

**Motion Debate on
“Stepping up the promotion of primary care development and
improving healthcare services for elderly people”
moved by Hon Alice MAK
as amended by Dr Hon KWOK Ka-ki, Hon Albert HO,
Dr Hon Priscilla LEUNG, Dr Hon Fernando CHEUNG,
Dr Hon LEUNG Ka-lau and Hon Frankie YICK
at the Legislative Council Meeting of 11 December 2013**

Progress Report

Purpose

This paper briefs Members on the follow-up actions taken by the Administration in respect of the above Motion.

Motion

2. At the Legislative Council Meeting of 11 December 2013, the Motion, “Stepping up the promotion of primary care development and improving healthcare services for elderly people”, moved by Hon Alice MAK as amended by Dr Hon KWOK Ka-ki, Hon Albert HO, Dr Hon Priscilla LEUNG, Dr Hon Fernando CHEUNG, Dr Hon LEUNG Ka-lau and Hon Frankie YICK was carried.

Progress

Elderly Health Care Voucher Scheme

3. In 2009, we introduced the Elderly Health Care Voucher (EHV) Scheme on a pilot basis to subsidise local residents aged 70 or above to use primary care services in the private sector, including dental and other preventive care services. The annual voucher amount has increased from the initial sum of \$250 to \$500 in 2012, and to \$1,000 in 2013. As at end-December 2013, about 550 000 elders have made use of the vouchers at a cumulative expenditure of about \$647 million.

4. Given the increasing popularity of the EHV Scheme, we have converted the Pilot Scheme into a regular programme this year. In

addition, we plan to double the annual voucher value from \$1,000 to \$2,000 within this year and disburse the additional voucher amount of \$1,000 after passage of the 2014-15 Appropriation Bill. The financial ceiling on unspent voucher value for each EHV user will be adjusted from \$3,000 to \$4,000.

5. On Members' suggestion for EHV to be used at healthcare institutions in the Mainland, the Administration is actively looking into options of launching a pilot at designated clinics or healthcare institutions in specific Mainland cities.

Outreach Dental Services for the Elderly

6. In 2011, we launched the three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). As at end-December 2013, a total of 24 outreach dental teams from 13 non-governmental organisations (NGOs) have been set up and provided basic dental care services to about 59 000 elders in more than 730 RCHEs and DEs.

7. Having regard to the experience from the Outreach Pilot Project and the positive feedback from the NGOs, we will turn the Outreach Pilot Project into a regular programme in 2014 to continue to provide outreach dental services for elders in similar health conditions and living environment. We will enhance the dental outreach services in the following areas -

- (a) increasing the block grant for each outreach dental team in the light of price increases in the past few years. This also helps the NGOs recruit more experienced dentists to undertake outreach dental work;
- (b) expanding the scope of treatments and services to cover fillings, extractions, dentures, etc.; and
- (c) strengthening the funding and logistical support for arranging escort services for elders to receive follow-up treatment at NGOs' clinics where necessary.

8. In addition, we will expand the pool of beneficiaries to cover elders in similar conditions, including those residing in infirmary units under the Hospital Authority (HA) and nursing homes registered with the

Department of Health (DH). We will also strengthen the publicity to encourage more RCHEs and DEs to join the programme and enhance the awareness of eligible elders and their families about the outreach services available. The DH will develop a kit to enhance the capabilities of caregivers of RCHEs and DEs in attending to the daily oral care needs of these elders.

General Out-patient Clinic

9. Over the years, the HA has been making every effort to improve its general out-patient services, including recruiting more staff, renovating and expanding clinics, upgrading clinic facilities, etc., to increase the service capacity of general out-patient clinics (GOPC).

10. To relieve the pressure on GOPC, the HA has provided around 300 000 additional episodic quota in 2012-13, and will further provide 85 000 additional quota this year. The HA has been actively studying how to further promote public-private partnership (PPP), for example, to allow patients with chronic diseases who are in stable condition to use private medical services through PPP.

11. As to the construction of a lift for Peng Chau Clinic, the District Facilities Management Committee under the Islands District Council has in 2013 agreed to undertake the project under the “District Minor Works” programme, and approved the funding for conducting a feasibility study for the project. The feasibility study commenced in the same year. The HA will render the necessary support to the feasibility study. The Islands District Office will report the progress and the results of the study to the Islands District Council at an appropriate juncture.

12. Before the lift comes into operation, the Peng Chau Clinic staff will continue to provide assistance to patients in need (including the elderly, those with mobility difficulties and wheelchair users), for example, arranging ambulance service for patients with chronic illnesses to attend follow-up appointments and to deploy ambulances for patients in need to ensure they receive appropriate assistance. During the construction period of the lift, the Peng Chau Clinic will make all possible arrangements to attend to the needs of patients.

General Outpatient Clinic PPP (GOPC Partnership) Programme

13. Under this GOPC Partnership Programme, the HA will invite existing GOPC patients having hypertension (with or without

hyperlipidaemia) to join the programme, to choose to receive primary care services provided by private doctors. It will be expanded to cover patients with other chronic diseases such as diabetes mellitus. In the first half of 2014, the HA will invite private doctors in the relevant districts and eligible GOPC patients to participate in the programme, which is expected to be implemented starting from mid-2014 by phases in Kwun Tong, Wong Tai Sin and Tuen Mun districts. The Administration will brief the LegCo Panel on Health Services on 17 February on the programme details.

Public Chinese Medicine Service

14. In view of the increasing demand for public Chinese medicine services, the Administration has set up public Chinese Medicine Clinics (CMCs) in 17 districts under a tripartite model (i.e. involving the HA, NGOs and local universities) since 2003. The last CMC in the Islands District will be open in 2014.

Expansion of the Drug Formulary

15. In 2011-12 and 2012-13, the HA has added four drugs to the Formulary and expanded the clinical applications of 17 drugs. In 2013-14, the HA has added two additional drugs and further expanded the clinical applications of two drugs. In 2014-15, the HA will continue to expand the coverage of the Drug Formulary to cover more new drugs, with a view to providing effective medication to more patients.

16. As to the other matters and suggestions raised in the Motion, the Administration will brief the Panel on Health Services and other Panels the latest developments as appropriate.

Food and Health Bureau
February 2014