



**For information  
on 24.2.2023**

**AOM-P1837**

## Hospital Authority

### 2023-24 Budget Speech

#### Advice Sought

Members are invited to note for information the contents of the 2023-24 Budget Speech that are relevant or related to the Hospital Authority (HA) or healthcare in general.

#### The Budget Speech

2. The Financial Secretary of the Hong Kong Special Administrative Region delivered the 2023-24 Budget Speech on 22 February 2023. The full version of the Budget Speech is available for public access on the Internet <https://www.budget.gov.hk/2023/eng/index.html>.

3. Extracts of the Budget Speech that are relevant to HA are appended at **Annex 1**, with key highlights outlined in ensuing paragraphs.

#### Government Subvention

4. Subject to approval of the Legislative Council (LegCo), the 2023-24 annual subvention for the HA will be **\$90.9 billion** (including \$89.2 billion recurrent and \$1.7 billion capital). In light of the subsiding local epidemic wave, the Government decreased the anti-epidemic related provision in 2023-24. Excluding the provision for tackling the epidemic in 2022-23, there is still growth in the 2023-24 annual subvention compared to the 2022-23 revised provision.

#### Way Forward

5. Following the Government's indicative funding to HA for 2023-24, HA was advised to reserve part of its recurrent subvention for meeting future initiatives. The amount to be set aside in 2023-24 is pending direction from the Health Bureau (HHB). Upon finalisation of such arrangement, the proposed HA Budget for 2023-24 will be considered by the Executive Committee from strategic overview perspective at its meeting on 3 March 2023, and will be examined by the Finance Committee on 10 March 2023 before the HA Budget is formally put to the Board for approval on 23 March 2023. In the

meantime, HA is working out detailed proposals and plans on the individual programmes and initiatives as well as detailed allocations in accordance with the Government's direction, and in consultation with the Board or the relevant functional committees in due course for support or advice as appropriate.

6. The Secretary for Health will further brief the Finance Committee of LegCo on 13 April 2023 on the expenditure proposals in respect of health matters, including those related to HA, as set out in the Estimates. A copy of the Controlling Officer's Report for the Health Bureau is attached at **Annex 2** for Members' perusal. Most of the contents therein are relevant to HA.

Extracts from the 2023-24 Budget Speech

**Actively Align with National Development Strategies**

(extract from the section on paragraphs 69 – 76)

69. All along, Hong Kong's destiny has been closely intertwined with the destiny of our country. In the prosperous development of our country over a long period, Hong Kong has always actively participated and made irreplaceable contributions, and at the same time it has achieved a higher level of development in a wider range of areas.

70. Our country is advancing towards the second centenary goal and is now in a critical opening period of the journey. As Hong Kong integrates into the national development, we must fully leverage our unique advantages and irreplaceable role under "One Country, Two Systems" to make proactive contributions to the modernisation of our country.

71. The GBA is the best entry point for Hong Kong to integrate into the national development. It has a population of 86 million, and is also the country's most affluent area. Innovative and vibrant, the GBA economy has full-fledged and high-quality production chains and strong complementarity with the Hong Kong economy. By joining hands with our GBA sister cities to achieve synergy in the development of a number of major industries, Hong Kong can certainly spearhead high quality development of the entire GBA.

**International Innovation and Technology Centre**

72. Hong Kong has to better capitalise on its advantage as an international I&T centre. Apart from strengthening co-operation with the Mainland and overseas, we should also make good use of the vast Mainland market as well as the regional advantages of the GBA. Furthermore, we have to pool the efforts of Government, industry, academic and research sectors to commercialise research and development (R&D) results and promote the development of I&T industry.

73. The Government has been stepping up efforts in promoting I&T development through an array of measures over the past few years, which have begun to yield solid results. The number of start-ups in Hong Kong has increased to about 4 000 with over 10 unicorns. Hong Kong has been Asia's largest and the world's second largest fundraising hub for biotechnology companies in recent years.

74. To seize the immense opportunities arising from the 14th Five-Year Plan and the GBA development, the Government promulgated the Hong Kong Innovation and Technology Development Blueprint at the end of last year to map out the broad development directions and major strategies of future I&T development from the perspective of top-level planning, with a view to charting Hong Kong in moving full steam towards the vision of an international I&T centre.

### Life Technology and Artificial Intelligence

75. I announced in my last Budget that \$10 billion would be earmarked to further promote the development of life and health technology in Hong Kong. In a bid to enhance support for the transformation of R&D outcomes as well as R&D activities related to life and health technology, I will set aside \$6 billion out of the above provision to provide subsidies for universities and research institutes to set up thematic research centres. The aims are to foster cross-university, cross-institutional and multi-disciplinary co-operation. We will invite universities and research institutes interested in setting up life and health technology research institutes to submit proposals in 2023-24.

