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Legislative Council

LC Paper No. CB(2)57/13-14
(These minutes have been seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 17 June 2013, at 4:30 pm
in Conference Room 3 of the Legislative Council Complex

Members present	:	Dr Hon LEUNG Ka-lau (Chairman) Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman) Hon Albert HO Chun-yan Hon WONG Ting-kwong, SBS, JP Hon CHAN Kin-por, BBS, JP Dr Hon Priscilla LEUNG Mei-fun, JP Hon CHEUNG Kwok-che Hon Mrs Regina IP LAU Suk-yee, GBS, JP Hon Albert CHAN Wai-yip Hon Charles Peter MOK Hon CHAN Han-pan Hon Alice MAK Mei-kuen, JP Dr Hon KWOK Ka-ki Dr Hon Fernando CHEUNG Chiu-hung Dr Hon Helena WONG Pik-wan Hon POON Siu-ping, BBS, MH Dr Hon CHIANG Lai-wan, JP
Members attending	:	Hon WONG Kwok-hing, MH Hon WU Chi-wai, MH
Members absent	:	Hon Vincent FANG Kang, SBS, JP Dr Hon Elizabeth QUAT, JP

Public Officers attending	:	Items III and IV Professor Sophia CHAN Siu-chee, JP Under Secretary for Food and Health Item III Mr Patrick LEE Wing-ka Principal Assistant Secretary for Food and Health (Health)2 (Acting) Dr W L CHEUNG Director (Cluster Services) Hospital Authority Dr Alexander CHIU Chief Manager (Quality & Standard) Hospital Authority Item IV Mr Davey CHUNG Pui-hong Deputy Secretary for Food and Health (Health)2 Dr Joseph CHAN Cho-yee, JP Consultant i/c Dental Service Department of Health
Clerk in attendance	:	Ms Elyssa WONG Chief Council Secretary (2) 5
Staff in attendance	:	Ms Maisie LAM Senior Council Secretary (2) 5 Ms Priscilla LAU Council Secretary (2) 5 Ms Michelle LEE Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1315/12-13(01) and (02), CB(2)1335/12-13(01) and CB(2)1412/12-13(01)]

Items for discussion at the next regular meeting

2. Members agreed to discuss the "Improvement of doctors' working hour in public hospitals" proposed by the Administration at the next regular meeting.

3. The Chairman sought members' views on whether the following items proposed by the Administration, 爭取老人福利聯會 and Dr Elizabeth QUAT respectively should be included on the agenda for the next regular meeting scheduled for 15 July 2013 at 4:30 pm -

(a) "Improvement of doctors' working hour in public hospitals" which was proposed by the Administration;

(b) "Cataract surgeries for the elderly" which was proposed by 爭取老人福利聯會 in its letter dated 4 June 2013 (CB(2)1335/12-13(01)); and

(c) "Phase II extension works of the Prince of Wales Hospital" which was proposed by Dr Elizabeth QUAT in her letter dated 13 June 2013 (LC Paper No. CB(2)1412/12-13(01)) which was tabled at the meeting.

4. Dr Joseph LEE was concerned about that a two-hour meeting might not be sufficient for discussion of all the proposed items. He remarked that the Panel had already discussed the provision of cataract surgeries in the Hospital Authority ("HA") in the last legislative term. While not opposing a discussion on item (c) above, he was of the view that the Panel should also discuss with the Administration the current status and plans for the re-development and expansion public hospital projects. In response to the Chairman's enquiry on whether the Administration was in a position to discuss the subject, Under Secretary for Food and Health ("USFH") replied in the positive.

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5. Noting members' views, the Chairman concluded that the Panel would discuss item (a) above and "An overview of the re-development and expansion plans of public hospitals" at the next regular meeting. To facilitate members' consideration on whether item (b) should be discussed at a future meeting, the Administration was requested to provide in writing information on the progress of HA's Cataract Surgeries Programme and the provision of cataract surgeries in HA to meet the service demand of the ageing population.

