

**CONTROLLING OFFICER'S REPLY**

**FHB(H)059**

**(Question Serial No. 0564)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

The estimated provision for the Hospital Authority (HA) for 2016-17 is 0.1% higher than the revised estimate for 2015-16, while the revised provision for 2015-16 is higher than the original estimate by 3.3%. With the provision provided by the Government, will the HA need to meet the necessary expenditure by making up the shortfall itself? If yes, will the HA need to use its reserves and how much will be involved? What items and services will be involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 12)

Reply:

To meet the growing demand from population growth and ageing, the Hospital Authority (HA) will continue to strengthen its healthcare services to the public. The overall operating expenditure of HA for 2016-17 is projected to reach around \$58 billion, representing an increase of around 4% as compared to 2015-16. As in previous years, Government recurrent funding will cater for around 90% of HA's total operating expenditure in 2016-17. With the financial provision of \$51.6 billion for 2016-17 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care. Examples of such measures are:

- (i) increasing a total of 231 beds in Pamela Youde Nethersole Hospital, Queen Elizabeth Hospital, Tseung Kwan O Hospital, United Christian Hospital, Prince of Wales Hospital, Alice Ho Miu Ling Nethersole Hospital, Shatin Hospital, Pok Oi Hospital, Tuen Mun Hospital and Siu Lam Hospital to enhance the capacity of inpatient services;
- (ii) providing additional operating theatre sessions to allay the waiting list of surgeries;

- (iii) strengthening the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service, enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service;
- (iv) widening the indications of special drugs and re-positioning of self-financed drugs as special drugs in the HA Drug Formulary for diabetes mellitus, stroke management as well as osteoporosis and breast cancer treatment to benefit around 6 700 patients per annum;
- (v) increasing the quota for general outpatient clinics in 5 clusters (namely Hong Kong West Cluster, Kowloon East Cluster, Kowloon West Cluster, New Territories East Cluster and New Territories West Cluster) by 27 000 attendances for 2016-17 and 49 000 additional attendances per year thereafter;
- (vi) setting up Hong Kong's 5th Joint Replacement Centre located in the Hong Kong West Cluster for performing 260 additional operations for 2016-17 and 350 additional operations per year thereafter;
- (vii) strengthening the Community Geriatric Assessment Team (CGAT) service to cover more residential care homes for the elderly (RCHE) and enhancing CGAT support to improve the quality of care for terminally ill patients living in RCHEs; and
- (viii) enhancing endoscopy service by performing additional endoscopic procedures.

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**CONTROLLING OFFICER'S REPLY**

**(Question Serial No. 0565)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

To implement expenditure control, the Government initiated a 3-year measure as from 2015-16 to contain expenditure. In this regard, please list the expenditure savings of the Hospital Authority in each of the 3 years and the services/items involved.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 13)

Reply:

To enhance fiscal discipline, the Government has launched expenditure control measures including implementation of the "0-1-1" saving programme for 3 financial years starting from 2015-16 to drive re-engineering and re-prioritization (R&R). Taking into account saving to be delivered through R&R measures and additional provision from Government to meet growing service demand, Government's total subvention to HA for 2016-17 amounts to \$51.6 billion (including a recurrent subvention of \$50.8 billion and a capital funding of \$0.8 billion), which is around \$63.9 million higher than the revised estimate (\$51.5 billion) for 2015-16.

To cope with the ageing population and the increasing demand for healthcare services, HA will continue to enhance its services for the public. The overall operating expenditure of HA for 2016-17 is projected to reach around \$58 billion, representing an increase of around 4% (around \$2 billion) as compared to 2015-16. As in previous years, Government recurrent subvention will cater for around 90% of HA's total operating expenditure in 2016-17. With the total financial provision of \$51.6 billion for 2016-17 from the Government to HA, coupled with HA's own income and redeployment of its internal resources, HA will implement various measures to meet the rising demand for hospital services and to improve the quality of patient care.

To make the best use of public money, HA has all along been striving for efficient use of its resources in meeting rising healthcare service demand, through ongoing effort in reviewing existing practices in operation for achieving efficiency improvement, while ensuring patient services will not be adversely affected. Examples of programmes of efficiency gain / savings include better economy of scale through bulk purchases and supplier management, energy conservation measures, service re-engineering through modernisation of medical technology, and other initiatives such as change in staff mix or requirement to dovetail with service development. Further efficiency programmes in the coming years and the anticipated savings to be achieved are to be worked out in due course.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)061**

**(Question Serial No. 0566)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on:

- a. the current number of nurses with a breakdown by rank;
- b. the number of nurses who left the HA in the past 3 years and their respective years of service and ranks with a breakdown by hospital;
- c. the number of nurses who were promoted in the HA in the past 3 years and their respective ranks; and
- d. the number of nurses recruited by HA to rejoin its service in the past 3 years and their average years of service with a breakdown by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No.14)

Reply:

- (a) The table below sets out the number of nursing staff currently working in the Hospital Authority (HA) by rank group as at 31 December 2015.

<b>Rank Group</b>	<b>Number of Nurses (as at 31 Dec 2015)</b>
DOM/SNO and above	372
APN/NS/NO/WM	4 778
Registered Nurse	15 892
Enrolled Nurse/Others	3 385
<b>Total</b>	<b>24 427</b>

(b) The table sets out the number of full-time nursing staff who left HA in the past 3 years and their respective years of service and rank groups.

