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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 17 June 2013**

**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**

Purpose

This paper gives an account of the Government's policy on dental care and the past discussions by the Panel on Health Services ("the Panel") on dental care 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 ("the Pilot Project").

Background

Dental care policy and public dental services

2. At present, the Government's policy on dental care is to seek to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. The Oral Health Education Unit of the Department of Health ("DH") is responsible for implementing various oral health promotion programmes targeted at different age groups. DH also carries out a territory-wide Oral Health Survey every 10 years starting from 2000 to monitor the oral health status of the population and assess their oral health behaviours and habits. The second survey was commenced in May 2011 and completed in February 2012. The target groups covered by the

survey included: (a) five-year-old children; (b) 12-year-old children; (c) 35 to 44-year-old adults; (d) 65 to 74-year-old non-institutional elderly; and (e) elderly aged 65 and above receiving long term care services at residential institutions and receiving community care services at home and at day care centres ("DEs"). The report of the survey is expected to be ready by mid-2013.

3. In line with the above policy, the Government's dental services focus on emergency dental treatment. DH currently provides specialist and emergency dental services to referred hospital inpatients and patients with special oral healthcare needs (such as mentally handicapped persons) in the Oral Maxillofacial Surgery and Dental Units of seven public hospitals. It also provides free emergency dental services (i.e. pain relief and extraction) to the public through the general public sessions ("GP sessions") at 11 government dental clinics. A summary of the number of dentists in these dental clinics, the maximum number of discs allocated per GP session and the number of attendances at the GP sessions in 2012-2013 is in **Appendix I**. In 2012-2013 (up to January 2013), the average utilization rate of the GP sessions was 88.8%, and elderly persons aged 61 or above accounted for 55.2% (i.e. 16 600 attendances) of the 30 073 attendances.

Measures to assist the elderly in receiving dental care services provided by the private sector and non-governmental organizations

4. General dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organizations ("NGOs"). At present, there are about 2 060 registered dentists in the territory providing services for the public. Under the Elderly Health Care Voucher Pilot Scheme ("the Voucher Scheme") launched since 2009, all elderly persons aged 70 or above can make use of the vouchers to access, among others, dental services in private dental clinics and dental clinics run by NGOs. As at mid-April 2013, a total of 372 dentists have participated in the Voucher Scheme. With effect from 1 January 2013, the annual voucher amount per eligible elderly person has been increased from \$500 to \$1,000. The Voucher Scheme will be converted into a recurrent support programme for elderly persons in 2014.

5. To cater for the needs of elderly persons with financial difficulties, recipients of Comprehensive Social Security Assistance ("CSSA") aged 60 or above are eligible for the dental grants under the CSSA Scheme to cover the expenses of dental treatments (including dentures, crowns, bridges, scaling, fillings, root canal treatment and extraction). In 2012-2013 (up to the end of

December 2012), a total of 6 331 claims were approved for CSSA recipients aged 60 or above, and the average claimed amount of was \$5,101.

6. The Community Care Fund ("CCF") has also set aside \$100 million to subsidize needy non-CSSA recipients aged 60 or above, who are users of Integrated Home Care Services or Enhanced Home and Community Care Services subvented by the Social Welfare Department ("SWD") and paying the Level 1 or Level 2 fee charge of the above two services, to receive dentures and other necessary dental services (including scaling and polishing, filings and tooth extractions) under its Elderly Dental Assistance Programme. The Programme was rolled out with the assistance of the Hong Kong Dental Association ("HKDA") on 24 September 2012 for two years, benefiting about 9 680 elderly persons.

7. Apart from the above, the Administration launched the three-year Pilot Project in collaboration with 13 NGOs in April 2011 to provide outreach primary dental care (including dental check-up, polishing, pain relief and other emergency dental treatments) and oral health services to elderly persons residing in residential care homes ("RCHEs") licensed by SWD or receiving services in DEs subsidized by SWD. For those elderly persons in need of follow-up curative treatments, such as denture-fixing or tooth-filling, participating NGOs will provide the necessary treatments and, where necessary, arrange to apply on their behalf for dental grants under the CSSA Scheme or to provide financial assistance to cases in need. The Pilot Project is expected to provide services for about 100 000 attendances, and participation is voluntary for RCHEs and DEs as well as the elderly they serve. A total of \$88 million has been earmarked for implementation of the Pilot Project. A breakdown of the cost estimate is in **Appendix II**.

