

## 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 2021–22 .....	<b>\$84,923.1m</b>
Establishment ceiling 2021–22 (notional annual mid-point salary value) representing an estimated 213 non-directorate posts as at 31 March 2021 and as at 31 March 2022.....	<b>\$160.2m</b>
In addition, there will be an estimated 13 directorate posts as at 31 March 2021 and as at 31 March 2022.	
Commitment balance.....	<b>\$4,387.7m</b>

### Controlling Officer's Report

#### Programmes

<p><b>Programme (1) Health</b>  <b>Programme (2) Subvention: Hospital Authority</b>  <b>Programme (3) Subvention: Prince Philip Dental Hospital</b></p>	<p>These programmes contribute to Policy Area 15: Health (Secretary for Food and Health).</p>
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#### Detail

##### Programme (1): Health

	2019–20 (Actual)	2020–21 (Original)	2020–21 (Revised)	2021–22 (Estimate)
Financial provision (\$m)				
Government sector	777.4	1,434.3	1,191.6 (–16.9%)	<b>2,038.7</b> (+71.1%)  (or +42.1% on 2020–21 Original)
Subvented sector	—	175.0	110.0 (–37.1%)	<b>256.0</b> (+132.7%)  (or +46.3% on 2020–21 Original)
Total	777.4	1,609.3	1,301.6 (–19.1%)	<b>2,294.7</b> (+76.3%)  (or +42.6% on 2020–21 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 healthcare 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 2020–21.

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### *Matters Requiring Special Attention in 2021–22*

5 During 2021–22, the Branch will:

- continue to formulate and implement policy initiatives on the development of primary healthcare services, including formulation of a blueprint for the sustainable development of primary healthcare services, setting up of District Health Centres (DHCs), as well as implementation of the “DHC Express” Scheme;
- continue to promote the development of Chinese medicine (CM) in Hong Kong, including through the provision of funding support to the CM and CM drug sector/trade through the Chinese Medicine Development Fund; the provision of subsidised outpatient CM services at the 18 district-based Chinese Medicine Clinics cum Training and Research Centres; and the further development of inpatient services with Integrated Chinese-Western Medicine treatment in selected Hospital Authority hospitals;
- award the contract to the most suited non-profit-making organisation selected through tendering for the operation of the Chinese Medicine Hospital;
- continue to service the Advisory Committee on Mental Health and pursue recommendations of the Mental Health Review Report;
- continue to combat the Coronavirus Disease 2019 epidemic;
- continue to implement the Voluntary Health Insurance Scheme;
- continue to oversee the implementation of the Pilot Accredited Registers Scheme for Healthcare Professions;
- continue the phased implementation of the new regulatory regime for private healthcare facilities and facilitate private hospital development;
- oversee the implementation of the new regulatory regime for Advanced Therapy Products;
- continue to implement the Hong Kong Genome Project (HKGP);
- continue to oversee the smooth and timely implementation of capital works projects under the First Ten-year Hospital Development Plan (HDP), and the planning of those under the Second HDP;
- continue to conduct the new round of healthcare manpower projection;
- continue to pursue the recommendations of the strategic review on healthcare manpower planning and professional development in consultation with stakeholders;
- continue to oversee the implementation of the Hong Kong Cancer Strategy and the strategy to prevent and control non-communicable diseases;
- continue to oversee the implementation of the action plan on prevention and control of viral hepatitis;
- continue to oversee the implementation of health promotion and preventive programmes;
- continue to oversee the implementation of the Elderly Health Care Voucher Scheme, the “Outreach Dental Care Programme for the Elderly” and the “Healthy Teeth Collaboration” programme;
- continue to oversee the development of the second stage of the Electronic Health Record Sharing System;
- continue efforts to promote breastfeeding and organ donation and to deter smoking; and
- continue to manage the Health and Medical Research Fund (HMRF).

