.3	45.3
cost by service types per 1 000 population (\$m)			
inpatient.....	3.9	4.2	4.3
ambulatory and outreach	3.2	3.5	3.6
cost of services for persons aged 65 or above			
share of cost of services (%)	46.2	47.8	47.8
cost of services per 1 000 population (\$m).....	22.3	23.9	23.8
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	23,830	25,920	26,580
infirmary	214,440	229,010	237,870
mentally ill	134,820	144,090	149,660
mentally handicapped	530,550	568,770	584,270
cost per patient day (\$)			
general (acute and convalescent)	4,600	5,000	5,110
infirmary	1,470	1,570	1,630
mentally ill	2,470	2,550	2,650
mentally handicapped	1,400	1,500	1,540

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	2014–15 (Actual)	2015–16 (Revised Estimate)	2016–17 (Estimate)
ambulatory and outreach services			
cost per A&E attendance (\$)	1,140	1,240	1,290
cost per specialist outpatient attendance (\$)	1,130	1,210	1,250
cost per general outpatient attendance (\$)	410	445	455
cost per family medicine specialist clinic attendance (\$)	1,110	1,200	1,220
cost per outreach visit by community nurse (\$)	490	525	540
cost per psychiatric outreach attendance (\$)	1,440	1,540	1,600
cost per geriatric day attendance (\$)	1,900	2,060	2,150
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)	19.2	19.2	19.2
percentage of non-CSSA fee waiver (%)	5.8	5.8	5.8
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 475	5 694	5 822
no. of specialists	3 209	3 317	3 362
no. of trainees/non-specialists	2 266	2 377	2 460
intern	401	390	407
dentist	8	8	8
medical total	5 884	6 092	6 237
nursing			
qualified staff	23 138	23 898	24 309
trainee	653	650	650
nursing total	23 791	24 548	24 959
allied health	6 888	7 250	7 484
others	33 730	34 695	35 727
total	70 293	72 585	74 407

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

Δ Refers to the standardised hospital death rate covering inpatient and day inpatient deaths in Hospital Authority hospitals in a particular year. The standardised rate, as a standard statistical technique to facilitate comparison over years, is calculated by applying the Hospital Authority age-specific hospital death rate in that particular year to the “standard” population in mid-2001.

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

Matters Requiring Special Attention in 2016–17

11 In 2016–17, 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:

- open a total of 231 additional beds to meet the growing demand arising from population growth and ageing;
- commission services in Tin Shui Wai Hospital in phases from 2016–17 and make preparation for the commencement of services in the Hong Kong Children’s Hospital in phases from 2018;
- establish an endowment fund of \$10 billion and use its investment return to fund and enhance the clinical public-private partnership initiatives of the Hospital Authority to alleviate pressure on the public healthcare system;
- augment health services for the elderly by strengthening Community Geriatric Assessment Team service, setting up the fifth joint replacement centre, and enhancing the treatment and management of cancers and chronic diseases like cardiac and renal diseases; and
- continue to implement measures to improve patients’ access to services including accident and emergency, general outpatient, surgical and endoscopic services.

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Programme (3): Subvention: Prince Philip Dental Hospital

	2014–15 (Actual)	2015–16 (Original)	2015–16 (Revised)	2016–17 (Estimate)
Financial provision (\$m)	158.2	153.0	157.6 (+3.0%)	159.8 (+1.4%)
				(or +4.4% on 2015–16 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 Prince Philip Dental Hospital 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 and certificate levels.

15 In the 2014/15 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 and certificate courses.

16 The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2014/15 (Actual)	2015/16 (Revised Estimate)	2016/17 (Estimate)
no. of training places			
undergraduate.....	322	320	339
postgraduate.....	183	167	170
student dental technician.....	38	36	35
student dental surgery assistant.....	35	36	36
student dental hygienist.....	41	45	43
total.....	619	604	623
capacity utilisation rate (%) ^Φ			
undergraduate.....	100	100	100
postgraduate.....	100	100	100
student dental technician.....	95	90	88
student dental surgery assistant.....	97	100	100
student dental hygienist.....	85	94	90
completion rate (%)			
undergraduate.....	99	100	100
postgraduate.....	98	100	100
student dental technician.....	97	94	94
student dental surgery assistant.....	80	81	81
student dental hygienist.....	85	84	84

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 2016–17

17 During 2016–17, PPDH will continue to explore ways to improve the completion rates of the para-dental training courses.