Granting of full-pay study leave in the Department of Health

6. The Chairman advised that at its meeting held in the morning, the Panel on Public Service ("the PS Panel") had considered the request from Mr IP Kin-yuen for holding a joint meeting with the Panel to discuss the granting of full-pay study leave in the Department of Health and the relevant policy. At the meeting, there were divergent views on whether the subject should be taken forward by a joint Panel meeting or not. He sought members' views in this regard.

7. Pointing out that the policy of granting paid study leave to civil servants came under the purview of the Civil Service Bureau, Dr Fernando CHEUNG suggested the PS Panel to invite members of the Panel on Health Services to the meeting to join the discussion. Members did not raise any queries. Noting members' views, the Chairman said that the Clerk would follow up on the arrangements accordingly.

III. Waiting time management for Specialist Outpatient Clinics in the Hospital Authority

[LC Paper Nos. CB(2)1315/12-13(03) and (04) and CB(2)1412/12-13(02)]

8. USFH briefed members on the waiting time management of Specialist Outpatient Clinics ("SOPC") in HA, details of which were set out in the Administration's paper (LC Paper No. CB(2)1315/12-13(03)).

9. Members noted the information note entitled "Waiting time management for Specialist Outpatient Clinics in the Hospital Authority" (LC Paper No. CB(2)1315/12-13(04)) prepared by the Legislative Council ("LegCo") Secretariat.

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Triage system for new SOPC referrals

10. Mr CHAN Han-pan noted that under the current triage system, referrals of new patients were usually first screened by a nurse and then reviewed by a specialist doctor of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. Citing a case he had handled whereby the patient concerned, who was diagnosed as having cancer and referred to public SOPC by a clinical laboratory, was triaged as a routine case as an example, Mr CHAN Han-pan considered it necessary to review the triage system with a view to ensuring that no cases with urgent medical conditions would be overlooked. Mr Albert CHAN was also concerned about the waiting time for suspected cancer cases to seek first consultation. Mr POON Siu-ping asked whether HA could further shorten the median waiting time for cases in priority 1 and 2 categories from within two weeks and eight weeks to within one week and five weeks respectively.

11. USFH advised that in the event that a patient's condition deteriorated before the appointment, the patient might contact the SOPC concerned and request for an earlier appointment. In case the condition was acute, the patient could seek immediate treatment from an Accident and Emergency Department of a public hospital. Director (Cluster Service), HA ("D(CS), HA") supplemented that the arrangement to have all new patients that had been classified as routine cases be reviewed by a senior doctor of the relevant specialty within seven working days of the initial triage could ensure that patients with urgent conditions would be given appropriate medical attention in a timely manner. In deciding the date for first SOPC consultation, due regard would be given to the classification guidelines formulated by the respective clinical specialty committees and the consideration as to whether the patients' conditions would deteriorate during the waiting period. At present, both suspected and new diagnosed cancer cases would be classified into priority 1 category. While the target of HA was to maintain the median waiting time for cases in priority 1 and 2 categories within two weeks and eight weeks respectively, the respective recorded median waiting time of cases in these two categories were less than one week and five weeks. There were also cases that first priority patients could have their first appointment within two to three days upon referral. Overall speaking, 85% of the specialist outpatient cases could have their first appointment at SOPCs within one year.

12. Mr Albert HO sought information about the waiting time for patients seeking follow-up appointments at SOPCs. Noting that in 2008-2009 (up to December 2008), 1 535 and 830 specialist outpatient ("SOP") cases of the specialty of surgery could only have their follow-up consultation two to

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three years and more than three years from the date of booking of appointment respectively, Mr WONG Kwok-hing expressed grave concern about the long waiting time for patients with non-urgent conditions. USFH advised that the interval between visits for follow-up consultations would be determined by the clinical condition of the patients concerned, and was not regarded as waiting time.