### **Programme (2): Subvention: Hospital Authority**

	2019–20 (Actual)	2020–21 (Original)	2020–21 (Revised)	<b>2021–22 (Estimate)</b>
Financial provision (\$m)	72,550.8	76,596.8	78,698.5 (+2.7%)	<b>82,401.4</b> (+4.7%)

(or +7.6% on  
2020–21 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.

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### *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 87 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2020.

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 In the past years, the Hospital Authority generally achieved its performance targets. Nevertheless, with the emergence of Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, there has been a notable year-on-year reduction in the service throughput across the wide range of services provided by the Hospital Authority. The challenges have straddled over 2019–20 and 2020–21. Demand and service provision for public healthcare services have been wax and wane. While the overall volume of activities is projected to be on the low side in 2020–21, it is estimated that, subject to the development of the Coronavirus Disease 2019, there would be a gradual pick-up in 2021–22.

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

### *Targets*

	As at 31 March 2020 (Actual)	As at 31 March 2021 (Revised Estimate)	As at 31 March 2022 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	23 067	23 526	<b>23 843</b>
mentally ill .....	3 647	3 647	<b>3 675</b>
mentally handicapped .....	680	677	<b>675</b>
infirmary.....	2 041	2 001	<b>1 981</b>
overall.....	29 435	29 851	<b>30 174</b>
<i>ambulatory and outreach services</i>			
<i>accident and emergency (A&amp;E) services</i>			
percentage of A&E patient attendances seen within target waiting time			
triage I (critical cases – 0 minute) (%).....	100	100	<b>100</b>
triage II (emergency cases – 15 minutes) (%).....	98	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) ....	77	90	<b>90</b>
<i>specialist outpatient services</i>			
<i>median waiting time for first appointment at specialist outpatient clinics</i>			
priority 1 cases .....	< 1 week	2 weeks	<b>2 weeks</b>
priority 2 cases .....	5 weeks	8 weeks	<b>8 weeks</b>
<i>rehabilitation and geriatric services</i>			
no. of community nurses‡ .....	510	N.A.	N.A.
no. of geriatric day places .....	669	703	<b>703</b>
<i>psychiatric services</i>			
no. of community psychiatric nurses‡ .....	132	N.A.	N.A.
no. of psychiatric day places .....	889	889	<b>899</b>

‡ This target is removed from 2020–21 onwards to better reflect the service model. In addition to designated nurses for community services, there are other healthcare professionals involved.