Cluster	Respective years of service	2013-14				2014-15				2015-16 (Jan - Dec 2015)			
		DOM/SNO	APN/NS NO/WM	RN	EN/ Others	DOM/SNO	APN/NS NO/WM	RN	EN/ Others	DOM/SNO	APN/NS NO/WM	RN	EN/ Others
HKEC	< 1 year	0	1	15	8	0	0	16	5	0	0	15	5
	1-5 years	0	0	34	14	0	0	35	18	0	2	40	17
	6-10 years	0	0	7	0	0	2	13	0	0	2	12	2
	11-15 years	0	0	2	0	0	0	0	0	0	1	0	1
	16-20 years	0	5	8	4	0	4	9	4	0	3	10	3
	21-25 years	1	8	1	8	1	5	7	5	0	7	7	4
	26-30 years	0	0	0	0	0	0	0	0	0	1	2	0
> 31 years	0	0	0	0	0	0	2	0	1	3	1	0	
HKWC	< 1 year	0	0	14	4	0	0	25	8	0	0	22	6
	1-5 years	0	0	38	20	0	0	45	6	0	1	46	21
	6-10 years	0	0	8	0	0	0	5	1	0	0	17	3
	11-15 years	0	0	2	1	0	0	1	0	0	0	0	1
	16-20 years	2	3	10	3	3	4	11	2	2	4	7	1
	21-25 years	2	8	8	4	0	6	16	5	0	10	12	4
	26-30 years	0	1	0	0	0	1	0	0	0	0	1	0
> 31 years	0	5	1	1	1	2	0	2	0	5	0	2	
KCC	< 1 year	0	0	13	4	0	0	11	6	0	0	19	5
	1-5 years	0	3	34	29	0	0	43	11	0	0	50	12
	6-10 years	0	0	8	0	0	0	12	0	0	0	18	0
	11-15 years	0	2	6	2	0	1	1	0	0	0	3	0
	16-20 years	2	11	12	3	0	10	11	1	1	8	11	3
	21-25 years	0	7	3	8	2	5	6	1	2	9	10	7
	26-30 years	0	1	0	0	0	0	0	1	0	0	1	0
> 31 years	0	10	1	3	1	8	4	3	0	8	5	1	
KEC	< 1 year	0	0	17	5	0	0	11	4	0	0	9	8
	1-5 years	0	0	32	14	0	1	39	17	0	1	45	13
	6-10 years	0	0	7	0	0	0	14	0	0	0	18	0
	11-15 years	0	2	11	0	0	1	4	0	0	0	1	0
	16-20 years	1	6	9	2	0	2	8	5	0	1	17	3
	21-25 years	4	5	3	7	2	10	7	12	1	14	5	15
	26-30 years	0	0	0	0	0	0	0	0	0	1	0	0
> 31 years	0	0	0	0	0	2	0	0	0	0	0	1	
KWC	< 1 year	0	0	19	10	0	0	26	10	0	0	27	4
	1-5 years	0	0	50	19	0	0	50	22	0	0	64	31
	6-10 years	0	0	13	0	0	0	19	1	0	0	19	2
	11-15 years	0	1	12	0	0	0	7	0	0	0	8	0
	16-20 years	0	1	29	3	1	2	22	2	1	4	26	2
	21-25 years	1	19	13	7	5	15	19	7	4	23	31	7
	26-30 years	0	2	3	0	0	0	0	0	0	1	0	0
> 31 years	0	4	3	2	0	4	0	3	0	4	2	1	
NTEC	< 1 year	0	0	8	4	0	0	11	3	0	0	12	8
	1-5 years	0	0	39	12	0	0	46	18	0	0	45	18
	6-10 years	0	0	14	1	0	0	17	1	0	0	15	0
	11-15 years	0	1	8	0	0	0	2	1	0	1	3	0
	16-20 years	0	4	15	5	4	0	12	3	1	2	15	2
	21-25 years	1	6	5	5	1	11	14	5	1	6	14	7
26-30 years	0	1	1	1	0	0	0	1	0	0	0	1	

Cluster	Respective years of service	2013-14				2014-15				2015-16 (Jan - Dec 2015)			
		DOM/SNO	APN/NS NO/WM	RN	EN/Others	DOM/SNO	APN/NS NO/WM	RN	EN/Others	DOM/SNO	APN/NS NO/WM	RN	EN/Others
	> 31 years	1	2	1	0	2	7	1	1	2	8	1	2
NTWC	< 1 year	0	0	9	4	0	0	16	3	0	0	14	0
	1-5 years	0	0	44	14	0	0	35	14	0	1	49	13
	6-10 years	0	0	14	0	0	0	16	1	0	0	12	1
	11-15 years	0	0	2	1	0	1	3	0	0	0	1	0
	16-20 years	1	4	13	3	2	2	14	2	2	4	10	1
	21-25 years	0	5	6	7	1	8	6	3	2	12	7	4
	26-30 years	0	1	0	0	0	1	0	0	0	1	1	0
	> 31 years	0	5	1	2	0	6	0	1	0	6	3	4

Note:

- (1) Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
- (2) Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e. Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
- (c) The table below sets out the number of nurses promoted in HA in the past 3 years by rank group.

Rank Group	Number of Nurses Promoted		
	2013 -14	2014 -15	2015 -16 (as at December 2015)
DOM/SNO and above	47	39	25
APN/NS/NO/WM	502	405	340

- (d) The table below sets out the number of rehired nurses with years of services and breakdown by rank group in the past 3 years.

Rank Group	Years of Service in Previous HA Employment						Total
	Less Than 1 year	1-5 years	6-10 years	11-15 years	16-20 years	21 years or above	
<b>2013-14 (as at 31 March 2014)</b>							
APN/NS/NO/WM	0	1	0	0	0	1	2
Registered Nurse	381	260	22	51	38	6	758
Enrolled Nurse/ Others	69	51	1	2	1	2	126
Total	450	312	23	53	39	9	886
<b>2014-15 (as at 31 March 2014)</b>							
APN/NS/NO/WM	1	0	0	0	0	1	2
Registered Nurse	473	167	31	27	38	9	745
Enrolled Nurse/ Others	49	36	1	0	4	3	93
Total	523	203	32	27	42	13	840
<b>2015-16 (as at December 2015)</b>							
APN/NS/NO/WM	0	0	0	0	0	2	2
Registered Nurse	437	110	18	18	30	4	617
Enrolled Nurse/ Others	21	26	0	1	2	2	52
Total	458	136	18	19	32	8	671

Note:

- (1) Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013-14, 2014-15 and 2015-16 with break of service irrespective of terms of employment/rank.
- (2) For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years, would be counted towards the group of "1 - 5" years.

