

## Head 37 — DEPARTMENT OF HEALTH

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

|  |                    |
|--|--------------------|
| Estimate 2018–19 .....   | <b>\$11,080.7m</b> |
| Establishment ceiling 2018–19 (notional annual mid-point salary value) representing an estimated 6 388 non-directorate posts as at 31 March 2018 rising by 182 posts to 6 570 posts as at 31 March 2019..... | <b>\$3,333.4m</b>  |
| In addition, there will be an estimated 63 directorate posts as at 31 March 2018 rising by one post to 64 posts as at 31 March 2019.   |                    |
| Commitment balance.....  | <b>\$25.3m</b>     |

### Controlling Officer's Report

#### Programmes

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

#### Detail

##### Programme (1): Statutory Functions

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised) | <b>2018–19<br/>(Estimate)</b>      |
|---------------------------|---------------------|-----------------------|----------------------|------------------------------------|
| Financial provision (\$m) | 855.4               | 937.8                 | 903.4<br>(–3.7%)     | <b>1,286.4</b><br>(+42.4%)         |
|                           |                     |                       |                      | (or +37.2% on<br>2017–18 Original) |

#### Aim

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

#### Brief Description

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

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

### *Targets*

|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Plan) |
|--|--------|------------------|------------------|----------------|
| free pratique to be granted within 30 minutes of receiving application (%) .....   | >95    | 99               | 99               | >95            |
| registration of pharmaceutical products within five months (% of applications) ...   | >90    | 99               | 99               | >90            |
| inspection of licensed retail drug premises at an average of twice a year per premises (%) .....   | 100    | 100              | 100              | 100            |
| proportion of workers getting radiation dose <20mSv a year (%).....  | 100    | 100              | 100              | 100            |
| processing of registration application from healthcare professionals within ten working days (%).....  | >90    | 100              | 100              | >90            |
| investigation upon receipt of complaint against healthcare professionals within 14 working days (%).....   | >90    | 100              | 100              | >90            |
| inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) not less than twice a year (%)..... | 100    | 100              | 100              | 100            |
| inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance not less than once a year (%).....   | 100    | 100              | 100              | 100            |

### *Indicators*

|  | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Estimate) |
|--|------------------|------------------|--------------------|
| registration applications of pharmaceutical products processed .....   | 3 200            | 3 000            | 3 500              |
| inspection of licensed retail drug premises .....  | 9 200            | 9 100            | 9 100              |
| licences, notices and permits processed for irradiating apparatus/radioactive substances .....   | 14 200           | 14 600           | 14 600             |
| registration applications from healthcare professionals processed .....  | 5 500            | 5 900            | 6 300              |
| no. of inspections of private hospitals (including maternity homes) registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance ..... | 123              | 134              | 120                |
| no. of inspections of nursing homes registered under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance .....                                 | 160              | 164              | 125                |

### *Matters Requiring Special Attention in 2018–19*

5 During 2018–19, the Department will:

- take forward the legislative requirements to prohibit commercial sale and supply of alcohol to minors;
- strengthen the secretariat support to the Medical Council of Hong Kong and the Dental Council of Hong Kong in handling complaints and conducting inquiries;
- continue to operate the Government Chinese Medicines Testing Institute at the temporary site to conduct research on reference standards and testing methods of Chinese medicines;
- continue to enforce the Smoking (Public Health) Ordinance (Cap. 371) and the Fixed Penalty (Smoking Offences) Ordinance (Cap. 600); and
- continue to support the Food and Health Bureau in the review of the regulation of private healthcare institutions and of medical devices, and support private hospital development.

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### Programme (2): Disease Prevention

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised)      | <b>2018–19<br/>(Estimate)</b>  |
|---------------------------|---------------------|-----------------------|---------------------------|--|
| Financial provision (\$m) |                     |                       |                           |  |
| Government sector         | 3,367.3             | 4,561.4               | 4,356.0<br>(–4.5%)        | <b>5,934.9</b><br>(+36.2%)<br><br>(or +30.1% on<br>2017–18 Original) |
| Subvented sector          | 95.6                | 98.6                  | 98.7<br>(+0.1%)           | <b>97.6</b><br>(–1.1%)<br><br>(or –1.0% on<br>2017–18 Original)      |
| <b>Total</b>              | <b>3,462.9</b>      | <b>4,660.0</b>        | <b>4,454.7</b><br>(–4.4%) | <b>6,032.5</b><br>(+35.4%)<br><br>(or +29.5% on<br>2017–18 Original) |