13. Mr Albert CHAN considered that apart from cases in priority 1 and 2 categories, HA should also set a performance pledge in respect of the median waiting time for new booking of routine cases in SOPCs of major specialties. Mr CHAN Han-pan was of a similar view. USFH advised that the ability of HA to cope with the escalating demand and manage the waiting time for SOPC services was hinged on its manpower and public hospitals' service capacity. D(CS), HA assured members that in spite of the severe manpower shortage, HA would endeavour to improve the waiting time for non-urgent cases. Mr Albert CHAN maintained the view that the Administration and HA had a responsibility to set a performance pledge in respect of the median waiting time for new booking of routine cases in SOPCs. He also surmised that the reason why HA now adopted 90th percentile, instead of 99th percentile, as the measuring unit for the longest waiting time for first appointment of new SOP cases was to create an illusion of an improvement in waiting time for the routine cases. D(CS), HA explained that the 90th percentile could better represent the longest waiting time for almost all patients without having the statistics distorted by a few extreme cases. Figure of the 99th percentile had limitation as it only represented the waiting time of the extreme outliners of only one percent of the patients.

Cross-cluster referral arrangement

14. Dr Fernando CHEUNG was gravely concerned about the variance in the waiting time amongst hospital clusters. He noted that the longest (90th percentile) waiting time for the specialty of ophthalmology ("OPH") was 155 weeks and 28 weeks in the New Territories East ("NTE") and Hong Kong West ("HKW") clusters respectively. As regards the specialty of ear, nose and throat ("ENT"), the longest (90th percentile) waiting time in the Kowloon East ("KE") and Kowloon Central ("KC") clusters was 151 weeks and 16 weeks respectively. Mr CHAN Han-pan considered it unreasonable that 90th percentile waiting time of new SOP routine cases for the specialties of ENT, orthopaedics and traumatology ("ORT"), and surgery in the KE cluster, as well as that of the specialties of gynaecology, OPH and ORT in the New Territories West ("NTW") clusters, were more than 100 weeks in 2012-2013. While the introduction of the cross-cluster referral arrangement could facilitate pairing-up patients in clusters of

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longer waiting time with clusters of shorter waiting time in order to shorten the waiting time of patients seeking first consultation, Dr Fernando CHEUNG noted with grave concern that as at 31 March 2013, only 1 000-odd patients had benefited from the arrangement piloted in the specialty of ENT since August 2012 whereas the annual attendance of SOPCs of HA was 6.9 million in 2012-2013.

15. Noting that the cross-cluster referral arrangement implemented for the specialty of ENT had significantly reduced the waiting time for the KE cluster patients participated in cross cluster referral over 100 weeks to around 12 weeks, Mr CHAN Kin-por asked whether consideration could be given to piloting the arrangement in specialties other than gynaecology. Dr Helena WONG raised a similar question, and sought information about the criteria for selecting specialties and patients to pilot the cross-cluster referral arrangement, as well as the feasibility to extend the arrangement to cover follow-up consultations at SOPCs.

16. USFH advised that the target of cross-cluster referral arrangement was non-chronic disease patients without mobility difficulties and whose conditions did not require frequent follow-up consultations. D(CS), HA and Chief Manager (Quality & Standard), HA ("CM(Q&S), HA") supplemented that for the ENT specialty, a case in point was young patients suffering from allergic rhinitis, and HA would select those hospital clusters with the largest difference in the waiting time for the SOP services concerned to implement the arrangement. It should be noted that the cross-cluster referral arrangement was a short-term measure to provide an additional referral option for patients. HA would monitor the effectiveness of the measure and consider whether similar arrangement should be introduced in other specialties in the future.

17. On the long waiting time for the SOP services in the KE cluster, D(CS), HA advised that with the completion of the expansion project of the Tseung Kwan O Hospital, its newly constructed ambulatory block would accommodate an expanded SOP Department, which included, among others, eight consultation rooms for the specialty of ENT. This would increase the SOPC capacity in the KE cluster to meet the service demand. As regards the NTE cluster, the Prince of Wales Hospital, being the largest acute hospital serving the cluster, and a teaching hospital as well as a referral centre for various specialties in the territory, handled cases which were often more complicated. It also recorded a turnover rate higher than that of other public hospitals.