**Abbreviations:**

Cluster

HKEC – Hong Kong East Cluster  
HKWC – Hong Kong West Cluster  
KCC – Kowloon Central Cluster  
KEC – Kowloon East Cluster  
KWC – Kowloon West Cluster  
NTEC – New Territories East Cluster  
NTWC – New Territories West Cluster

Rank Group

DOM – Department Operations Manager  
SNO – Senior Nursing Officer  
WM – Ward Manager  
APN – Advanced Practice Nurse  
NS – Nurse Specialist  
NO – Nursing Officer  
RN – Registered Nurse  
EN – Enrolled Nurse

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**CONTROLLING OFFICER'S REPLY**

**FHB(H)062**

**(Question Serial No. 0567)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of the Hospital Authority (HA), please advise on:

- the current number of staff in various allied health grades with a breakdown by grade and by rank;
- the number of allied health staff who left the HA in the past 3 years and their respective years of service and ranks with a breakdown by hospital;
- the number of allied health staff who were promoted in the HA in the past 3 years with a breakdown by grade; and
- the number of allied health staff recruited by HA to rejoin its service in the past 3 years and their average years of service with a breakdown by grade.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 15)

Reply:

- The table below sets out the number of allied health staff in 2015-16 by major allied health grade in the Hospital Authority (HA).

<b>Grade</b>	<b>Number of staff (as at 31 December 2015)</b>
Medical Laboratory Technologist	1 412
Radiographer (Diagnostic Radiographer & Radiation Therapist)	1 060
Social Worker	327
Occupational Therapist	779
Physiotherapist	965
Pharmacist	606
Dispenser	1 247
Others	863

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The group of "Others" includes audiology technicians, clinical psychologists, dental technicians, dietitians, mould laboratory technicians, optometrists, orthoptist, physicists, podiatrists, prosthetists & orthotists, scientific officers (medical)-pathology, scientific officers (medical)-audiology, scientific officers (medical)-radiology, scientific officers (medical)-radiotherapy and speech therapists.
3. For social worker, only HA employed social workers are included.

(b) The tables below set out the number of full-time allied health staff who left HA in 2013-14, 2014-15 and 2015-16 and their respective years of service by cluster and by major allied health grade:

**2013-14**

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKEC	Medical Laboratory Technologist	0	2	0	0	0	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	0	1	0	0	0
	Social Worker	0	1	0	0	1	0	0	0
	Occupational Therapist	0	0	0	0	1	0	0	0
	Physiotherapist	0	1	1	1	0	1	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	1	1	2	0	1	0	0	1
	Others	2	1	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	2	0	0	0	3	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	4	0	0	1	1	0	0
	Social Worker	2	0	0	0	0	0	0	0
	Occupational Therapist	3	2	0	1	0	0	0	0
	Physiotherapist	1	4	0	0	0	2	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	1	0	1	1	0	0
	Others	2	0	0	1	2	0	0	0
KCC	Medical Laboratory Technologist	0	2	0	0	3	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0	0	1
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	0	1	0	1	0	1	0	0
	Physiotherapist	1	14	0	2	0	0	0	0
	Pharmacist	0	1	1	0	0	0	0	0
	Dispenser	0	2	1	0	1	0	0	0
	Others	2	1	0	0	1	0	0	0
KEC	Medical Laboratory Technologist	2	2	0	0	1	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	1	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	2	0	0	0	0	0	0	0
	Physiotherapist	0	3	0	0	1	0	0	0
	Pharmacist	0	2	0	0	0	0	0	0
	Dispenser	0	0	1	0	0	0	0	0
	Others	1	0	0	0	1	0	0	0
KWC	Medical Laboratory Technologist	1	0	0	0	1	3	0	1
	Radiographer (Diagnostic	0	0	0	0	2	2	0	0

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
	Radiographer & Radiation Therapist)								
	Social Worker	0	1	0	0	0	1	0	0
	Occupational Therapist	1	2	0	0	0	1	0	0
	Physiotherapist	0	4	1	1	0	1	0	1
	Pharmacist	1	2	0	0	0	0	0	0
	Dispenser	1	3	0	0	1	0	0	1
	Others	0	0	0	2	1	0	0	0
	NTEC	Medical Laboratory Technologist	1	0	1	0	0	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	2	1	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	3	2	0	0	0	0	0	0
	Physiotherapist	1	3	0	0	4	1	0	0
	Pharmacist	1	2	0	0	1	0	0	0
	Dispenser	0	2	0	0	1	0	0	0
	Others	1	1	1	0	2	0	0	1
NTWC	Medical Laboratory Technologist	0	1	0	0	1	2	1	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	2	1	1	0	0	2	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	5	0	0	3	0	0	0
	Physiotherapist	1	1	0	2	2	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	0	0	0	0	0	0
	Others	0	1	0	0	1	0	0	1

## 2014-15

Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKEC	Medical Laboratory Technologist	0	2	0	0	2	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	1	0	1	1	0	0
	Social Worker	1	0	0	0	0	0	0	0
	Occupational Therapist	0	0	0	0	1	0	0	0
	Physiotherapist	1	2	0	0	0	1	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	1	1	1	1	0	1
	Others	1	0	0	0	0	0	0	0
HKWC	Medical Laboratory Technologist	2	1	0	0	2	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	3	0	0	1	0	0	0
	Social Worker	0	2	0	0	0	0	0	0
	Occupational Therapist	1	2	0	0	1	0	0	0
	Physiotherapist	1	0	0	1	0	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	1	1	0	0	0	1	0	0
	Others	1	2	0	0	2	1	0	0
KCC	Medical Laboratory Technologist	0	1	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	6	0	1	2	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	0	1	0	1	0	0
	Physiotherapist	1	12	2	1	1	0	0	0