#### *Aim*

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

#### *Brief Description*

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

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

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

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

#### *Targets*

|   | Target | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Plan)</b> |
|---|--------|------------------|------------------|------------------------|
| achieving a high participation rate of new born babies of local mothers attending maternal and child health centres (%) ..... | >90    | 94Δ              | 94               | <b>&gt;90</b>          |
| contributing to achieving low infant mortality rate (IMR) and maternal mortality rate (MMR)                                   |        |                  |                  |                        |
| IMR per 1 000 live births .....   | <6.0   | 1.7Δ             | 1.7              | <b>&lt;6.0</b>         |
| MMR per 100 000 live births .....   | <6.0   | 0.0              | 2.1              | <b>&lt;6.0</b>         |

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|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Plan) |
|--|--------|------------------|------------------|----------------|
| School Dental Care Service participation rate (%).....                               | >90    | 96               | 97               | >90            |
| investigating reports of outbreaks of communicable diseases within 24 hours (%)..... | 100    | 100              | 100              | 100            |
| coverage rate of immunisation programme for school children (%).....                 | >95    | 98               | 98               | >95            |

### *Indicators*

|   | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Estimate) |
|---|------------------|------------------|--------------------|
| attendances at maternal and child health centres  |                  |                  |                    |
| child health service.....   | 610 000          | 588 000          | 588 000            |
| maternal health service.....  | 178 000          | 167 000          | 167 000            |
| family planning service.....  | 104 000          | 98 000           | 98 000             |
| cervical screening service.....   | 102 000          | 103 000          | 103 000            |
| attendances at family planning clinics operated by Family Planning Association.....                           | 106 000          | 102 000          | 102 000            |
| school children participating in the Student Health Service   |                  |                  |                    |
| primary school students.....  | 321 000          | 332 000          | 345 000            |
| secondary school students.....  | 308 000          | 294 000          | 287 000            |
| primary school children participating in the School Dental Care Service.....                                  | 325 200          | 336 500          | 349 100            |
| no. of training activities on infection control.....  | 85               | 85               | 85                 |
| no. of attendances to training activities on infection control ...  | 8 400            | 8 400            | 8 400              |
| doses of vaccines given to school children.....   | 164 000          | 167 000          | 167 000            |
| attendances at social hygiene clinics.....  | 81 800           | 86 700           | 86 700             |
| no. of enrolment in elderly health centres.....   | 44 000Δ          | 45 000           | 46 000             |
| no. of attendances for health assessment and medical consultation at elderly health centres.....              | 177 000Δ         | 178 000          | 182 000            |
| attendances at health education activities organised by elderly health centres and visiting health teams..... | 488 000Δ         | 486 000          | 486 000            |
| no. of enrolment for woman health service.....  | 15 500           | 14 400           | 14 400             |
| no. of attendances for woman health service.....  | 24 800           | 24 500           | 24 500             |
| no. of laboratory tests relating to public health.....  | 6 033 000Δ       | 6 290 000        | 6 350 000          |

Δ The figure has been updated after the finalisation of the 2017–18 Estimates.

### *Matters Requiring Special Attention in 2018–19*

10 During 2018–19, the Department will:

- continue to promote and implement the Elderly Health Care Voucher Scheme, which will be enhanced in 2018 by increasing the accumulation limit of the voucher from \$4,000 to \$5,000. Also, the Government will provide each eligible elder with an additional \$1,000 as a one-off arrangement;
- set up and support a steering committee for viral hepatitis control;
- implement a strategy and action plan for prevention and control of non-communicable diseases through measures such as health promotion and education activities and strengthening of surveillance systems by conducting household-based health behaviour surveys every two years and supplemented by physical and biochemical measurements every four to six years;
- embark on new initiatives to strengthen the Department's information technology infrastructure, Clinical Information Management System and data analytics in support of enhanced service delivery and the Government's Electronic Health Record Programme;
- continue to implement the pilot public-private partnership programme to test a new mode of smoking cessation service supported by family physicians;
- continue to enhance the elderly health service;
- continue to implement the pilot colorectal cancer screening programme and prepare for regularisation of the programme to cover for persons at specific ages;
- continue the effort for promotion of breastfeeding and implementation of "Hong Kong Code of Marketing of Formula Milk and Related Products, and Food Products for Infants & Young Children";

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- continue to enhance the preparedness for public health emergencies; and
- continue the work in combating public health threats from antimicrobial resistance.

