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**Legislative Council**

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**Panel on Health Services**

**Information note prepared by the Legislative Council Secretariat  
for the meeting on 18 February 2013**

**Elderly Health Assessment Pilot Programme**

According to the Census and Statistics Department, the population of people aged 65 or above in Hong Kong will increase from 977 900 in 2012 (i.e. 13.7% of the total population) to 1 384 600 in 2020 (i.e. 18.3% of the total population). With an ageing population, there is an increasing demand for primary health care services among the elderly. Since 1999, the Department of Health has established elderly health centres ("EHCs") in each of the 18 districts to provide comprehensive primary health care services to the elderly. Elderly people aged 65 or above can be enrolled as members of EHCs to receive services of health assessment, physical check-up, health education and curative treatment provided by EHCs. At present, there are 18 EHCs in the territory offering a total of about 38 500 membership quotas each year. The annual enrolment fee is \$110.

2. Two questions concerning the services provided by EHCs were raised at the Council meetings of 2 May and 20 June 2012 respectively. Members were concerned about, among others, the waiting time for health assessment at EHCs. According to the Administration, as at the end of February 2012, the average time lapse from the last health assessment of members receiving health assessments at EHCs ranged from 14.4 months to 21.5 months. In view of the long waiting time for health assessment at EHCs and the keen demand for health assessment services, Members urged the Administration to allocate additional resources to shorten the waiting time required for EHC

members to have health assessment and physical check-ups. The questions and the Administration's replies are in the **Appendix I** and **II** respectively.

3. The Administration has launched since January 2009 the Elderly Health Care Voucher Pilot Scheme to provide health care vouchers to elderly people aged 70 or above for the purchase of primary health care services in their own communities. The value of health care vouchers has been increased from \$500 to \$1,000 per year during the period of January 2013 to December 2014. During the discussion on the Elderly Health Care Voucher Pilot Scheme by the Panel on Health Services ("the Panel") at its meeting on 14 March 2011, members urged the Administration to consider providing the elderly with additional vouchers/subsidy to purchase physical checkup services.

4. At the Panel meeting on 21 January 2013 to receive a briefing from the Secretary for Food and Health on the 2013 Policy Address in relation to health matters, members were advised, among others, that the Administration would launch an Elderly Health Assessment Pilot Programme in collaboration with non-governmental organizations ("NGOs") to subsidize about 10 000 elderly to receive basic health check. NGOs would provide follow-up consultations and health counselling to individual elderly in the light of their health and risk assessments, thereby raising the overall health level of the elderly. A sum of \$12 million has been earmarked for the pilot programme which would be launched in mid-2013.

Council Business Division 2  
Legislative Council Secretariat  
8 February 2013

## Press Releases 2 May 2012

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LCQ11: Elderly health centres  
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Following is a question by the Hon Cheung Kwok-che and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (May 2):

Question:

The Government encourages the elderly to maintain physical and mental well-being, and 18 elderly health centres (EHCs) have been established by the Department of Health in various districts of Hong Kong since 1998, offering a total of some 38 500 membership quotas each year. Calculated on the basis that there are currently some 940 000 elderly people aged 65 or above in Hong Kong, EHC membership quotas represent only around 4% of the population in that age group. Moreover, some elderly people have indicated that they are often unable to obtain information about the services provided by EHCs due to ineffective flow of information on such services. In this connection, will the Government inform this Council:

- (a) of the respective annual membership quotas, the quotas for accepting new members and the numbers of members from other districts in each EHC in 2010-2011 and 2011-2012 (set out in Annex 1);
- (b) of the number and rate of member turnover (i.e. the number of members who did not renew their membership and the percentage of which in the total number of members) of various EHCs, as well as the average waiting time required for joining EHC membership in each of the past five years, broken down by EHC;
- (c) given that the authorities also acknowledge the keen demand for services provided by EHCs, of the criteria based on which the authorities decide to establish only one EHC in each district; the existing staff establishment of various EHCs;
- (d) as some EHC members have complained that they had to wait for as long as 18 months in order to have a physical check-up at an EHC, of the waiting time for such service under the original estimation of the authorities, and the actual average waiting time at present; whether the authorities will provide additional resources to shorten the waiting time required for EHC members to have physical check-ups; if they will, of the details; if not, the reasons for that; and
- (e) of the existing number of EHCs installed with automatic main entrance doors and the number of those installed with "push open" main entrance doors, and whether the authorities will replace such "push open" doors with automatic doors; if they will, of the details; if not, the reasons for that?

Reply:

President,

The Department of Health (DH) has established 18 Elderly Health Centres (EHCs) in Hong Kong, one in each district, to provide comprehensive primary health care services, including

health assessment, physical check-up and curative treatment, to persons aged 65 or above. The focus of the services is on provision of individual counselling and health education to elders with such health risks as propensity to fall, overweight, insufficient physical activities or unhealthy diet. At present, the 18 EHCs in the territory offer a total of about 38 500 membership quotas each year.

(a) In 2010 and 2011, the total number of members, the number of new members and the number of members from other districts (with residential address in other districts) in each of the 18 EHCs are set out in Annex 2.

(b) Between 2007 and 2011, the number of EHC members in various districts who did not renew their membership and their percentage in the total number of members are set out in Annex 3.

Between 2007 and 2011, the average waiting time (month) (median) for enrolment as new members of EHCs in various districts are set out in Annex 4.

(c) Since 1998, DH has established 18 EHCs in Hong Kong, one in each district, to enhance primary health care for the elderly. At present, each EHC has a permanent establishment of one doctor, two to three nurses and one to two clerical staff.

(d) As the service charge of EHCs is very low (the annual membership fee is \$110) and is heavily subsidised, there is a huge demand for EHCs' services. To shorten the waiting time for EHC membership, EHCs have simplified the questionnaire used for health assessment and streamlined the items and procedures of health assessment for existing members, with a view to allocating additional manpower and resources to meet the needs of elders on the waiting list. To narrow the gap in waiting time among different EHCs, each EHC provides information on those EHCs with shorter waiting time for enrolment as members. Elders may choose to apply for membership at these EHCs. After the implementation of the above measures, the waiting time of elders has been reduced significantly.

The ageing population has led to an ever increasing demand for primary health care services for elders. The provision of substantially subsidised primary health care services by EHCs is not the most cost-effective and sustainable way to deliver services to elders in Hong Kong. It is also not possible to meet the health care needs of all elders through EHCs alone. Apart from EHCs, the general out-patient clinics under the Hospital Authority (HA), private medical practitioners and some health centres operated by non-government organisations (NGOs) also provide primary health care services to elders. At present, promotional and publicity materials on health assessment services offered by NGOs which are reasonably priced are also maintained by each EHC to provide elders with an additional choice. Under the Elderly Health Services of DH, collaboration with other elderly service providers will continue to be enhanced. The Government at present has no plan to increase resources for further expansion of the EHC services.

As at the end of February 2012, the average time lapse from the last health assessment of members receiving health assessments at EHCs in various districts are set out in Annex 5.

Existing members who do not feel well during the waiting period for health assessment may, at any time, seek medical

*2 May 2012 (continued)*

consultation at EHCs without waiting for the next health assessment.

(e) Among the 18 EHCs under DH, six are located inside HA's general out-patient clinics and do not have separate main doors. Among the 12 EHCs which have separate main doors, one has adopted the "automatic door" design whereas the other eleven have adopted the "push open door" design. In collaboration with the relevant departments, we are carrying out improvement works to the barrier-free facilities of these EHCs in two phases in accordance with the Design Manual: Barrier Free Access 2008 of the Buildings Department under the premise of providing convenience to elders, after taking into account factors such as the environment and visitor flow. It is expected that the improvement works will be completed in 2014.