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*Indicators*

	2019–20 (Actual)	2020–21 (Revised Estimate)	2021–22 (Estimate)
<i>Delivery of services</i>			
inpatient services			
overall			
no. of patient days .....	8 167 243	8 056 000	<b>8 654 000</b>
bed occupancy rate (%).....	86	86	<b>86</b>
no. of discharges and deaths .....	1 109 302	1 093 260	<b>1 217 570</b>
average length of stay (days)§ .....	7.5	N.A.β	<b>N.A.β</b>
general (acute and convalescent)			
no. of patient days .....	6 570 417	6 491 000	<b>7 049 000</b>
bed occupancy rate (%).....	89	89	<b>89</b>
no. of discharges and deaths .....	1 088 745	1 072 800	<b>1 196 100</b>
average length of stay (days)§ .....	6.1	6.1	<b>6.1</b>
mentally ill			
no. of patient days .....	923 033	911 000	<b>943 000</b>
bed occupancy rate (%).....	71	71	<b>71</b>
no. of discharges and deaths .....	16 960	16 900	<b>17 900</b>
average length of stay (days)§ .....	56	56	<b>56</b>
mentally handicapped			
no. of patient days .....	183 568	183 000	<b>186 000</b>
bed occupancy rate (%).....	74	74	<b>74</b>
no. of discharges and deaths .....	447	N.A.β	<b>N.A.β</b>
average length of stay (days)§ .....	351	N.A.β	<b>N.A.β</b>
infirmary			
no. of patient days .....	490 225	471 000	<b>476 000</b>
bed occupancy rate (%).....	89	89	<b>89</b>
no. of discharges and deaths .....	3 150	N.A.β	<b>N.A.β</b>
average length of stay (days)§ .....	177	N.A.β	<b>N.A.β</b>
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths .....	683 477	706 000	<b>747 300</b>
A&E services			
no. of A&E attendances .....	2 048 039	1 989 000	<b>2 203 000</b>
no. of A&E attendances per 1 000 populations .....	273	N.A.	<b>N.A.</b>
no. of A&E first attendances			
triage I .....	22 335	22 300	<b>22 300</b>
triage II.....	52 011	52 000	<b>52 000</b>
triage III .....	711 744	700 300	<b>748 600</b>
specialist outpatient services			
no. of specialist outpatient (clinical) first attendances .....	776 166	796 000	<b>864 000</b>
no. of specialist outpatient (clinical) follow-up attendances .....	6 865 554	6 977 000	<b>7 225 000</b>
total no. of specialist outpatient (clinical) attendances .....	7 641 720	7 773 000	<b>8 089 000</b>
primary care services			
no. of general outpatient attendances .....	5 815 680	6 236 000	<b>6 249 000</b>
no. of family medicine specialist clinic attendances .....	307 614	315 300	<b>326 600</b>
total no. of primary care attendances .....	6 123 294	6 551 300	<b>6 575 600</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	84 253	78 500	<b>112 900</b>
no. of community nurse attendances.....	886 315	897 000	<b>926 000</b>
no. of allied health (community) attendances .....	33 153	33 600	<b>36 700</b>
no. of allied health (outpatient) attendances .....	2 654 470	2 755 000	<b>3 044 000</b>

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	2019–20 (Actual)	2020–21 (Revised Estimate)	2021–22 (Estimate)
geriatric services			
no. of geriatric outreach attendances $\lambda$ .....	679 527	730 600	<b>759 100</b>
no. of geriatric elderly persons assessed for infirmiry care service.....	1 697	1 670	<b>1 850</b>
no. of geriatric day attendances.....	129 963	117 600	<b>156 700</b>
no. of Visiting Medical Officer attendances $\lambda$ .....	92 830	N.A.	<b>N.A.</b>
psychiatric services			
no. of psychiatric outreach attendances.....	269 705	259 000	<b>323 700</b>
no. of psychiatric day attendances.....	194 417	176 700	<b>233 100</b>
no. of psychogeriatric outreach attendances#.....	91 390#	89 600	<b>110 900</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population $\Delta$ .....	2.8	2.8	<b>2.8</b>
unplanned readmission rate within 28 days for general inpatients (%).....	10.6	10.6	<b>10.6</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient.....	54.5	54.3	<b>54.6</b>
ambulatory and outreach.....	45.5	45.7	<b>45.4</b>
cost by service types per 1 000 population (\$m) $\epsilon$			
inpatient.....	5.3	N.A.	<b>N.A.</b>
ambulatory and outreach.....	4.4	N.A.	<b>N.A.</b>
cost of services for persons aged 65 or above			
share of cost of services (%).....	49.9	49.8	<b>50.2</b>
cost of services per 1 000 population (\$m).....	27.4	27.7	<b>28.1</b>
unit costs			
inpatient services			
cost per inpatient discharged (\$)			
general (acute and convalescent).....	32,550	N.A. $\beta$	<b>N.A.<math>\beta</math></b>
mentally ill.....	172,290	N.A. $\beta$	<b>N.A.<math>\beta</math></b>
mentally handicapped.....	811,950	N.A. $\beta$	<b>N.A.<math>\beta</math></b>
infirmiry.....	282,340	N.A. $\beta$	<b>N.A.<math>\beta</math></b>
cost per patient day (\$)			
general (acute and convalescent).....	6,020	6,480	<b>6,310</b>
mentally ill.....	3,170	3,350	<b>3,370</b>
mentally handicapped.....	1,980	2,050	<b>2,060</b>
infirmiry.....	1,810	1,920	<b>1,930</b>
ambulatory and outreach services			
cost per A&E attendance (\$).....	1,780	1,920	<b>1,820</b>
cost per specialist outpatient attendance (\$).....	1,460	1,500	<b>1,490</b>
cost per general outpatient attendance (\$).....	560	540	<b>560</b>
cost per family medicine specialist clinic attendance (\$).....	1,280	1,310	<b>1,310</b>
cost per community nurse attendance (\$).....	675	690	<b>705</b>
cost per psychiatric outreach attendance (\$).....	2,000	2,160	<b>1,810</b>
cost per geriatric day attendance (\$).....	2,730	3,130	<b>2,480</b>
fee waivers $\Phi$			
total amount of waived fees (\$m).....	1,032.3	1,068.3	<b>1,165.9</b>
percentage of Comprehensive Social Security Assistance (CSSA) fee waiver (%) $\P$ .....	16.0	15.8	<b>15.9</b>
percentage of non-CSSA fee waiver (%) $\P$ .....	18.8	N.A.	<b>N.A.</b>
percentage of Higher Old Age Living Allowance (OALA) fee waiver (%) $\P$ .....	N.A.	13.1	<b>12.9</b>
percentage of other fee waiver (%) $\P$ .....	N.A.	6.6	<b>6.7</b>

