

LCQ18: New arrivals receiving long-term medical treatments at public hospitals

Following is a question by the Dr Hon Pierre Chan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (July 4):

Question:

Some members of the public have relayed to me that recently, quite a number of people from the Mainland who have resided in Hong Kong for less than seven years (new arrivals) receive various types of long-term medical treatments such as dialysis treatment at public hospitals, thus further straining public healthcare resources. In order to make more accurate projections on the resources needed for meeting the medical services demand of new arrivals in future, will the Government inform this Council:

- (1) of the number of new arrivals coming to Hong Kong in each of the past five years and their percentage in the population of Hong Kong;
- (2) whether it knows the number of new arrivals receiving long-term medical treatments at public hospitals in each of the past five years and the amount of public money involved;
- (3) whether it knows (i) the respective numbers of new and old cases of patients receiving dialysis treatment at public hospitals, (ii) the unit cost of dialysis treatment, and (iii) the median and the 90th percentile of waiting time for new cases, in each of the past five years;
- (4) whether it knows the number of new arrivals receiving dialysis treatment at public hospitals in each of the past five years; among them, the number of those who were recipients of comprehensive social security assistance payments, and the number of those who had resided in Hong Kong for less than one year (with a tabulated breakdown by hospital cluster);
- (5) whether it knows the number of people, who had received kidney transplants outside Hong Kong, being prescribed anti-rejection drugs at public hospitals or clinics in each of the past five years and the unit cost per consultation, with a breakdown by the countries/places where the kidney transplant surgeries were performed, and the number of new arrivals among them; and
- (6) whether it knows (i) the strength, (ii) the number of new recruits, (iii) the number of departures, and (iv) the wastage rate, of full-time urologists and nephrologists at various public hospitals in each of the past five years, with a tabular breakdown by rank?

Reply:

President,

My reply to the various parts of the question raised by Dr Hon Pierre Chan is as follows:

(1) According to the results of the 2016 Population By-census, among the Hong Kong Resident Population, there were 165 956 persons from the mainland of China having resided in Hong Kong for less than seven years, accounting for 2.4 per cent of the whole population (excluding foreign domestic helpers).

"Persons from the mainland of China having resided in Hong Kong for less than seven years" refer to persons who reported in the 2016 Population By-census that they:

- (i) were born in the mainland of China;
- (ii) were of Chinese nationality with place of domicile in Hong Kong; and
- (iii) had stayed in Hong Kong for less than seven years.

The Census and Statistics Department does not have the relevant statistics for 2013 to 2015 and 2017.

(2) The Hospital Authority (HA) does not keep statistics on the number of new arrivals receiving long-term medical treatments in public hospitals and the amount of public money involved.

(3) The respective numbers of new and old cases of patients receiving renal replacement therapy (including peritoneal dialysis and haemodialysis) in HA hospitals in the past five years are tabulated below:

Renal replacement therapy (Case)	2013	2014	2015	2016	2017
New cases of peritoneal dialysis	958	954	923	999	1 045
New cases of haemodialysis	112	92	96	128	115
Total	1 070	1 046	1 019	1 127	1 160
Old cases of peritoneal dialysis	3 829	3 995	4 070	4 236	4 399
Old cases of haemodialysis	1 203	1 251	1 322	1 382	1 456
Total	5 032	5 246	5 392	5 618	5 855

Renal replacement therapy is life-sustaining treatment. The renal team provides timely and appropriate treatment for patients according to their clinical needs and conditions. Therefore, the HA does not keep statistics on the waiting time for patients to receive dialysis treatment.

The HA does not have statistical breakdown of the unit cost of dialysis treatment.

(4) According to information of the Social Welfare Department, to be eligible for assistance under the Comprehensive Social Security Assistance (CSSA) Scheme, an applicant must have held the Hong Kong resident status for not less than one year. The HA does not keep statistical data on the number of new arrivals and CSSA recipients receiving dialysis treatment in public hospitals.

(5) Patients who have undergone kidney transplant, regardless of whether the transplant was conducted in Hong Kong, need to receive follow-up treatment such as taking anti-rejection drugs on a continuous basis. The HA provides the necessary follow-up services and continuum of care for these patients.

The table below sets out the number of patients who had kidney transplant in countries/places outside Hong Kong and received follow-up care in public hospitals in each of the past five years:

Year (as at December 31 of that year)	Number of patients
2013	2 529
2014	2 565
2015	2 583
2016	2 596
2017	2 642

The HA does not have statistical breakdown of the unit cost per consultation for patients who had kidney transplant in countries/places outside Hong Kong and received follow-up care in public hospitals, and the number of new arrivals among these patients.

(6) Urologists and nephrologists work in surgery and medicine specialties respectively, providing various surgery or medicine services for patients. The HA does not keep statistics on the strength, number of new recruits, attrition number and attrition rate of urologists and nephrologists.

Tables 1 to 4 at annex provide statistics on the strength, intake number, attrition number and attrition rate of all ranks of full-time doctors in the medicine and surgery specialties by clusters in HA from 2013-14 to 2017-18.