

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 2018–19 **\$63,342.2m**

Establishment ceiling 2018–19 (notional annual mid-point salary value) representing an estimated 116 non-directorate posts as at 31 March 2018 rising by 41 posts to 157 posts as at 31 March 2019..... **\$104.8m**

In addition, there will be an estimated ten directorate posts as at 31 March 2018 rising by two posts to 12 posts as at 31 March 2019.

Commitment balance..... **\$2,643.9m**

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

	2016–17 (Actual)	2017–18 (Original)	2017–18 (Revised)	2018–19 (Estimate)
Financial provision (\$m)	441.4	538.4	502.8 (–6.6%)	734.6 (+46.1%)
				(or +36.4% on 2017–18 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 2017–18.

Matters Requiring Special Attention in 2018–19

5 During 2018–19, the Branch will:

- develop a blueprint for the sustainable development of primary healthcare services and set up a pilot District Health Centre in Kwai Tsing District;
- establish a Chinese Medicine Development Fund to support and promote the development of Chinese medicine in Hong Kong;
- develop parameters for the construction and operation of the first Chinese medicine hospital for Hong Kong;
- service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report (including overseeing the Dementia Community Support Scheme and the Student Mental Health Support Pilot Scheme);

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- prepare for the launch of the Voluntary Health Insurance Scheme;
- amend the Medical Registration Ordinance (Cap. 161) to reform the Medical Council of Hong Kong and oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- revamp the private healthcare facilities regulatory regime and encourage private hospital development;
- finalise legislative proposals for the regime on the regulation of medical devices;
- develop legislative options for regulating health products for advanced therapies;
- examine strategies for developing genomic medicine in Hong Kong;
- develop a comprehensive strategy to prevent and control non-communicable diseases;
- oversee the smooth and timely implementation of capital works projects under the \$200 billion ten-year Hospital Development Plan;
- oversee the development of the second stage of the Electronic Health Record Sharing System;
- pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme and the “Outreach Dental Care Programme for the Elderly”;
- continue efforts to promote breastfeeding and organ donation and to deter smoking;
- continue to manage the Health and Medical Research Fund (HMRF); and
- continue to oversee the operation of Chinese Medicine Centres for Training and Research to develop evidence-based Chinese medicine, provide training opportunities for graduates of local Chinese medicine degree programmes and attract more talents to join the Chinese medicine sector.

Programme (2): Subvention: Hospital Authority

	2016–17 (Actual)	2017–18 (Original)	2017–18 (Revised)	2018–19 (Estimate)
Financial provision (\$m)	53,443.6	55,283.0	56,393.8 (+2.0%)	62,395.5 (+10.6%)
				(or +12.9% on 2017–18 Original)

Aim

6 The Hospital Authority advises the Government on the needs of the public for hospital services and resources required to meet those needs, and provides 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 76 000 staff (full time equivalents), manages 42 public hospitals and institutions, 48 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2017.

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 2017–18. The volume of patient care activities across the full range of services in 2017–18 is comparable to the level in 2016–17.

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

Targets

	As at 31 March 2017 (Actual)	As at 31 March 2018 (Revised Estimate)	As at 31 March 2019 (Target & Plan)
<i>Access to services</i>			
inpatient services			
no. of hospital beds			
general (acute and convalescent)	21 798	22 027	22 561
infirmary.....	2 041	2 041	2 041
mentally ill	3 607	3 607	3 647
mentally handicapped	680	680	680
overall.....	28 126	28 355	28 929
ambulatory and outreach services			
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) (%)	79	90	90
specialist outpatient services			
median waiting time for first appointment at specialist clinics			
first priority patients.....	<1 week	2 weeks	2 weeks
second priority patients.....	5 weeks	8 weeks	8 weeks
rehabilitation and geriatric services			
no. of community nurses.....	482	480	480
no. of geriatric day places	659	659	659
psychiatric services			
no. of community psychiatric nurses	137	141	141
no. of psychiatric day places	889	889	889

Indicators

	2016–17 (Actual)	2017–18 (Revised Estimate)	2018–19 (Estimate)
<i>Delivery of services</i>			
inpatient services			
no. of discharges and deaths			
general (acute and convalescent)	1 105 033	1 108 400	1 130 900
infirmary.....	3 687	3 700	3 700
mentally ill	17 640	17 800	17 800
mentally handicapped	552	600	600
overall.....	1 126 912	1 130 500	1 153 000
no. of patient days			
general (acute and convalescent)	6 347 786	6 395 000	6 515 000
infirmary.....	516 661	522 000	522 000
mentally ill	940 323	985 000	987 000
mentally handicapped	194 336	205 000	205 000
overall.....	7 999 106	8 107 000	8 229 000
bed occupancy rate (%)			
general (acute and convalescent)	90	90	90
infirmary.....	88	88	88
mentally ill	72	72	72
mentally handicapped	80	80	80
overall.....	87	87	87