Ends/Wednesday, May 2, 2012  
Issued at HKT 13:33

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## Annex 2

The total number of members, the number of new members and the number of members from other districts (with residential address in other districts) in 2010 and 2011 in each of the 18 EHCs

District (EHC)	Total number of members		Number of new members		Number of members from other districts	
	2010	2011	2010	2011	2010	2011
Central and Western (Sai Ying Pun)	2140	2120	312	197	585	561
Eastern (Shau Kei Wan)	2226	2210	512	235	44	62
Wan Chai (Wan Chai)	2125	2153	363	290	1031	1059
Southern (Aberdeen)	2147	2128	329	238	58	46
Sham Shui Po (Nam Shan)	2228	2206	360	271	829	798
Kwun Tong (Lam Tin)	2229	2214	500	353	76	61
Yau Tsim Mong (Yau Ma Tei)	2141	2124	455	346	809	791
Wong Tai Sin (San Po Kong)	2120	2122	447	415	499	478
Kowloon City (Kowloon City)	2221	2211	543	433	1009	957
Sha Tin (Lek Yuen)	2149	2199	438	507	72	63
North (Shek Wu Hui)	2152	2120	429	351	104	116

District (EHC)	Total number of members		Number of new members		Number of members from other districts	
	2010	2011	2010	2011	2010	2011
Sai Kung (Tseung Kwan O)	2145	2135	398	428	305	305
Tai Po (Tai Po)	2122	2124	319	155	325	357
Islands (Tung Chung)	2256	2259	443	454	1461	1417
Tsuen Wan (Tsuen Wan)	2137	2109	508	499	729	739
Tuen Mun (Tuen Mun Wu Hong)	2144	2130	421	423	99	76
Kwai Tsing (Kwai Shing)	2195	2202	453	424	535	557
Yuen Long (Yuen Long)	2232	2219	368	350	64	74

## Annex 3

The number of EHC members in various districts who did not renew their membership and their percentage in the total number of members between 2007 and 2011

District (EHC)	2007		2008		2009		2010		2011	
	No. of members who did not renew their membership	% in total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members
Central and Western (Sai Ying Pun)*	415	20%	440	21%	377	18%	327	15%	217	10%
Eastern (Shau Kei Wan)	445	21%	489	23%	817	38%	182	10%	251	11%
Wan Chai (Wan Chai)	412	20%	406	19%	443	21%	325	16%	262	12%
Southern (Aberdeen)	476	23%	468	22%	398	18%	425	19%	257	12%
Sham Shui Po (Nam Shan)	440	21%	439	21%	412	19%	301	14%	293	13%
Kwun Tong (Lam Tin)	567	27%	558	26%	491	23%	476	22%	368	17%
Yau Tsim Mong (Yau Ma Tei)	684	29%	433	21%	430	20%	456	21%	363	17%



District (EHC)	2007		2008		2009		2010		2011	
	No. of members who did not renew their membership	% in total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members
Wong Tai Sin (San Po Kong)	426	20%	444	21%	442	21%	447	21%	413	19%
Kowloon City (Kowloon City)	456	22%	452	21%	498	23%	516	24%	443	20%
Sha Tin (Lek Yuen)	638	27%	441	21%	405	19%	456	21%	457	21%
North (Shek Wu Hui)	431	21%	436	21%	380	18%	438	20%	383	18%
Sai Kung (Tseung Kwan O)	338	16%	471	22%	400	19%	388	18%	438	20%
Tai Po (Tai Po)	363	17%	303	14%	339	16%	319	15%	153	7%
Islands (Tung Chung)	0	0%	468	22%	381	18%	399	18%	451	20%
Tsuen Wan (Tsuen Wan)	677	29%	481	23%	485	23%	497	23%	527	25%
Tuen Mun (Tuen Mun Wu Hong)	416	20%	420	20%	409	19%	407	19%	437	20%
Kwai Tsing	664	28%	414	20%	392	18%	467	21%	417	19%

District (EHC)	2007		2008		2009		2010		2011	
	No. of members who did not renew their membership	% in total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members	No. of members who did not renew their membership	% in the total number of members
(Kwai Shing)										
Yuen Long (Yuen Long)	369	18%	356	17%	289	13%	339	15%	363	16%

- The EHC in the Central and Western District was relocated from the Kennedy Town Clinic to the Sai Ying Pun Jockey Club Polyclinic in May 2010.