### Programme (3): Health Promotion

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised)    | <b>2018–19<br/>(Estimate)</b>                                      |
|---------------------------|---------------------|-----------------------|-------------------------|--|
| Financial provision (\$m) |                     |                       |                         |  |
| Government sector         | 265.2               | 314.6                 | 284.9<br>(–9.4%)        | <b>386.7</b><br>(+35.7%)<br><br>(or +22.9% on<br>2017–18 Original) |
| Subvented sector          | 100.4               | 94.0                  | 92.7<br>(–1.4%)         | <b>93.7</b><br>(+1.1%)<br><br>(or –0.3% on<br>2017–18 Original)    |
| <b>Total</b>              | <b>365.6</b>        | <b>408.6</b>          | <b>377.6</b><br>(–7.6%) | <b>480.4</b><br>(+27.2%)<br><br>(or +17.6% on<br>2017–18 Original) |

### *Aim*

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

### *Brief Description*

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

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

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

### *Target*

|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Plan)</b> |
|--|--------|------------------|------------------|------------------------|
| training of health promoters (annual total)..... | >2 000 | 2 350            | 2 350            | <b>&gt;2 000</b>       |

### *Indicators*

|   | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Estimate)</b> |
|---|------------------|------------------|----------------------------|
| production of health education materials (annual no. of titles) ..... | 720              | 720              | <b>720</b>                 |
| attendances at health education activities .....                      | 912 000          | 912 000          | <b>912 000</b>             |
| AIDS counselling attendances .....                                    | 2 830            | 2 650            | <b>2 650</b>               |
| utilisation of the AIDS telephone enquiry service .....               | 18 400           | 19 100           | <b>18 800</b>              |
| no. of publicity/educational activities delivered by COSH.....        | 423              | 430              | <b>420</b>                 |
| no. of secondary schools joining the Adolescent Health Programme..... | 320              | 310              | <b>310</b>                 |

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### *Matters Requiring Special Attention in 2018–19*

15 During 2018–19, the Department will:

- continue to conduct the pilot scheme of Accredited Registers Scheme for Healthcare Professions,
- launch an on-going mental health educational and destigmatisation campaign,
- explore the feasibility of extending the health promoting school model in Hong Kong, and
- continue to strengthen the publicity and education programme and adopt a community approach on smoking prevention and cessation.

### **Programme (4): Curative Care**

| Financial provision (\$m) | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised)    | <b>2018–19<br/>(Estimate)</b>  |
|---------------------------|---------------------|-----------------------|-------------------------|--|
| Government sector         | 946.5               | 939.6                 | 953.9<br>(+1.5%)        | <b>1,095.1</b><br>(+14.8%)<br><br>(or +16.5% on<br>2017–18 Original) |
| Subvented sector          | 3.4                 | 3.5                   | 3.5<br>(—)              | <b>9.5</b><br>(+171.4%)<br><br>(or +171.4% on<br>2017–18 Original)   |
| <b>Total</b>              | <b>949.9</b>        | <b>943.1</b>          | <b>957.4</b><br>(+1.5%) | <b>1,104.6</b><br>(+15.4%)<br><br>(or +17.1% on<br>2017–18 Original) |

### *Aim*

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

### *Brief Description*

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

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

#### *Targets*

|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Plan)</b> |
|--|--------|------------------|------------------|------------------------|
| coverage rate of TB vaccination (BCG)<br>at birth (%).....   | >99    | >98              | >99              | <b>&gt;99</b>          |
| cure rate of TB patients under supervised<br>treatment (%).....                                    | >85    | 87               | 86               | <b>&gt;85</b>          |
| appointment time for new dermatology<br>cases within 12 weeks (% of cases)δ.....                   | >90    | 31               | 33               | —                      |
| appointment time for new cases with<br>serious dermatoses within eight weeks<br>(% of cases)Φ..... | >90    | —                | —                | <b>&gt;90</b>          |

δ Target to be removed as from 2018.

Φ New target as from 2018. The new target replaces the target “appointment time for new dermatology cases within 12 weeks”. Starting from 2018, the Department is pledging to offer appointments to new patients with serious dermatosis of indicator diseases within eight weeks (versus 12 weeks). With the increasing complexity of skin conditions and management, there is a need to accord higher priority to patients with more severe diseases and track the efficiency in offering the first appointments.

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### Indicators

|  | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Estimate) |
|--|------------------|------------------|--------------------|
| BCG vaccinations given to new born babies .....        | 59 900 $\Delta$  | 56 400           | 56 400             |
| attendances at specialised outpatient clinics          |                  |                  |                    |
| TB and Chest.....                                      | 685 000          | 669 000          | 669 000            |
| Dermatology.....                                       | 244 200          | 236 200          | 236 200            |
| HIV/AIDS .....   | 17 700           | 17 900           | 18 100             |
| dental treatment cases                                 |                  |                  |                    |
| hospital patients (attendances) .....                  | 58 000           | 61 200           | 61 200             |
| dental clinics emergency treatment (attendances) ..... | 40 000           | 41 100           | 41 100             |
| special needs group (no. of patients).....             | 11 400           | 11 600           | 11 600             |

$\Delta$  The figure has been updated after the finalisation of the 2017–18 Estimates.

### Matters Requiring Special Attention in 2018–19

19 During 2018–19, the Department will:

- introduce a biologic clinic in Pamela Youde Nethersole Eastern Hospital for psoriasis patients,
- launch a three-year programme in collaboration with non-governmental organisations to provide dental care services for adult persons with intellectual disabilities, and
- continue to provide specialised curative services to the public and dental service to patients with special oral healthcare needs or emergency.

