

立法會

Legislative Council

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Panel on Welfare Services

Subcommittee on Review of the Comprehensive Social Security Assistance Scheme

**Minutes of the 20th meeting
held on Monday, 25 June 2007, at 10:45 am
in Conference Room A of the Legislative Council Building**

Members present : Dr Hon Fernando CHEUNG Chiu-hung (Chairman)
Hon LEE Cheuk-yan
Hon CHAN Yuen-han, JP
Hon TAM Yiu-chung, GBS, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon Alan LEONG Kah-kit, SC

Members absent : Hon Albert HO Chun-yan
Hon LEUNG Kwok-hung

Public Officers attending : Mr D C CHEUNG
Principal Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 2

Mr Tony YIP
Assistant Secretary for Health, Welfare and Food
(Elderly Services and Social Security) 4

Mr NG Wai-kuen
Chief Social Security Officer (Social Security) 2
Social Welfare Department

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**Deputations
by invitation**

: Society for Community Organization

Ms LEUNG Mei-kuen
Community Organizer

Ms TSANG Sau-mui

Elderly Rights League (HK)

Mr TAM Kit
Community Organizer

The Against Elderly Abuse of Hong Kong

Ms Kennex YUE
Chief Executive Director

Mr Bernard TANG
Supervisor

Concerning CSSA Review Alliance

Mr LEE Tai-shing
Community Organizer

Mr HUI Yat-hau
Member

Hong Kong Association for the Survivors of Women Abuse
(Kwan Fook)

Ms LIU Ngan-fung
Chairman

Ms LAU Hing-fu
Member

The Chinese Grey Power

Ms Joan LEE
Organizer

Mr CHENG Bill
Member

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爭取長者福利聯合行動組

Mr MAK Kai-yeung
Elderly representative

Association for the Rights of the Elderly

Ms Brenda SO
External Vice Chairperson

Clerk in attendance : Miss Betty MA
Chief Council Secretary (2) 4

Staff in attendance : Ms Maisie LAM
Council Secretary (2) 2

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Medical needs of elderly Comprehensive Social Security Assistance recipients

[LC Paper Nos. CB(2)2193/06-07(01), CB(2)2244/06-07(01) and CB(2)2255/06-07(01)]

The Subcommittee deliberated (Index of proceedings attached at **Annex**).

Views of deputations

2. The Subcommittee received views from eight deputations on the medical needs of elderly Comprehensive Social Security Assistance (CSSA) recipients. The major views are summarised below –

- (a) given that most elderly CSSA recipients preferred Chinese medicine treatment, the provision of Chinese medicine service by the Hospital Authority (HA) was far from adequate to meet the demand. The Administration should set up more public Chinese medicine clinics (CMCs) and increase the daily consultation slots in CMCs. The Administration should consider reimbursing the actual expenses on consultation and treatment by private Chinese medicine practitioners to the elderly CSSA recipients;

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- (b) special grants should be provided for elderly CSSA recipients to cover the travelling expenses incurred for seeking treatment at CMCs and the additional electricity charges incurred in using the respiratory and other medical appliances at home;
- (c) many elderly CSSA recipients with episodic illness had difficulties in using the automated telephone booking system for the public general-outpatient (GOP) clinics. As such, the Administration should consider adding a manually-operated telephone booking system for elderly patients;
- (d) given that some elderly CSSA recipients had to wait for two to three years for attending the first consultation appointment for receiving public specialist out-patient (SOP) service, the Administration should take measures to shorten the unduly long waiting time;
- (e) the Administration should consider allocating specified consultation slots for elderly CSSA patients to enhance their access to GOP and SOP services;
- (f) the introduction of the Standard Drug Formulary by HA since July 2005 had exerted great financial burden on elderly CSSA recipients suffering from chronic illnesses, as they could barely afford the non-standard drugs not included in the Drug Formulary; and
- (g) the Administration should review the adequacy of the existing CSSA standard payment rates and special grants for meeting the basic and special needs of the elderly CSSA recipients.

Discussion with the Administration

Chinese medicine treatment

3. Responding to deputations' views, Principal Assistant Secretary for Health, Welfare and Food (Elderly Services and Social Security)2 (PAS/HWF(ES)2) advised that under the current medical fee waiver mechanism, patients who were recipients of CSSA could obtain free medical treatment at public hospitals and clinics. As such, the Administration did not see the need to further expand the scope for the CSSA Scheme to cover Chinese medicine treatment. PAS/HWF(ES)2 added that Chinese medicine treatment was amply provided by various non-governmental organisations (NGOs) at reasonable and affordable prices at the district level.