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	2019–20 (Actual)	2020–21 (Revised Estimate)	2021–22 (Estimate)
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor .....	6 195	6 430	<b>6 630</b>
specialist.....	3 305	3 290	<b>3 290</b>
non-specialist .....	2 890	3 140	<b>3 340</b>
intern .....	475	438	<b>506</b>
dentist.....	11	13	<b>13</b>
medical total.....	6 681	6 881	<b>7 149</b>
Nursing			
nurse.....	27 403	28 530	<b>29 710</b>
trainee.....	1 554	1 050	<b>1 100</b>
nursing total .....	28 957	29 580	<b>30 810</b>
allied health .....	8 420	8 880	<b>9 250</b>
others .....	40 443	42 570	<b>44 670</b>
total .....	84 501	87 911	<b>91 879</b>

- § Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.
- β This indicator is removed from 2020–21 onwards, as it does not serve as a meaningful indicator to reflect the quality or efficiency of services provided.
- ε This indicator is removed from 2020–21 onwards. The information on the corresponding overall service is already reflected by another indicator under the same section/heading.
- λ Starting from 2020–21, the overall service model for Community Geriatric Assessment Team and Visiting Medical Officer in the Hospital Authority has been streamlined. The indicators for the number of geriatric outreach attendances and number of Visiting Medical Officer attendances are consolidated.
- # Starting from 2020–21, the number of Psychogeriatric Outreach Attendances no longer includes attendances arising from consultation liaison services. For comparison purposes, the figures for 2019–20 Actual has been adjusted accordingly (i.e. exclude consultation liaison).
- Δ Refers to the age-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.
- Φ In light of the increasing portion of Higher OALA fee waiver, the indicator “percentage of non-CSSA fee waiver” is categorised into “percentage of Higher OALA fee waiver” and “percentage of other fee waiver” for 2020–21 Revised Estimate and 2021–22 Estimate to further differentiate various types of fee waiver. The percentage of Higher OALA fee waiver for 2019–20 Actual as included under “percentage of non-CSSA waiver” is 12.1 per cent.
- ¶ Refers to the amount waived as percentage to total charge.

***Matters Requiring Special Attention in 2021–22***

**11** In 2021–22, the Hospital Authority will continue to meet the healthcare needs of the population within the policy framework of the Government. The Government’s direction is for the Hospital Authority to focus on four priority areas: (a) acute and emergency care; (b) services for the low income group and the underprivileged; (c) illnesses that entail high cost, advanced technology and multi-disciplinary professional team work in their treatment; and (d) training of healthcare professionals.