Cluster	Grade	Attrition number (Full-time staff) / Years of service							
		<1 year	1-5 years	6-10 years	11-15 years	16-20 years	21-25 years	26-30 years	>31 years
HKWC	Dispenser	2	0	0	1	1	2	0	0
	Others	1	0	0	0	1	0	0	0
	Medical Laboratory Technologist	1	3	0	0	4	4	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	1	0	0	0	0	0
	Social Worker	1	3	0	0	0	0	0	0
	Occupational Therapist	1	0	1	0	1	1	0	0
	Physiotherapist	0	1	0	0	0	1	0	0
	Pharmacist	0	1	0	1	0	0	0	0
	Dispenser	0	0	0	0	0	0	0	0
Others	1	1	0	0	0	1	0	0	
KCC	Medical Laboratory Technologist	0	0	0	0	0	2	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	8	0	0	1	1	1	0
	Social Worker	0	1	0	0	0	0	0	0
	Occupational Therapist	0	2	0	0	0	0	0	0
	Physiotherapist	2	10	0	0	1	0	0	0
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	2	2	0	1	0	0	0	0
	Others	0	0	0	0	0	1	0	1
KEC	Medical Laboratory Technologist	0	0	0	0	3	1	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	0	0	0	0	0	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	1	0	0	3	0	0	0
	Physiotherapist	0	1	1	1	1	0	0	0
	Pharmacist	0	0	0	0	0	0	0	0
	Dispenser	0	0	0	2	1	1	0	0
	Others	0	1	0	0	0	0	0	0
KWC	Medical Laboratory Technologist	0	0	0	0	1	5	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	5	1	0	0	3	0	0
	Social Worker	5	2	1	0	1	0	0	0
	Occupational Therapist	1	1	1	1	0	0	0	0
	Physiotherapist	0	3	2	0	0	0	0	0
	Pharmacist	0	1	0	0	1	0	0	0
	Dispenser	0	2	0	2	2	5	0	0
	Others	2	3	0	0	0	1	0	0
NTEC	Medical Laboratory Technologist	0	3	0	1	0	1	0	2
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	1	1	0	1	1	0	0	0
	Social Worker	0	1	0	0	1	0	0	0
	Occupational Therapist	3	3	2	0	1	1	0	0
	Physiotherapist	0	4	1	0	2	0	0	0
	Pharmacist	0	2	0	0	0	0	0	2
	Dispenser	0	1	0	1	1	1	0	0
	Others	0	1	1	0	2	0	0	0
NTWC	Medical Laboratory Technologist	0	0	0	0	1	0	0	0
	Radiographer (Diagnostic Radiographer & Radiation Therapist)	0	7	0	0	0	1	0	0
	Social Worker	0	0	0	0	0	0	0	0
	Occupational Therapist	1	2	2	1	0	1	0	0
	Physiotherapist	1	2	0	0	0	0	0	1
	Pharmacist	0	1	0	0	0	0	0	0
	Dispenser	0	0	0	4	0	0	0	1
	Others	0	1	0	0	1	0	0	0

Notes:

1. Attrition (Wastage) includes all types of cessation of service from HA for permanent and contract staff on headcount basis.
2. Since April 2013, attrition for the HA full-time and part-time workforce has been separately monitored and presented, i.e., Full-time Attrition (Wastage) Rate and Part-time Attrition (Wastage) Rate respectively.
3. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years of experience, would be counted towards the group of “1-5 years”.

(c) The table below sets out the number of allied health staff who were promoted in HA in 2013-14, 2014-15 and 2015-16 by major allied health grade:

Grade	Number of promotions		
	2013-14	2014-15	2015-16 (up to 31 December 2015)
Medical Laboratory Technologist	68	24	62
Radiographer (Diagnostic Radiographer & Radiation Therapist)	43	49	33
Social Worker	1	5	1
Occupational Therapist	34	34	25
Physiotherapist	49	42	42
Pharmacist	4	5	3
Dispenser	16	14	23
Others	14	12	11

(d) The tables below set out the number of allied health staff recruited by HA to rejoin its service in 2013-14, 2014-15 and 2015-16 and their years of service by major allied health grade:

### 2013-14

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years
Medical Laboratory Technologist	7	6	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	7	19	0	0	1
Social Worker	4	3	0	0	0
Occupational Therapist	10	7	1	1	0
Physiotherapist	5	10	3	0	0
Pharmacist	43	4	0	0	0
Dispenser	45	8	0	0	0
Others	20	2	0	0	0

### 2014-15

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years
Medical Laboratory Technologist	3	0	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	6	4	1	0	0
Social Worker	7	0	0	0	0
Occupational Therapist	13	2	2	0	0
Physiotherapist	6	6	1	0	1
Pharmacist	38	2	0	0	0
Dispenser	14	1	1	0	1
Others	20	2	0	1	0

**2015-16** (up to 31 December 2015)

Grade	Number of re-appointed staff / Years of service in previous HA employment				
	<1 year	1-5 years	6-10 years	11-15 years	16-20 years
Medical Laboratory Technologist	2	3	0	0	0
Radiographer (Diagnostic Radiographer & Radiation Therapist)	3	2	1	0	0
Social Worker	5	1	0	0	0
Occupational Therapist	2	0	0	0	0
Physiotherapist	4	4	1	2	0
Pharmacist	18	1	1	0	0
Dispenser	3	2	0	0	0
Others	11	1	0	0	1

Notes:

1. Re-appointment refers to ex-staff rejoining HA as permanent or contract staff (on headcount basis) in 2013-14 – 2015-16 with break of service irrespective of terms of employment / rank.
2. For the purpose of this analysis, only staff members who have completed years of experience are grouped into the respective categories. For example, staff with less than 6 years, say 5.5 years of experience, would be counted towards the group of “1-5 years”.