8. According to the Hong Kong Population Projections 2012-2041 published by the Census and Statistics Department, the number of elderly persons aged 60 or above is forecast to be about 1 460 800 in 2013 and increase to 3 074 300 by 2041.

Deliberations of the Panel

9. The Panel held three meetings from 2011 to 2013 to discuss the dental care services for the elderly and the Pilot Project. The deliberations and concerns of members are summarized below.

Dental care services for the elderly

10. Members strongly urged the Administration to provide primary dental care services for all elderly persons. They noted with concern that while the Chief Executive had made a pledge in his election manifesto to provide additional resources to develop public dental services for the elderly, there was no mention in the 2013 Policy Address on the progress in this regard. The Administration advised that an Elderly Dental Assistance Programme had been rolled out by CCF in September 2012. While the Administration currently had no plan to expand the scope of public dental services, it would actively explore further measures to address the dental care needs of other elderly people.

The Pilot Project

Coverage of the Pilot Project

11. Whilst expressing support for the Pilot Project, members requested the Administration to extend its coverage to cover not only institutionalized older persons ("IOPs") and DE service users, but also other groups of elderly persons, within the pilot period. Given that some 200 000 elderly were edentulous or only had retained roots, there was a suggestion that the Administration should provide each of these elderly persons by batches throughout a four-year period a subsidy of \$10,000 for them to replace five or six missing teeth.

12. The Administration advised that priority should be given to improving the oral health of and dental care for needy IOPs and service users in DEs as the physical conditions of these frail elderly had made it difficult for them to access dental services outside RCHEs. It would consider whether the Pilot Project should be extended to other groups of elderly persons by phases having regard to the experience from the Pilot Project, such as whether access to primary dental care could lead to an improvement in the health and quality of life of the elderly, as well as the availability of financial and manpower resources. An interim review of the Pilot Project would be conducted two years after the implementation of the Pilot Project to decide whether, and if so, how the Pilot Project should be taken forward. On the suggestion that the Pilot Project should be converted into a recurrent support programme for elderly persons, the Administration advised that subject to the outcome of the review, consideration might be given to regularizing the services provided under the Pilot Project.

Service scope of the Pilot Project

13. There was a view that the most common oral health problem facing the elderly was tooth loss. The non-inclusion of teeth replacement services in the on-site dental care services demonstrated a mismatch of resources in meeting the need of the elderly.

14. The Administration advised that apart from providing free primary dental care services to IOPs and DE service users, the selected NGOs were also required to provide necessary assistance to those in need of and suitable for further follow-up curative dental treatments. Given that over 70% of elderly persons residing in RCHEs were CSSA recipients, the costs incurred by these elderly persons for receiving follow-up curative treatments would be covered by the dental grant under CSSA. Where the curative treatments required more sophisticated support and had to be undertaken in dental clinics, the selected NGOs would provide or arrange to provide suitable transportation and escort services for the concerned IOPs and DE service users.

Participation of NGOs

15. Concern was raised about the participation of NGOs in the Pilot Project and the adequacy of the financial resources provided to the selected NGOs for the implementation of the Pilot Project. The Administration advised that about 20 NGOs were currently operating dental clinics and/or providing outreach dental services to the public, and there should be sufficient interest from NGOs to participate in the Pilot Project. For the selected NGOs, each outreach dental team would be provided with: an operating sum of about \$900,000 subject to its meeting the minimum target of serving 2 000 IOPs and/or DE service users and conducting 30 seminars each year; an annual subsidy of about \$180,000 subject to the engagement of a dentist meeting the prescribed requirements for each outreach team; as well as a one-off capital grant of up to \$150,000 and capped at 50% of the dental and computer equipment purchase cost. NGOs had also expressed willingness to provide their own charity funding to fund, partly or fully, the costs for providing further curative treatments to non-CSSA, needy elderly people.