### Programme (5): Rehabilitation

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised) | 2018–19<br>(Estimate)             |
|---------------------------|---------------------|-----------------------|----------------------|-----------------------------------|
| Financial provision (\$m) | 121.3               | 131.8                 | 126.6<br>(–3.9%)     | 138.6<br>(+9.5%)                  |
|                           |                     |                       |                      | (or +5.2% on<br>2017–18 Original) |

### Aim

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

### Brief Description

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

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

22 The key performance measures in respect of rehabilitation are:

### Targets

|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Plan) |
|--|--------|------------------|------------------|----------------|
| appointment time for new cases in<br>child assessment centres within<br>three weeks (%) .....            | >90    | 100              | 100              | >90            |
| completion time for assessment of new<br>cases in child assessment centres<br>within six months (%)..... | >90    | 61               | 55               | >60            |



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| <i>Indicator</i>                              | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Estimate) |
|---|------------------|------------------|--------------------|
| attendances at child assessment centres ..... | 37 200           | 37 400           | <b>37 400</b>      |

### *Matters Requiring Special Attention in 2018–19*

23 During 2018–19, the Department will continue to provide comprehensive assessment services to children with developmental problems and disabilities, and interim support and educational activities to these children, their families and the public.

### **Programme (6): Treatment of Drug Abusers**

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised) | 2018–19<br>(Estimate)  |
|---------------------------|---------------------|-----------------------|----------------------|--|
| Financial provision (\$m) |                     |                       |                      |  |
| Government sector         | 52.4                | 44.5                  | 45.5<br>(+2.2%)      | <b>48.4</b><br>(+6.4%)<br><br>(or +8.8% on<br>2017–18 Original)  |
| Subvented sector          | 120.4               | 123.5                 | 122.6<br>(–0.7%)     | <b>131.0</b><br>(+6.9%)<br><br>(or +6.1% on<br>2017–18 Original) |
| Total                     | 172.8               | 168.0                 | 168.1<br>(+0.1%)     | <b>179.4</b><br>(+6.7%)<br><br>(or +6.8% on<br>2017–18 Original) |

### *Aim*

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

### *Brief Description*

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

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

### *Targets*

|  | Target | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Plan) |
|--|--------|------------------|------------------|----------------|
| average attendance rate of patients registered with methadone clinics (%) .... | >70    | 74               | 74               | >70            |
| completion rate of SARDA's inpatient treatment courses                         |        |                  |                  |                |
| detoxification (%) .....   | >70    | 81               | 81               | >70            |
| rehabilitation (%) .....   | >60    | 66               | 87               | >60            |

### *Indicators*

|   | 2016<br>(Actual) | 2017<br>(Actual) | 2018<br>(Estimate) |
|---|------------------|------------------|--------------------|
| patients registered with methadone clinics .....                            | 6 200            | 5 800            | <b>5 800</b>       |
| average daily attendances at methadone clinics .....                        | 4 600            | 4 300            | <b>4 300</b>       |
| patients admitted for residential treatment .....                           | 1 540            | 1 450            | <b>1 460</b>       |
| bed-days occupied at residential treatment and rehabilitation centres ..... | 98 200           | 97 300           | <b>97 800</b>      |



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### *Matters Requiring Special Attention in 2018–19*

27 During 2018–19, the Department will continue to provide treatment services to drug abusers.

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

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised) | <b>2018–19<br/>(Estimate)</b>      |
|---------------------------|---------------------|-----------------------|----------------------|------------------------------------|
| Financial provision (\$m) | 1,367.6             | 1,521.9               | 1,550.7<br>(+1.9%)   | <b>1,848.9</b><br>(+19.2%)         |
|                           |                     |                       |                      | (or +21.5% on<br>2017–18 Original) |

#### *Aim*

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

#### *Brief Description*

29 The work involves:

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

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

#### *Targets*

|   | Target | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Plan)</b> |
|---|--------|------------------|------------------|------------------------|
| appointment time for new dental cases<br>within six months (%).....                               | >90    | 96               | 97               | <b>&gt;90</b>          |
| processing of applications for<br>reimbursement of medical expenses<br>within four weeks (%)..... | >90    | 99               | 99               | <b>&gt;90</b>          |

#### *Indicators*

|   | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Estimate)</b> |
|---|------------------|------------------|----------------------------|
| attendances at non-public clinics ..... | 273 000          | 297 000          | <b>305 000</b>             |
| attendances at dental clinics .....     | 739 800          | 766 400          | <b>768 400</b>             |

### *Matters Requiring Special Attention in 2018–19*

31 During 2018–19, the Department will continue to provide medical and dental services for civil servants and other eligible persons.