**Abbreviations**

HKEC – Hong Kong East Cluster  
HKWC – Hong Kong West Cluster  
KCC – Kowloon Central Cluster  
KEC – Kowloon East Cluster  
KWC – Kowloon West Cluster  
NTEC – New Territories East Cluster  
NTWC – New Territories West Cluster

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)063**

**(Question Serial No. 0568)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the nursing manpower of the Hospital Authority (HA), please advise on:

- the manpower of various nursing ranks of the HA in the past 3 years;
- the ratio of registered nurses to advanced practice nurses of the HA in the past 3 years;
- the average nurse-to-patient ratio of the HA in the past 3 years with a breakdown by hospital and department; and
- whether a nurse-to-patient ratio be set down so as to plan future manpower requirement. If yes, what are the details? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 16)

Reply:

- (a) The number of nurses, by rank, working in the Hospital Authority (HA) in the past 3 years is listed below:

Rank Group	Number of Nurses		
	2013 -14	2014 -15	2015 -16 (as at 31 December 2015)
DOM/SNO and above	355	363	372
APN/NS/NO/WM	4 511	4 658	4 778
Registered Nurse	14 411	15 053	15 892
Enrolled Nurse/Others	3 482	3 717	3 385
<b>Total</b>	<b>22 759</b>	<b>23 791</b>	<b>24 427</b>

Note :

The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA. Individual figures may not add up to the total due to the rounding effect.

- (b) The ratio of Registered Nurse to Advanced Practice Nurse (including Nursing Officer, Nurse Specialist and Ward Manager) as at 31 March 2014 and 31 March 2015 is 3.2:1, whereas at 31 December 2015 is 3.3:1.
- (c) The tables below set out the number of nurses and nurse-to-patient ratios in 2013-14, 2014-15 and 2015-16 (as at 31 December 2015) by cluster and by major specialty for inpatients and day inpatients in HA.

**Nurse-to-patient ratios by cluster**

<b>Cluster</b>	<b>Number of Nurses</b>	<b>Ratio per 1 000 inpatient discharges and deaths</b>	<b>Ratio per 1 000 inpatient and day inpatient discharges and deaths</b>
<b>2013-14 (as at 31 March 2014)</b>			
HKEC	2 443	21.6	13.8
HKWC	2 553	23.2	13.7
KCC	3 175	25.8	15.7
KEC	2 474	20.6	14.7
KWC	5 337	20.3	14.4
NTEC	3 707	22.3	14.1
NTWC	3 027	23.0	15.0
<b>2014-15 (as at 31 March 2015)</b>			
HKEC	2 517	22.1	13.7
HKWC	2 679	23.6	13.5
KCC	3 275	25.4	15.6
KEC	2 613	20.8	14.8
KWC	5 608	20.7	14.7
NTEC	3 897	23.1	14.5
NTWC	3 163	23.3	15.1
<b>2015-16 (as at 31 December 2015)</b>			
HKEC	2 607	22.9	14.1
HKWC	2 799	24.8	13.9
KCC	3 323	25.4	15.6
KEC	2 667	21.0	14.8
KWC	5 689	20.7	14.7
NTEC	3 969	23.0	14.3
NTWC	3 326	23.9	15.5

## Nurse-to-patient ratio by major specialty

Specialty	Number of Nurses	Ratio per 1 000 inpatient discharges and deaths	Ratio per 1 000 inpatient and day inpatient discharges and deaths
<b>2013-14 (as at 31 March 2014)</b>			
Medicine	6 140	13.9	9.4
Obstetrics & Gynaecology	1 120	12.7	7.9
Orthopaedics & Traumatology	1 011	11.5	9.4
Paediatrics	1 340	15.0	11.2
Psychiatry	2 316	127.1	126.1
Surgery	1 974	11.6	6.9
<b>2014-15 (as at 31 March 2015)</b>			
Medicine	6 480	14.3	9.6
Obstetrics & Gynaecology	1 161	12.3	7.7
Orthopaedics & Traumatology	1 061	11.8	9.5
Paediatrics	1 392	15.4	11.3
Psychiatry	2 362	133.7	132.7
Surgery	2 061	11.7	6.9
<b>2015-16 (as at 31 December 2015)</b>			
Medicine	6 705	14.4	9.6
Obstetrics & Gynaecology	1 184	12.7	8.0
Orthopaedics & Traumatology	1 083	11.8	9.6
Paediatrics	1 439	16.1	11.7
Psychiatry	2 381	134.2	133.3
Surgery	2 132	12.0	7.0

### Note :

- (1) The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
- (2) The specialty of medicine includes hospice, rehabilitation and infirmary. Surgery specialty includes neurosurgery and cardiothoracic surgery. Paediatrics specialty includes adolescent medicine and neonatology. Psychiatry specialty includes services for the mentally handicapped.
- (3) As the condition of each patient and the complexity of each case vary among different specialties, the workload of relevant healthcare staff cannot be assessed and compared simply on the ratio of the number of healthcare staff to the number of patient discharges and deaths.
- (4) It should be noted that the number of nurses and the nurse-to-patient ratios vary among different hospital clusters due to different case-mix, i.e. the mix of patients of different conditions in the cluster, which may differ according to population

profile and other factors, including specialisation of the specialties in the cluster. They also vary due to the varying complexity of conditions of patients and the different diagnostic services, treatments and prescriptions required. Therefore the number of nurses and the nurse-to-patient ratios cannot be directly compared among clusters.

- (5) For the manpower per 1 000 inpatient and day inpatient discharges and deaths ratios, manpower status is drawn as at 31 March of respective years (except for 2015-16 the manpower status is drawn as at 31 December 2015), whereas number of inpatient and day inpatient discharges and deaths refers to the throughput for the whole financial year (except for 2015-16 the number refers to the actual number from 1 January 2015 to 31 December 2015). The numbers of inpatient and day inpatient discharges and deaths for the 2015-16 are provisional figures.
  - (6) In HA, day inpatients refer to those who are admitted into hospitals for non-emergency treatment and who are discharged within the same day. Inpatients are those who have admitted into hospitals via Accident & Emergency department or stayed for more than one day. The calculation of the number of discharges and deaths includes that of both inpatients and day inpatients.
  - (7) HA measures and monitors its service throughput by performance indicators such as numbers of patient discharge episodes and patient days, but not patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, etc. involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested ratio to patients is calculated based on discharges and deaths instead of headcount.
- (d) As HA provides different types and levels of services to patients having regard to the conditions and needs of each patient, HA does not prescribe any nurse-to-patient ratio for manpower planning or deployment purposes. Nevertheless, HA has developed a workload assessment model for estimating nursing manpower requirements. The model takes into account patient number, patient dependency and nursing activities, etc. The model is currently being used for assessing nursing workload and staffing requirements. HA will make reference to the model when planning for new services.