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Enhancing SOPC capacity

18. Dr Fernando CHEUNG asked whether, and if so, what long-term measures would be put in place to manage SOPC waiting time without requiring patients to travel across clusters. Mr WONG Kwok-hing was of the view that a more effective measure was to increase the number of first-year first-degree places in medicine. Mr CHAN Kin-por asked whether consideration could be given to recruiting more part-time doctors as well as non-local doctors under limited registration to supplement local recruitment drive. Pointing out that SOPC service had been facing a huge demand from the public, Mr WONG Ting-kwong enquired whether, and if so, what measures would be put in place by HA to recruit and retain talents. Expressing particular concern about the service capacity of the specialty of psychiatry, Mr CHEUNG Kwok-che raised a similar question.

19. USFH agreed that increasing the number of doctors was a longer-term measure to increase the SOPC capacity. In this regard, the number of first-year first-degree places in medicine had been increased by 100 to 420 for the triennial cycle starting from 2012. HA had also strengthened the workforce at SOPCs in the short-term through the employment of part-time doctors. D(CS), HA supplemented that the manpower shortage situation in HA was expected to improve when the number of medical graduates started to go up to 320 in 2015. When drawing up the annual plan for the allocation of the Resident Trainee positions, HA would take into consideration the relative turnover rates and service needs of different specialties among hospital clusters. Meanwhile, HA would approach actively resigned and retired doctors for working part-time in the SOP Departments. It was also exploring with the Medical Council of Hong Kong to increase the frequency of the Medical Licentiate Examination for foreign medical graduates. It should be noted that with the introduction of a number of measures to reduce doctor wastage and to retain talents, such as creating additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits and enhancing fixed rate honorarium to recognize excessive workload and on-site call duties, the wastage rate had remained steady recently.

20. Noting that the median waiting time of new case booking of routine categories in SOPCs of the specialty of psychiatry had increased from nine weeks in 2010-2011 to 12 weeks in 2011-2012, and further to 16 weeks in 2012-2013, Mr CHEUNG Kwok-che asked whether this was due to a high doctor wastage rate in the specialty. D(CS), HA advised that the wastage rate of doctors in the specialty was 5.3% in 2012-2013, which was slightly higher than the overall wastage rate of doctors in HA which stood at 5%. This notwithstanding, the increase in demand for child mental

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health services, in particular from children suffering from hyperactivity disorder, in the past few years was the major factor contributing to the long waiting time of new case booking.

21. Mr POON Siu-ping sought elaboration of HA's measure concerning the setting up of new case clinics and conducting additional doctor sessions to manage an additional of 13 000 SOP cases in 2013-2014. D(CS), HA advised that the additional service capacity was created through granting special honorarium to doctors who worked overtime voluntarily on Saturday mornings to speed up the handling of SOP cases. Patients who were assessed to be in suitable condition might be given an earlier appointment. CM(Q&S), HA supplemented that the 13 000 additional SOP cases covered the specialties of ENT and ophthalmology in the KE and NTE clusters respectively, as well as some other pressure specialties in other hospital clusters.

Resource allocation among hospital clusters by HA

22. The Chairman referred members to the information paper prepared by himself on the subject which was tabled at the meeting (LC Paper No. CB(2)1412/12-13(02)). He pointed out that using 2004-2005 as the base year, the percentage increase of the number of doctors in HA and the annual subvention from the Government to HA in 2011-2012 was both higher than the percentage increase of the annual attendance of SOPCs of HA during the corresponding period. The main reason why KE, NTE and NTW clusters had recorded the longest waiting time for new case booking of routine categories in SOPCs was due to their disproportionately lower ratio of financial and manpower resources per 1 000 population as compared with other hospital clusters, in particular the Hong Kong West ("HKW") and KC clusters. He remarked that unless the Administration enhanced its monitoring of the resource allocation among hospital clusters by HA, the continuous increase in Government's annual subvention to HA would not improve the SOPC waiting time of the KE, NTE and NTW clusters.