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	2016–17 (Actual)	2017–18 (Revised Estimate)	2018–19 (Estimate)
average length of stay (days)§			
general (acute and convalescent)	5.8	5.8	5.8
infirmary.....	131	131	131
mentally ill	49	49	49
mentally handicapped	391	391	391
overall.....	7.1	7.1	7.1
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths	633 508	638 700	658 400
A&E services			
no. of attendances.....	2 231 951	2 262 000	2 262 000
no. of attendances per 1 000 population	304	304	304
no. of first attendances for			
triage I.....	20 210	20 300	20 300
triage II.....	47 491	48 300	48 300
triage III	722 731	726 600	726 600
specialist outpatient services			
no. of specialist outpatient (clinical) new			
attendances	764 438	768 000	793 000
no. of specialist outpatient (clinical) follow-up			
attendances	6 836 705	6 639 000	6 693 000
total no. of specialist outpatient (clinical)			
attendances	7 601 143	7 407 000	7 486 000
primary care services			
no. of general outpatient attendances.....	6 120 999	5 988 000	6 059 000
no. of family medicine specialist clinic			
attendances	302 497	301 800	306 600
total no. of primary care attendances	6 423 496	6 289 800	6 365 600
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day			
attendances	92 642	92 800	94 600
no. of home visits by community nurses.....	867 226	855 000	860 000
no. of allied health (community) attendances.....	36 072	36 100	36 100
no. of allied health (outpatient) attendances	2 704 572	2 719 000	2 730 000
geriatric services			
no. of outreach attendances.....	661 988	673 300	677 500
no. of geriatric elderly persons assessed for			
infirmary care service	1 754	1 860	1 860
no. of geriatric day attendances.....	153 150	143 900	143 900
no. of Visiting Medical Officer attendances	109 906	111 000	111 000
psychiatric services			
no. of psychiatric outreach attendances	290 185	290 100	290 300
no. of psychiatric day attendances	224 857	224 800	224 800
no. of psychogeriatric outreach attendances	99 674	99 600	99 600
<i>Quality of services</i>			
no. of hospital deaths per 1 000 populationΔ.....	3	3	3
unplanned readmission rate within 28 days for general			
inpatients (%).	10.5	10.5	10.5
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.1	54.2	54.2
ambulatory and outreach.....	45.9	45.8	45.8
cost by service types per 1 000 population (\$m)			
inpatient.....	4.3	4.6	4.8
ambulatory and outreach.....	3.7	3.9	4.0
cost of services for persons aged 65 or above			
share of cost of services (%)	47.1	48.6	48.6
cost of services per 1 000 population (\$m)	23.7	25.2	25.3

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	2016–17 (Actual)	2017–18 (Revised Estimate)	2018–19 (Estimate)
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent)	25,570	27,390	27,960
infirmary	225,420	230,620	240,240
mentally ill	141,710	149,910	155,590
mentally handicapped	588,060	579,250	603,430
cost per patient day (\$)			
general (acute and convalescent)	4,950	5,270	5,390
infirmary	1,610	1,680	1,750
mentally ill	2,660	2,710	2,820
mentally handicapped	1,670	1,700	1,770
ambulatory and outreach services			
cost per A&E attendance (\$)	1,300	1,420	1,480
cost per specialist outpatient attendance (\$)	1,210	1,310	1,350
cost per general outpatient attendance (\$)	450	490	505
cost per family medicine specialist clinic attendance (\$)	1,140	1,310	1,340
cost per outreach visit by community nurse (\$)	570	615	635
cost per psychiatric outreach attendance (\$)	1,640	1,740	1,810
cost per geriatric day attendance (\$)	2,070	2,320	2,410
fee waivers¶			
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%)	17.7	17.8	17.8
percentage of non-CSSA fee waiver (%)ⓓ	7.2	16.2	20.2
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
medical			
doctor	5 783	5 870	6 070
no. of specialists	3 416	3 450	3 480
no. of trainees/non-specialists	2 367	2 420	2 590
intern	373	480	510
dentist	8	8	8
medical total	6 164	6 358	6 588
nursing			
qualified staff	24 355	25 080	25 910
trainee	625	650	650
nursing total	24 980	25 730	26 560
allied health	7 572	7 840	8 070
others	36 158	37 120	38 590
total	74 874	77 048	79 808

§ 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.