**12** The Hospital Authority will also:

- open a total of around 300 additional hospital beds to meet the growing demand;
- continue to combat the Coronavirus Disease 2019 epidemic;
- continue to enhance palliative care and to manage service demand arising from the ageing population by enhancing geriatric fragility fracture co-ordination services and restorative rehabilitative services;
- enhance the treatment and management of major chronic illnesses;
- augment the workforce by attracting and retaining staff through various measures;
- continue to enhance access to A&E, surgical, endoscopic, diagnostic imaging, specialist outpatient and general outpatient services as well as increase the number of operating theatre sessions and improve pharmacy services;

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- continue to enhance mental health services for children and adolescents with mental health needs, enhance community psychiatric services as well as strengthen psychogeriatric outreach service to residential care homes for the elderly; 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

	2019–20 (Actual)	2020–21 (Original)	2020–21 (Revised)	<b>2021–22 (Estimate)</b>
Financial provision (\$m)	230.1	227.1	227.1 (—)	<b>227.0</b> (—)

(or comparable to  
2020–21 Original)

#### *Aim*

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

#### *Brief Description*

**14** The Branch subvents the Prince Philip Dental Hospital (PPDH). The PPDH is a statutory body established in 1981 under the Prince Philip Dental Hospital Ordinance (Cap. 1081). It is a purpose-built teaching hospital to provide clinical training facilities for undergraduate and postgraduate students of the Faculty of Dentistry of the University of Hong Kong. It also runs courses for dental ancillary personnel at diploma level.

**15** In the 2019/20 academic year, the PPDH generally achieved its overall performance targets in terms of the number of students attending the undergraduate and postgraduate courses and the diploma courses.

- 16** The key performance measures are:

#### *Indicators*

	<i>Academic Year</i>		
	2019/20 (Actual)	2020/21 (Revised Estimate)	<b>2021/22 (Estimate)</b>
no. of training places			
undergraduate.....	402	425	<b>452</b>
research postgraduate.....	68	87	<b>82</b>
taught postgraduate#.....	20	40	<b>59</b>
student dental technician.....	33	24	<b>30</b>
student dental surgery assistant.....	33	18	<b>22</b>
student dental hygienist.....	68	65	<b>65</b>
student dental therapist.....	10	10	<b>10</b>
total.....	634	669	<b>720</b>
capacity utilisation rate (%)Φ			
undergraduate.....	99	98	<b>98</b>
research postgraduate.....	100	100	<b>100</b>
taught postgraduate.....	100	100	<b>100</b>
student dental technician.....	83	60	<b>75</b>
student dental surgery assistant.....	92	50	<b>61</b>
student dental hygienist.....	100	96	<b>96</b>
student dental therapist.....	100	100	<b>100</b>

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	<i>Academic Year</i>		
	2019/20 (Actual)	2020/21 (Revised Estimate)	<b>2021/22 (Estimate)</b>
completion rate (%)			
undergraduate.....	100	100	<b>100</b>
research postgraduate.....	100	100	<b>100</b>
taught postgraduate.....	N.A.	100	<b>100</b>
student dental technician.....	91	96	<b>93</b>
student dental surgery assistant.....	58	78	<b>82</b>
student dental hygienist.....	93	91	<b>91</b>
student dental therapist.....	100	100	<b>100</b>

# The indicator covers only University Grants Committee funded taught postgraduate programmes.

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

***Matters Requiring Special Attention in 2021–22***

**17** During 2021–22, PPDH will continue improving its building infrastructure and facilities.



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**ANALYSIS OF FINANCIAL PROVISION**

