



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref: FHB/H/16/102/1 Pt. 34
Your Ref:

Tel: 3509 8928
Fax: 2840 0467

31 March 2016

Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central
(Attn.: Mr Derek LO)

Dear Mr LO,

Finance Committee

**Follow-up to the Administration for
Meetings on 18 & 19 March 2016**

At the Finance Committee meetings on 18 and 19 March 2016, Members requested that supplementary information be provided. Having consulted the Department of Health (DH) and the Hospital Authority (HA), we provide the relevant information in the ensuing paragraphs.

**(A) FCR(2015-16)40 – Supplementary provision under Head 37
Department of Health Subhead 000 Operational expenses to
meet the estimated expenditure for the Elderly Health Care
Voucher Scheme in 2015-16**

*(i) Cases involving medical practitioners (MP) that were referred to the
Medical Council of Hong Kong for follow-up actions due to*

suspected fraudulent claims under the Elderly Health Care Voucher Scheme (by Hon Claudia MO)

2. As at end of December 2015, among those MPs delisted from the Elderly Health Care Voucher Scheme, three MPs who were also enrolled in the vaccination subsidy schemes were referred to the Medical Council of Hong Kong for follow-up actions due to suspected fraudulent claims under the vaccination subsidy schemes.

(ii) Waiting time for enrolment as a new member of Elderly Health Centres (by Dr Hon KWOK Ka-ki)

3. In 2016 (as of February), the overall median waiting time for enrolment as a new member of Elderly Health Centres (EHCs) is 10.2 months. Among the 18 EHCs, the longest median waiting time for enrolment is 23.3 months (Tseung Kwan O EHC).

(iii) Information on mobile dental clinic (by Dr Hon Priscilla Leung Mei-fun)

4. Proper oral health habits are keys to prevent dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. To enhance the oral health of the public, the Oral Health Education Unit of the DH has, over the years, implemented oral health promotion programmes targeted at different age groups and disseminated oral health information through different channels.

5. The Government currently focuses on providing free emergency dental services treatments to the public. The DH provides free emergency dental services to the public through designated sessions (generally known as general public sessions) at 11 government dental clinics and specialist dental care to groups with special healthcare needs through the Oral Maxillofacial Surgery & Dental Units in seven public hospitals. Curative dental services are mainly provided by the private sector and non-government organisations in Hong Kong.

6. In recent years, the Government accords its resources and care for people with special dental care needs, in particular, people with intellectual disability and elders with financial difficulties. Since

2013-14 school year, the School Dental Care Service has been extended to cover students with intellectual disability and/or physical disability studying in special schools until they reach the age of 18. In addition, the Government launched a four-year pilot project in 2013 to provide subsidised dental services for patients with intellectual disability aged 18 or above who are recipients of Comprehensive Social Security Assistance Scheme (CSSA), disability allowance or medical fee waiver of the HA.

7. The Government provides free/subsidised dental services for the elderly, particularly those with financial difficulties, through the Dental Grants under the CSSA, the Elderly Health Care Voucher Scheme, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme.

8. The concept of mobile dental clinic is to provide dental service to people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles. In the context of Hong Kong, public transportation is relatively more convenient and dental clinics are easily accessible. It should also be noted that the scope of the services that can be provided in mobile dental clinics is limited.

9. In this connection, we are not operating and do not have any plan in providing any mobile dental clinic at present. Nevertheless, we shall continue our efforts in promotion and education to improve oral health of the public.

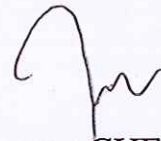
(B) FCR(2015-16)39 - \$10 Billion Endowment Fund to the Hospital Authority for Public-Private Partnership Initiatives

(i) A list of HA Public-Private Partnership (PPP) Programmes (by Hon LEE Cheuk-yan)

10. In line with the Government's healthcare reform proposals, the HA has launched a variety of clinical PPP initiatives since 2008, including the Cataract Surgeries Programme, Tin Shui Wai Primary Care Partnership Project, Haemodialysis Public Private Partnership Programme, Patient Empowerment Programme, Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the

Private Sector, and General Outpatient Clinic PPP Programme. Implementation of these clinical pilot PPP programmes has generally been smooth. A brief introduction on individual program is given at the Annex.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'Tammy CHENG', written in a cursive style.