76. To further enhance basic research in frontier technology fields such as AI and quantum technology and to better realise our basic technology research capabilities in making breakthroughs out of the blue, I will earmark \$3 billion to promote the development of relevant facilities, in particular, to leverage Hong Kong's unique advantage as a platform for international scientific research collaboration and attract leading I&T talents, research teams and enterprises from the Mainland and overseas to Hong Kong, thereby promoting cross-sectoral research cooperation.

## **Governing for the People**

(extract from the section on paragraphs 164 – 170 and 176 – 177)

### **Healthcare**

#### Public Healthcare Services

164. The Government has been devoting a lot of resources on healthcare, of which the 2023-24 estimate reaches \$104.4 billion, accounting for about 19 percent of the Government recurrent expenditure. We will continue to enhance public healthcare services. The HA will strengthen a series of services, such as enhancing clinical services for diseases including cancer, increasing public hospital beds, operating theatre sessions, etc. Besides, the HA is continuing its rollout of measures to reduce the waiting time for

specialist out-patient services, which include streamlining referral arrangements for cross-specialty cases, setting up integrated clinics to provide multi-disciplinary support, etc. The HA will also introduce a new service for drug collection and delivery by phases, and further promote tele-consultation services.

### Primary Healthcare

165. Primary healthcare is an integral part of the entire healthcare system, accounting for about 20% of the expenditure on public healthcare. To balance healthcare resources and the over-concentration of pressure in public hospitals, the Government put forward the Primary Healthcare Blueprint (the Blueprint) at the end of last year, under which a series of key reform initiatives for enhancing Hong Kong's primary healthcare services are set out, and prevention-oriented, community-based, family centric, and early detection and intervention strategies are adopted. The vision of the Blueprint is to improve the overall health of the general public by providing coherent and comprehensive healthcare services and establishing a sustainable healthcare system.

166. As introduced in the Blueprint, the Government will launch the Chronic Disease Co-Care Pilot Scheme and enhancement measures to the Elderly Health Care Voucher Scheme. The Government will announce the details in the third quarter of this year. I will set aside sufficient financial resources for the schemes.

### Development of Chinese Medicine

167. Since the official launch of the Chinese Medicine Development Fund in 2019, more than 10 funding schemes have been rolled out to benefit various practitioners and organisations in the Chinese medicine sector. The fund supports the holistic development of Chinese medicine in Hong Kong on all fronts, with its funding scope covering talent nurturing, facility and quality enhancement, registration of proprietary Chinese medicines as well as promotion and research of Chinese medicine. The fund has also played a crucial role amid the epidemic in supporting community Chinese medicine practitioners to provide telemedicine consultation and rehabilitation treatment for discharged patients and recovered persons.

168. I plan to inject an additional amount of \$500 million into the fund starting from this financial year to support the commissioning of large-scale training, research and publicity projects on strategic themes and to take forward more capacity building programmes for the sector, which include making preparations for Hong Kong's first Chinese medicine hospital which is expected to commence services in 2025 and strengthening the role of Chinese medicine in the primary healthcare system.

## Tobacco Control Policies

169. Smoking is hazardous to health. Increasing tobacco duty is recognised internationally as the most effective means to reduce tobacco use. It has been over 10 years since the last substantial increase in tobacco duty and its policy effect has been diluted gradually by inflation and various other factors. At present, tobacco duty accounts for about 62 per cent of the retail price of cigarettes in Hong Kong, far lower than the rate of 75 per cent recommended by the World Health Organization.

170. To safeguard public health, I propose to increase the duty on cigarettes by 60 cents per stick with immediate effect. Duties on other tobacco products will also be increased by the same proportion. A rise in cigarette price will increase the incentive of smokers to reduce or quit smoking. Our target is to bring the smoking prevalence rate down from the current 9.5 per cent to 7.8 per cent. With this target in mind, we will continue to review the overall effectiveness of tobacco control measures, and in parallel step up efforts to promote smoking cessation as well as law enforcement against illicit cigarettes.

## Caring and Inclusion

### Support Ageing in Place

176. The Government provides the elderly with various types of care and support services at the community level to help them age in place. In addition to the provision of services such as personal care, nursing care and rehabilitation exercises at day care centres and homes of the elderly, we will regularise the Pilot Scheme on Community Care Service Voucher for the Elderly in the third quarter of this year and increase the number of beneficiaries from the current 8 000 to 12 000 in 2025-26, involving an annual recurrent expenditure of about \$900 million. The Government will also set up 16 new neighbourhood elderly centres in the next five years and expand the service scope of a total of over 200 district elderly community centres and neighbourhood elderly centres in the fourth quarter of this year to cover retirement planning and promotion of gerontechnology.