	2019–20 (Actual) (\$m)	2020–21 (Original) (\$m)	2020–21 (Revised) (\$m)	2021–22 (Estimate) (\$m)
<b>Programme</b>				
(1) Health.....	777.4	1,609.3	1,301.6	<b>2,294.7</b>
(2) Subvention: Hospital Authority .....	72,550.8	76,596.8	78,698.5	<b>82,401.4</b>
(3) Subvention: Prince Philip Dental Hospital.....	230.1	227.1	227.1	<b>227.0</b>
	<u>73,558.3</u>	<u>78,433.2</u>	<u>80,227.2</u> (+2.3%)	<u><b>84,923.1</b></u> (+5.9%)
				<b>(or +8.3% on 2020–21 Original)</b>

**Analysis of Financial and Staffing Provision**

**Programme (1)**

Provision for 2021–22 is \$993.1 million (76.3%) higher than the revised estimate for 2020–21. This is mainly due to the increased cash flow requirement for the general non-recurrent items on HMRF, HKGP and “DHC Express” Scheme as well as increased provision for operating expenses.

**Programme (2)**

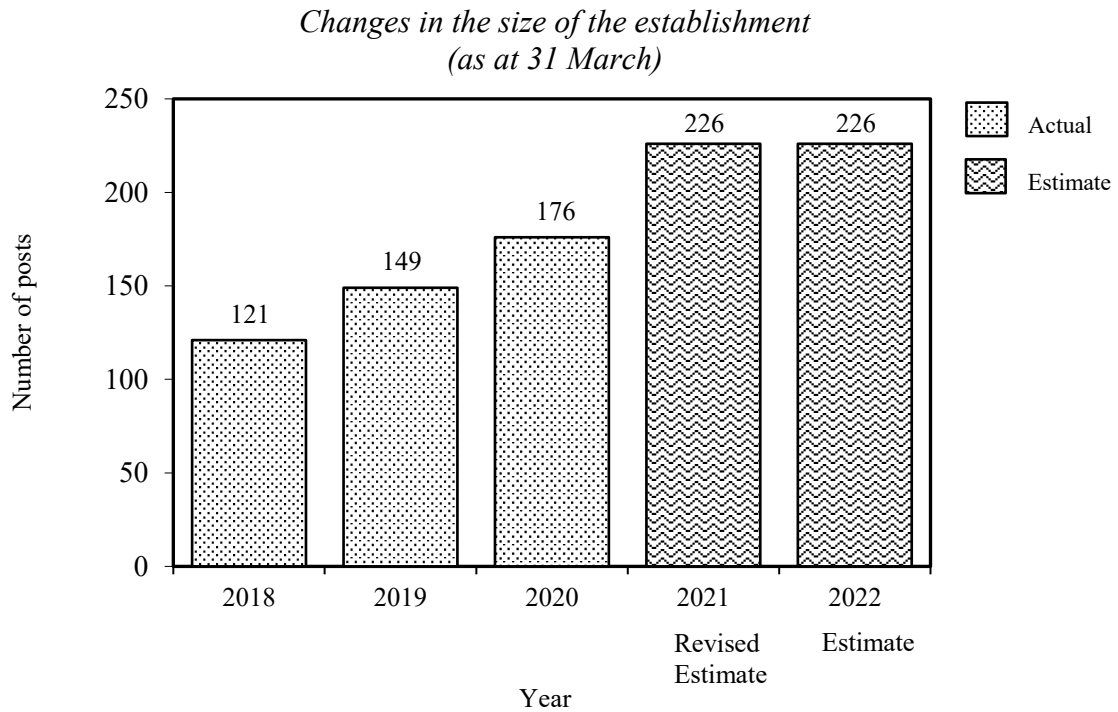
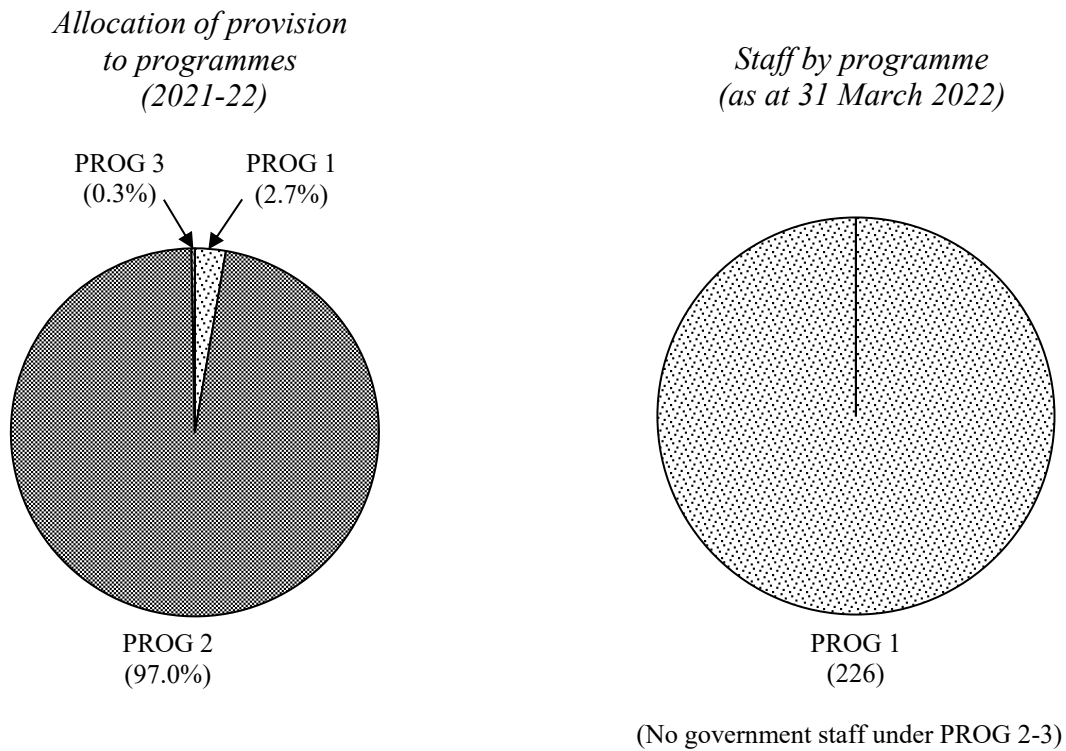
Provision for 2021–22 is \$3,702.9 million (4.7%) higher than the revised estimate for 2020–21. This is mainly due to the additional provision to the Hospital Authority for implementing various measures to meet the increasing demand for hospital services and to improve the quality of clinical care as well as to combat the Coronavirus Disease 2019 epidemic.

