

CONTROLLING OFFICER'S REPLY**FHB(H)196****(Question Serial No. 0540)**Head: (37) Department of HealthSubhead (No. & title): (-) Not SpecifiedProgramme: (1) Statutory FunctionsControlling Officer: Director of Health (Dr. Constance CHAN)Director of Bureau: Secretary for Food and HealthQuestion:

Regarding the numbers of registration applications from healthcare professionals processed by statutory boards/councils, please advise on the operating expenditure, manpower, number of registration applications and the average processing time for each application in 2015. Besides, how many complaints and disciplinary inquiries were processed by statutory boards/councils last year and what were the expenditure and manpower involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 23)Reply:

In 2015, the relevant statutory Boards/Councils processed 5 518 applications for registration from healthcare professionals. The types and numbers of applications, and the average time required for approval are as follows-

Healthcare Profession	No. of applications for registration processed in 2015	Average time required for approval[#]
Chiropractors	12	2 - 3 months
Dental Hygienists (Enrolled)	15	1 - 2 months
Dentists	90	
- <i>Full registration</i>	(78*)	2 - 3 weeks
- <i>Specialist registration</i>	(12)	2 - 3 months
Medical Practitioners	1 401	
- <i>Full registration</i>	(397)	1 day
- <i>Provisional registration</i>	(383)	2 - 3 weeks
- <i>Limited registration</i>	(198)	2 weeks
- <i>Temporary registration</i>	(109)	2 weeks
- <i>Specialist registration</i>	(314)	2 - 3 months
Midwives	66	1 week

Healthcare Profession	No. of applications for registration processed in 2015	Average time required for approval[#]
Nurses (Registered and Enrolled)	2 531	2 - 3 weeks (for applicants holding local qualifications) 1 week (for applicants holding overseas qualifications and passing the licensing examination)
Pharmacists	126	1 week
Registered Chinese Medicine Practitioners	269	4 weeks
Supplementary Medical Profession Practitioners - Medical Laboratory Technologists - Occupational Therapists - Optometrists - Physiotherapists - Radiographers	1 008	1 week (for applicants holding qualifications prescribed under the law) 2 - 3 months (for applicants holding other qualifications)
Total:	5 518	

** including 20 cases of deemed-to-be registered dentists.*

The registration applications have to be processed according to the legislations governing the respective healthcare professions, and to be approved by the relevant statutory boards/councils or registrars. The time required for granting approval for registration applications from different healthcare professions varies given the different approval procedures involved.

In the same year, the relevant statutory boards/councils received 798 complaints and conducted 62 inquiries against healthcare professionals. The breakdown figures are as follows-

Healthcare Profession	No. of complaints received in 2015	No. of inquiry cases conducted in 2015
Chiropractors	8	0
Dental Hygienists (Enrolled)	0	0
Dentists	126	4
Medical Practitioners	493	21
Midwives	0	1
Nurses (Registered and Enrolled)	25	8
Pharmacists	0	1
Registered Chinese Medicine Practitioners	126	18
Supplementary Medical Profession Practitioners	20	9
- Medical Laboratory Technologists	(4)	(3)
- Occupational Therapists	(1)	(0)
- Optometrists	(6)	(2)
- Physiotherapists	(7)	(2)
- Radiographers	(2)	(2)
Total:	798	62

In 2015, the Department of Health (DH) assigned 20 staff members to provide secretariat support to the statutory boards and councils in processing registration and other related applications from 13 healthcare professions. In addition, DH assigned 35 staff members to handle complaints and inquiries related to the 13 healthcare professions. The operating expenditures involved in processing registration applications and complaints/inquiries are around \$11 million and \$13.5 million respectively.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)197

(Question Serial No. 0548)

Head: (37) Department of Health

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

Programme: (1) Statutory Functions

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is \$115.4 million (15.3%) higher than the revised estimate for 2015-16 and there is an increase of 45 posts. Please advise on the reasons for the growth and the details. Will the additional resources be used for launching a voluntary accredited registers scheme for supplementary healthcare professions as mentioned in the Policy Address? If so, what are the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 24)

Reply:

Provision for 2016-17 is \$115.4 million higher than the revised estimate for 2015-16 with an addition of 45 posts. This is mainly due to (a) setting up a temporary testing centre for Chinese medicines, (b) setting up a new Office for Regulation of Private Healthcare Facilities, (c) funding the legal costs arising from committee-related appeals and court proceedings, (d) enhancing the arrangement of the Licensing Examination of the Medical Council of Hong Kong, and (e) conversion of five non-civil service contract positions to civil service posts for rationalising the professional support.