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ANALYSIS OF FINANCIAL PROVISION

	2014–15 (Actual) (\$m)	2015–16 (Original) (\$m)	2015–16 (Revised) (\$m)	2016–17 (Estimate) (\$m)
Programme				
(1) Health	242.6	371.6	371.2	489.3
(2) Subvention: Hospital Authority	49,803.6	49,876.0	51,525.0	51,588.9
(3) Subvention: Prince Philip Dental Hospital	158.2	153.0	157.6	159.8
	<hr/>	<hr/>	<hr/>	<hr/>
	50,204.4	50,400.6	52,053.8 (+3.3%)	52,238.0 (+0.4%)
				(or +3.6% on 2015–16 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2016–17 is \$118.1 million (31.8%) higher than the revised estimate for 2015–16. This is mainly due to the increased cash flow requirement for the general non-recurrent item on HMRF as well as increased operating expenses for additional measures to tackle antimicrobial resistance, promotion of breastfeeding and temporary Chinese medicine testing centre. There will be a net increase of two posts in 2016–17.

Programme (2)

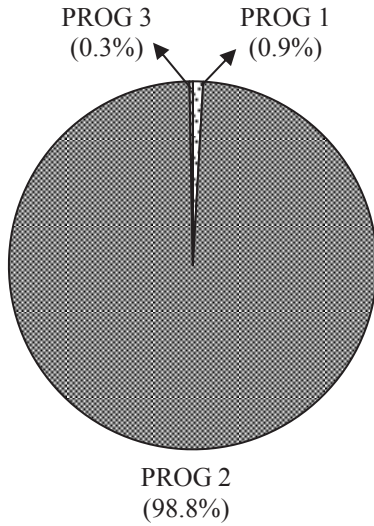
Provision for 2016–17 is \$63.9 million (0.1%) higher than the revised estimate for 2015–16. This is mainly due to the additional provision to the Hospital Authority for the procurement of equipment items and computerisation projects.

Programme (3)

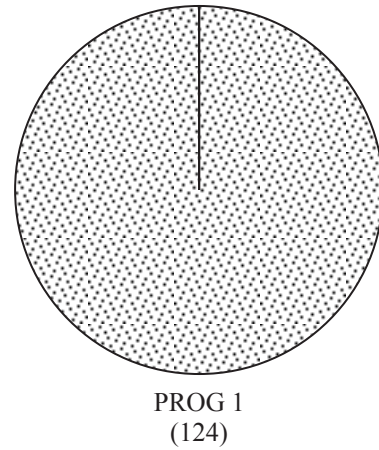
Provision for 2016–17 is \$2.2 million (1.4%) higher than the revised estimate for 2015–16. The increase is mainly due to the creation of a new hospital staff position in 2016–17 and increased provision for salary increments for staff.

