

立法會
Legislative Council

LC Paper No. CB(2)1758/09-10(04)

Ref : CB2/PL/HS

Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 14 June 2010**

Cataract Surgeries Programme

Purpose

This paper gives an account of the past discussions by the Panel on Health Services ("the Panel") on the Cataract Surgeries Programme ("the Programme").

Background

2. Over the years, there has been a steady increase in the number of patients waiting for cataract surgery in hospitals under the management of the Hospital Authority ("HA") and the waiting time is lengthening. As at December 2009, a total of 54 153 patients are on HA's waiting list for cataract surgery. The average waiting time is estimated to be 36 months. Since the prevalence of cataract increases with age, it is expected that the demand for cataract surgery will continue to grow with the aging population. The projected new cases requiring cataract surgery in public hospitals is around 21 000 per year.

Past discussions

3. On 10 December 2007, HA briefed the Panel on the Programme to provide subsidies for cataract surgeries for patients in HA so as to shorten the waiting time.

4. Members were advised that the Government had given a one-off allocation of \$40 million to HA to implement the Programme which involved the provision of a subsidy to patients to undertake cataract surgeries in the private sector and the provision of additional resources for HA hospitals/clinics to increase their throughput of cataract surgeries. Patients who had been waiting for the longest period on the waiting list and should only require local anaesthesia for cataract surgery would initially be invited in batches to participate in the Programme on a voluntary basis. There were about 11 000 patients who had been on the waiting list for two or more years.

5. Members were further advised that eligible patients who chose to undertake cataract surgeries in the private sector would be provided with a 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. The subsidy would be valid for a period of six months from the date of notification by HA. For those with limited economic means, such as the low-income and under-privileged, the Programme would also release resources for HA hospitals to increase their throughput of cataract surgeries so that additional surgeries would be arranged for patients who were Comprehensive Social Security Assistance ("CSSA") recipients. Following the prevailing practice, patients who were CSSA recipients would not have to pay for undertaking surgeries in the HA. Such patients might also participate in the private programme. Private providers might conduct surgeries for CSSA patients on charitable basis at the subsidised rate without requiring any co-payment.

6. Members were of the view that the Government should provide recurrent funding to HA to make the Programme a permanent one, having regard to the growing demand for cataract surgery brought about by the aging population.

7. The Administration advised that since co-payment by patients who were not CSSA recipients was a new arrangement and a novel platform would be set up under the Public Private Interface/electronic Patient Record ("PPI-ePR") Sharing Pilot System for recording patients' information, it was necessary to implement the Programme on a pilot basis with a view to evaluating the effectiveness of the Programme.

8. Concern was raised that some patients not on CSSA might not be able to co-pay for their cataract surgeries provided by the private sector. Suggestion was made that the amount of subsidy should be increased from \$5,000 to, say, \$8,000.

9. HA advised that invited patients who met the eligibility and assessment criteria for a full fee waiver under HA's fee waiver mechanism would not have to co-pay for their cataract surgeries provided by private ophthalmologists. Patients who chose not to join the Programme could stay in HA's waiting list to receive the heavily-subsidised cataract service provided by HA hospitals/clinics. In general all patients could benefit from the Programme as the overall waiting time for cataract surgeries would be shortened.

10. On the suggestion of setting aside a special fund targeting at reducing the waiting time of CSSA patients for cataract surgery not invited to join the Programme, HA advised that donations from organisations/individuals had and would continue be used to perform cataract surgeries to patients who were on CSSA. For instance, through the assistance from the Lions Eye Bank of Hong Kong, some 2 500 additional cataract surgeries had been performed on patients who were CSSA recipients in the past 18 months.

11. As to publicising the names of those participating private ophthalmologists whose surgeries conducted resulted in adverse clinical outcome, HA advised that it

would closely monitor the clinical outcome of surgeries conducted by participating private ophthalmologists via the PPI-ePE (Cataract Profile) system platform. HA would de-register those private ophthalmologists whose surgeries had unusual complications, after review by an Expert Committee.

Latest development

12. At the meeting of the Panel on 16 October 2009, members were advised that HA was conducting initial review on the Programme and would consider extending the Programme to benefit more patients.

13. The Financial Secretary announced in his 2010-2011 Budget Speech that additional funding would be allocated to HA to, amongst others, increase cataract surgeries by about 40%. According to the Administration's reply to a question regarding cataract surgeries raised by Hon Fred LI and Dr Hon LEUNG Ka-lau during the examination of the 2010-2011 Estimates of Expenditure, HA would provide additional 8 480 cataract surgeries in 2010-2011, including 5 480 surgeries to be conducted in HA hospitals and 3 000 to be conducted in the private sector. The estimated expenditure was \$55 million.

Relevant papers

14. Members are invited to access the Legislative Council website (<http://www.legco.gov.hk>) for details of the relevant paper and minutes of the meeting.

Council Business Division 2
Legislative Council Secretariat
8 June 2010