177. The Government is also concerned about the post-treatment care and rehabilitation needs of elderly persons. The Hospital Authority's Integrated Discharge Support Programme for Elderly Patients offers six to eight weeks of support services for discharged elderly patients with a higher risk, which include rehabilitation exercises, meal services, environmental risk assessments and recommendations on home modifications, in order to facilitate their recovery at home and reduce their re-admission risk. The Government will expand the programme starting from the third quarter of this year by increasing the number of beneficiaries from about 33 000 to 45 000 per annum, and the

number of beneficiaries who can be referred to receive home support services will increase from about 9 000 to 11 000. This measure will involve an annual recurrent expenditure of about \$74 million.

**Abbreviations:**

AI – artificial intelligence

GBA – Guangdong-Hong Kong-Macao Greater Bay Area

HA – Hospital Authority

I&T – innovation & technology

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

**Controlling officer:** the Permanent Secretary for Health will account for expenditure under this Head.

<b>Estimate 2023–24</b> .....	<b>\$94,402.9m</b>
<b>Establishment ceiling 2023–24</b> (notional annual mid-point salary value) representing an estimated 223 non-directorate posts as at 31 March 2023 rising by four posts to 227 posts as at 31 March 2024.....	<b>\$176.2m</b>
In addition, there will be an estimated 15 directorate posts as at 31 March 2023 and as at 31 March 2024.	
<b>Commitment balance</b> .....	<b>\$4,598.3m</b>

### Controlling Officer's Report

#### Programmes

<b>Programme (1) Director of Bureau's Office</b>	This programme contributes to Policy Area 27: Intra-Governmental Services (Secretary for Health).
<b>Programme (2) Health</b>	These programmes contribute to Policy Area 15: Health (Secretary for Health).
<b>Programme (3) Subvention: Hospital Authority</b>	
<b>Programme (4) Subvention: Prince Philip Dental Hospital</b>	

#### Detail

##### Programme (1): Director of Bureau's Office

	2021–22 (Actual)	2022–23 (Original)	2022–23 (Revised)	2023–24 (Estimate)
Financial provision (\$m)#	14.7	15.2	21.5 (+41.4%)	27.0 (+25.6%)
				(or +77.6% on 2022–23 Original)

# For comparison purpose, the figures include relevant provisions for the Director of Bureau's Office which have been transferred from Head 139 — Government Secretariat: Environment and Ecology Bureau (Food Branch) due to re-organisation of the Government Secretariat with effect from 1 July 2022.

#### Aim

- 2 The aim is to ensure the smooth operation of the Office of the Secretary for Health.

#### Brief Description

3 The Office of the Secretary for Health is responsible for providing support to the Secretary for Health in undertaking political work. This includes the support provided by the Under Secretary and the Political Assistant. The Office is also responsible for providing administrative support to the Secretary for Health in carrying out his duties. The work includes the planning, co-ordination and implementation of all arrangements for the Secretary's public, media and community functions.



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### Programme (2): Health

	2021–22 (Actual)	2022–23 (Original)	2022–23 (Revised)	2023–24 (Estimate)
Financial provision (\$m)				
Government sector	2,687.0	21,601.5	19,965.0 (–7.6%)	<b>2,946.0</b> (–85.2%)  (or –86.4% on 2022–23 Original)
Subvented sector	109.9	379.0	256.8 (–32.2%)	<b>324.0</b> (+26.2%)  (or –14.5% on 2022–23 Original)
Total	2,796.9	21,980.5	20,221.8 (–8.0%)	<b>3,270.0</b> (–83.8%)  (or –85.1% on 2022–23 Original)

### *Aim*

4 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*

5 The 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.

6 Generally, the effectiveness of the work of the Bureau 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 2022–23.

### *Matters Requiring Special Attention in 2023–24*

7 During 2023–24, the Bureau will:

- take forward and implement policy initiatives to promote the development of primary healthcare having regard to the Primary Healthcare Blueprint, including launching the three-year Chronic Disease Co-care Pilot Scheme, enhancing the Elderly Health Care Voucher Scheme, and prepare for the establishment of the Primary Healthcare Commission;
- continue to take forward and enhance the development of District Health Centres (DHCs) across the territory and oversee the implementation of the “DHC Express” Scheme;
- further promote the development of Chinese medicine (CM) in Hong Kong, including commencing the formulation of a blueprint for the development of CM in Hong Kong in collaboration with the CM sector, enhancing the provision of funding support to the CM and CM drug sector through the Chinese Medicine Development Fund (CMDF); increasing the annual quota of subsidised outpatient CM services at the 18 district-based Chinese Medicine Clinics cum Training and Research Centres, and regularising and further developing Integrated Chinese-Western Medicine treatment services;
- take forward the review of dental care services provided or subsidised by the Government;
- continue to develop the Chinese Medicine Hospital (CMH) located at Tseung Kwan O and work closely with the Hong Kong Baptist University, the contractor for the operation of the CMH selected through tendering to prepare the service commencement in 2025;
- 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 (COVID-19) epidemic;

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- 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 regulatory regime for private healthcare facilities and facilitate private hospital development;
- continue to implement the Hong Kong Genome Project;
- 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 Ten-year HDP;
- continue to monitor the demand and supply of healthcare professionals;
- 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 action plans on prevention and control of cancer and other non-communicable diseases, viral hepatitis and antimicrobial resistance;
- 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 enhancements of the Electronic Health Record Sharing System to support new service areas including primary healthcare;
- continue efforts to promote breastfeeding and organ donation and to deter smoking; and
- continue to manage the Health and Medical Research Fund.