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

|                           | 2016–17<br>(Actual) | 2017–18<br>(Original) | 2017–18<br>(Revised) | <b>2018–19<br/>(Estimate)</b>     |
|---------------------------|---------------------|-----------------------|----------------------|-----------------------------------|
| Financial provision (\$m) | 9.3                 | 9.6                   | 9.8<br>(+2.1%)       | <b>9.9</b><br>(+1.0%)             |
|                           |                     |                       |                      | (or +3.1% on<br>2017–18 Original) |

#### *Aim*

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

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***Brief Description***

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

**34** The key performance measure is:

***Indicator***

|   | 2016<br>(Actual) | 2017<br>(Actual) | <b>2018<br/>(Estimate)</b> |
|---|------------------|------------------|----------------------------|
| no. of civil servants working in the HA managed as at<br>1 April..... | 1 533            | 1 354            | <b>1 166</b>               |

***Matters Requiring Special Attention in 2018–19***

**35** During 2018–19, the Department will continue to discharge the personnel management responsibility for the civil servants working in the HA.

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### ANALYSIS OF FINANCIAL PROVISION

| Programme  | 2016–17<br>(Actual)<br>(\$m) | 2017–18<br>(Original)<br>(\$m) | 2017–18<br>(Revised)<br>(\$m) | 2018–19<br>(Estimate)<br>(\$m)             |
|--|------------------------------|--------------------------------|-------------------------------|--|
| (1) Statutory Functions .....  | 855.4                        | 937.8                          | 903.4                         | <b>1,286.4</b>                             |
| (2) Disease Prevention .....   | 3,462.9                      | 4,660.0                        | 4,454.7                       | <b>6,032.5</b>                             |
| (3) Health Promotion .....   | 365.6                        | 408.6                          | 377.6                         | <b>480.4</b>                               |
| (4) Curative Care .....  | 949.9                        | 943.1                          | 957.4                         | <b>1,104.6</b>                             |
| (5) Rehabilitation .....   | 121.3                        | 131.8                          | 126.6                         | <b>138.6</b>                               |
| (6) Treatment of Drug Abusers.....   | 172.8                        | 168.0                          | 168.1                         | <b>179.4</b>                               |
| (7) Medical and Dental Treatment for<br>Civil Servants.....                          | 1,367.6                      | 1,521.9                        | 1,550.7                       | <b>1,848.9</b>                             |
| (8) Personnel Management of Civil<br>Servants Working in Hospital<br>Authority ..... | 9.3                          | 9.6                            | 9.8                           | <b>9.9</b>                                 |
|  | 7,304.8                      | 8,780.8                        | 8,548.3<br>(-2.6%)            | <b>11,080.7</b><br><b>(+29.6%)</b>         |
|  |                              |                                |                               | <b>(or +26.2% on<br/>2017–18 Original)</b> |

#### Analysis of Financial and Staffing Provision

##### Programme (1)

Provision for 2018–19 is \$383.0 million (42.4%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses, increase in cash flow requirement for procurement of equipment, and a net increase of 94 posts in 2018–19 to meet operational needs.

##### Programme (2)

Provision for 2018–19 is \$1,577.8 million (35.4%) higher than the revised estimate for 2017–18. This is mainly due to additional provision for meeting funding requirement for the Elderly Health Care Voucher Scheme, meeting claims under subsidised vaccination schemes, continuing the pilot colorectal cancer screening programme, increase in cash flow requirement for procurement of equipment, and a net increase of 23 posts in 2018–19 to meet operational needs.

##### Programme (3)

Provision for 2018–19 is \$102.8 million (27.2%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses, and an increase of seven posts in 2018–19 to meet operational needs.

##### Programme (4)

Provision for 2018–19 is \$147.2 million (15.4%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses, and a net increase of 13 posts in 2018–19 to meet operational needs.

##### Programme (5)

Provision for 2018–19 is \$12.0 million (9.5%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses and an increase of one post in 2018–19 to meet operational needs.

##### Programme (6)

Provision for 2018–19 is \$11.3 million (6.7%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses and increased cash flow requirement for procurement of equipment.

## Head 37 — DEPARTMENT OF HEALTH

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### **Programme (7)**

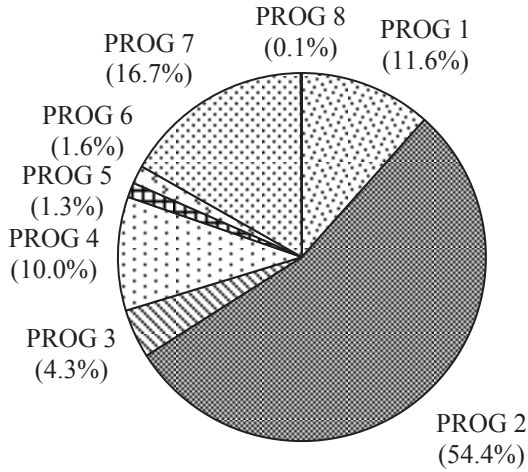
Provision for 2018–19 is \$298.2 million (19.2%) higher than the revised estimate for 2017–18. This is mainly due to additional provision for meeting the increasing demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, enhancing the medical and dental services for civil service eligible persons, increased cash flow requirement for procurement of equipment and an increase of 45 posts in 2018–19 to meet operational needs.