ⓓ With effect from 15 July 2017, the medical fee waiver for public healthcare services has been extended to cover Old Age Living Allowance (OALA) recipients aged 75 or above with assets not exceeding \$144,000 (elderly singletons) or \$218,000 (elderly couples). In this regard, the percentage of non-CSSA fee waiver for 2017–18 Revised Estimate and 2018–19 Estimate includes fee waiver for OALA recipients of nine per cent and 13 per cent respectively.

Matters Requiring Special Attention in 2018–19

11 As set out in the October 2017 Policy Address, the Government has introduced a new arrangement as from 2018–19 by undertaking to increase the recurrent funding for the Hospital Authority progressively on a triennium basis, having regard to population growth rates and demographic changes.

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12 In 2018–19, 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.

13 The Hospital Authority will also:

- open a total of 574 additional beds to meet the growing demand arising from population growth and ageing;
- continue to commission in phases services in Tin Shui Wai Hospital and North Lantau Hospital (including respectively 32 and 50 of the 574 additional beds) and make preparation for the commencement of services in the Hong Kong Children’s Hospital in phases from 2018;
- enhance palliative care by strengthening palliative care consultative service in hospitals, enhancing palliative care home care service through nurse visits, and extending the Community Geriatric Assessment Team end-of-life care service to provide better support for terminally ill patients living in residential care homes for the elderly in more districts;
- continue to enhance geriatric fragility fracture co-ordination services in designated acute hospitals, enhance restorative rehabilitative services for elderly patients, set up an additional joint replacement centre, and enhance treatment and management of cancers, stroke, cardiac and renal diseases;
- strengthen its workforce by recruiting and retaining healthcare professionals and putting in place a structured training mechanism for healthcare professionals (including clinical practicum, staff training and development and specialist training) as well as rehiring retired doctors, recruiting non-locally trained doctors under limited registration to meet imminent service needs;
- continue to enhance accident and emergency, surgical, endoscopic and diagnostic imaging services; improve pharmacy services, expand and enhance the services of nurse clinics as well as increase quotas for general outpatient services;
- augment mental health services for severe mental illness, common mental disorder and children and adolescents with mental health needs, and regularise the Dementia Community Support Scheme which provides support services to elderly with dementia; and
- continue to make use of investment returns generated from the \$10 billion Public-Private Partnership (PPP) Endowment Fund allocated to the Hospital Authority to operate clinical PPP programmes.

Programme (3): Subvention: Prince Philip Dental Hospital

	2016–17 (Actual)	2017–18 (Original)	2017–18 (Revised)	2018–19 (Estimate)
Financial provision (\$m)	164.4	168.6	170.2 (+0.9%)	212.1 (+24.6%)
				(or +25.8% on 2017–18 Original)

Aim

14 The aim is to provide facilities for the training of dentists and dental ancillary personnel.

Brief Description

15 The Branch subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the 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.

16 In the 2016/17 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.

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17 The key performance measures are:

Indicators

	<i>Academic Year</i>		
	2016/17 (Actual)	2017/18 (Revised Estimate)	2018/19 (Estimate)
no. of training places			
undergraduate.....	340	353	375
postgraduate#.....	123	87	90
student dental technician.....	36	40	38
student dental surgery assistant.....	36	36	36
student dental hygienist.....	45	52	54
student dental therapist.....	10	10	10
total.....	590	578	603
capacity utilisation rate (%)Φ			
undergraduate.....	100	99	100
postgraduate.....	100	100	100
student dental technician.....	90	100	95
student dental surgery assistant.....	100	100	100
student dental hygienist.....	94	108 [^]	93
student dental therapist.....	100	100	100
completion rate (%)			
undergraduate.....	99	100	100
postgraduate.....	100	100	100
student dental technician.....	100	95	95
student dental surgery assistant.....	83	81	81
student dental hygienist.....	91	85	83
student dental therapist.....	100	100	100

The revised estimate for 2017/18 academic year and the estimate for 2018/19 academic year do 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 2016/17 academic year would become 92 after excluding places offered by the TPG programmes.

Φ This refers to the number of students enrolled in courses as a percentage of the total number of training places offered.

^ The revised estimate for 2017/18 academic year is 108 per cent because there are one and three students retaking Year 1 and Year 2 respectively, i.e. four places in excess of the original provision of a total of 48 places for Year 1 and Year 2 study.

