

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 2017–18 **\$55,990.0m**

Establishment ceiling 2017–18 (notional annual mid-point salary value) representing an estimated 112 non-directorate posts as at 31 March 2017 rising by four posts to 116 posts as at 31 March 2018..... **\$74.7m**

In addition, there will be an estimated 12 directorate posts as at 31 March 2017 and as at 31 March 2018.

Commitment balance..... **\$2,329.7m**

Controlling Officer's Report

Programmes

<p>Programme (1) Health Programme (2) Subvention: Hospital Authority 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

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	345.4	489.3	466.7 (–4.6%)	538.4 (+15.4%)
				(or +10.0% on 2016–17 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 2016–17.

Matters Requiring Special Attention in 2017–18

5 During 2017–18, the Branch will:

- prepare for the implementation of the Voluntary Health Insurance Scheme;
- publish the report of the strategic review on healthcare manpower planning and professional development and implement its recommendations in consultation with stakeholders;
- facilitate healthcare service development, including encouraging private hospital development and revamping private healthcare facilities regulatory regime;
- complete the review on mental health and establish a standing advisory committee to follow up the recommendations of the review;

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- oversee the implementation of the two-year Dementia Community Support Pilot Scheme and the two-year Student Mental Health Support Pilot Scheme;
- 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”;
- continue to oversee the operation of the first stage of the electronic health record sharing system (eHRSS);
- commence the second stage development work of the eHRSS 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, children from six months to under 12 years old, persons receiving Disability Allowance, persons with intellectual disability and pregnant women, as well as the vaccination programmes for pneumococcal for the elderly and young children;
- continue to oversee the progress of various capital works projects on hospital development, such as construction of the Hong Kong Children’s Hospital in Kai Tak, the expansion of United Christian Hospital, Hong Kong Red Cross Blood Transfusion Service Headquarters and Haven of Hope Hospital, the refurbishment of Hong Kong Buddhist Hospital, the redevelopment of Kwong Wah Hospital and Kwai Chung Hospital, the extension of Operating Theatre Block for Tuen Mun Hospital, and to plan for the redevelopment of Queen Mary Hospital – Phase 1 (Main Works) and Prince of Wales Hospital – Phase 2 (Stage 1), as well as the construction of a new acute hospital at Kai Tak Development Area;
- 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;
- 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 the Government Chinese Medicines Testing Institute administered by the Department of Health;
- 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 to take forward the development 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

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	61,548.9 ^φ	51,588.9	53,426.6 (+3.6%)	55,283.0 (+3.5%)
				(or +7.2% on 2016–17 Original)

^φ The actual expenditure in 2015–16 includes a one-off allocation of \$10,000.0 million from the Government to the Hospital Authority for setting up an endowment fund to operate the clinical public-private partnership (PPP) programmes.

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 74 000 staff (full time equivalents as at 31 December 2016), 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 2016–17. The volume of patient care activities across the full range of services in 2016–17 is comparable to the level in 2015–16.

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

Targets

	As at 31 March 2016 (Actual)	As at 31 March 2017 (Revised Estimate)	As at 31 March 2018 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent)	21 587	21 798	22 027
infirmary	2 041	2 041	2 041
mentally ill	3 607	3 607	3 607
mentally handicapped	660	680	680
overall	27 895	28 126	28 355
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&E) services</i>			
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) (%)	78	90	90

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	As at 31 March 2016 (Actual)	As at 31 March 2017 (Revised Estimate)	As at 31 March 2018 (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.....	477	480	480
no. of geriatric day places.....	659	659	659
psychiatric services			
no. of community psychiatric nurses.....	130	138	138
no. of psychiatric day places.....	889	889	889
 <i>Indicators</i>			
	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent).....	1 055 887	1 064 200	1 079 700
infirmary.....	3 511	3 500	3 500
mentally ill.....	17 440	17 400	17 400
mentally handicapped.....	487	520	530
overall.....	1 077 325	1 085 620	1 101 130
no. of patient days			
general (acute and convalescent).....	6 112 117	6 160 000	6 252 000
infirmary.....	509 730	517 000	517 000
mentally ill.....	936 376	973 000	973 000
mentally handicapped.....	198 958	201 000	205 000
overall.....	7 757 181	7 851 000	7 947 000
bed occupancy rate (%)			
general (acute and convalescent).....	89	89	89
infirmary.....	88	88	88
mentally ill.....	71	71	71
mentally handicapped.....	82	82	82
overall.....	86	86	86
average length of stay (days)§			
general (acute and convalescent).....	5.8	5.8	5.8
infirmary.....	129	129	129
mentally ill.....	54	54	54
mentally handicapped.....	334	334	334
overall.....	7.2	7.2	7.2
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths.....	589 623	595 800	615 400
A&E services			
no. of attendances.....	2 236 456	2 236 000	2 236 000
no. of attendances per 1 000 population.....	306	306	306
no. of first attendances for			
triage I.....	19 830	19 800	19 800
triage II.....	43 840	43 800	43 800
triage III.....	694 114	694 100	694 100