23. D(CS), HA explained that instead of allocating the yearly budget to individual hospital cluster solely on the basis of the population in their catchment area, HA would take into consideration, among others, the population profile and their dependency on public healthcare services, the availability of private hospitals in the region and service needs of the community. He clarified that partly due to the reason that the population of the KE and NTW clusters had long had a huge demand for public healthcare services, these clusters were allocated with the largest proportion of resources, whereas the Hong Kong East ("HKE") and HKW clusters were allocated with the smallest proportion of resources. It was also

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worthy to note that patients could receive treatment in hospitals other than those in their own residential districts and cross-cluster utilization of services was rather common. For instance, many patients being taken care of by the KC cluster were residing in the service catchment area of the KE and Kowloon West ("KW") clusters.

24. The Chairman did not subscribe to HA's explanation. He pointed out that patients were unable to seek public SOP services from hospitals not in their residential districts at their own will. Miss Alice MAK echoed similar views. The Chairman further said that while the catchment population of HKW and KC clusters only accounted for 7.6% and 7.1% of the territory-wide population in 2012, 11.5% and 13.9% of HA's resources were utilized by these clusters respectively in the year. Statistics from HA also revealed that SOPCs of these two clusters had a pattern of taking care of patients residing in the HKE and KW clusters respectively. Holding the view that those hospital clusters with higher service demand and heavier workload were disadvantaged in resource allocation under the prevailing mechanism, the Chairman considered it necessary for HA to review the mechanism so as to reward those hospitals with heavier workload, thereby providing a strong incentive for hospitals to improve efficiency and waiting time. D(CS), HA advised that HA would take into account, among others, the hospitals' pressure for service enhancement and opening of additional beds to meet the growth in demand for GOPC, SOPC and inpatient services when allocating its resources to the hospital clusters. Admitting the need for the KE cluster to enhance its service capacity, D(CS), HA advised that the United Christian Hospital located in the cluster would be expanded to meet the rising demand from population growth and aging demographics in the Kwun Tong district. At the request of the Chairman, D(CS), HA undertook to provide after the meeting more details in writing on HA's internal allocation system for funding hospital clusters.

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25. Dr Fernando CHEUNG noted with concern that while 3% and 91% of the new psychiatric cases in the KW cluster were classified as priority 1 and routine cases respectively, the respective corresponding percentage in the KC cluster was 18% and 46%. He surmised the inadequate manpower and resources to handle new cases in the KW cluster was the reason why the KW cluster had a much smaller proportion of new priority 1 psychiatric cases. D(CS), HA stressed that classification of SOPC cases was based on clinical judgment. The proportion of priority 1 psychiatric cases in the KW cluster was excessively small because of its relatively large denominator for the calculation, as the Kwai Chung Hospital, which was a psychiatric hospital, was belonged to this cluster.

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Primary care services

26. Mr WONG Kwok-hing noted that to reduce the service demand at SOPC level, patients with stable and less complex conditions would be managed at the family medicine specialist clinics ("FMSCs") and general outpatient clinics ("GOPCs"). He called on the Administration to use the vacated site located nearby the Siu Sai Wan Complex for the construction of GOPC, so as to enhance the provision of primary care services in Siu Sai Wan. USFH advised that the Administration would explore the utilization of the site.

27. Miss Alice MAK asked whether consideration could be given to increasing the service capacity of FMSCs, as well as providing additional quota in GOPCs, to further shorten the waiting time of SOP patients triaged as routine cases. She also sought information about the effectiveness of the measure put in place by HA to manage patients with mild mental illness in the primary care settings.

28. USFH advised that clinical protocols for referring medically stable patients to receive follow-up primary healthcare services had been updated to enhance public primary care services. D(CS), HA supplemented that efforts had also been made to improve access of family medicine specialists to the drug formulary and investigations such as computed tomography and endoscopy. As regards the management of patients with mild mental illness, D(CS), HA advised that these patients would now be provided with maintenance treatment in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams at designated clinics. That said, it should be noted that there was a shortage of family medicine specialists in HA. To address the manpower shortage problem, HA had employed part-time doctors and adopted special honorarium as temporary measures to further increase the service capacity of the specialty of family medicine. Additional number of Resident Trainee positions would also be allocated for the specialty this year. Given that about 75% of outpatient consultations were currently provided by the private healthcare sector, D(CS), HA advised that a more effective measure was to foster collaboration between the public and private healthcare sectors in the provision of family medicine services.