The Government will launch a voluntary accredited registers pilot scheme in 2016 for healthcare personnel who are currently not subject to statutory regulation. The scheme is under development at present. No additional resources have been earmarked for the scheme in 2016-17. The Department of Health will absorb the additional workload by flexible redeployment of existing manpower resources.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)198

(Question Serial No. 0549)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of attendances for health assessment and medical consultation at Elderly Health Centres has been increasing. Please advise on:

- a. the average waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres in 2015; and
- b. has the Department earmarked sufficient resources, including manpower, to meet the demand for 2016-17? If so, what are the manpower and resources involved as well as the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 25)

Reply:

- a. The median waiting time and the number of elders waiting for enrolment in respect of the 18 Elderly Health Centres (EHCs) in 2015 are as follows –

EHC	Median waiting time (months)	Number of elders on the waiting list (as at end of December 2015)
Sai Ying Pun	30.0	765
Shau Kei Wan	23.5	988
Wan Chai	34.3	1 200
Aberdeen	14.5	456
Nam Shan	15.8	785
Lam Tin	12.0	363

Yau Ma Tei	34.2	751
San Po Kong	18.6	186
Kowloon City	34.4	430
Lek Yuen	4.5	386
Shek Wu Hui	16.4	370
Tseung Kwan O	29.0	1 379
Tai Po	16.3	644
Tung Chung	15.0	801
Tsuen Wan	17.8	994
Tuen Mun Wu Hong	15.8	1 182
Kwai Shing	7.0	63
Yuen Long	13.4	696
Total	16.3	12 439

b. The financial provision in 2016-17 for the EHCs is \$142.3 million. One additional clinical team comprising one doctor, three nurses and supported by two clerical staff will commence operation in April 2016 to enhance the service capacity of EHCs.

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CONTROLLING OFFICER'S REPLY

FHB(H)199

(Question Serial No. 0550)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is \$648.6 million (20.3%) higher than the revised estimate for 2015-16 and there is an increase of 44 posts. The additional provision is made for meeting funding requirement for the Elderly Health Care Voucher Scheme, meeting claims under subsidised vaccination schemes, and launching a pilot colorectal cancer screening programme. Please give an account of the said schemes / programme and the resources and manpower involved?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 26)

Reply:

Provision for 2016-17 is \$648.6 million (20.3%) higher than the revised estimate for 2015-16. The increase in provision and posts for the said schemes/programme are as follows :

- (a) rationalising the administrative support of the Elderly Health Care Voucher (EHV) Scheme by creation of 8 new posts with provision of \$2.8 million. An additional allocation of about \$460.0 million is related to the funding provision for the EHV Scheme;
- (b) launching and supporting the Colorectal Cancer Screening Pilot Programme with increased provision of \$20.0 million and addition of 6 time-limited posts for 3 years from 2016-17 to 2018-19; and
- (c) coping with the increased demand from the expansion of Vaccination Subsidy Scheme with \$23.7 million increase in provision and the creation of 5 new posts for the increasing workload.

CONTROLLING OFFICER'S REPLY

FHB(H)200

(Question Serial No. 0551)

Head: (37) Department of Health

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

Programme: (5) Rehabilitation

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding Child Assessment Service,

- a. the completion time for assessment of new cases in Child Assessment Centres within six months fell short of the target of 90% for the past two years and further dropped to 71% in 2015; please advise on the reasons for failing to meet the target;
- b. please advise on the number of children who received Child Assessment Service and the number of these children who were assessed as having developmental disabilities, broken down by their developmental problems, for each of the past three years;
- c. please advise on the average waiting time for new cases, the staff establishment and the number of children assessed each year in Child Assessment Centres; and
- d. please advise on the details of the setting up of an additional Child Assessment Centre by the Department of Health as mentioned in the 2016 Policy Address, including the estimated expenditure, manpower, number of additional service quotas and reduction in waiting time for new cases.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 27)

Reply:

- a. In the past three years, the number of newly referred cases received by the Child Assessment Service (CAS) has been on an increasing trend. There was an increase of 12.5 % in 2015 compared with 2013.
- b. The numbers of newly referred cases received by the CAS in 2013, 2014 and 2015 are 8 775, 9 494 and 9 872 (provisional figure) respectively.

The numbers of newly diagnosed cases of developmental conditions in the CAS from 2013 to 2015 are as follows:-

Number of newly diagnosed conditions	Number of cases		
	2013	2014	2015 (Provisional figure)
Attention Problems/Disorders	2 325	2 541	2 890
Autistic Spectrum Disorder	1 478	1 720	2 021
Borderline Developmental Delay	1 915	2 073	2 262
Developmental Motor Coordination Problems/Disorders	1 928	1 849	1 888
Dyslexia & Mathematics Learning Disorder	482	535	643
Hearing Loss (Moderate to profound grade)	88	109	76
Language Delay/Disorders and Speech Problems	3 098	3 308	3 487
Physical Impairment (i.e. Cerebral Palsy)	55	41	61
Significant Developmental Delay/Mental Retardation	1 213	1 252	1 443
Visual Impairment (Blind or Low Vision)	41	36	43

Note: A child might have been diagnosed with more than one developmental disability/problem.

c. In the past three years, nearly all new cases were seen within three weeks after registration. Due to the continuous increase in the demand for services provided by the CAS, the rate for completion of assessment for new case within six months has dropped from 89% in 2013 to 71% in 2015. The actual waiting time depends on the complexity and conditions of individual cases. The Department of Health (DH) has not compiled statistics on the average waiting time for assessment of new cases.