4. Some members were of the view that instead of relying on the provision of Chinese medicine service by NGOs, the Administration should set up more public CMCs to meet the demand for Chinese medicine treatment. In addition, the

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Administration should consider some deputations' suggestion of allocating more CMC consultation slots to the elderly CSSA patients.

5. PAS/HWF(ES)2 stressed that public CMCs were established to develop "evidence-based" Chinese medicine practice and provide training for local graduates. Of the nine existing CMCs, three came into operation in late 2003 and the other six only came on stream by phases in 2006 and early 2007. At present, at least 20% of the consultation places were allocated for CSSA patients, and the fee of \$120 for general consultation with two doses of herbal medicines was waived. The daily consultation slots allocated for CSSA patients in each CMCs varied according to the total consultation places available. The operational experience of the first three CMCs in the past three years showed that the daily patient attendance was in the range of 80 to 140.

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6. The Chairman asked for a breakdown of the daily patient attendance of CMCs, in particular the number of elderly patients who were on CSSA and those who were not. PAS/HWF(ES)2 said that he would convey the request to HA and provide members with the information, if available. The Chairman took the view that to ensure the adequate provision of Chinese medicine service to meet the demand fully from the elderly, the Administration should study the profile of elders receiving consultation and treatment from CMCs.

CSSA payments for elderly recipients

7. Some members considered that the standard payment rates for the CSSA elders were inadequate to meet their medical needs. Many had to cut down their expenses on food items in order to save money for meeting the medical expenses. These members suggested that reimbursement should be made to the elderly CSSA recipients for consultation and treatment by private Chinese medicine practitioners.

8. Responding to members' views and suggestions, the Administration made the following points –

- (a) the monthly standard payment rates for CSSA elders had been increased by \$380 since 1 April 1998 to cater for their psycho-social needs such as eating-out, medication, and other social activities. Subject to medical recommendation, special grants would also be provided for CSSA recipients to meet their specific medical needs, such as payments to cover the cost of medically-recommended diet and medical appliances; and
- (b) CSSA recipients could obtain free medical treatment at public hospitals and clinics, and did not have to pay for the drug charges included in the standard fees and charges of HA's services. While some patients would require treatment of non-standard drugs not included in the Drug Formulary, HA would provide financial

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assistance via the Samaritan Fund for the needy patients, including CSSA recipients, to ensure that no one would be denied treatment because of lack of means.

Improvements to the medical services for the elderly

9. In view of the ageing population, some members strongly called upon the Administration to address the problem of inadequate medical services for the needy elders, irrespective of whether they were CSSA recipients. These members made the following suggestions for the Administration's consideration –

- (a) additional resources should be allocated to public hospitals and clinics to shorten the waiting time for first appointment for SOP service and improve the operation of the automated telephone booking system for GOP clinics;
- (b) instead of providing financial assistance through the Samaritan Fund for the needy patients to purchase non-standard drugs, drugs that had proven to be of significant benefits to patients but extremely expensive for HA to provide as part of its subsidised service should be included in the Drug Formulary;
- (c) in the event that a medical savings accounts scheme was introduced, elders of little or no financial means should be exempted from the scheme; and
- (d) a universal retirement protection scheme should be introduced without further delay to prevent the elderly from falling into poverty.

10. PAS(ES)2 responded that HA had introduced the automated telephone booking system for GOP clinics with a view to improving the crowded queuing and waiting conditions in the clinics; HA had also enhanced the consultation scheduling arrangement for chronic patients, many of whom were elders. The operation of the automated telephone booking system would be reviewed from time to time and improvements would be made as appropriate. As regards the Drug Formulary, it had been introduced to standardise drug utilisation in all HA hospitals and clinics to ensure equitable access to cost effective drugs of proven efficacy and safety. Review of the drugs listed in the Formulary would be conducted from time to time.

11. PAS/HWF(ES)2 pointed out that the issues of concern raised by members would come under the purview of the new Food and Health Bureau. He undertook to convey members' views and suggestions relating to the provision of medical services for the needy elders to HA and the departments concerned for consideration.

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12. As for the care and support services for the elders, PAS/HWF(ES)2 said that the Administration had invested heavily in elderly services in the past years. The Administration had allocated additional resources for strengthening elderly care and support services which included enhancing the efforts in reaching out to singleton and hidden elders and the support for elderly hospital discharges.

13. The Chairman said that apart from strengthening medical services for the elders, the Administration should enhance the residential care services for the elderly. He said that discussion on issues relating to the support and care services for the elderly would be followed up by the Panel on Welfare Services in the next session.