### Programme (3): Subvention: Hospital Authority

	2021–22 (Actual)	2022–23 (Original)	2022–23 (Revised)	2023–24 (Estimate)
Financial provision (\$m)	83,523.6	92,063.3	93,441.9 (+1.5%)	90,885.7 (–2.7%)
				(or –1.3% on 2022–23 Original)

### *Aim*

8 The Hospital Authority advises the Government on the needs of the public for hospital services and resources required to meet those needs, and provides adequate, efficient and effective public hospital services of the highest standard recognised internationally within the resources available.

### *Brief Description*

9 The Bureau 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 89 000 staff (full time equivalents), manages 43 public hospitals and institutions, 49 specialist outpatient clinics and 73 general outpatient clinics as at 31 December 2022.

10 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.

11 In the past years, the Hospital Authority generally achieved its performance targets. Nevertheless, with the emergence of COVID-19 epidemic in Hong Kong since early 2020, the Hospital Authority has been adjusting its services in response to the epidemic along with tightening up infection control measures. The Hospital Authority will continue to closely monitor the epidemic situation, support the Government’s overall infectious disease prevention strategy and suitably adjust the scale of service provision when necessary. Subject to the development of the COVID-19 epidemic, it is expected that a gradual pick-up would continue in 2023–24.

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

### *Targets*

	As at 31 March 2022 (Actual)	As at 31 March 2023 (Revised Estimate)	As at 31 March 2024 (Target & Plan)
<i>Access to services</i>			
<i>inpatient services</i>			
no. of hospital beds			
general (acute and convalescent) .....	23 838	24 257	<b>24 325</b>
mentally ill .....	3 675	3 675	<b>3 710</b>
mentally handicapped .....	675	675	<b>675</b>
infirmary.....	1 981	1 961	<b>1 961</b>
overall.....	30 169	30 568	<b>30 671</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) (%).....	96	95	<b>95</b>
triage III (urgent cases – 30 minutes) (%) ....	72	90	<b>90</b>
<i>specialist outpatient services</i>			
median waiting time for first appointment at			
specialist outpatient clinics			
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 geriatric day places .....	703	757	<b>787</b>
<i>psychiatric services</i>			
no. of psychiatric day places .....	899	909	<b>909</b>

### *Indicators*

	2021–22 (Actual)	2022–23 (Revised Estimate)	2023–24 (Estimate)
<i>Delivery of services</i>			
<i>inpatient services</i>			
overall			
no. of patient days .....	7 926 440	8 154 000	<b>8 857 000</b>
bed occupancy rate (%).....	82	82	<b>82</b>
no. of discharges and deaths .....	1 024 571	1 084 280	<b>1 255 970</b>
<i>general (acute and convalescent)</i>			
no. of patient days .....	6 408 581	6 605 000	<b>7 256 000</b>
bed occupancy rate (%).....	85	85	<b>85</b>
no. of discharges and deaths .....	1 004 190	1 063 800	<b>1 234 400</b>
average length of stay (days)§ .....	6.4	6.4	<b>6.4</b>
<i>mentally ill</i>			
no. of patient days .....	855 786	902 000	<b>947 000</b>
bed occupancy rate (%).....	68	68	<b>68</b>
no. of discharges and deaths .....	16 816	16 900	<b>18 000</b>
average length of stay (days)§ .....	51	51	<b>51</b>
<i>mentally handicapped</i>			
no. of patient days .....	173 324	179 000	<b>186 000</b>
bed occupancy rate (%).....	70	70	<b>70</b>
<i>infirmary</i>			
no. of patient days .....	458 749	468 000	<b>468 000</b>
bed occupancy rate (%).....	85	85	<b>85</b>