29. Mr Albert CHAN was concerned that many patients with episodic diseases were unable to secure a consultation timeslot at GOPCs through the telephone appointment system. USFH took note of the concern.

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Public-private partnership

30. In response to Mr WONG Ting-kwong's enquiry about the public-private partnership ("PPP") projects under consideration to relieve pressure on the demand for public SOP services, D(CS), HA advised that HA was exploring the possibility of launching PPP projects to outpatient services with high demand but of non-acute nature. It was expected that a large-scale PPP project to enable HA patients suffering from specific chronic diseases with stable medical conditions to receive treatment in the private sector would be introduced in the end of 2013 or early 2014.

Way forward

31. In closing, the Chairman suggested and members agreed that the Administration should revert to the Panel on the effectiveness of the cross-cluster referral arrangement for public SOP services and the resource allocation among hospital clusters by HA in six months' time.

IV. Dental care policy and services for the elderly and interim review on the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres

[LC Paper Nos. CB(2)1315/12-13(05) and (06)]

32. USFH briefed members on the Administration's dental care policy and the major findings of the interim review of the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres ("the Pilot Project"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1315/12-13(05)).

33. Members noted the background brief entitled "Dental care policy and services for the elderly and the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres" (LC Paper No. CB(2)1315/12-13(06)) prepared by the LegCo Secretariat.

Public dental care services

34. Mr CHEUNG Kwok-che sought clarification on the reason why the scope of public dental service was confined to emergency dental treatment (i.e. pain relief and extraction). He enquired about whether the limited scope of service was due to the lack of adequate manpower in the dental profession or the substantial resources required for providing other dental treatments. Dr KWOK Ka-ki criticized the Administration for turning a

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deaf ear to the request of members of the public for expanding the scope of public dental service. Mr WONG Kwok-hing urged the Administration not to adopt a piecemeal approach to respond to members' call for enhancing dental services for the public. Holding the view that the annual number of new dentists trained locally, which stood at the level of about 50 graduates, was insufficient to meet the manpower requirement for the provision of primary dental services for the public, he asked whether consideration could be given to increasing the number of first-year first-degree places in dentistry in the longer term.

35. USFH advised that manpower was an issue of concern when determining the scope of dental services to be provided to the public. At present, the Administration adopted a risk-based approach for the provision of public dental services, and priority was currently accorded to needy elderly persons having regard to the manpower requirement of the dental profession, and the experience from the various initiatives introduced to assist the elderly in seeking dental services.

36. Dr Joseph LEE pointed out that according to the World Health Organization, the possession of at least 20 natural teeth was used to define the minimum number of teeth consistent with a functional dentition. According to the Oral Health Survey carried out by the Department of Health ("DH") in 2000, about 200 000 elderly persons in Hong Kong had fewer than 20 natural teeth. To improve the oral health of the elderly, he asked whether consideration could be given to increasing the number of disc allocated per general public sessions at the government dental clinics; expanding the scope of public dental services to cover also dentures and fillings; purchasing dental services from the private sector with co-payment features; and providing elderly persons with dental care vouchers in the value of $1,000 per year under the Elderly Health Care Voucher Pilot Scheme ("the Voucher Scheme").

37. Miss Alice MAK was of the view that the current dental care policy ran contrary to the Administration's efforts to promote the concept of ageing at home, as only elders residing in residential care homes for the elderly ("RCHEs") or receiving services in day care centres ("DEs") were eligible for primary dental care services under the Pilot Project. She suggested further increasing the value of the health care vouchers under the Voucher Scheme or providing the elderly with dental care vouchers. Mr CHAN Han-pan opined that the Administration could make reference to the membership system of the Elderly Health Centres in developing public dental services for the elderly, and engage the Prince Philip Dental Hospital, as a training ground for its graduates, to provide dental services for the elderly.