### **Programme (8)**

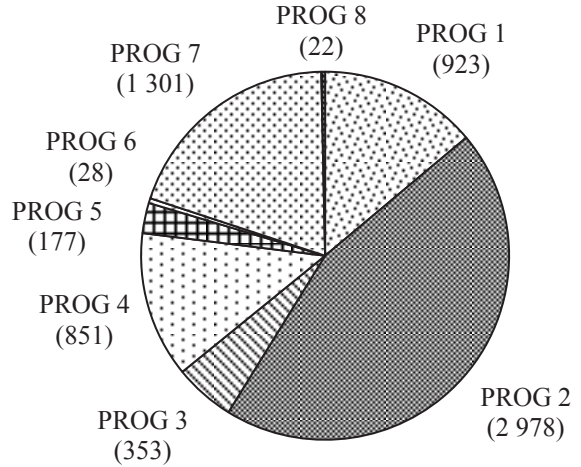
Provision for 2018–19 is \$0.1 million (1.0%) higher than the revised estimate for 2017–18. This is mainly due to increased requirement for operating expenses.

**Head 37 — DEPARTMENT OF HEALTH**

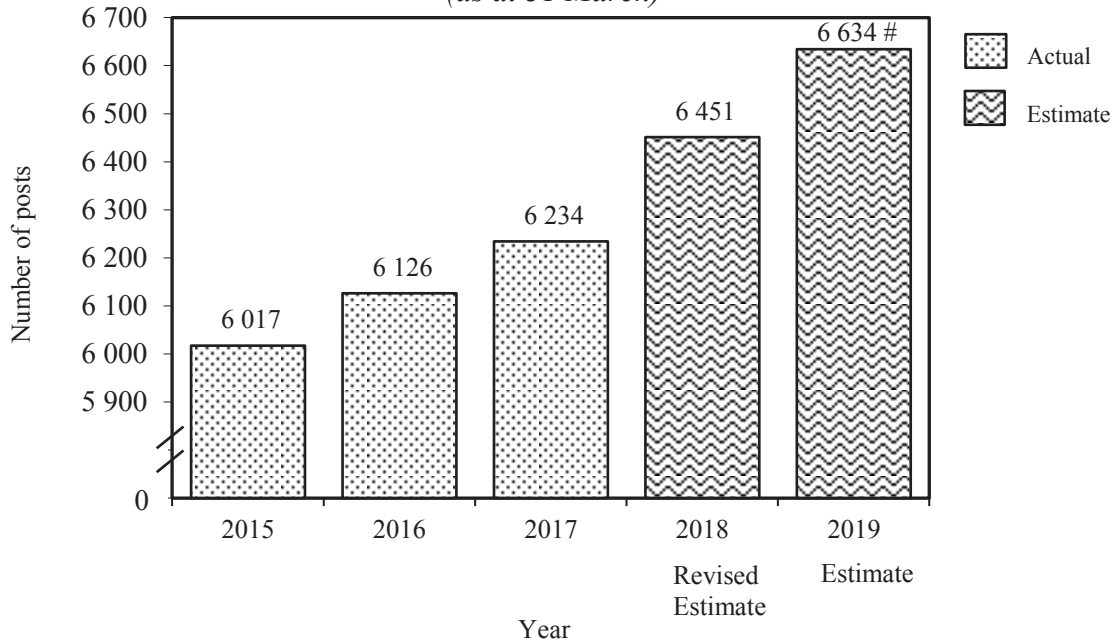
*Allocation of provision  
to programmes  
(2018-19)*