In the past three years, the number of children served by the CAS are listed below:

	2013	2014	2015
No. of children served by the CAS	21 165	21 252	23 020

The approved establishment of the CAS as at 31 March 2016 is as follows:-

Grades	Number of posts
Medical Support	
Consultant	1
Senior Medical and Health Officer / Medical and Health Officer	20
Nursing Support	
Senior Nursing Officer / Nursing Officer / Registered Nurse	27
Professional Support	
Scientific Officer (Medical) (Audiology Stream) / (Public Health Stream)	5
Senior Clinical Psychologist / Clinical Psychologist	21
Occupational Therapist I	7
Physiotherapist I	5

Grades	Number of posts
Optometrist	2
Speech Therapist	12
Technical Support	
Electrical Technician	2
Administrative and General Support	
Executive Officer I	1
Hospital Administrator II	1
Clerical Officer / Assistant Clerical Officer	11
Clerical Assistant	17
Office Assistant	2
Personal Secretary I	1
Workman II	10
Total:	145

d. Noting the continuous increase in the requirement for the service provided by the CAS, the DH will start preparing for the establishment of a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing the service capacity to meet the rising number of referred cases. As an interim measure, the Government will allocate additional funding for 2016-17 and onwards for the DH to set up a temporary CAC in existing facilities to help shortening the waiting time. The proposal will involve creation of 16 civil service posts in the DH and two civil service posts in Social Welfare Department.

In addition, CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority in assessment with a view to enhancing service efficiency. Coupled with the establishment and full-functioning of the new CAC, it is expected that CAS will be able to complete assessments for at least 90% of the newly referred cases within six months. The financial provision for CAS in 2016-17 is \$129.6 million.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)201

(Question Serial No. 0559)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

In 2015, the number of attendances at Social Hygiene Clinics increased by 800 as compared with 2014, while the number for 2016 is estimated to be the same as the previous year. Has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the details of the manpower and resources involved? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 75)

Reply:

The Department of Health (DH) will maintain the same number of posts of Medical Officers (i.e. 30) for Social Hygiene Service in the 2016-17 financial year in order to meet the service demand. To avoid disruption to service arising from staff departure, DH has endeavored to fill the vacancies through recruitment and internal deployment of doctors so as to maintain the service capacity.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)202

(Question Serial No. 0560)

Head: (37) Department of Health

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

Programme: (3) Health Promotion

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Regarding the review on mental health, the Government proposes in the 2016 Policy Address that a three-year territory-wide public education and promotion campaign will be implemented. What are the details of the campaign? What are the expenditure and manpower involved? What is the timetable for implementation? How will the Government assess its effectiveness?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 8)

Reply:

The Campaign, known as “Joyful@HK”, was officially launched in late January 2016. The objectives of the Campaign are to increase public engagement in promoting mental well-being and enhance their knowledge and understanding about mental health. The Department of Health (DH) has commenced a series of mass media and publicity activities targeting at different age groups, including adolescents, adults and the elderly. DH will continue to establish partnership and explore collaboration with relevant stakeholders, including relevant government departments, District Councils, mental health service providers, non-governmental organisations, etc. to organise community-based and setting-specific activities.

A provision of \$10 million per annum for three years from 2015-16 to 2017-18 has been earmarked for this purpose. The Campaign has been launched through re-deployment of existing manpower. The effectiveness of the Campaign will be assessed based on the evaluations conducted by academic institutions.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)203

(Question Serial No. 3087)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of school children participating in the Student Health Service (primary school students) has been rising significantly. In this connection, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If so, what are the manpower and resources involved and the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No.73)

Reply:

For the school year 2015/16, it is estimated that the number of primary school students participating in the Student Health Service is increasing, but the number of secondary school students participating in the Student Health Service is decreasing due to the decreasing number of secondary school students. A breakdown of the number of school students participating in the Student Health Service for the recent three years is as follows:

	<u>2013-14 (Actual)</u>	<u>2014-15 (Actual)</u>	<u>2015-16 (Estimate)</u>
Primary school students	306 000	312 000	320 000
Secondary school students	342 000	324 000	307 000
Total	648 000	636 000	627 000

The Department has already earmarked sufficient resources, including manpower, to meet the demand. The financial provision for Student Health Service in 2016-17 is \$206.7 million. The staff establishment of the Student Health Service in 2016-17 is 409.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)204