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	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
specialist outpatient services			
no. of specialist outpatient (clinical) new attendances	724 585	728 000	742 000
no. of specialist outpatient (clinical) follow-up attendances	6 585 747	6 597 000	6 639 000
total no. of specialist outpatient (clinical) attendances	7 310 332	7 325 000	7 381 000
primary care services			
no. of general outpatient attendances	5 984 576	5 984 000	6 037 000
no. of family medicine specialist clinic attendances	289 124	292 400	301 700
total no. of primary care attendances	6 273 700	6 276 400	6 338 700
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances	91 189	91 200	91 200
no. of home visits by community nurses.....	855 449	854 000	854 000
no. of allied health (community) attendances	35 373	35 400	35 400
no. of allied health (outpatient) attendances	2 531 869	2 531 000	2 545 000
geriatric services			
no. of outreach attendances.....	637 777	657 400	680 200
no. of geriatric elderly persons assessed for infirmary care service	1 560	1 710	1 710
no. of geriatric day attendances.....	149 601	146 800	142 400
no. of Visiting Medical Officer attendances	109 544	111 000	111 000
psychiatric services			
no. of psychiatric outreach attendances	282 735	284 800	284 800
no. of psychiatric day attendances	223 781	224 500	224 700
no. of psychogeriatric outreach attendances	97 503	97 900	97 900
<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 (%).....	10.6	10.6	10.6
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.4	54.6	54.6
ambulatory and outreach	45.6	45.4	45.4
cost by service types per 1 000 population (\$m)			
inpatient.....	4.1	4.4	4.5
ambulatory and outreach	3.5	3.7	3.7
cost of services for persons aged 65 or above			
share of cost of services (%)	46.9	48.2	48.2
cost of services per 1 000 population (\$m).....	23.3	24.5	24.0
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	25,270	27,030	27,290
infirmary	223,210	232,220	237,830
mentally ill	138,840	148,230	151,820
mentally handicapped	622,120	650,800	660,510
cost per patient day (\$)			
general (acute and convalescent)	4,830	5,170	5,210
infirmary	1,540	1,610	1,640
mentally ill	2,590	2,660	2,720
mentally handicapped	1,520	1,680	1,710

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	2015–16 (Actual)	2016–17 (Revised Estimate)	2017–18 (Estimate)
ambulatory and outreach services			
cost per A&E attendance (\$)	1,230	1,310	1,340
cost per specialist outpatient attendance (\$)	1,190	1,260	1,290
cost per general outpatient attendance (\$)	445	470	480
cost per family medicine specialist clinic attendance (\$)	1,130	1,210	1,240
cost per outreach visit by community nurse (\$)	535	570	585
cost per psychiatric outreach attendance (\$)	1,550	1,660	1,700
cost per geriatric day attendance (\$)	1,960	2,120	2,240
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)	18.5	18.1	18.1
percentage of non-CSSA fee waiver (%)	6.2	6.7	6.7
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 664	5 813	5 942
no. of specialists	3 351	3 444	3 495
no. of trainees/non-specialists	2 313	2 369	2 447
intern	368	405	492
dentist	8	8	8
medical total	6 040	6 226	6 442
nursing			
qualified staff	23 976	24 331	25 154
trainee	611	600	600
nursing total	24 587	24 931	25 754
allied health	7 268	7 509	7 781
others	34 990	36 081	37 046
total	72 885	74 747	77 023

§ 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 2017–18

11 In 2017–18, 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 229 additional beds to meet the growing demand arising from population growth and ageing;
- continue to commission services in Tin Shui Wai Hospital in phases and make preparation for the commencement of services in the Hong Kong Children’s Hospital in phases from 2018;
- enhance the services provided by the Hospital Authority’s Community Geriatric Assessment Team for terminally ill patients living in residential care homes for the elderly, set up geriatric fragility fracture co-ordination services in designated acute hospital, and enhance treatment and management of cancers, stroke, cardiac and renal diseases;
- continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services as well as increase quotas for specialist and general outpatient services;
- augment mental health services by strengthening healthcare professional and support manpower; and
- continue to make use of investment returns generated from the \$10 billion PPP Endowment Fund allocated to the Hospital Authority on 31 March 2016 to operate clinical PPP programmes.

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Programme (3): Subvention: Prince Philip Dental Hospital

	2015–16 (Actual)	2016–17 (Original)	2016–17 (Revised)	2017–18 (Estimate)
Financial provision (\$m)	159.1	159.8	163.7 (+2.4%)	168.6 (+3.0%)
				(or +5.5% on 2016–17 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 level.