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	2021–22 (Actual)	2022–23 (Revised Estimate)	2023–24 (Estimate)
ambulatory and outreach services			
day inpatient services			
no. of discharges and deaths .....	732 499	723 000	<b>795 700</b>
A&E services			
no. of A&E attendances .....	1 840 029	1 963 000	<b>2 203 000</b>
no. of A&E first attendances			
triage I .....	27 159	27 100	<b>27 100</b>
triage II .....	52 253	52 200	<b>52 200</b>
triage III .....	704 932	706 800	<b>748 600</b>
specialist outpatient services <sup>Ψ</sup>			
no. of specialist outpatient (clinical) first attendances .....	831 540	817 000	<b>885 000</b>
no. of specialist outpatient (clinical) follow-up attendances .....	7 133 293	7 149 000	<b>7 304 000</b>
total no. of specialist outpatient (clinical) attendances .....	7 964 833	7 966 000	<b>8 189 000</b>
primary care services			
no. of general outpatient attendances .....	5 762 282	5 894 000	<b>6 320 000</b>
no. of family medicine specialist clinic attendances .....	321 790	320 000	<b>345 600</b>
total no. of primary care attendances .....	6 084 072	6 214 000	<b>6 665 600</b>
rehabilitation and palliative care services			
no. of rehabilitation day and palliative care day attendances .....	45 327	77 400	<b>116 400</b>
no. of community nurse attendances .....	882 713	884 000	<b>950 000</b>
no. of allied health (community) attendances .....	25 234	31 000	<b>34 200</b>
no. of allied health (outpatient) attendances .....	2 927 419	2 936 000	<b>3 184 000</b>
geriatric services			
no. of geriatric outreach attendances .....	814 619	738 700	<b>772 700</b>
no. of geriatric elderly persons assessed for infirmary care service .....	1 659	1 750	<b>1 850</b>
no. of geriatric day attendances .....	79 481	126 600	<b>170 300</b>
psychiatric services			
no. of psychiatric outreach attendances .....	221 952	282 100	<b>329 100</b>
no. of psychiatric day attendances .....	34 436	158 500	<b>237 100</b>
no. of psychogeriatric outreach attendances .....	86 432	93 200	<b>114 600</b>
<i>Quality of services</i>			
no. of hospital deaths per 1 000 population <sup>Δ</sup> .....	3.0	3.0	<b>3.0</b>
unplanned readmission rate within 28 days for general inpatients (%) .....	10.8	10.8	<b>10.8</b>
<i>Cost of services</i>			
cost distribution			
cost distribution by service types (%)			
inpatient .....	53.8	54.2	<b>54.2</b>
ambulatory and outreach .....	46.2	45.8	<b>45.8</b>
cost of services for persons aged 65 or above			
share of cost of services (%) .....	51.8	51.3	<b>51.3</b>
cost of services per 1 000 population (\$m) .....	29.4	28.8	<b>28.9</b>
unit costs			
inpatient services			
cost per patient day (\$)			
general (acute and convalescent) .....	7,010	7,060	<b>6,810</b>
mentally ill .....	3,630	3,730	<b>3,750</b>
mentally handicapped .....	2,220	2,190	<b>2,220</b>
infirmary .....	2,100	2,110	<b>2,190</b>

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	2021–22 (Actual)	2022–23 (Revised Estimate)	2023–24 (Estimate)
ambulatory and outreach services			
cost per A&E attendance (\$).....	2,270	2,080	1,900
cost per specialist outpatient attendance (\$).....	1,600	1,660	1,690
cost per general outpatient attendance (\$).....	600	600	600
cost per family medicine specialist clinic attendance (\$).....	1,380	1,480	1,550
cost per community nurse attendance (\$).....	715	745	750
cost per psychiatric outreach attendance (\$).....	2,520	2,070	1,880
cost per geriatric day attendance (\$).....	3,780	2,810	2,450
fee waivers			
total amount of waived fees (\$m).....	1,080.1	1,173.0	1,220.4
percentage of Comprehensive Social Security Assistance fee waiver (%)¶.....	14.9	14.8	14.1
percentage of Old Age Living Allowance (OALA) fee waiver (%)Φ.....	12.4	12.9	12.4
percentage of other fee waiver (%)¶.....	9.0	9.0	8.5
<i>Manpower (no. of full time equivalent staff as at 31 March)</i>			
Medical			
doctor.....	6 484	6 450	6 560
specialist.....	3 385	3 280	3 230
non-specialist.....	3 099	3 170	3 330
intern.....	445	513	539
dentist.....	12	12	12
medical total.....	6 941	6 975	7 111
Nursing			
nurse.....	28 107	27 700	27 620
trainee.....	1 686	1 300	1 400
nursing total.....	29 793	29 000	29 020
allied health.....	8 941	9 180	9 410
others.....	44 137	45 460	46 780
total.....	89 812	90 615	92 321

§ Derived by dividing the sum of length of stay of inpatients by the corresponding number of inpatients discharged and treated.

Ψ The no. of attendances includes consultations provided by honorary doctors, e.g. under the collaboration model between the Hospital Authority and the CUHK Medical Centre commencing 2021–22.

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.

¶ Refers to the amount waived as percentage to total charge.

Φ Revised description of the previous indicator “percentage of Higher Old Age Living Allowance fee waiver” as from 2022–23. The merging of the Normal and Higher OALA was effective from 1 September 2022. Against this background, the figure stated under 2022–23 (Revised Estimate) covers Higher OALA recipients aged 75 or above before the merger and all eligible OALA recipients aged 75 or above upon the merger, whereas that under 2021-22 (Actual) only covers Higher OALA recipients. The indicator refers to the amount waived as percentage to total charge.