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38. While agreeing to consider the various suggestions, USFH advised that there had just been a one-fold increase in the value of health care vouchers from $500 to $1,000 per year from January 2013. The Administration considered it prudent to further assess the effectiveness of the Voucher Scheme before recommending further enhancements to it. It also did not have any plan to introduce separate vouchers for dental care services at this stage.

39. Dr Joseph LEE noted that the second Oral Health Survey was commenced in May 2011 and completed in February 2012. According to the Administration, the report of the Survey was expected to be ready by mid-2013. He requested the Administration to provide after the meeting the report of the Survey when available. USFH agreed.

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40. Referring to the Elderly Dental Assistance Programme launched by the Community Care Fund ("CCF") in September 2012 to subsidize needy elders for dentures and other necessary dental services, Miss Alice MAK was concerned about the low participation rate of private dentists and the low take-up rate by the eligible elders. Dr KWOK Ka-ki expressed concern about the high administration costs incurred for the Programme. USFH responded that CCF Task Force had been working with the Hong Kong Dental Association to recruit more dentists and encourage more elders to join the Programme.

41. In response to Mr WONG Kwok-hing's enquiry as to whether the School Dental Care Service could also cover secondary school students, USFH advised that DH had launched the Teens Teeth Oral Health Programme and the annual Love Teeth Campaign to promote oral health to secondary school students. Pointing out that he had urged the provision of oral examination and basic or preventive treatment to secondary school children since last legislative term, Mr WONG Kwok-hing urged the Administration to study the issue. The Chairman remarked that the Chief Executive had made a pledge in his election manifesto to provide additional resources to develop dental services for school children in the public healthcare sector.

The Pilot Project

42. Mr CHEUNG Kwok-che considered that elders residing in private RCHEs should also be covered under the Pilot Project. Consultant i/c Dental Service, DH ("C(DS)/DH") advised that at present, beneficiaries of the Pilot Project included elders residing in RCHEs licensed by the Social Welfare Department (i.e. subvented or contract, private and self-financing

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care homes), as well as both full-time and part-time service users of subsidized and self-financing DEs.

43. Citing some complaint cases she handled whereby the services provided by the non-governmental organizations ("NGOs") participating in the Pilot Project were not up to the satisfaction of the elders and their family members as examples, Miss Alice MAK urged the Administration to step up its efforts to monitor the quality of the services provided by the participating NGOs. USFH advised that NGOs participating in the Pilot Project were required to keep a dental record of each elder examined and the treatment received for DH's scrutiny, and to submit to the Administration annual reports on the implementation of the Pilot Project by outreach dental teams.

44. Mr CHEUNG Kwok-che was concerned that while those elderly persons in need of curative dental treatments that fell outside the scope of the Pilot Project (e.g. fillings) would need to make use of the health care vouchers provided under the Voucher Scheme to access the treatment provided by private or NGO dental clinics, only around 20% of private dentists and NGO dental clinics had enrolled in the Voucher Scheme.

45. Deputy Secretary for Food and Health (Health)2 ("DSFH(H)2") responded that there was an increase in the number of participating dentists since the launch of the Voucher Scheme. It was envisaged that the increase in the annual voucher amount to $1,000 per year from January 2013 would encourage more primary healthcare providers (including dentists) to enrol in the Voucher Scheme. DH had also launched a series of promotional activities to further encourage enrolment in the Voucher Scheme.

46. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

47. Dr Fernando CHEUNG noted with concern that about 180 RCHEs and DEs remained reluctant to allow the outreach teams to provide services at their premises despite various efforts. DSFH(H)2 assured members that the Administration and the outreach teams would continue to encourage these RCHEs and DEs to join the Pilot Project. C(DS)/DH supplemented that to raise RCHEs' awareness of the importance of oral health, the Code of Practice for Residential Care Homes (Elderly Persons) had been revised in March 2013, stipulating that RCHEs should design oral health care plans for their residents in accordance with their oral care needs and self-care abilities, and monitor or assist them to perform oral care as appropriate.