## **Abbreviations**

### Cluster

HKEC – Hong Kong East Cluster  
HKWC – Hong Kong West Cluster  
KCC – Kowloon Central Cluster  
KEC – Kowloon East Cluster  
KWC – Kowloon West Cluster  
NTEC – New Territories East Cluster  
NTWC – New Territories West Cluster

Rank Group

DOM - Department Operations Manager  
SNO - Senior Nursing Officer  
WM - Ward Manager  
APN - Advanced Practice Nurse  
NS - Nurse Specialist  
NO - Nursing Officer

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)064**

**(Question Serial No. 0569)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of nurses of the Hospital Authority, please provide the following information:

- a. The number of nurses who provided hospice care in the past 3 years. Please provide a breakdown by cluster.
- b. The number of patients who received hospice care in the past 3 years.
- c. Will the Government consider allocating more resources to extend the hospice care service to further implement the policy of ageing in place? If yes, what are the details and the resources involved? If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 17)

Reply:

- (a) At present, palliative care services in the Hospital Authority (HA) are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The number of nurses serving under PCUs and Oncology Centres in the past 3 years are set out in the table below:

	<b>As at 31 December 2013</b>	<b>As at 31 December 2014</b>	<b>As at 31 December 2015</b>
Number of nurses serving under PCUs	199	202	206
Number of nurses serving under Oncology Centres	365	426	435

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

(b) HA provides palliative care including inpatient service, outpatient service, day care service, home care service and bereavement counseling to terminally-ill patients. Statistics on the utilisation of these services in 2013-14, 2014-15 and 2015-16 (up to 31 December 2015) are set out in the table below.

<b>Palliative Care Service</b>	<b>Number of Attendances</b> <sup>Note</sup>		
	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16 (up to 31 December 2015) [Provisional Figures]</b>
Palliative care inpatient service (Total number of inpatient / day inpatient discharges and deaths)	8 240	8 254	6 022
Palliative care specialist outpatient service	9 260	9 449	6 859
Palliative home visits	33 386	33 199	25 734
Palliative day care attendances	12 321	12 275	9 324
Bereavement service	3 930	3 034	2 507

Note: The above statistics refer to the throughputs in Hospice Specialty only.

(c) HA endeavours to enhance palliative care services. In recent years, HA has allocated additional resources to improve the service model and strengthen multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives.

HA has enhanced its palliative care service coverage from 2010-11 onwards by extending the service to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally-ill patients suffering from cancer. The additional resources involved is around \$34 million per year. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counseling, crisis management, etc. to terminally-ill patients and their caregivers. The additional resources involved is around \$12 million per year. In 2015-16, HA has strengthened the Community Geriatric Assessment Team service in phases to provide better support for terminally ill residents living in residential care homes for the elderly (RCHEs) in collaboration with RCHEs. The additional resources involved for this programme is around \$7 million in 2015-16. Furthermore, additional resources of around \$5 million has been earmarked for the expansion of this programme in 2016-17.

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)065**

**(Question Serial No. 0570)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the manpower of nurses of the Hospital Authority, please provide the following information:

- a. The number of psychiatric nurses in the past 3 years, with a breakdown by hospital and by rank.
- b. The average number of cases handled by each psychiatric nurse (including community psychiatric nurses), with a breakdown by hospital and by rank.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 18)

Reply:

(a) & (b)

The Hospital Authority (HA) provides mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As the treatment plan for each patient is different and hence the staffing requirements, the staffing ratios may not necessarily reflect the actual level of service provision. Therefore, HA does not have ready breakdown of the requested ratios.

The table below sets out the number of psychiatric nurses by rank in each cluster in the past 3 years:



Cluster	Psychiatric Nurses <sup>1 &amp; 2</sup> (including Community Psychiatric Nurses)	2013-14	2014-15	2015-16 (as at 31 December 2015)
HKEC	DOM/SNO and above	3	4	4
	APN/NS/NO/WM	49	49	49
	Registered Nurse	121	128	144
	Enrolled Nurse/Others/Trainees	58	51	45
	<b>Total<sup>3</sup></b>	<b>230</b>	<b>231</b>	<b>241</b>
HKWC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	31	32	32
	Registered Nurse	55	54	55
	Enrolled Nurse/Others/Trainees	25	25	22
	<b>Total<sup>3</sup></b>	<b>113</b>	<b>112</b>	<b>110</b>
KCC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	49	50	50
	Registered Nurse	127	129	129
	Enrolled Nurse/Others/Trainees	59	63	62
	<b>Total<sup>3</sup></b>	<b>238</b>	<b>245</b>	<b>244</b>
KEC	DOM/SNO and above	2	2	2
	APN/NS/NO/WM	29	32	31
	Registered Nurse	72	71	80
	Enrolled Nurse/Others/Trainees	30	29	28
	<b>Total<sup>3</sup></b>	<b>133</b>	<b>135</b>	<b>141</b>
KWC	DOM/SNO and above	13	14	13
	APN/NS/NO/WM	155	163	162
	Registered Nurse	292	316	327
	Enrolled Nurse/Others/Trainees	148	158	150
	<b>Total<sup>3</sup></b>	<b>608</b>	<b>651</b>	<b>652</b>
NTEC	DOM/SNO and above	3	3	3
	APN/NS/NO/WM	83	86	89
	Registered Nurse	158	169	174
	Enrolled Nurse/Others/Trainees	105	109	106
	<b>Total<sup>3</sup></b>	<b>349</b>	<b>367</b>	<b>372</b>
NTWC	DOM/SNO and above	6	8	7
	APN/NS/NO/WM	139	134	134
	Registered Nurse	341	354	362
	Enrolled Nurse/Others/Trainees	217	204	195
	<b>Total<sup>3</sup></b>	<b>703</b>	<b>700</b>	<b>699</b>
Overall <sup>3</sup>	DOM/SNO and above	32	36	34
	APN/NS/NO/WM	534	546	547
	Registered Nurse	1 166	1 221	1 270
	Enrolled Nurse/Others/Trainees	642	639	608
	<b>Total<sup>3</sup></b>	<b>2 375</b>	<b>2 442</b>	<b>2 459</b>

Notes:

1. The manpower figures are calculated on full-time equivalent basis including permanent, contract and

temporary staff, but excluding those in HA Head Office.