### *Matters Requiring Special Attention in 2023–24*

**13** In 2023–24, 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.

**14** The Hospital Authority will also:

- open a total of around 100 additional hospital beds to meet the growing demand;
- 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, diagnostic imaging and specialist 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 and community psychiatric services;
- 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; and
- continue to provide support for COVID-19 patients.

### Programme (4): Subvention: Prince Philip Dental Hospital

	2021–22 (Actual)	2022–23 (Original)	2022–23 (Revised)	2023–24 (Estimate)
Financial provision (\$m)	226.9	220.1	223.3 (+1.5%)	220.2 (–1.4%)
				(or comparable to 2022–23 Original)

### Aim

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

### Brief Description

16 The Bureau 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.

17 In the 2021/22 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.

18 The key performance measures are:

### Indicators

	<i>Academic Year</i>		
	2021/22 (Actual)	2022/23 (Revised Estimate)	2023/24 (Estimate)
no. of training places			
undergraduate.....	452	467	487
research postgraduate.....	104	122	128
taught postgraduate#.....	56	46	40
student dental technician.....	32	35	38
student dental surgery assistant.....	25	37	39
student dental hygienist.....	67	63	64
student dental therapist.....	12	10	12
total.....	748	780	808
capacity utilisation rate (%)Φ			
undergraduate.....	98	98	99
research postgraduate.....	100	100	100
taught postgraduate.....	93	92	100
student dental technician.....	80	88	95
student dental surgery assistant.....	69	103 <sup>Λ</sup>	100
student dental hygienist.....	99	93	94
student dental therapist.....	100	83	100
completion rate (%)			
undergraduate.....	100	100	100
research postgraduate.....	100	100	100
taught postgraduate.....	100	100	100
student dental technician.....	75	94	95
student dental surgery assistant.....	76	78	79
student dental hygienist.....	82	89	89
student dental therapist.....	100	100	100

# 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.

Λ The utilisation rate exceeds 100 per cent because there was a student retaking the course in 2022/23 academic year.

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

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### *Matters Requiring Special Attention in 2023–24*

- 19 During 2023–24, PPDH will continue improving its building infrastructure and facilities.

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

### ANALYSIS OF FINANCIAL PROVISION

	2021–22 (Actual) (\$m)	2022–23 (Original) (\$m)	2022–23 (Revised) (\$m)	2023–24 (Estimate) (\$m)
<b>Programme</b>				
(1) Director of Bureau’s Office .....	14.7	15.2	21.5	27.0
(2) Health.....	2,796.9	21,980.5	20,221.8	3,270.0
(3) Subvention: Hospital Authority .....	83,523.6	92,063.3	93,441.9	90,885.7
(4) Subvention: Prince Philip Dental Hospital.....	226.9	220.1	223.3	220.2
	86,562.1‡	114,279.1‡	113,908.5‡ (–0.3%)	94,402.9 (–17.1%)
				(or –17.4% on 2022–23 Original)

‡ For comparison purpose, the figures have been adjusted to reflect the provisions for the relevant programme under this Head due to the re-organisation of the Government Secretariat with effect from 1 July 2022.

#### Analysis of Financial and Staffing Provision

##### Programme (1)

Provision for 2023–24 is \$5.5 million (25.6%) higher than the revised estimate for 2022–23. This is mainly due to the increased requirement for operating expenses.

##### Programme (2)

Provision for 2023–24 is \$16,951.8 million (83.8%) lower than the revised estimate for 2022–23. This is mainly due to the decreased provision for various anti-epidemic measures, partly offset by the increased provision for personal emoluments as a result of a net increase of four posts in 2023–24.