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48. Dr Fernando CHEUNG sought explanation on why only 11 731 among the 46 000 elders served by the outreach dental teams had received dental treatments. This was at variance with the findings revealed by a survey conducted by an interest group that about 80% of the elderly persons in Hong Kong were suffering from tooth decay, and 40% of the elders had less than 10 teeth.

49. C(DS)/DH explained that as shown by overseas experience, frail elders were generally reluctant to have dental extractions and new dentures, possibly due to concerns over their health conditions. On the other hand, the outreach dental teams were mindful of the potential risks of such treatments to elders because of their complicated medical conditions and poor cognitive status. Among those who only received basic dental check-up, about 11% were assessed to be physically not fit to receive the recommended dental treatments (e.g. elders who were under anticoagulant therapy or suffering from poorly controlled Parkinson's disease). Another 31% of elders declined offer of dental treatments, despite explanation and counselling from the outreach teams. About 30% were considered to be not requiring further treatment. These included elders who had no teeth, since adaption of new prosthesis might be too stressful for frail elders as that might cause more pain and discomfort than functional improvement. These also included those who had existing prosthesis in replacement of missing teeth such as removable dentures or fixed prosthesis. For those with difficulties in swallowing, water sprays used in dental treatment might cause choking or aspiration of water into the lungs resulting in aspiration pneumonia. DSFH(H)2 added that the outreach teams would re-visit the participating RCHEs and DEs in the coming 12 months to follow-up on elders who had received dental check-up or treatments as well as those who had declined offer of dental treatments during the first visit.

50. In the light of the explanation given by the Administration above, Dr Fernando CHEUNG asked whether public money should be better spent on taking care of the dental care needs of those non-institutionalized elders. C(DS)/DH advised that it was considered highly desirable to continue to provide basic dental check-up for institutionalized elders on an annual basis and where possible, take early steps in managing the detected oral or health diseases in the light of the experience gained. In particular, the 863 on-site oral care training sessions for caregivers and oral health education talks for elders and their families were considered highly effective to enhance their awareness of the importance of oral hygiene and the need to perform daily oral care for the elders concerned.

51. Given the positive feedback from NGOs participating in the Pilot Project, Mr CHEUNG Kwok-che asked whether, and if so, when the

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Administration would convert the provision of dental care services to elders residing in RCHEs or receiving services in DEs from a pilot arrangement into a recurrent support programme.

52. USFH advised that the Administration would conduct a full evaluation of the Pilot Project in mid-2014 taking into account the feedback from the outreach teams, and consider the long term arrangements for the Pilot Project, including the need for revising the scope of the services, target beneficiaries, level of support to NGOs, etc. Dr KWOK Ka-ki noted that according to the Administration, one difficulty encountered in continuing and expanding the Pilot Project was manpower shortage. He remarked that the amount of the annual subsidy provided to each outreach dental team for employing a young dentist with three years' post-qualification experience or less (i.e. about $180,000) was far from adequate to attract dentists to join the outreach team.

Way forward

53. Dr KWOK Ka-ki considered that the Administration should conduct a comprehensive review of the dental care policy and services, and revert to the Panel on the outcome of the review in six months' time. The Chairman called on the Administration to plan ahead on how to take forward the pledge made by the Chief Executive in his election manifesto to provide additional resources to develop dental services for the elderly and school children in the public healthcare sector. To facilitate members' further discussion of the subject, Mr CHAN Han-pan requested the Administration to study the financial and manpower resources required for including in the public healthcare system general dental care services for all elderly.

54. Noting members' views, the Chairman asked when the Administration would be in a position to revert to the Panel on the subject. USFH advised that the Administration would revert to the Panel after the final review on the Pilot Project. When determining the way forward, the Administration would take full account of the views and suggestions raised by members.

55. There being no other business, the meeting ended at 6:38 pm.

Council Business Division 2
Legislative Council Secretariat
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