2. Psychiatric nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital in KWC, and Castle Peak Hospital and Siu Lam Hospital in NTWC), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
3. Individual figures may not add up to the total due to rounding.

**Abbreviations:**

DOM - Department Operations Manager

SNO - Senior Nursing Officer

APN - Advanced Practice Nurse

NS - Nurse Specialist

NO - Nursing Officer

WM - Ward Manager

HKEC – Hong Kong East Cluster

HKWC – Hong Kong West Cluster

KCC – Kowloon Central Cluster

KEC – Kowloon East Cluster

KWC – Kowloon West Cluster

NTEC – New Territories East Cluster

NTWC – New Territories West Cluster

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)066**

**(Question Serial No. 0571)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

To attract, motivate and retain staff, the Hospital Authority creates the post of Nurse Consultant to provide better career progression pathways for nurses. In this regard, please advise on the following:

- a. The number of Nurse Consultants following the creation of the post so far? Please provide the number of nurses promoted each year with a breakdown by cluster and specialty.
- b. Will the Government plan to continue creating more Nurse Consultant posts? If yes, please provide the breakdown by cluster and specialty. If not, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 19)

Reply:

(a)

The rank of Nurse Consultant was first created in the Hospital Authority (HA) in 2008-09. A total of 106 Nurse Consultant posts have been created in HA in the past 5 years. They provide nursing services in Accident and Emergency, Intensive Care Unit, Medicine, Obstetrics and Gynaecology, Orthopaedics and Traumatology, Paediatrics, Psychiatry, Surgery, and other specialties. The table below sets out the breakdown of Nurse Consultant posts created in each hospital cluster from 2008-09 to 2015-16.

Cluster	No. of Nurse Consultant Post Created									Cluster Total
	Accident & Emergency (1)	Intensive Care Unit	Medicine (2)	Obstetrics & Gynaecology	Orthopaedics & Traumatology	Paediatrics	Psychiatry	Surgery (3)	Others (4)	
<b>2008-09</b>										
HKEC									1	1
HKWC			1							1
KCC			1							1
KEC									1	1
KWC			1							1
NTEC			1							1
NTWC							1			1
<b>2011-12</b>										
HKEC		1	2		1		1		1	6
HKWC		1	1	1		2	1		1	7
KCC			1	1	1		1	1	2	7
KEC			2			1	1		2	6
KWC	1	2	2	1			1	1	5	13
NTEC	1		2	1			1	1	3	9
NTWC	1		1		1			2	2	7
<b>2012-13</b>										
HKEC								1	1	2
HKWC								1	1	2
KCC	1	1				1			1	4
KEC			1						1	2
KWC			2				1		1	4
NTEC						1		1	1	3
NTWC			2						1	3
<b>2013-14</b>										
HKEC			2							2
HKWC								2		2
KCC	1							1		2
KEC			1							1
KWC				1		1			2	4
NTEC			1					1	1	3
NTWC		1		1						2
<b>2015-16</b>										
HKEC	1									1
HKWC					1					1
KCC			1							1
KEC									1	1
KWC			1					1		2
NTEC			1							1
NTWC									1	1

Notes:

- 1) Including Emergency Care and Trauma
- 2) Including Cardiac Care, Diabetic Care, Gerontology, Renal Care, Respiratory and Stroke Care
- 3) Including Breast Care, Burns, Urology and Neurosurgery
- 4) Including Community, Continence Care, Palliative Care, Oncology, Perioperative Care, Wound and Stoma Care, Pain Management and Infection Control

(b)

The creation of the rank of Nurse Consultant aims to enhance the development of the nursing profession, thereby improving the healthcare services of HA and meeting the increasing public demand for healthcare services. HA will constantly review the actual service needs as well as the service mode and demand with a view to enhancing the quality of nursing services. Additional posts of Nurse Consultant will be considered to dovetail with the strategic priorities in the annual plans of HA for better healthcare services.

### **Abbreviations**

HKEC – Hong Kong East Cluster  
HKWC – Hong Kong West Cluster  
KCC – Kowloon Central Cluster  
KEC – Kowloon East Cluster  
KWC – Kowloon West Cluster  
NTEC – New Territories East Cluster  
NTWC – New Territories West Cluster

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)067**

**(Question Serial No. 0572)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding rehabilitation and palliative care services, please advise on the resources and manpower involved in the past 3 years with a breakdown by clusters and hospitals.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 20)

Reply:

The Hospital Authority (HA) has been providing a comprehensive range of rehabilitation and palliative care services (e.g. inpatient, outpatient, day care service and outreach service) to patients based on their clinical needs.

Rehabilitation is a component of medicine that is generally incorporated into all aspects of healthcare delivery. Through multi-disciplinary teams of healthcare professionals (e.g. doctors, nurses, allied health professionals), HA provides rehabilitation services when patients' conditions have been stabilised after the acute phase so as to help patients regain functions and integrate back into the community as early as possible. Allied health professionals are the principal providers of rehabilitation services across various HA settings. The table below sets out the manpower of key allied health professionals involved in rehabilitation service provision in the past 3 years with a breakdown by cluster.

	2013-14 [as at 31 March 2014]	2014-15 [as at 31 March 2014]	2015-16 [as at 31 December 2015]
HKEC	290	291	308
HKWC	269	292	306
KCC	350	353	371
KEC	277	286	309
KWC	518	552	588
NTEC	354	380	407
NTWC	308	323	350

Notes:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.
2. The manpower figures above include allied health grades in rehabilitation stream only (i.e. clinical psychologist, dietitian, occupational therapist, physiotherapist, podiatrist, prosthetist & orthotist, medical social worker and speech therapist).