16. On the availability of a sufficient pool of registered dentists for the formation of outreach dental teams, the Administration advised that there were at present some 50 local dentist graduates each year. In addition, there was a

yearly supply of about 10 overseas graduates who had passed the licentiate examination. The selected NGOs would be encouraged to give priority in engaging dentists who had three years' working experience or less so as to enhance the training opportunities for young dentists. Members urged the Administration to plan ahead for the supply of registered dentists to facilitate the future expansion of the scope of the Pilot Project.

Recent development

17. According to the Administration, as at end of February 2013, the Pilot Project had undertaken over 57 200 attendances of elderly persons residing in RCHEs or receiving services in DEs. The expenditure for the Pilot Project was about \$46 million, of which \$29 million was incurred in 2011-2012.

Relevant papers

18. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

Council Business Division 2
Legislative Council Secretariat
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Appendix I

Dental services at general public sessions provided by the 11 government dental clinics under the Department of Health

Dental clinics with GP sessions	Service session	No. of dentist	Maximum no. of discs allocated per session	No. of attendances at GP sessions in 2012-2013 (up to January 2013)
Hong Kong				
Kennedy Town Community Complex Dental Clinic	Monday (AM)	7	84	4 469
	Friday (AM)		84	
Kowloon				
Lee Kee Government Dental Clinic	Monday (AM)	3	84	4 951
	Thursday (AM)		42	
Kwun Tong Jockey Club Dental Clinic	Wednesday (AM)	2	84	3 457
New Territories				
Fanling Health Centre Dental Clinic	Tuesday (AM)	8	50	1 796
Mona Fong Dental Clinic	Thursday (AM)	2	42	1 699
Tai Po Wong Siu Ching Dental Clinic	Thursday (AM)	4	42	1 751
Tsuen Wan Dental Clinic	Tuesday (AM)	3	84	6 596
	Friday (AM)		84	
Yan Oi Dental Clinic	Wednesday (AM)	3	42	1 747
Yuen Long Jockey Club Dental Clinic	Tuesday (AM)	3	42	3 278
	Friday (AM)		42	
Tai O Dental Clinic	2 nd Thursday of each month (AM)	1	32	130
Cheung Chau Dental Clinic	1 st Friday of each month (AM)		32	199

Source: The Administration's written replies to Members' initial written questions in examining the Estimates of Expenditure 2013-2014

**Cost estimate for implementation of the
pilot project on outreach primary dental care services for the elderly in
residential care homes and day care centres**

	Financial provision (\$ million)
(a) Subvention to non-governmental organizations ("NGOs") for operating outreach dental teams (a total of 24 teams)	65
(b) Subsidy to NGOs for employing young dentists (one dentist post per team)	13
(c) One-off capital grant for each team for purchasing outreach dental and computer equipment (on a matching basis)	4
(d) Administrative costs (including software enhancement for NGOs' computer system)	6
Total	88

Source: The Administration's written replies to Members' supplementary written questions in examining the Estimates of Expenditure 2013-2014

Appendix III

Relevant papers on dental care 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

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2011 (Item IV)	Agenda Minutes CB(2)1185/11-12(01)
Panel on Health Services	20.10.2011 (Item I)	Agenda Minutes
Panel on Health Services	21.1.2013 (Item IV)	Agenda Minutes CB(2)891/12-13(01)
Finance Committee	12.4.2013	Administration's replies to Members' written questions in examining the Estimates of Expenditure 2012-2013 (Reply Serial Nos. FHB(H)033, FHB(H)135, FHB(H)171, FHB(H)237, FHB(H)246, FHB(H)254, FHB(H)314, FHB(H)327, S-FHB(H)10, S-FHB(H)21 and S-FHB(H)32)