Matters Requiring Special Attention in 2018–19

18 During 2018–19, PPDH will engage consultants on improving the facilities of the Hospital.

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ANALYSIS OF FINANCIAL PROVISION

	2016-17 (Actual) (\$m)	2017-18 (Original) (\$m)	2017-18 (Revised) (\$m)	2018-19 (Estimate) (\$m)
Programme				
(1) Health	441.4	538.4	502.8	734.6
(2) Subvention: Hospital Authority	53,443.6	55,283.0	56,393.8	62,395.5
(3) Subvention: Prince Philip Dental Hospital	164.4	168.6	170.2	212.1
	<hr/>	<hr/>	<hr/>	<hr/>
	54,049.4	55,990.0	57,066.8 (+1.9%)	63,342.2 (+11.0%)
				(or +13.1% on 2017-18 Original)

Analysis of Financial and Staffing Provision

Programme (1)

Provision for 2018-19 is \$231.8 million (46.1%) higher than the revised estimate for 2017-18. This is mainly due to the increased cash flow requirement for the general non-recurrent item on HMRF as well as increased recurrent cost to support the setting up and operation of the pilot District Health Centre in Kwai Tsing District and the new cash flow requirement for establishing a Chinese Medicine Development Fund to support and promote the development of Chinese medicine. There will be a net increase of 43 posts in 2018-19.

Programme (2)

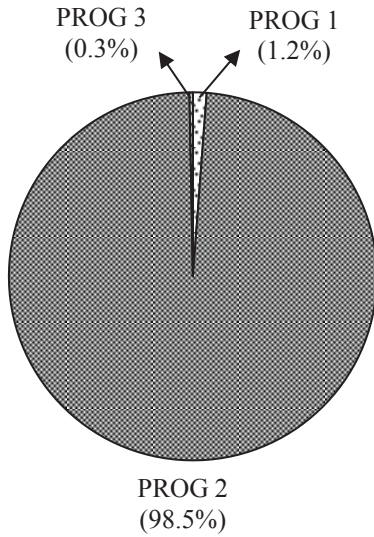
Provision for 2018-19 is \$6,001.7 million (10.6%) higher than the revised estimate for 2017-18. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care.

Programme (3)

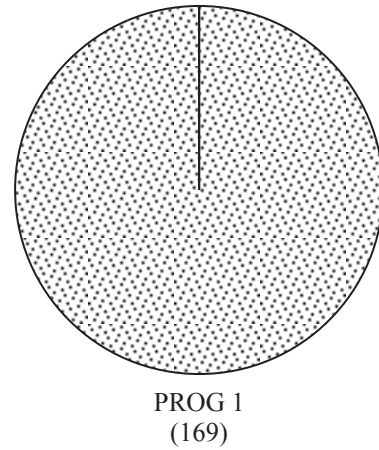
Provision for 2018-19 is \$41.9 million (24.6%) higher than the revised estimate for 2017-18. The increase is mainly due to the creation of new hospital staff positions and procurement/replacement of furniture and equipment to cope with the additional intake of dental undergraduates.