**Programme (3)**

Provision for 2021–22 is comparable to the revised estimate for 2020–21.

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Sub-head (Code)	Actual expenditure 2019–20	Approved estimate 2020–21	Revised estimate 2020–21	Estimate 2021–22	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	72,115,476	76,116,249	78,166,032	<b>81,985,526</b>
	Total, Recurrent.....	72,115,476	76,116,249	78,166,032	<b>81,985,526</b>
Non-Recurrent					
700	General non-recurrent .....	291,506	704,090	448,309	<b>1,244,500</b>
	Total, Non-Recurrent.....	291,506	704,090	448,309	<b>1,244,500</b>
	Total, Operating Account .....	72,406,982	76,820,339	78,614,341	<b>83,230,026</b>
<b>Capital Account</b>					
Subventions					
88K	Hong Kong Genome Institute - minor plant, vehicles, equipment, information systems, maintenance, and improvement (block vote) .....	—	—	—	<b>10,087</b>
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	21,472	15,373	15,373	<b>17,064</b>
979	Hospital Authority - equipment and information systems (block vote).....	1,128,472	1,597,501	1,597,501	<b>1,665,900</b>
	Prince Philip Dental Hospital.....	1,339	—	—	—
	Total, Subventions .....	1,151,283	1,612,874	1,612,874	<b>1,693,051</b>
	Total, Capital Account.....	1,151,283	1,612,874	1,612,874	<b>1,693,051</b>
	Total Expenditure .....	73,558,265	78,433,213	80,227,215	<b>84,923,077</b>

## Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU (HEALTH BRANCH)

### Details of Expenditure by Subhead

The estimate of the amount required in 2021–22 for the salaries and expenses of the Health Branch is \$84,923,077,000. This represents an increase of \$4,695,862,000 over the revised estimate for 2020–21 and \$11,364,812,000 over the actual expenditure in 2019–20.

