

**For information
on 16 March 2015**

Legislative Council Panel on Health Services

**Progress of the
General Outpatient Clinic Public-Private Partnership Programme**

PURPOSE

This paper briefs Members on the progress of the General Outpatient Clinic Public-Private Partnership (GOPC Partnership) Programme launched by the Hospital Authority (HA) in Kwun Tong, Wong Tai Sin and Tuen Mun districts.

BACKGROUND

2. On 17 February 2014, we briefed Members on the HA's plan to launch the GOPC Partnership Programme in three districts vide LC Paper No. CB(2)849/13-14(05), and we undertook to revert to the Panel on the progress of the Programme one year after implementation.

3. In mid-2014, the HA launched, on a pilot basis, the GOPC Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun districts, with an aim to help relieve the demand for HA's general outpatient services by tapping resources in the private sector and to promote the family doctor concept. Under the Programme, patients with specific chronic diseases and in stable clinical condition are given a choice to receive treatment provided by private doctors. If they do not wish to participate in the Programme, they will continue to be taken care of by the GOPCs. The HA initially aimed to enrol about 6 000 patients under this pilot.

4. Under this public-private partnership (PPP) initiative, each participating patient receives up to ten subsidised consultations from a participating private doctor in a year, covering both chronic and acute care, with drugs dispensed to them immediately at the doctors' clinics after each consultation. Notwithstanding their participation in the

GOPC Partnership Programme, these patients continue to receive clinical service support provided by the HA, such as relevant laboratory and X-ray services, on referral by their chosen private doctors in accordance with clinical indications.

5. Participating patients are required to pay the HA's GOPC fee (presently \$45 as per Gazette) for each consultation. Recipients of Comprehensive Social Security Assistance (CSSA) or holders of valid full or partial medical fee waiver certificates can enjoy the same fee waiver arrangements as for HA's services.

6. Private doctors with places of practice located in these three districts are invited to join the GOPC Partnership Programme. As participating private doctors, they receive a maximum total payment of \$2,708 per patient per year (including the fee of \$45 paid by patients for each consultation) covering a maximum of ten consultations and the indicated Programme medications needed by individual patients.

7. To monitor the progress of individual patients and facilitate continuity of patient care, participating private doctors are required to enter relevant clinical information in the patients' records after each consultation using the existing Public-Private Interface-Electronic Patient Record (PPI-ePR) system, which will be migrated to the territory-wide electronic health record sharing system (eHRSS) platform in due course.

PROGRESS TO DATE

8. The HA started inviting private doctors to join the GOPC Partnership Programme in March 2014, and issued invitations to relevant patients in batches starting from July 2014. Initially, the GOPC Partnership Programme covered clinically stable patients having hypertension with or without hyperlipidemia. The HA will soon expand the scope to cover stable diabetes mellitus patients on selected oral medications.

9. The initial support and response from private doctors are positive. Having regard to experience from similar PPP initiatives, the HA initially planned to enrol around 60 private doctors for this pilot (i.e. about 6 000 patients). As at early-March 2015, 84 private doctors have enrolled in the GOPC Partnership Programme. The enrolment process is on-going and interested private doctors in these three districts are

welcome to join at any time. The number of participating private doctors broken down by districts are as below –

| | |
|--------------|----|
| Kwun Tong | 37 |
| Wong Tai Sin | 19 |
| Tuen Mun | 28 |
| Total: | 84 |

10. The first batch of patient invitations was issued in July 2014, with subsequent batches sent out every three to six weeks. To facilitate patients' understanding of the Programme details and boost up enrolment, district patient fora are arranged following the issuance of each batch of patient invitations. The initial response is positive. As at early-March 2015, over 3 600 invited patients have opted to enrol in the GOPC Partnership Programme of whom 3 043 have started receiving medical care from the participating private doctors, as detailed below -

| | |
|--------------|-------|
| Kwun Tong | 1 160 |
| Wong Tai Sin | 873 |
| Tuen Mun | 1 010 |
| Total: | 3 043 |

11. The HA has set up Programme Help Desks in the three districts to provide information and assistance to its GOPC patients and private doctors.

12. To promote the PPP initiative and enhance the public's understanding of the Programme details, the HA has launched various publicity and engagement activities. Thus far, information posters and pamphlets, promotion banners, media interviews, news articles, video clip have been arranged and a dedicated webpage (<http://www.ha.org.hk/ppp/gopcphp>) has been set up to encourage participation of private doctors and invited patients.

13. In addition, meetings with Legislative Council Members, District Council Members of the three districts and their staff were held in August and September 2014. With their support, information kits

containing key details of the Programme were prepared and dispatched to the three District Councils for their promulgation in the local community.

14. Initial implementation of the GOPC Partnership Programme has generally been smooth. Recognizing also the essentially voluntary nature of participation, initial enrolment progress has been better than expected. The number of participating private doctors has already exceeded the initial target for the entire two-year pilot, and the number of participating patients in the first eight months has already reached the first-year patient enrolment target of 3 000 patients.

15. Since launching the GOPC Partnership Programme in July 2014, the HA has received a number of enquiries from individual District Councils requesting the Government and the HA to consider expanding the Programme to their districts. These requests together with other relevant factors including the median household income, service demand for GOPC services and readiness of the stakeholders within the districts will be carefully considered in the future planning of any expansion of the Programme.

WAY FORWARD

16. The HA will continue to monitor closely the implementation of the GOPC Partnership Programme in these three districts and conduct an interim review in mid-2015 to look into the key implementation issues and operating experiences, focusing on the Programme's scope, operations, and support. Taking into account the responses from private doctors and patients and the findings from the interim review, the HA will map out a detailed roll-out plan for extending the GOPC Partnership Programme, including the scope of chronic diseases, number of patients, level of payment to participating private doctors, and the implementation timeframe for individual districts.

17. In the longer term, the Chief Executive has announced in his 2015 Policy Address the commitment to extending the GOPC Partnership Programme to the remaining 15 districts by phases. Meanwhile, the Financial Secretary has also pledged in the 2015-16 Budget to allocate to the HA a sum of \$10 billion as endowment to generate investment return for funding HA's PPP initiatives, including the GOPC Partnership Programme. We will seek funding approval of the Finance Committee of the Legislative Council within the 2015-16 financial year.

ADVICE SOUGHT

18. Members are invited to note and give their views on the initial implementation progress of the GOPC Partnership Programme and the proposed way forward.

**Food and Health Bureau
Hospital Authority
March 2015**