## Annex 4

The average waiting time (month) (median) for enrolment as new members of EHCs  
in various districts between 2007 and 2011

District (EHC)	Average waiting time (month) (median) for enrolment as new members				
	2007	2008	2009	2010	2011
Central and Western (Sai Ying Pun)*	19.8	14.2	3.6	2.9	7.5
Eastern (Shau Kei Wan)	50.1	47.3	42.2	20.5	8.4
Wan Chai (Wan Chai)	48.2	43.3	42.1	30.9	25.4
Southern (Aberdeen)	30.5	18.5	9.7	4	5.1
Sham Shui Po (Nam Shan)	13.8	5.1	3	6.9	13.8
Kwun Tong (Lam Tin)	39	34.3	21.3	7.4	3.9
Yau Tsim Mong (Yau Ma Tei)	48	45.2	42.7	38	32.9
Wong Tai Sin (San Po Kong)	41.8	40.4	37.4	29.7	11.4
Kowloon City (Kowloon City)	48.9	47.1	42.2	34.5	16.2
Sha Tin (Lek Yuen)	45.5	47.8	49.7	46.4	43.5
North (Shek Wu Hui)	40.4	33.5	23.9	14	9.3
Sai Kung (Tseung Kwan O)	25.4	27	23.8	21.7	16.6
Tai Po (Tai Po)	26.1	26.1	25.7	18.6	17.5
Islands (Tung Chung)	13.6	3.6	4.2	5.5	6.5
Tsuen Wan (Tsuen Wan)	48	50.4	50.5	43.8	19.7
Tuen Mun (Tuen Mun Wu Hong)	21	16.6	14	9.7	8.9
Kwai Tsing (Kwai Shing)	37.6	25.8	21.6	8.8	6.2
Yuen Long (Yuen Long)	16.6	11.4	6	6	5.9

- \* The EHC in the Central and Western District was relocated from the Kennedy Town Clinic to the Sai Ying Pun Jockey Club Polyclinic in May 2010.

The average time lapse from the last health assessment of members receiving health assessments at EHCs in various districts as at the end of February 2012

<b>District (EHC)</b>	<b>Average time lapse from the last health assessment (month) (median)</b>
Central and Western (Sai Ying Pun)	21.5
Eastern (Shau Kei Wan)	18.9
Wan Chai (Wan Chai)	18.0
Southern (Aberdeen)	18.0
Sham Shui Po (Nam Shan)	18.9
Kwun Tong (Lam Tin)	17.2
Yau Tsim Mong (Yau Ma Tei)	18.7
Wong Tai Sin (San Po Kong)	17.9
Kowloon City (Kowloon City)	21.0
Sha Tin (Lek Yuen)	21.2
North (Shek Wu Hui)	18.9
Sai Kung (Tseung Kwan O)	19.4
Tai Po (Tai Po)	15.8
Islands (Tung Chung)	14.4
Tsuen Wan (Tsuen Wan)	16.7

Tuen Mun (Tuen Mun Wu Hong)	20.1
Kwai Tsing (Kwai Shing)	18.9
Yuen Long (Yuen Long)	15.7

**Press Releases** 20 June 2012

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LCQ8: Elderly health centres  
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Following is a question by the Hon Wong Yuk-man and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (June 20):

Question:

The elderly residents in Sham Shui Po have complained about the unduly long waiting time for registering as members of and making physical check-up appointments at the Nam Shan Elderly Health Centre in Sham Shui Po, and similar situations are also very common among the elderly health centres (EHCs) in other districts. The Department of Health has responded that as the services of EHCs are heavily subsidised, there is a huge demand for such services, and the Department understands how the elderly feel when they have to wait a long time. In this connection, will the Government inform this Council whether:

(a) the Department of Health is identifying suitable locations in the various districts in Hong Kong for setting up EHCs to cater for the medical needs of an ageing population; if not, of the reasons for that; and

(b) the Food and Health Bureau will formulate long-term plans to allocate additional resources to the Department of Health for recruiting more manpower for EHCs and setting up more EHCs; if not, of the reasons for that?

Reply:

President,

The Elderly Health Services of the Department of Health (DH) has established 18 Elderly Health Centres (EHCs) in Hong Kong, one in each district, to provide comprehensive primary health care services, including health assessment, physical check-up and curative treatment, to persons aged 65 or above. The focus of the services is on provision of individual counselling and health education to elders with such health risks as propensity to fall, overweight, insufficient physical activities or unhealthy diet. As the service charge is very low (the annual membership fee is \$110) and is heavily subsidised, there is a huge demand for EHCs' services.

To shorten the waiting time for EHC membership, EHCs have simplified the questionnaire used for health assessment and streamlined the items and procedures of health assessment for existing members, with a view to allocating additional manpower and resources to meet the needs of elders on the waiting list. To narrow the gap in waiting time among different EHCs, each EHC provides information on those EHCs with shorter waiting time for enrolment as members. Elders may choose to apply for membership at these EHCs. After the implementation of the above measures, the waiting time of elders has been reduced significantly.

My reply to the two parts of the question is as follows:

(a) With an ageing population, there is an ever increasing demand for primary health care services among elders. The provision of substantially subsidised primary health care services by EHCs has induced a huge demand for EHCs' services, and EHCs alone cannot meet the health care needs of all elders. The Government has therefore launched a number of initiatives including implementation of the Elderly Health Care Voucher Pilot Scheme, and the Seasonal Influenza Vaccination and Pneumococcal Vaccination Programmes, as well as promotion of primary care to assist elders in choosing suitable family doctors, to provide elders with one-stop health services. Hence, EHCs are not the only providers of health services for elders.

Furthermore, the main objective of establishing EHCs is to promote the physical well-being of elders. While physical check-ups may facilitate early detection of diseases, the most effective ways to prevent diseases are to understand their causes, the prevention methods and risk factors, maintain a healthy lifestyle (such as refraining from smoking, keeping a balanced diet, taking exercises regularly, pursuing a normal social life and being positive), and consult doctors when there are symptoms of illnesses. These prevention methods are more important and cost-effective than physical check-ups. Hence, another approach of the Elderly Health Services of DH is to provide elders with proper health information by way of production of leaflets, compact discs and books, etc.

DH is now actively identifying suitable sites for relocation of those EHCs with obsolete equipment and insufficient space so as to improve the environment and services of these centres.

(b) Apart from EHCs, the general out-patient clinics under the Hospital Authority, private medical practitioners and some health centres operated by non-government organisations (NGOs) also provide primary health care services to elders. At present, promotional and publicity materials on health assessment services offered by NGOs which are reasonably priced are also maintained by each EHC to provide elders with an additional choice. Under the Elderly Health Services of DH, collaboration with other elderly service providers will continue to be enhanced. The Government at present has no plan for further expansion of the EHCs' services.

On the other hand, the Government is planning to launch an Elderly Health Assessment Pilot Programme in collaboration with NGOs, so as to promote preventive care for elders and encourage its provision in the community. The Government has earmarked a sum of \$10 million for providing subvention to interested and qualified NGOs that participate in the Pilot Programme and introducing a voluntary, protocol-based health assessment for elders. We are now working out the programme details in consultation with potential partners and aim to roll out the Pilot Programme next year.

Ends/Wednesday, June 20, 2012

Issued at HKT 13:30

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