Separate statistics on manpower of doctors and nurses as well as resources specifically for the provision of rehabilitation services are not readily available.

HA provides palliative care services with a comprehensive service model for terminally-ill patients and their families through a multi-disciplinary team of healthcare professionals across various specialties, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists etc.

At present, palliative care services in HA are mainly provided by healthcare personnel of the Palliative Care Units (PCUs) and Oncology Centres. Since the Oncology Centres are subsumed under the overall establishment of the Oncology Departments, separate statistics on the number of nurses working specifically for the provision of palliative care are not readily available. The table below sets out the number of nurses serving under PCUs and Oncology Centres in the past 3 years.

	<b>As at 31 December 2013</b>	<b>As at 31 December 2014</b>	<b>As at 31 December 2015</b>
Number of nurses serving under PCUs	199	202	206
Number of nurses serving under Oncology Centres	365	426	435

Note: The manpower figures are calculated on full-time equivalent basis including permanent, contract and temporary staff in HA.

HA constantly makes assessment on its manpower requirement and flexibly deploys its staff having regard to the service and operation needs. Breakdown of resources and other manpower specifically for the provision of palliative care services is not readily available.

HA will regularly review the demand for various medical services and plan for the development of its services (including rehabilitation and palliative care services) according to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.

**Abbreviations**

HKEC – Hong Kong East Cluster  
HKWC – Hong Kong West Cluster  
KCC – Kowloon Central Cluster  
KEC – Kowloon East Cluster  
KWC – Kowloon West Cluster  
NTEC – New Territories East Cluster  
NTWC – New Territories West Cluster

- End -



**CONTROLLING OFFICER'S REPLY**

**FHB(H)068**

**(Question Serial No. 0573)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (2) Subvention: Hospital Authority

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the tasks of the Hospital Authority (HA) (including the treatment of illnesses that entail high cost, advanced technology and multi-disciplinary professional team work), and assistance offered to patients with rare diseases, please inform this Council of the following:

- (a) Will the Government formulate policies to support patients with rare diseases (including multiple sclerosis, tuberous sclerosis complex, myelofibrosis, cryopyrin-associated periodic syndromes, and systemic juvenile idiopathic arthritis)? If so, what are the details and the expenditure involved? If not, what are the reasons?
- (b) Please provide the number of rare disease patients currently being treated by the HA with a breakdown by type of diseases.
- (c) What kind of assistance has been offered to these patients?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 21)

Reply:

- (a) and (c)

Currently, there is no common definition of rare diseases available worldwide, and the interpretation varies among countries with different characteristics of the respective health systems and situations. The Hospital Authority (HA) places high importance in providing optimal care for all patients based on available medical evidence while ensuring optimal and rational use of public resources. From 2008-09 to 2015-16, the Government has allocated a total recurrent funding of \$75 million in phases to manage the increasing service demand and sustain the provision of expensive drug treatment for uncommon disorders.

Drug treatment is provided through enzyme replacement therapy (ERT) for patients with specific lysosomal storage disorders (LSD) through the assessment of an independent expert panel, which reviews the suitability of individual patients to receive ERT and the efficacy of such treatment on a case-by-case basis. Review is conducted annually. The 6 ERT drugs used to treat the LSDs, namely Alglucosidase alpha for Pompe disease, Algalsidase beta for Fabry disease, Imiglucerase for Gaucher disease, Laronidase for Mucopolysaccharidosis Type I, Idursulfase for Mucopolysaccharidosis Type II and Glasulfase for Mucopolysaccharidosis Type VI, are all categorised as Special drugs in the HA Drug Formulary (HADF). Patients who meet specific clinical criteria will be provided with treatment at standard fees and charges by HA at a highly subsidised rate.

In addition, HA provides multi-disciplinary care and other conventional treatments for patients with uncommon disorders where appropriate, including rehabilitative care, pain alleviation, surgical treatment and bone marrow transplant.

HA will pay close attention to the latest published evidence on treatment of uncommon disorders in the international medical sector, as well as development of health policy in the management of uncommon disorders in other countries. HA will continue to maintain close contact with patient groups with a view to providing suitable medical services for patients with different diseases.

(b)

Up to December 2015, 24 HA patients with LSD have been provided with ERT. Currently, 19 patients are still undergoing ERT in HA hospitals, with breakdown as follows:

<b>Lysosomal Storage Disorders</b>	<b>Number of patients undergoing ERT</b>
Pompe	9
Gaucher	2
Fabry	4
Mucopolysaccharidosis Type I	2
Mucopolysaccharidosis Type II	0
Mucopolysaccharidosis Type VI	2
<b>Total</b>	<b>19</b>

- End -

**CONTROLLING OFFICER'S REPLY**

**FHB(H)069**

**(Question Serial No. 0574)**

Head: (140) Government Secretariat: Food and Health Bureau  
(Health Branch)

Subhead (No. & title): (-) Not Specified

Programme: (3) Subvention: Prince Philip Dental Hospital

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and Health

Question:

In the light of rising demand for elderly dental services, please advise on the following:

- a. Why the Government has not increased the number of training places for student dental technicians, student dental surgery assistants and student dental hygienists?
- b. Why the respective estimated capacity utilisation rates for student dental technicians and student dental hygienists in 2016/17 are 88% and 90% only?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 22)

Reply:

- a. We do not envisage an increase in demand for the 3 courses and hence have not increased the number of training places. The Prince Philip Dental Hospital (PPDH) will continue to take into account all relevant factors, including the service needs, the manpower requirements for healthcare professionals and the number of potential applicants, in deciding on the number of training places.
- b. The Advanced Diploma Course in Dental Technology and Higher Diploma Course in Dental Hygiene are two-year full-time courses. While majority of the Year I students will advance into the second year of study, some will leave PPDH after their first year of study. The estimated capacity utilisation rates for student dental technicians and student dental hygienists, i.e. 88% and 90% respectively, are based on the average performance in the past few years.

- End -