*Staff by programme@  
(as at 31 March 2019)*



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



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

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

**Head 37 — DEPARTMENT OF HEALTH**

| Sub-head<br>(Code)         |   | Actual<br>expenditure<br>2016-17 | Approved<br>estimate<br>2017-18 | Revised<br>estimate<br>2017-18 | Estimate<br>2018-19 |
|----------------------------|---|----------------------------------|---------------------------------|--------------------------------|---------------------|
|                            | \$'000  | \$'000                           | \$'000                          | \$'000                         | \$'000              |
| <b>Operating Account</b>   |   |                                  |                                 |                                |                     |
| Recurrent                  |   |                                  |                                 |                                |                     |
| 000                        | Operational expenses .....  | 7,162,817                        | 8,669,365                       | 8,467,296                      | <b>10,941,441</b>   |
| 003                        | Recoverable salaries and allowances<br>(General)..... 738,000                               |                                  |                                 |                                |                     |
|                            | <i>Deduct</i> reimbursements ..... <i>Cr. 738,000</i>                                       | —                                | —                               | —                              | —                   |
|                            | Total, Recurrent.....   | 7,162,817                        | 8,669,365                       | 8,467,296                      | <b>10,941,441</b>   |
| Non-Recurrent              |   |                                  |                                 |                                |                     |
| 700                        | General non-recurrent .....   | 49                               | 477                             | 275                            | <b>20</b>           |
|                            | Total, Non-Recurrent.....   | 49                               | 477                             | 275                            | <b>20</b>           |
|                            | Total, Operating Account .....  | 7,162,866                        | 8,669,842                       | 8,467,571                      | <b>10,941,461</b>   |
| <b>Capital Account</b>     |   |                                  |                                 |                                |                     |
| Plant, Equipment and Works |   |                                  |                                 |                                |                     |
| 603                        | Plant, vehicles and equipment.....  | 14,426                           | 22,788                          | 12,115                         | <b>16,853</b>       |
| 661                        | Minor plant, vehicles and equipment (block<br>vote).....                                    | 124,710                          | 83,914                          | 65,223                         | <b>113,121</b>      |
|                            | Total, Plant, Equipment and Works.....  | 139,136                          | 106,702                         | 77,338                         | <b>129,974</b>      |
| Subventions                |   |                                  |                                 |                                |                     |
| 974                        | Subvented institutions - maintenance, repairs,<br>and minor improvements (block vote) ..... | 1,946                            | 1,674                           | 977                            | <b>5,669</b>        |
| 975                        | Subvented institutions - minor plant, vehicles<br>and equipment (block vote).....           | 865                              | 2,540                           | 2,439                          | <b>3,595</b>        |
|                            | Total, Subventions .....  | 2,811                            | 4,214                           | 3,416                          | <b>9,264</b>        |
|                            | Total, Capital Account.....   | 141,947                          | 110,916                         | 80,754                         | <b>139,238</b>      |
|                            | Total Expenditure .....   | 7,304,813                        | 8,780,758                       | 8,548,325                      | <b>11,080,699</b>   |

## Head 37 — DEPARTMENT OF HEALTH

### Details of Expenditure by Subhead

The estimate of the amount required in 2018–19 for the salaries and expenses of the Department of Health is \$11,080,699,000. This represents an increase of \$2,532,374,000 over the revised estimate for 2017–18 and \$3,775,886,000 over the actual expenditure in 2016–17.

#### *Operating Account*

#### Recurrent

**2** Provision of \$10,941,441,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Department of Health, including recurrent subventions to institutions. The increase of \$2,474,145,000 (29.2%) over the revised estimate for 2017–18 is mainly due to the additional provision for meeting the estimated expenditure for the Elderly Health Care Voucher Scheme, claims under subsidised vaccination schemes, increased demand for payment and reimbursement of medical fees and hospital charges in respect of civil service eligible persons, and a net increase of 183 posts in 2018–19 to meet operational needs.

**3** The establishment as at 31 March 2018 will be 6 451 posts, including one post to accommodate a general grade officer working in a general outpatient clinic of the Hospital Authority (HA) and two supernumerary posts. It is expected that there will be a net increase of 183 posts in 2018–19. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2018–19, but the notional annual mid-point salary value of all such posts must not exceed \$3,333,355,000.

