

**For Discussion  
on 10 December 2007**

**Legislative Council Panel on Health Services**

**Cataract Surgeries Programme**

**PURPOSE**

This paper briefs Members on a programme to provide subsidies for cataract surgeries for patients in the Hospital Authority (HA) so as to shorten the waiting list.

**BACKGROUND**

2. At present, patients seeking treatments of cataract in the public sector undertake surgeries in hospitals under the management of the HA. Over the years, there has been a steady increase in the number of patients waiting for cataract surgery and the waiting time is lengthening. As at 30 June 2007, a total of 48 241 patients are on the HA's waiting list for cataract surgery and the average waiting time is about 34.6 months.

3. The annual clinical throughput of cataract surgery in HA is around 16 000 cases while there are around 21 000 projected new cases per year, resulting in a net increase of about 5 000 cases on the waiting list each year. Since the prevalence of cataract increases with age, it is expected that the demand for surgery will continue to grow with our aging population.

4. To shorten the waiting list for cataract surgeries and the waiting time for such surgeries, the Government has given a one-off allocation of \$40 million to the HA to implement a programme for cataract surgeries for their patients. The programme involves the provision of a subsidy to patients to undertake surgeries in the private sector, and the provision of additional resources for HA hospitals/clinics to increase their throughput of cataract surgeries. The programme can therefore provide more choices for patients while expediting the conduct of surgeries for patients.

## DETAILS OF THE PROGRAMME

### *Eligibility of patients*

5. Patients on the waiting list who are triaged as emergency cases would be given priority treatment by the HA hospitals and so they should not be the target of the programme. To achieve the objective of reducing the waiting time of patients, priority would be given to those patients who have been waiting for the longest period on the waiting list. There are currently about 11 000 patients who have been on the waiting list for two or more years. Those who have been waiting the longest will initially be invited in batches to participate in the programme on a voluntary basis. To be eligible for participation in the programme, a patient should require only local anaesthesia for cataract surgery.<sup>1</sup>

6. Eligible patients invited to join the programme will be offered the choice of undertaking the surgery in the private sector under a fixed amount of subsidy of \$5,000, subject to co-payment of not more than \$8,000 in case the private provider charges more than the amount of subsidy. For those with limited economic means such as the low-income and under-privileged, the scheme would also release resources for HA hospitals to increase their throughput of cataract surgeries so that additional surgeries would be arranged for patients who are Comprehensive Social Security Assistance recipients (CSSA). Following the prevailing practice, patients who are CSSA recipients will not have to pay for undertaking surgeries in the HA. Such patients may also participate in the private programme. Private providers may conduct surgeries for CSSA patients on charitable basis at the subsidized rate without requiring any co-payment (see paragraph 7 below).

7. The choices available to an invited patient are shown below:

Choice of patients	Patients who are not CSSA recipients	Patients who are CSSA recipients
Undertake surgery in the private sector under a fixed amount of subsidy	✓ Subject to co-payment in case the private provider charges more than the subsidized rate	✓ A private provider may offer to conduct the surgery at the subsidized rate without

<sup>1</sup> Patients requiring full anaesthesia are likely to have serious illness or other complications in their body condition and the HA would continue to follow up on their cases instead of offering them the choice to undertake surgeries in the private sector under the programme.

Choice of patients	Patients who are not CSSA recipients	Patients who are CSSA recipients
		the need for any co-payment
Join the programme for additional surgery throughput in the HA	✘	✓ No need for payment following the prevailing practice
Do not join the scheme and continue to wait on the normal waiting list	✓	✓

### ***Service package***

8. Under the scheme, the service provision to each patient will be standardized as a basic package to cover at least the following procedures:

- (a) one pre-operative assessment;
- (b) one cataract operation; and
- (c) two post-operative checks.

### ***Public Programme (only for patients receiving CSSA)***

9. All hospital clusters in the HA will join the programme by conducting additional cataract surgeries beyond their prevailing annual throughput. Additional resources would be allocated to hospital clusters on the basis of the marginal cost of HK\$5,000 for each case handled. Patients participating in the public programme would be assigned to the hospitals/clinics according to their residence. To enhance effective utilization of the capacity for surgery under this programme, patients would be transferred across clusters where necessary for best matching of capacity and patients' needs.

### ***Private Programme***

10. A private provider who wishes to participate in the programme should be a medical practitioner who is currently included in the Specialist

Register in the specialty of ophthalmology, in accordance with section 20K of the Medical Registration Ordinance. All private ophthalmology specialists practising in any eye centres and private hospitals who meet the above qualification requirement can join the programme through an enrolment exercise. A list of participated private healthcare providers as well as their related centres/hospitals will be compiled and distributed to the invited patients for reference and selection.

11. Invited patients who choose to undertake surgery in the private sector will be subsidized by a fixed amount of HK\$5,000 and the subsidy would be valid for a period of six months from the date of notification by the HA. To benefit from the subsidy, a patient should undertake surgery in the private sector before the expiry date. If the private provider chosen by the patient charge more than the subsidized amount of \$5,000, the patient will need to make a co-payment to the selected private ophthalmologist for the surgery package. The level of the co-payment could be variable among different service providers but it would be capped at HK\$8,000 under the programme.

12. The private providers participating in the programme can access HA patient information through the Public Private Interface / electronic Patient Record Sharing Pilot System (PPI-ePR)<sup>2</sup>. The current system will be enhanced for the private providers to input the key patient clinical information back to the HA patient information database under a novel PPI-ePR (Cataract Profile) platform for record and monitoring purpose.

### ***Service monitoring***

13. Clinical outcomes and complications in relation to the cataract surgery provision by private ophthalmologists will be captured via the PPI-ePR (Cataract Profile) system platform for monitoring. HA shall also conduct a patient satisfaction survey on the clinical outcomes and the amount of co-payment.

14. The HA will set up a telephone hotline for the public and the patients to make inquiries on the programme administration and provide feedback. The private sector also plans to set up a hotline to handle enquiries from patients choosing the private service under this programme.

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<sup>2</sup>The pilot programme has been introduced since April 2006 as a web-based electronic system to allow integrated, real-time patient-based clinical information to be shared among private and public health care settings.

### ***Implementation***

15. The programme will be implemented by phases and it is targeted to start in the first quarter of 2008. The HA will issue invitation letters to patients by batches. Depending on the responses from each round of invitation, it is expected that invitation letters will be issued to eligible patients by three to four batches. It is expected that that more than 7,000 patients will be able to benefit by receiving surgery at an earlier time under this programme.

### **ADVICE SOUGHT**

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

Food and Health Bureau  
Hospital Authority  
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