II. Any other business

14. There being no other business, the meeting ended at 12:27 pm.

Council Business Division 2
Legislative Council Secretariat
19 September 2007

Annex

**Proceedings of the 20th meeting of the
Subcommittee on Review of the
Comprehensive Social Security Assistance Scheme
on Monday, 25 June 2007, at 10:45 am
in Conference Room A of the Legislative Council Building**

| Time marker | Speaker(s) | Subject(s) | Action required |
|--------------------|--|---|------------------------|
| 000000 – 000307 | Chairman | Opening remarks | |
| 000308 – 000659 | Administration | Briefing on the Administration's paper on the provision of medical services to elderly recipients under the Comprehensive Social Security Assistance (CSSA) Scheme [LC Paper No. CB(2)2193/06-07(01)] | |
| 000700 – 001210 | Society for Community Organization | Presentation of views by Society for Community Organization [LC Paper No. CB(2)2272/06-07(01)] | |
| 001211 – 001442 | Elderly Rights League (HK) | Presentation of views by Elderly Rights League (HK) [LC Paper No. CB(2)2272/06-07(01)] | |
| 001443 – 001924 | The Against Elderly Abuse of Hong Kong | Presentation of views by The Against Elderly Abuse of Hong Kong [LC Paper No. CB(2)2244/06-07(01)] | |
| 001925 – 002345 | Concerning CSSA Review Alliance | Presentation of views by Concerning CSSA Review Alliance [LC Paper No. CB(2)2272/06-07(02)] | |
| 002346 – 002801 | Hong Kong Association for the Survivors of Women Abuse (Kwan Fook) | Presentation of views by Kwan Fook [LC Paper No. CB(2)2272/06-07(03)] | |
| 002802 – 003233 | The Chinese Grey Power | Presentation of views by The Chinese Grey Power [LC Paper No. CB(2)2255/06-07(01)] | |
| 003234 – 003531 | 爭取長者福利聯合行動組 | Presentation of views by 爭取長者福利聯合行動組 | |
| 003532 – 003805 | Association for the Rights of the Elderly | Presentation of views by Association for the Rights of the Elderly | |
| 003806 – 004632 | Chairman Administration | Administration's response to the deputations' views, highlighting that - (a) the number of public Chinese medicine clinics (CMCs) would be increased from nine at present to 12 by mid 2008 and 14 by early 2009. The daily patient attendance for each of the first three CMCs was in the range of about 80 to 140; (b) at present, at least 20% of the consultation slots were allocated to CSSA recipients with fees and charges waived; (c) a number of CMCs operated by non-governmental organisations (NGOs) were offering free or low-cost Chinese medicine service to those in need, such as the Hong Kong | |

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| | | <p>Federation of Trade Unions, Caritas - Hong Kong and Christian Family Service Centre;</p> <p>(d) CSSA elder recipients were entitled to special grants to meet needs such as glasses, medical and surgical appliances on a reimbursement basis, and special diet allowance would be provided on the medical recommendation of a doctor of a public hospital or clinic;</p> <p>(e) the introduction of the automated telephone booking service in October 2006 was to address the crowded waiting condition in public general out-patient (GOP) clinics. HA had stepped up publicity and education to the elderly patients on the use of the service; and</p> <p>(f) a triage system was in place to shorten the waiting time for new patients seeking specialist out-patient treatment</p> | |
| 004633 – 005414 | <p>Chairman Miss CHAN Yuen-han Administration</p> | <p>Views of Miss CHAN Yuen-han that -</p> <p>(a) the Administration should address the problem of inadequate medical services for the needy elders, including CSSA recipients and those not on CSSA;</p> <p>(b) the Administration should step up its efforts to support the elders with little or no financial means. To prevent the elderly population from falling into poverty, a universal retirement protection scheme should be introduced without further delay;</p> <p>(c) a subcommittee be set up under the Panel on Welfare Services in the next session to study the long-term care needs for the elderly; and</p> <p>(d) Principal Officials of the next Administration should be invited to brief the Subcommittee on its work plan to alleviate the problems faced by the needy elderly</p> <p>The Administration's response that in consultation with the Elderly Commission, efforts had been and would continue to be made to strengthen the support for elders, including enhancing efforts to outreach the frail or hidden elders and provide them with the necessary support services</p> | |
| 005415 – 005752 | <p>Chairman Mr TAM Yiu-chung</p> | <p>Views of Mr TAM Yiu-chung that -</p> <p>(a) the Administration must look squarely at the difficulties encountered by the elderly patients in seeking medical treatment at public hospitals and clinics, with a view to ensuring that they could receive timely and affordable treatment; and</p> | |