15 In the 2015/16 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 courses.

16 The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2015/16 (Actual)	2016/17 (Revised Estimate)	2017/18 (Estimate)
no. of training places			
undergraduate.....	320	340	358
postgraduate#.....	159	126	94
student dental technician.....	36	36	40
student dental surgery assistant.....	36	36	36
student dental hygienist.....	45	45	45
student dental therapist^.....	—	10	10
total.....	596	593	583
capacity utilisation rate (%)Φ			
undergraduate.....	100	100	100
postgraduate.....	100	100	100
student dental technician.....	90	90	100
student dental surgery assistant.....	100	100	100
student dental hygienist.....	94	94	94
student dental therapist^.....	—	100	100
completion rate (%)			
undergraduate.....	99	100	100
postgraduate.....	100	100	100
student dental technician.....	92	94	95
student dental surgery assistant.....	78	81	81
student dental hygienist.....	84	84	84
student dental therapist^.....	—	100	100

The estimate for 2017/18 academic year does not cover taught postgraduate (TPG) programmes organised by the Faculty of Dentistry of the University of Hong Kong on a self-financing basis. The actual number of postgraduate places provided in 2015/16 academic year and the revised estimate for 2016/17 academic year would become 97 and 94 respectively after excluding places offered by the TPG programmes.

^ The Advanced Diploma Course in Dental Therapy was newly launched in June 2016.

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 2017–18

17 During 2017–18, 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

	2015–16 (Actual) (\$m)	2016–17 (Original) (\$m)	2016–17 (Revised) (\$m)	2017–18 (Estimate) (\$m)
Programme				
(1) Health.....	345.4	489.3	466.7	538.4
(2) Subvention: Hospital Authority	61,548.9	51,588.9	53,426.6	55,283.0
(3) Subvention: Prince Philip Dental Hospital	159.1	159.8	163.7	168.6
	<hr/>	<hr/>	<hr/>	<hr/>
	62,053.4	52,238.0	54,057.0 (+3.5%)	55,990.0 (+3.6%)
				(or +7.2% on 2016–17 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2017–18 is \$71.7 million (15.4%) higher than the revised estimate for 2016–17. 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. There will be a net increase of four posts in 2017–18.

Programme (2)

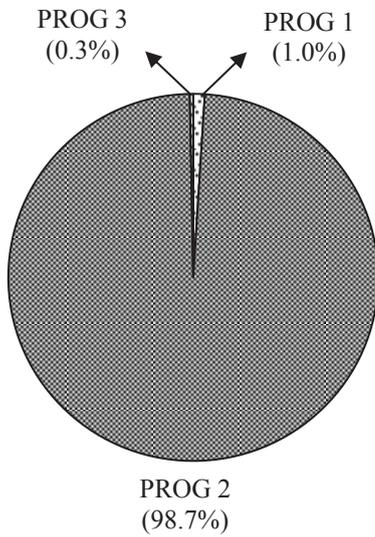
Provision for 2017–18 is \$1,856.4 million (3.5%) higher than the revised estimate for 2016–17. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

Programme (3)

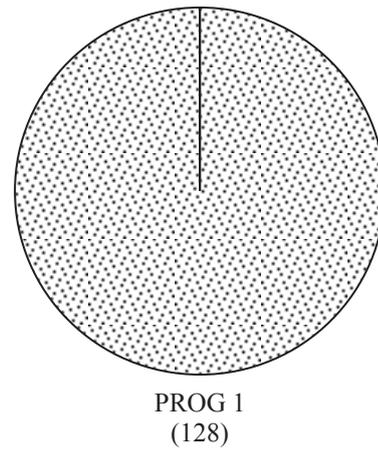
Provision for 2017–18 is \$4.9 million (3.0%) higher than the revised estimate for 2016–17. The increase is mainly due to the creation of new hospital staff positions and the increased requirement for procurement of equipment.

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*Allocation of provision
to programmes
(2017-18)*