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

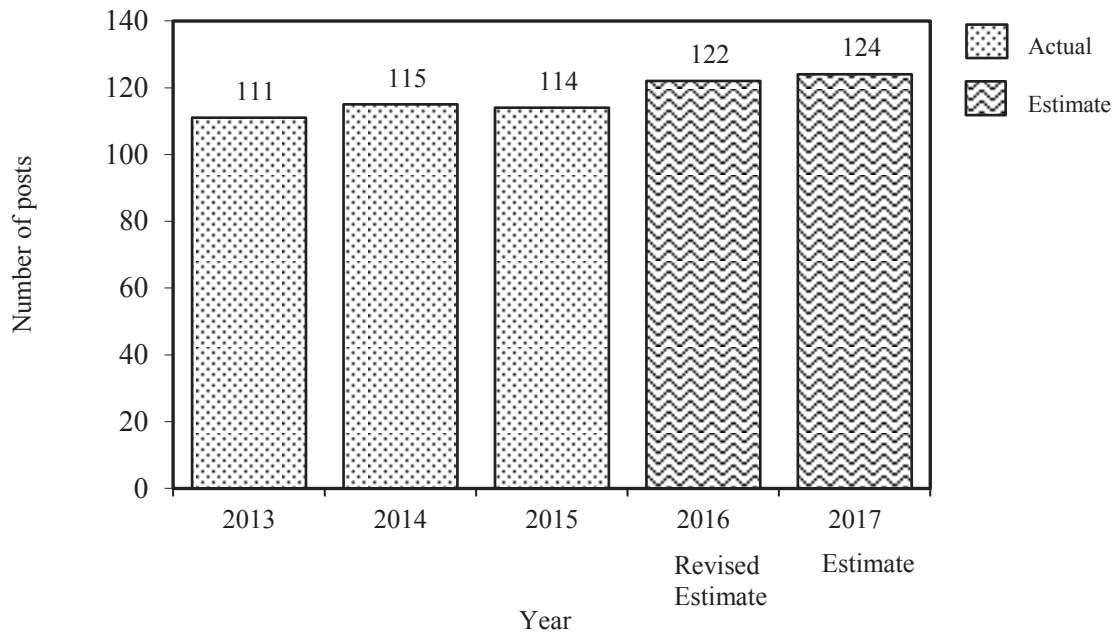


*Staff by programme
(as at 31 March 2017)*



(No government staff under PROG 2-3)

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



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Sub-head (Code)	Actual expenditure 2014–15	Approved estimate 2015–16	Revised estimate 2015–16	Estimate 2016–17	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	49,340,458	49,482,500	51,153,902	51,197,847
	Total, Recurrent.....	49,340,458	49,482,500	51,153,902	51,197,847
Non-Recurrent					
700	General non-recurrent	93,970	140,000	140,000	205,000
	Total, Non-Recurrent.....	93,970	140,000	140,000	205,000
	Total, Operating Account	49,434,428	49,622,500	51,293,902	51,402,847
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	5,925	4,170	4,170	3,994
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	6,531	7,055	7,055	7,071
979	Hospital Authority - equipment and information systems (block vote).....	757,494	766,870	748,670	824,108
	Total, Subventions	769,950	778,095	759,895	835,173
	Total, Capital Account.....	769,950	778,095	759,895	835,173
	Total Expenditure	50,204,378	50,400,595	52,053,797	52,238,020

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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 Health Branch is \$52,238,020,000. This represents an increase of \$184,223,000 over the revised estimate for 2015–16 and \$2,033,642,000 over the actual expenditure in 2014–15.

Operating Account

Recurrent

2 Provision of \$51,197,847,000 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 2016 will be 122 posts including four supernumerary posts. It is expected that there will be a net increase of two 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 \$68,853,000.

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.....	84,686	91,130	91,710	95,930
- Allowances.....	2,499	2,420	3,250	4,270
- Job-related allowances.....	—	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	244	187	220	187
- Civil Service Provident Fund contribution.....	2,187	2,935	2,847	3,659
Departmental Expenses				
- General departmental expenses	59,037	134,938	133,133	180,252
Subventions				
- Hospital Authority	49,046,122	49,109,127	50,776,356	50,764,778
- Prince Philip Dental Hospital	145,683	141,761	146,384	148,769
	49,340,458	49,482,500	51,153,902	51,197,847

Capital Account

Subventions

5 Provision of \$7,071,000 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 \$200,000 but not exceeding \$10,000,000 for each project.

6 Provision of \$824,108,000 under *Subhead 979 Hospital Authority - equipment and information systems (block vote)* is for the procurement of equipment items and computerisation projects costing over \$200,000 each. The increase of \$75,438,000 (10.1%) over the revised estimate for 2015–16 is mainly due to the increased cash flow requirements in 2016–17.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2015 \$'000	Revised estimated expenditure for 2015–16 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund	1,415,000	263,014	140,000	1,011,986
			<u>1,415,000</u>	<u>263,014</u>	<u>140,000</u>	<u>1,011,986</u>
<i>Capital Account</i>						
85C		<i>Prince Philip Dental Hospital</i>				
	876	Replacement of air water separators of the Suction Pipe System at 3A and 3B clinics	3,300	2,475	617	208
	891	Replacement of lift nos. 1 to 5 and installation of ascending car over speed protection devices for lift nos. 1 to 6	5,500	1,725	1,477	2,298
	892	Replacement of variable air volume air handling unit no. 3 and associated equipment	7,000	1,725	2,076	3,199
			<u>15,800</u>	<u>5,925</u>	<u>4,170</u>	<u>5,705</u>
	Total		<u><u>1,430,800</u></u>	<u><u>268,939</u></u>	<u><u>144,170</u></u>	<u><u>1,017,691</u></u>