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

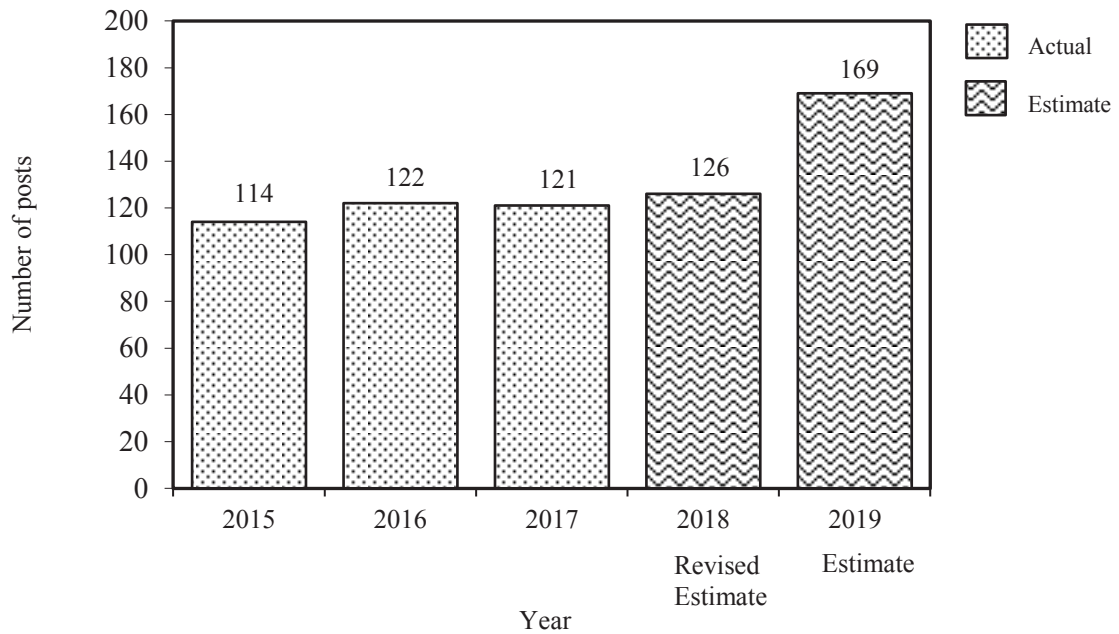


*Staff by programme
(as at 31 March 2019)*



(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 2016–17	Approved estimate 2017–18	Revised estimate 2017–18	Estimate 2018–19	
	\$'000	\$'000	\$'000	\$'000	
Operating Account					
Recurrent					
000	Operational expenses	53,030,519	54,885,416	55,998,197	62,149,505
	Total, Recurrent.....	53,030,519	54,885,416	55,998,197	62,149,505
Non-Recurrent					
700	General non-recurrent	184,806	220,000	185,000	250,000
	Total, Non-Recurrent.....	184,806	220,000	185,000	250,000
	Total, Operating Account	53,215,325	55,105,416	56,183,197	62,399,505
Capital Account					
Subventions					
85C	Prince Philip Dental Hospital.....	3,037	1,601	576	535
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote)	6,898	9,348	9,348	17,439
979	Hospital Authority - equipment and information systems (block vote).....	824,108	873,650	873,650	924,700
	Total, Subventions	834,043	884,599	883,574	942,674
	Total, Capital Account.....	834,043	884,599	883,574	942,674
	Total Expenditure	54,049,368	55,990,015	57,066,771	63,342,179

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Details of Expenditure by Subhead

The estimate of the amount required in 2018–19 for the salaries and expenses of the Health Branch is \$63,342,179,000. This represents an increase of \$6,275,408,000 over the revised estimate for 2017–18 and \$9,292,811,000 over the actual expenditure in 2016–17.

Operating Account

Recurrent

2 Provision of \$62,149,505,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch. The increase of \$6,151,308,000 (11%) over the revised estimate for 2017–18 is mainly due to 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.

3 The establishment as at 31 March 2018 will be 126 posts including two supernumerary posts. It is expected that there will be a net increase of 43 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 \$104,751,000.

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

	2016–17 (Actual) (\$'000)	2017–18 (Original) (\$'000)	2017–18 (Revised) (\$'000)	2018–19 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	92,376	98,340	99,040	126,780
- Allowances.....	4,550	5,370	4,370	5,028
- Job-related allowances.....	—	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	168	147	214	197
- Civil Service Provident Fund contribution.....	3,735	5,487	5,453	10,736
Departmental Expenses				
- General departmental expenses	155,758	209,074	208,762	341,839
Subventions				
- Hospital Authority	52,619,456	54,409,320	55,520,103	61,470,771
- Prince Philip Dental Hospital	154,476	157,676	160,253	194,152
	53,030,519	54,885,416	55,998,197	62,149,505

Capital Account

Subventions

5 Provision of \$17,439,000 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 \$8,091,000 (86.6%) over the revised estimate for 2017–18 is mainly due to the increased requirements in 2018–19.

6 Provision of \$924,700,000 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 31.3.2017 \$'000	Revised estimated expenditure for 2017–18 \$'000	Balance \$'000
<i>Operating Account</i>						
700		<i>General non-recurrent</i>				
	802	Chinese Medicine Development Fund ^Ω	500,000 ^Ω	—	—	500,000
	823	Health and Medical Research Fund	2,915,000	587,767	185,000	2,142,233
			<u>3,415,000</u>	<u>587,767</u>	<u>185,000</u>	<u>2,642,233</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	4,000	—	1,500
			<u>8,800</u>	<u>7,092</u>	<u>—</u>	<u>1,708</u>
	Total		<u>3,423,800</u>	<u>594,859</u>	<u>185,000</u>	<u>2,643,941</u>

Ω This is a new item, funding for which is sought in the context of the Appropriation Bill 2018.