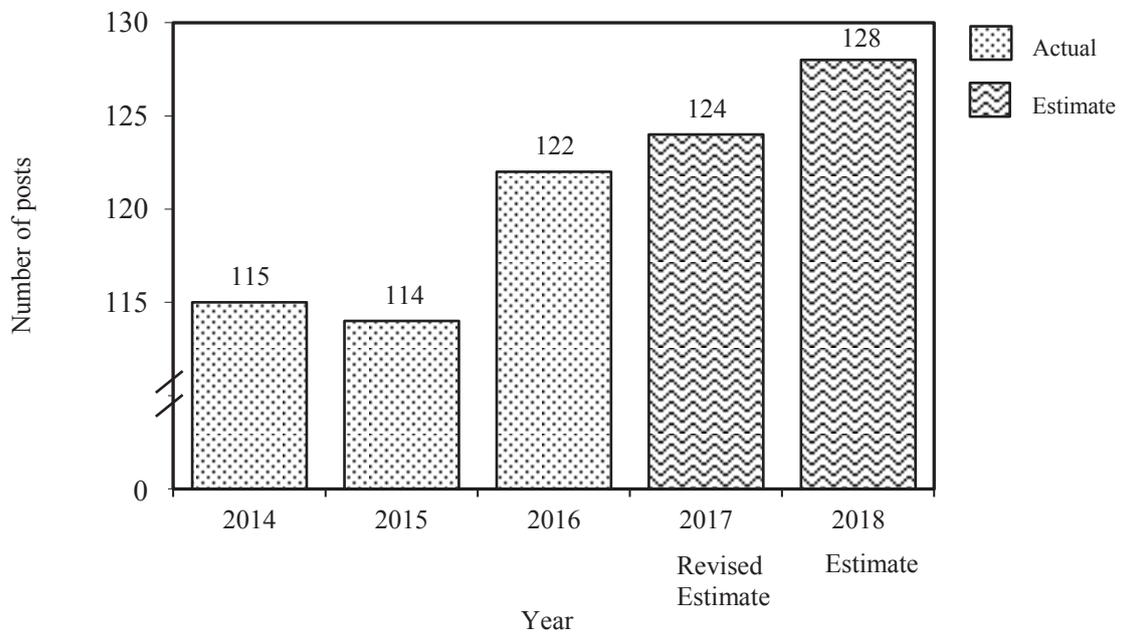


*Staff by programme
(as at 31 March 2018)*



(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 2015–16	Approved estimate 2016–17	Revised estimate 2016–17	Estimate 2017–18	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	51,151,559	51,197,847	53,037,781	54,885,416
	Total, Recurrent.....	51,151,559	51,197,847	53,037,781	54,885,416
Non-Recurrent					
700	General non-recurrent	10,139,946	205,000	185,000	220,000
	Total, Non-Recurrent.....	10,139,946	205,000	185,000	220,000
	Total, Operating Account	61,291,505	51,402,847	53,222,781	55,105,416
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	4,170	3,994	3,037	1,601
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	6,598	7,071	7,071	9,348
979	Hospital Authority - equipment and information systems (block vote).....	751,141	824,108	824,108	873,650
	Total, Subventions	761,909	835,173	834,216	884,599
	Total, Capital Account.....	761,909	835,173	834,216	884,599
	Total Expenditure	62,053,414	52,238,020	54,056,997	55,990,015

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Details of Expenditure by Subhead

The estimate of the amount required in 2017–18 for the salaries and expenses of the Health Branch is \$55,990,015,000. This represents an increase of \$1,933,018,000 over the revised estimate for 2016–17 and a decrease of \$6,063,399,000 against the actual expenditure in 2015–16.

Operating Account

Recurrent

2 Provision of \$54,885,416,000 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 2017 will be 124 posts including four supernumerary posts. It is expected that there will be a net increase of four posts in 2017–18. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2017–18, but the notional annual mid-point salary value of all such posts must not exceed \$74,726,000.

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

	2015–16 (Actual) (\$'000)	2016–17 (Original) (\$'000)	2016–17 (Revised) (\$'000)	2017–18 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	90,244	95,930	93,183	98,340
- Allowances.....	3,355	4,270	4,820	5,370
- Job-related allowances.....	1	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	221	187	170	147
- Civil Service Provident Fund contribution.....	2,868	3,659	4,006	5,487
Departmental Expenses				
- General departmental expenses	108,807	180,252	179,580	209,074
Subventions				
- Hospital Authority	50,797,757	50,764,778	52,602,467	54,409,320
- Prince Philip Dental Hospital	148,306	148,769	153,553	157,676
	51,151,559	51,197,847	53,037,781	54,885,416

Capital Account

Subventions

5 Provision of \$9,348,000 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 million for each project. The increase of \$2,277,000 (32.2%) over the revised estimate for 2016–17 is mainly due to the increased requirements in 2017–18.

6 Provision of \$873,650,000 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.

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Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2016 \$'000	Revised estimated expenditure for 2016–17 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	823	Health and Medical Research Fund	2,915,000	402,960	185,000	2,327,040
			<u>2,915,000</u>	<u>402,960</u>	<u>185,000</u>	<u>2,327,040</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	3,092	—	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	3,202	798	1,500
	892	Replacement of variable air volume air handling unit no. 3 and associated equipment	7,000	3,801	2,239	960
			<u>15,800</u>	<u>10,095</u>	<u>3,037</u>	<u>2,668</u>
		Total	<u><u>2,930,800</u></u>	<u><u>413,055</u></u>	<u><u>188,037</u></u>	<u><u>2,329,708</u></u>