(Question Serial No. 3088)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As shown by the indicators, the number of primary school students participating in the School Dental Care Service has been increasing over the past two years. It is estimated that the number in 2016 will be 9 500 more than that in 2015. In this regard, has the Department earmarked sufficient resources, including manpower, to meet the demand of this year? If yes, what are the details of the manpower and resources involved? If no, what are the reasons?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 74)

Reply:

The School Dental Care Service (SDCS) of the Department of Health (DH) promotes oral health and provides basic and preventive dental care to all primary school students in Hong Kong. The increase in the estimated participating students in SDCS in 2015-16 over the past two years is mainly due to the increase in the total number of primary school students in recent years.

The DH has earmarked sufficient resources for SDCS to cope with the increase in demand of dental services due to the increased number of students. The annual expenditure of the SDCS in financial years 2014-15, 2015-16 and 2016-17 are as follows-

<u>Financial Year</u>	<u>Annual Expenditure</u> (\$ million)
2014-15	229.4
2015-16 (Revised Estimate)	242.4
2016-17 (Estimate)	250.2

Despite the increase in the number of participating students, the DH will absorb the additional workload by flexible redeployment of resources.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)205

(Question Serial No. 3089)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The number of laboratory tests relating to public health has been rising significantly. Does the Government have sufficient manpower to cope with the work? If not, will the Government allocate additional resources and manpower for the work? If so, what are the details? If not, why?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 76)

Reply:

The Department of Health (DH) has reserved sufficient resources, including the manpower, to ensure the public health laboratory services are up to international standards and adequate to fulfill the service demand. To increase the capacity in laboratory testing, the DH has also been making use of advanced technology, automation, testing strategies and manpower deployment in parallel.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)206

(Question Serial No. 3174)

Head: (37) Department of Health

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

Programme: (2) Disease Prevention

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

As regards the launching of a pilot colorectal cancer screening programme for persons at specific ages, please advise on the work progress and details as well as the manpower and estimated expenditure involved.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 77)

Reply:

The Department of Health (DH) targets to launch the Colorectal Cancer Screening Pilot Programme (the Pilot Programme) in the second half of 2016 to provide subsidised screening service in phases in three years to eligible Hong Kong residents aged 61-70. Faecal immunochemical test (FIT) will be adopted as the primary screening tool to be prescribed by enrolled primary care doctors under the Pilot Programme. Participants with a positive FIT result will then be referred for colonoscopy to be provided by enrolled colonoscopy specialists through a public-private partnership model. The DH estimates some 300 000 attendances for FIT and 10 000 for colonoscopy examinations will be completed under the Pilot Programme.

Provision for the Pilot Programme in 2016-17 is \$91.9 million. The time-limited civil service posts involved in the planning and implementation of the Pilot Programme are listed in the table below.

<u>Rank</u>	<u>No.</u>
Senior Medical and Health Officer	1
Medical and Health Officer	2
Nursing Officer	2
Registered Nurse	1
Treasury Accountant	1

Statistical Officer I	1
Senior Executive Officer	1
Executive Officer I	1
Executive Officer II	4
Total :	14

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)207

(Question Serial No. 3175)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

The percentage of new dermatology cases with appointment time given within 12 weeks has been dropping over the past two years. The figure recorded in 2015 was as low as 43%, far below the target of 90%. Please give detailed reasons for failing to meet the target. Has the Government earmarked sufficient resources and formulated measures, including manpower and resource arrangements, to enhance service efficiency in order to cope with the demand? If so, what are the manpower and resources involved in, as well as the details of, these measures?

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 78)

Reply:

The Department of Health (DH) was unable to meet the target of 90% mainly due to the high demands for service and the high turnover rate of dermatologists in the department. To improve the situation, the DH has all along endeavoured to fill the vacancies arising from staff departure through recruitment of new doctors and internal deployment within the department. Under the triage system for new skin referrals implemented by the DH, serious or potentially serious cases are accorded higher priority to ensure the patients concerned will be seen by doctors without delay.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)208

(Question Serial No. 3176)

Head: (37) Department of Health

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

Programme: (4) Curative Care

Controlling Officer: Director of Health (Dr. Constance CHAN)

Director of Bureau: Secretary for Food and Health

Question:

Under this Programme, the provision for 2016-17 is \$106.4 million (12.9%) higher than the revised estimate for 2015-16. What is the reason? Please advise on the use and details of the additional resources allocated.

Asked by: Prof Hon Joseph LEE Kok-long (Member Question No. 79)

Reply:

Provision for 2016-17 is \$106.4 million (12.9%) higher than the revised estimate for 2015-16. The increase in provision under Programme (4) is mainly due to increased cash flow requirements for drug costs and procurement of X-ray equipment.

- End -