

**For Information  
on 14 April 2008**

**Legislative Council Panel on Health Services**

**Pilot project to purchase primary care services  
from the private sector in Tin Shui Wai**

**PURPOSE**

This paper briefs Members on the pilot project to be implemented by the Hospital Authority (HA) to purchase primary care services from the private sector in Tin Shui Wai for specified patient groups.

**BACKGROUND**

2. At present, general out-patient (GOP) services in Hong Kong are primarily provided by the private sector. Public GOP services are mainly targeted at the low-income, the chronically ill and the vulnerable groups (including poor and frail elderly).

3. At present, public GOP services in Tin Shui Wai are mainly provided by the Tin Shui Wai GOP Clinic (GOPC) in Tin Shui Wai. To cater for the increasing population and service demand in the district, HA has already rented a consultation room of the Pok Oi Hospital Chinese medicine clinic in Tin Shui Wai North since 2006 for providing additional GOP services. The two clinics provide about 163 000 attendances of GOP consultation services for about 51 000 patients in total.

4. To further enhance the public GOP services in Tin Shui Wai, especially Tin Shui Wai North, the Administration has planned to build a public GOPC in Tin Shui Wai North.<sup>1</sup> At the same time, the Administration and HA have been exploring ways to enhance the existing public GOP services in Tin Shui Wai. We consider that a pilot project could be conducted in Tin Shui Wai to purchase primary care services from the private sector for specified patient groups. This could enhance the existing public GOP services and explore the feasibility of public-private partnership in providing primary care services. This project has been listed as one of the initiatives in the health programme area in the 2007-08 Policy Agenda.

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<sup>1</sup> Please refer to the information paper on the capital works project submitted by the Administration to the Legislative Council Panel on Health Services in April this year.

## PROJECT DETAILS

5. HA plans to invite in phases patients residing in Tin Shui Wai North who are suffering from specific chronic illnesses (such as hypertension, diabetes, etc.) in need of long-term follow-up treatment at the GOPCs in Tin Shui Wai with stable conditions to voluntarily participate in the pilot project. Patients who are unwilling to participate in the pilot project will continue to be taken care of by the public GOPCs in Tin Shui Wai. Participating patients may select a participating registered doctor practising in Tin Shui Wai as their attending doctor for treatment of their chronic and episodic illnesses. The objective is to allow the doctors to provide the patients with healthcare services and establish a long-term healthcare relationship between them. However, a patient could demand for transferring to another private doctor during the pilot period if necessary. Participating doctors are required to provide consultation services for a minimum of five days a week with four hours a day in the district.

6. Under this project, each participating patient will receive the following services subsidised by the Government during the pilot period:

- a) a maximum of 10 consultations each year which are subsidized by the Government and provided by private doctors, including at least six treatment consultations of chronic illnesses<sup>2</sup> and additional treatment consultations of episodic illnesses;
- b) drugs for chronic illnesses provided by HA based on its Standard Drug Formulary and the established guidelines for GOPCs<sup>3</sup>. Drugs for episodic illnesses will be provided by private doctors;
- c) general pathological tests and diagnostic radiological services provided by HA upon referral by private doctors.

7. Participating patients should pay participating private doctors the same fee as charged by GOPCs (i.e. \$45 inclusive of drugs) for each consultation they seek under the subsidy scheme. Patients who are recipients of Comprehensive Social Security Allowance or have been given a waiver of the GOPC fee can enjoy full or partial exemption of the fees in accordance with their exemption status. HA will pay the subsidised amount to participating private doctors for each consultation they have provided under the project in accordance with the

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<sup>2</sup> These minimum six treatment consultations for chronic illnesses will be scheduled evenly within a period of 12 months, i.e. about once every two months, based on HA's clinical protocols and guidelines on diagnostic examination.

<sup>3</sup> HA will arrange for the drugs for chronic illnesses to be delivered to clinics of participating private doctors in advance for doctors' direct prescription. There is no need for participating patients to collect their drugs at the dispensaries of HA's GOPCs.

agreed service contract. If patients enjoy full or partial exemption of the fees, HA will pay the exempted fees to the doctors.

8. Participating patients can choose to receive services which are outside the scope of the subsidy scheme (e.g. beyond the 10 consultations) from the private doctors. However, no subsidy will be provided for these services and the patients will have to pay the fees charged by the private doctors. Participating patients can still seek medical consultations at public GOPCs where necessary. HA will follow up patients with special needs and transfer them back to public GOPCs from the pilot project for further care if required.

9. HA will provide clinical protocols and guidelines on diagnostic examination for reference by participating private doctors. Participating private doctors can also have access to the medical records, prescription and examination results of participating patients kept at HA through HA's Electronic Patient Record Sharing Pilot System. Under the service contract, private doctors concerned will also have to record the diagnosis of and prescription for patients through this System for each consultation.

10. HA will set up a help desk and a hotline at the Tin Shui Wai Health Centre to answer enquiries from members of the public, patients and private doctors on operation details of the project and to provide support to those who have participated in the project.

## **SERVICE MONITORING**

11. As mentioned above, participating private doctors have to input the key clinical information of the patients into the HA patient record database through the Electronic Patient Record Sharing Pilot System provided by HA. The purposes are to allow HA to keep track of the clinical outcomes and conduct monitoring, and to facilitate the provision of continuous care to participating patients when they seek consultations at public GOPCs. HA will also monitor the seeking of consultations from participating private doctors and public GOPCs by participating patients. If necessary, HA will contact the patient concerned and his/her attending private doctor to understand the situation and take appropriate follow-up actions, including arranging that patient to be transferred back to public GOPCs or to another participating private doctor for further care.

12. HA plans to conduct a review about one year after the implementation of the project to assess its effectiveness. Factors to be taken into account include service utilisation, clinical outcomes, clinical guideline compliance and patient satisfaction. HA will also conduct surveys among participating patients and private doctors to gauge their views on the project.

## **IMPLEMENTATION SCHEDULE**

13. The pilot project is tentatively planned to last for 36 months. The expenditure of the project in 2008-09 will be about \$6.5 million. Subject to HA's reaching agreement on the service mode and contractual terms with private doctors in the district, our present target is to implement the project around mid-2008 in phases. HA will issue invitation letters to eligible patients by batches and organise briefing sessions on the details of the project. Depending on the response from private doctors and patients who are invited to participate in the project, we preliminarily expect that some 1 000 patients with chronic illness may benefit by participating in the project. Other patients not participating in the project will also benefit from quotas for consultation in the GOPC freed up by those patients who choose to participate in the project and be taken care of by private doctors.

## **PUBLIC CONSULTATION**

14. HA consulted and obtained the support of the Culture, Recreation, Community Service and Housing Committee of the Yuen Long District Council on the project on 31 March 2008.

## **ADVICE SOUGHT**

15. Members are invited to note the content of the paper.

Food and Health Bureau  
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