



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

***Our ref:*** FH/H/1/5  
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2 December 2010

Ms Mary So  
Clerk to Panel  
Panel on Health Services  
Legislative Council  
8 Jackson Road  
Central

By Fax : 2509 0775

Dear Ms So,

### **Cataract Surgeries Programme**

I refer to item 3 of LC Paper No. CB(2)183/10-11(02). At the Panel meeting held on 14 June 2010, the Administration was requested to provide –

- (a) a breakdown of the notional waiting time for cataract surgeries in the Hospital Authority ("HA") by cluster; and
- (b) information on the public-private partnership (PPP) programmes rolled out by HA in the past two years.

The information on notional waiting time for cataract surgeries of hospital clusters of HA is set out in **Annex A**. The information on PPP programmes launched by the Government through HA in recent years is set out in **Annex B**.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Kirk Yip', written in a cursive style.

(Kirk Yip)

for Secretary for Food and Health

Encl

c.c. Hospital Authority

**Notional waiting time for cataract surgeries by hospital clusters**

<b>Hospital clusters</b>	<b>Notional waiting time for cataract surgeries (as at August 2010)</b>
Hong Kong East	38 months
Hong Kong West	15 months
Kowloon Central	28 months
Kowloon East	43 months
Kowloon West	23 months
New Territories East	30 months
New Territories West	19 months

**PPP programmes  
launched by the Government through HA in recent years**

**1. Public-Private-Interface – Electronic Patient Record Sharing Pilot Project (PPI-ePR)**

The PPI-ePR pilot project was launched in April 2006. It allows participating private healthcare providers and other registered institutions to view their patients' medical records kept at HA upon the patients' consent for their continuity of care.

**2. Cataract Surgeries Programme**

The programme was launched in February 2008. It allows eligible HA patients to choose to receive cataract surgeries either in the private sector or in public hospitals. The programme on one hand provides subsidy to patients who choose to receive surgeries in the private sector and on the other increases the number of surgeries conducted in public hospitals so as to reduce the waiting time for cataract surgeries in public hospitals.

**3. Tin Shui Wai Primary Care Partnership Project**

The programme was launched in Tin Shui Wai North in June 2008 and extended to Tin Shui Wai South in August 2010. It allows chronic disease patients in stable conditions and in need of long-term follow-up treatment at general out-patient clinics (GOPCs) to choose to receive treatment from private doctors with partial subsidy provided by the Government. The programme aims to test the use of PPP model and supplement the provision of general out-patient services in Tin Shui Wai. Participating patients may enroll with a private doctor in Tin Shui Wai who participates in this programme. Patients are required to pay a standard fee of \$45 per consultation, which is the same as that charged by HA GOPCs.

**4. Radiological Image Sharing Pilot Project**

The pilot project was launched in January 2009. It allows participating private healthcare providers with the patients' consent to send radiological images of enrolled patients to HA via electronic means.

## **5. Haemodialysis Shared Care Programme**

The programme was launched in March 2010 to utilise spare capacity in the private sector in providing haemodialysis services to eligible patients with end-stage renal disease currently under the care of HA. Participating patients have to pay the community haemodialysis centres or private hospitals a standard fee (\$80), which is the same as that for receiving haemodialysis services at HA hospitals.

## **6. Patient Empowerment Programme**

The programme was launched in the Hong Kong East Cluster and New Territories East Cluster of HA in March 2010 in collaboration with non-governmental organisations (NGOs) to raise chronic disease patients' awareness of the diseases and enhance their self-care ability. It was extended to the Kowloon Central Cluster and Kowloon West Cluster in September 2010. Under the programme, a multi-disciplinary team comprising allied health professionals from HA develops appropriate teaching materials and aids for various types of common chronic diseases (e.g. hypertension, diabetes mellitus) and provides training for the frontline staff of the participating NGOs.

## **7. Public-Private Chronic Disease Management Shared Care Programme**

The programme was launched in the New Territories East Cluster of HA in March 2010 and extended to the Hong Kong East Cluster in September 2010. The programme offers additional choices to chronic disease patients currently under the care of the public healthcare system to have their conditions followed up by private doctors. It also aims to establish long-term patient-doctor relationship in order to achieve the objective of continuous and holistic care.