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

|   | 2016–17<br>(Actual)<br>(\$'000) | 2017–18<br>(Original)<br>(\$'000) | 2017–18<br>(Revised)<br>(\$'000) | <b>2018–19<br/>(Estimate)<br/>(\$'000)</b> |
|---|---------------------------------|-----------------------------------|----------------------------------|--|
| Personal Emoluments   |                                 |                                   |                                  |  |
| - Salaries.....   | 3,238,301                       | 3,403,792                         | 3,383,007                        | <b>3,622,989</b>                           |
| - Allowances.....   | 26,023                          | 24,681                            | 25,444                           | <b>26,791</b>                              |
| - Job-related allowances.....   | 2,215                           | 2,291                             | 2,319                            | <b>2,348</b>                               |
| Personnel Related Expenses  |                                 |                                   |                                  |  |
| - Mandatory Provident Fund contribution.....                            | 12,355                          | 10,341                            | 13,178                           | <b>11,065</b>                              |
| - Civil Service Provident Fund contribution.....                        | 132,021                         | 175,180                           | 144,449                          | <b>205,200</b>                             |
| Departmental Expenses   |                                 |                                   |                                  |  |
| - Temporary staff.....  | 177,095                         | 189,099                           | 189,236                          | <b>271,107</b>                             |
| - Specialist supplies and equipment.....                                | 578,742                         | 709,185                           | 752,561                          | <b>872,034</b>                             |
| - General departmental expenses.....                                    | 930,600                         | 944,542                           | 945,770                          | <b>1,416,825</b>                           |
| Other Charges   |                                 |                                   |                                  |  |
| - Contracting out of dental prostheses.....                             | 8,534                           | 9,000                             | 7,945                            | <b>9,000</b>                               |
| - Payment and reimbursement of medical fees and hospital charges.....   | 576,088                         | 633,400                           | 692,000                          | <b>895,200</b>                             |
| - Supply, repair and renewal of prostheses and surgical appliances..... | 5,143                           | 4,620                             | 5,220                            | <b>4,620</b>                               |
| - Health Care Voucher Scheme.....                                       | 1,102,344                       | 2,135,000                         | 1,910,127                        | <b>3,155,600</b>                           |
| - Vaccination reimbursements.....                                       | 56,373                          | 112,908                           | 81,968                           | <b>126,159</b>                             |
| Subventions   |                                 |                                   |                                  |  |
| - Subvented institutions.....   | 316,983                         | 315,326                           | 314,072                          | <b>322,503</b>                             |
|   | 7,162,817                       | 8,669,365                         | 8,467,296                        | <b>10,941,441</b>                          |

**5** Gross provision of \$738 million under *Subhead 003 Recoverable salaries and allowances* is for salaries and allowances for civil servants working in the HA and the Prince Philip Dental Hospital (PPDH). Expenditure under this subhead is reimbursed by the HA and PPDH. Subject to certain conditions, the controlling officer may under delegated power create or delete both directorate and non-directorate posts in HA under the subhead during 2018–19. Before exercising his delegated power, the controlling officer is required to seek the endorsement of the HA that the proposals and their financial implications are acceptable. In addition, the gross estimate under the subhead must not be exceeded without the prior approval of the Secretary for Financial Services and the Treasury.



## Head 37 — DEPARTMENT OF HEALTH

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### *Capital Account*

#### Plant, Equipment and Works

6 Provision of \$113,121,000 under *Subhead 661 Minor plant, vehicles and equipment (block vote)* represents an increase of \$47,898,000 (73.4%) over the revised estimate for 2017–18. This is mainly due to the increased requirement for scheduled replacement of minor plant and equipment.

#### Subventions

7 Provision of \$5,669,000 under *Subhead 974 Subvented institutions - maintenance, repairs and minor improvements (block vote)* is for the maintenance of buildings, including repairs, repainting, refurbishment and rewiring, and minor improvements, costing over \$200,000 but not exceeding \$10 million for each project. The increase of \$4,692,000 (480.2%) over the revised estimate for 2017–18 is mainly due to increase in requirement for repair and renovation works.

8 Provision of \$3,595,000 under *Subhead 975 Subvented institutions - minor plant, vehicles and equipment (block vote)* is for replacement and acquisition of miscellaneous items of plants, vehicles and equipment costing over \$200,000 but not exceeding \$10 million each. The increase of \$1,156,000 (47.4%) over the revised estimate for 2017–18 is mainly due to the increased requirement for scheduled replacement of minor plant and equipment.

## Head 37 — DEPARTMENT OF HEALTH

### Commitments

| Sub-head<br>(Code)              | Item<br>(Code) | Ambit   | Approved<br>commitment | Accumulated<br>expenditure<br>to 31.3.2017 | Revised<br>estimated<br>expenditure<br>for 2017–18 | Balance |
|---------------------------------|----------------|---|------------------------|--|--|---------|
|                                 |                |   | \$'000                 | \$'000                                     | \$'000   | \$'000  |
| <b><i>Operating Account</i></b> |                |   |                        |  |  |         |
| 700                             |                | <i>General non-recurrent</i>  |                        |  |  |         |
|                                 | 731            | Acquisition of data entry service and procurement of specimens of Chinese herbal medicines for regulation of Chinese medicines in Hong Kong ..... | 975                    | 915  | 40   | 20      |
|                                 |                |   | 975                    | 915  | 40   | 20      |
| <b><i>Capital Account</i></b>   |                |   |                        |  |  |         |
| 603                             |                | <i>Plant, vehicles and equipment</i>  |                        |  |  |         |
|                                 | 855            | Replacement of a thermoluminescent dosimetry system for Radiation Monitoring Service .....  | 22,000                 | 221  | 11,100   | 10,679  |
|                                 | 856            | Replacement of a standard radiological dosimetry calibration facility for Radiation Health Unit .....   | 15,500                 | —  | 900  | 14,600  |
|                                 |                |   | 37,500                 | 221  | 12,000   | 25,279  |
|                                 |                | Total .....   | 38,475                 | 1,136                                      | 12,040   | 25,299  |