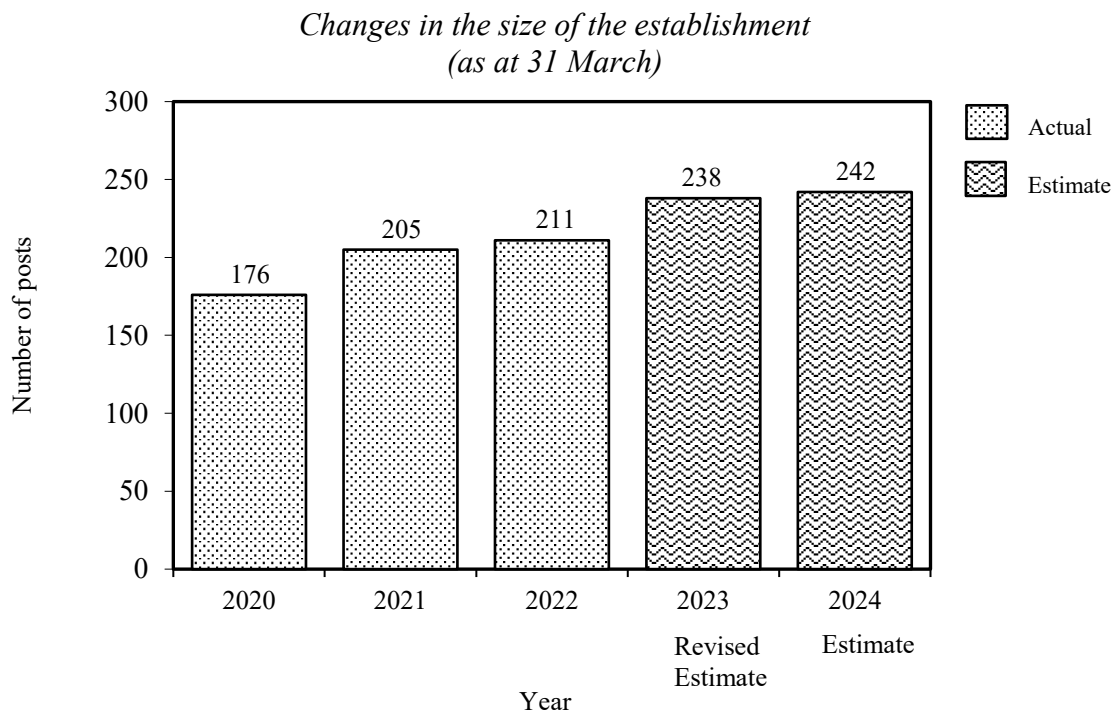
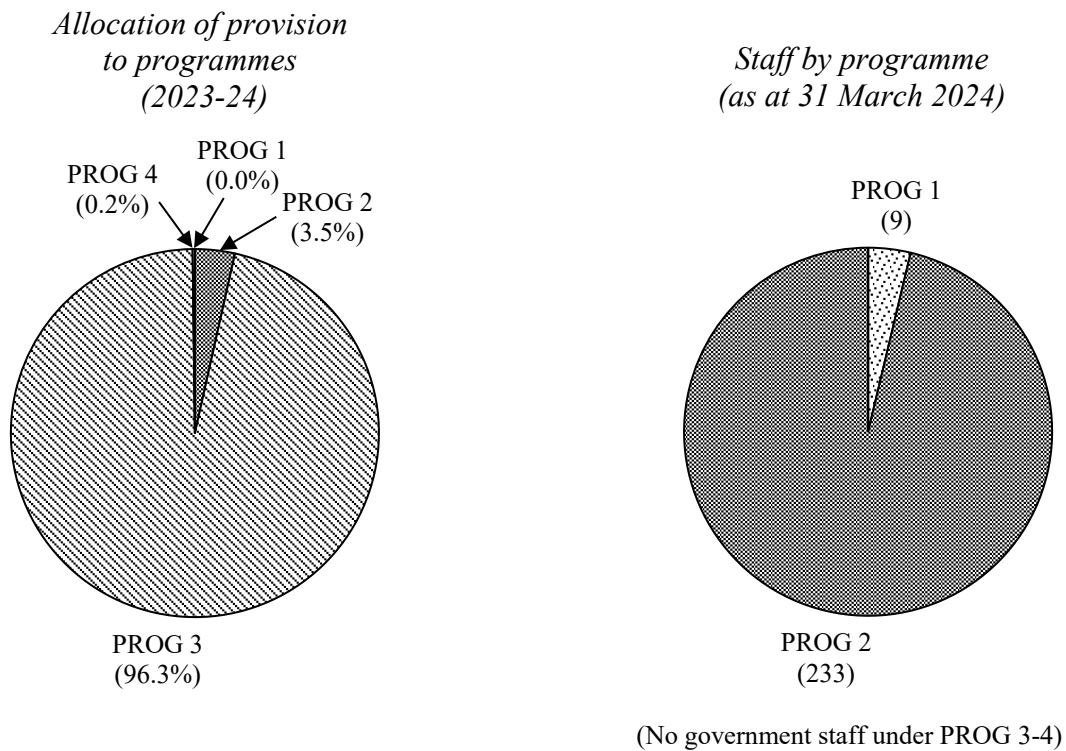
##### Programme (3)

Provision for 2023–24 is \$2,556.2 million (2.7%) lower than the revised estimate for 2022–23. This is mainly due to the decreased anti-epidemic related provision.

##### Programme (4)

Provision for 2023–24 is \$3.1 million (1.4%) lower than the revised estimate for 2022–23. This is mainly due to the lapse of time-limited provision, partly offset by increased requirement in minor plant, equipment, maintenance, and improvement in 2023–24.





## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

Sub-head (Code)	Actual expenditure 2021–22	Approved estimate 2022–23	Revised estimate 2022–23	Estimate 2023–24	
	\$'000	\$'000	\$'000	\$'000	
<b>Operating Account</b>					
Recurrent					
000	Operational expenses .....	84,270,094	111,375,834	111,398,085	<b>91,608,955</b>
	Total, Recurrent.....	84,270,094	111,375,834	111,398,085	<b>91,608,955</b>
Non-Recurrent					
700	General non-recurrent .....	566,610	1,149,254	776,996	<b>1,066,720</b>
	Total, Non-Recurrent.....	566,610	1,149,254	776,996	<b>1,066,720</b>
	Total, Operating Account .....	84,836,704	112,525,088	112,175,081	<b>92,675,675</b>
<b>Capital Account</b>					
Subventions					
899	Prince Philip Dental Hospital - minor plant, vehicles, equipment, maintenance, and improvement (block vote) .....	16,986	14,377	14,377	<b>15,479</b>
979	Hospital Authority - equipment and information systems (block vote).....	1,665,900	1,710,000	1,710,000	<b>1,711,745</b>
	Hong Kong Genome Institute - minor plant, vehicles, equipment, information systems, maintenance, and improvement (block vote) .....	9,935	—	—	—
	Total, Subventions .....	1,692,821	1,724,377	1,724,377	<b>1,727,224</b>
	Total, Capital Account.....	1,692,821	1,724,377	1,724,377	<b>1,727,224</b>
	Total Expenditure .....	86,529,525	114,249,465	113,899,458	<b>94,402,899</b>

## Head 140 — GOVERNMENT SECRETARIAT: HEALTH BUREAU

### Details of Expenditure by Subhead

The estimate of the amount required in 2023–24 for the salaries and expenses of the Health Bureau is \$94,402,899,000. This represents a decrease of \$19,496,559,000 against the revised estimate for 2022–23 and an increase of \$7,873,374,000 over the actual expenditure in 2021–22.

#### *Operating Account*

##### Recurrent

**2** Provision of \$91,608,955,000 under *Subhead 000 Operational expenses* is for the salaries, allowances and other operating expenses of the Health Bureau. The decrease of \$19,789,130,000 (17.8%) against the revised estimate for 2022–23 is mainly due to the reduced requirements for various anti-epidemic measures.

**3** The establishment as at 31 March 2023 will be 238 posts including one supernumerary post. It is expected that there will be a net increase of four posts in 2023–24. Subject to certain conditions, the controlling officer may under delegated power create or delete non-directorate posts during 2023–24, but the notional annual mid-point salary value of all such posts must not exceed \$176,227,000.

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

	2021–22 (Actual) (\$'000)	2022–23 (Original) (\$'000)	2022–23 (Revised) (\$'000)	<b>2023–24 (Estimate) (\$'000)</b>
Personal Emoluments				
- Salaries .....	167,776	180,190	190,086	<b>229,946</b>
- Allowances .....	8,156	8,550	9,414	<b>9,652</b>
- Job-related allowances.....	—	2	3	<b>3</b>
Personnel Related Expenses				
- Mandatory Provident Fund contribution .....	546	306	421	<b>383</b>
- Civil Service Provident Fund contribution .....	11,184	15,169	14,440	<b>20,569</b>
Departmental Expenses				
- General departmental expenses .....	1,713,140	19,762,899	18,744,234	<b>1,091,187</b>
Other Charges				
- Primary healthcare development expenses.	191,775	740,749	389,664	<b>769,554</b>
Subventions				
- Hospital Authority .....	81,857,716	90,353,320	91,731,928	<b>89,173,960</b>
- Prince Philip Dental Hospital .....	209,935	205,696	208,942	<b>204,748</b>
- Hong Kong Genome Institute.....	109,866	108,953	108,953	<b>108,953</b>
	84,270,094	111,375,834	111,398,085	<b>91,608,955</b>

#### *Capital Account*

##### Subventions

**5** Provision of \$15,479,000 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.

**6** Provision of \$1,711,745,000 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: HEALTH BUREAU

### Commitments

Sub-head (Code)	Item (Code)	Ambit	Approved commitment	Accumulated expenditure to 31.3.2022	Revised estimated expenditure for 2022–23	Balance
			\$'000	\$'000	\$'000	\$'000
<b><i>Operating Account</i></b>						
700		<i>General non-recurrent</i>				
802		Chinese Medicine Development Fund@ .....	1,000,000@	235,716	180,839	583,445
803		Hong Kong Genome Project .....	682,000	34,184	147,844	499,972
804		“DHC Express” Scheme.....	596,200	199,476	116,113	280,611
807		Indemnity Fund for Adverse Events Following Immunization with Coronavirus Disease 2019 Vaccines ...	1,000,000	34,090	98,390	867,520
809		Preparation for service commencement of the Chinese Medicine Hospital.....	80,445	3,981	5,400	71,064
823		Health and Medical Research Fund .....	4,223,000	1,703,901	223,410	2,295,689
		Total .....	<u>7,581,645</u>	<u>2,211,348</u>	<u>771,996</u>	<u>4,598,301</u>

@ The approved commitment for the item was \$500 million. An increase in commitment of \$500 million is sought in the context of the Appropriation Bill 2023.