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| | | <p>(b) in the event that a medical savings accounts scheme was introduced, elders with no financial means should be exempted from the scheme</p> <p>The Administration undertook to convey Mr TAM's views on healthcare financing to the new Food and Health Bureau for consideration</p> | Admin to follow up (para. 11 of the minutes refers) |
| 005753 – 010105 | Chairman The Chinese Grey Power Administration | Follow-up discussion on whether the Administration would consider reimbursing the actual costs incurred by the elderly CSSA recipients for receiving treatment at private CMCs and purchasing medical items | |
| 010106 – 010330 | Chairman Administration | <p>Views of the Chairman that the cost for providing fee waiver for all elderly CSSA recipients receiving treatment at public CMCs, if implemented, would partly be offset by a corresponding reduction in the number of CSSA recipients receiving western medical service at public clinics and hospitals</p> <p>The Administration reiterated that public CMCs and the free or low-cost Chinese medicine services provided by various NGOs as well as the flexibility of using monthly standard payments under the CSSA Scheme could meet the psycho-social needs of the elder recipients</p> | |
| 010331 – 010823 | Chairman Administration | <p>The Chairman's enquiry whether there were drugs that were frequently prescribed to CSSA elder recipients but not included in the HA Drug Formulary or subsidized under the Samaritan Fund</p> <p>The Administration's advice that the Social Welfare Department (SWD) did not have the information on hand, and the remarks that -</p> <ul style="list-style-type: none"> <li data-bbox="647 1432 1266 1590">(a) patients on CSSA were eligible for fee waiver for receiving treatment at public hospitals and clinics, which covered the consultation fee as well as the medication charges for drugs listed in the Formulary; <li data-bbox="647 1612 1266 1731">(b) having regard to the principle of equitable and rational use of public resources, non-standard drugs were not included in the Drug Formulary; and <li data-bbox="647 1754 1266 1911">(c) HA would provide financial assistance via the Samaritan Fund for the needy patients, including CSSA recipients, to ensure that no one would be denied treatment because of lack of means | |
| 010824 – 011342 | Chairman Miss CHAN Yuen-han | Views of Miss CHAN Yuen-han that some expensive but clinically proven effective drugs merited inclusion in the Drug Formulary, as these drugs had less side effect | |

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| | | Views of Miss CHAN Yuen-han and the Chairman that the next Administration should discuss with the Subcommittee ways and timetable to take care of the various needs of the elders of little or no financial means | |
| 011343 – 011527 | Chairman | The Chairman's concern about the inadequate consultation places allocated to CSSA recipients in the existing nine public CMCs | |
| 011528 – 011849 | Chairman Concerning CSSA Review Alliance | Request for reimbursing the actual cost incurred by the elderly CSSA recipients in purchasing drugs or other items for medical treatment | |
| 011850 – 011944 | Chairman Association for the Rights of the Elderly | Assessment criteria and approving mechanism of the Samaritan Fund | |
| 011945 – 012137 | Chairman Administration | <p>The Chairman's view that the provision of medical services for the elderly was far from satisfactory to meet their basic medical needs</p> <p>The Administration undertook to convey the concerns and suggestions raised by members and deputations at the meeting to HA and the departments concerned for consideration</p> | Admin to follow up (para. 11 of the minutes refers) |
| 012138 – 012656 | Chairman The Against Elderly Abuse of Hong Kong Administration | <p>Concern about the processing time taken by SWD to approve applications for special diet allowance</p> <p>The Administration's advice that depending on the merits of individual cases and the medical recommendation, special grant could be provided to cover the electricity charges arising from the use of the specified appliances to meet the medical needs of the CSSA recipients</p> | |
| 012657 – 013533 | Chairman Society for Community Organization Administration | <p>Discussion on the following suggestions made by the Society for Community Organization -</p> <ul style="list-style-type: none"> (a) the number of the consultation slots of each public CMCs allocated to the CSSA recipients should be determined according to the number of elders on CSSA or needy elders in the district; (b) regular review should be conducted to assess the demand of CSSA recipients for the medical services offered by the public CMCs; (c) more resources should be allocated to enhance primary medical care for the public by, say, expanding the services of the Elderly Health Centres and shortening the waiting time for public GOP service; and (d) in view of the difficulties encountered by the elderly in using the telephone booking system for GOP service, the Administration should set | |

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| | | aside a certain number of consultation slots for walk-in elderly patients, install more telephone lines and set up a complaint hotline | |
| 013534 – 013731 | Chairman | The Chairman's concurrence with the suggestion of Miss CHAN Yuen-han that the Panel on Welfare Services should follow up discussion with the next Administration on the various needs of elders of little or no financial means | |

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