#### Operating Account

##### Recurrent

**2** Provision of \$81,985,526,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Branch.

**3** The establishment as at 31 March 2021 will be 226 posts including one supernumerary post. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2021–22, but the notional annual mid-point salary value of all such posts must not exceed \$160,240,000.

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

	2019–20 (Actual) (\$'000)	2020–21 (Original) (\$'000)	2020–21 (Revised) (\$'000)	2021–22 (Estimate) (\$'000)
Personal Emoluments				
- Salaries.....	126,157	170,200	156,729	181,680
- Allowances.....	7,894	8,337	8,630	10,072
- Job-related allowances.....	1	2	2	2
Personnel Related Expenses				
- Mandatory Provident Fund contribution.....	550	524	584	484
- Civil Service Provident Fund contribution.....	7,051	13,566	11,484	16,171
Departmental Expenses				
- General departmental expenses .....	344,264	617,649	495,234	351,141
Other Charges				
- Primary healthcare development expenses <sup>Ψ</sup> .....	—	—	132,614	448,594
Subventions				
- Hospital Authority .....	71,422,319	74,999,275	77,049,059	80,683,581
- Prince Philip Dental Hospital .....	207,240	211,743	211,743	209,935
- Hong Kong Genome Institute .....	—	94,953	99,953	83,866
	72,115,476	76,116,249	78,166,032	81,985,526

<sup>Ψ</sup> For clarity in presentation, expenses on this item which were originally charged under “Departmental Expenses” have been reflected under “Other Charges” from 2020–21 onwards.

#### Capital Account

##### Subventions

**5** Provision of \$10,087,000 under *Subhead 88K Hong Kong Genome Institute - minor plant, vehicles, equipment, information systems, maintenance, and improvement (block vote)* is for the procurement of plant, vehicles, equipment, maintenance, computerisation projects, and minor improvement works costing over \$200,000 but not exceeding \$10 million for each project. The provision of \$10,087,000 is mainly due to the requirement for procurement of vehicle and equipment in 2021–22.

**6** Provision of \$17,064,000 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 \$1,691,000 (11%) over the revised estimate for 2020–21 is mainly due to the increased requirement in 2021–22.

**7** Provision of \$1,665,900,000 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.

**Head 140 — GOVERNMENT SECRETARIAT: FOOD AND HEALTH BUREAU  
(HEALTH BRANCH)**

**Commitments**

Sub-head (Code)	Item (Code)	Ambit	Approved commitment \$'000	Accumulated expenditure to 31.3.2020 \$'000	Revised estimated expenditure for 2020–21 \$'000	Balance \$'000
<b><i>Operating Account</i></b>						
700	<i>General non-recurrent</i>					
	802	Chinese Medicine Development Fund .....	500,000	71,550	148,409	280,041
	803	Hong Kong Genome Project .....	682,000	—	10,000	672,000
	804	“DHC Express” Scheme.....	596,200	—	—	596,200
	806	Special Support Scheme for Hospital Authority’s chronic disease patients living in the Guangdong Province to sustain their medical consultation under Coronavirus Disease 2019 .....	103,800	—	51,900	51,900
	823	Health and Medical Research Fund <sup>ω</sup> .....	4,223,000 <sup>ω</sup>	1,197,439	238,000	2,787,561
		Total .....	<u>6,105,000</u>	<u>1,268,989</u>	<u>448,309</u>	<u>4,387,702</u>

<sup>ω</sup> The approved commitment for the item was \$2,915 million. An increase in commitment of \$1,308 million is sought in the context of the Appropriation Bill 2021.