(Tammy CHENG)
for Secretary for Food and Health

c.c. Chief Executive, HA (Attn: Ms Emily Chan)
Director of Health (Attn: AD(F&EHS))

**Programme Brief on Hospital Authority
Public-Private Partnership Programmes**

Cataract Surgeries Programme (CSP)

Commenced in February 2008, the Programme aims to address the service demand and improve access of HA patients to cataract surgeries through a PPP delivery model. Patients on the HA clusters' routine cataract surgery waiting lists for a specified period are invited to undertake surgeries in the private sector on a voluntary basis with a fixed government subsidy of \$5,000 subject to a co-payment of no more than \$8,000 for each cataract surgery. Charity quotas are offered to those patients with limited economic means such as recipients of Comprehensive Social Security Assistance (CSSA) and patients granted with medical fee waiver.

Tin Shui Wai Primary Care Partnership Project (TSW PPP)

2. The Programme is a pilot PPP model for the delivery of primary care service and promoting the family doctor concept in the community. First piloted in Tin Shui Wai (TSW) North as the Tin Shui Wai Primary Care Partnership Project (TSW PPP) in June 2008, the Programme purchases primary care service from private medical practitioners and has been extended to the whole TSW district since June 2010. The TSW PPP primarily targets at clinically stable patients suffering from specific chronic diseases such as diabetes and/ or hypertension who need long-term follow up management at the General Outpatient Clinics (GOPC). The patients are invited to join the TSW PPP voluntarily, paying the same fee as for the HA GOPC service.

Haemodialysis Public-Private Partnership Programme (HD PPP)

3. Clinically suitable end stage renal disease patients, as assessed by Nephrologists of the HA, are invited to join the Programme voluntarily. Recruited patients may receive HD treatment in one of the partner community HD centres of their choice. The HD services are procured from six qualified community HD centres. HA renal units continue to provide regular clinic follow-up, drug prescriptions and investigations. A two-way communication system has been developed such that community HD providers could access the clinical information of participants while the community HD treatment records are made available to clinicians of HA taking care of the patients.

Patient Empowerment Programme (PEP)

4. A chronic disease patient empowerment course consists of two components, namely a disease-specific knowledge enhancement part and a generic self-enablement part. The former was designed by the HA specialists while the latter was designed by the selected non-governmental organisations (NGOs) partner of the Programme. Suitable primary care chronic disease patients, mainly suffering from diabetes and hypertension, are referred by the HA to attend empowerment sessions in the community. The empowerment sessions are procured from three NGOs in the community covering all seven clusters. A two-way communication system has been developed such that partner NGOs could access the clinical information of participants as needed while the progress and outcomes of the empowerment course are made available to HA clinicians taking care of the patients.

Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration)

5. This Pilot Project aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management can be invited to join the Pilot Project. The Pilot Project, initially providing services to selected patients with colorectal cancer, breast cancer, nasopharyngeal cancer and lymphoma and, was extended from May 2014 onwards to cover selected patients suffering from prostate cancer, stomach cancer, cervix cancer, corpus uteri cancer, head and neck cancer, sarcoma and germ cell tumor.

6. Invited patients can take part in the Pilot Project on a voluntary basis under full subsidy and can choose their own service provider from HA's panel of contractors engaged through open tender. Patients' health information under the HA is, with consent, shared with private service providers through the Public Private Interface-Electronic Patient Record Sharing System (PPI-ePR) and investigation results are returned to the HA through the Radiological Image Sharing System.

7. The Pilot Project was launched in May 2012 covering the Hong Kong East Cluster, Kowloon East Cluster, Kowloon West Cluster and New Territories West Cluster and was extended to the Hong Kong West Cluster, Kowloon Central Cluster and New Territories East Cluster from September 2012 onwards. Generally speaking, the investigation results are returned to HA in electronic form within five working days after the day of service booking.

General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)

8. The Programme aims to help HA manage demand for general outpatient service, enhance patient access to primary care services, provide choice to patients for receiving primary care services from the private sector, promote family doctor concept, and foster the development of the territory-wide electronic health record.

9. The Programme was launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts on a pilot basis in mid-2014. Clinically stable patients having hypertension with or without hyperlipidemia, and later diabetes mellitus patients, currently taken care of by HA GOPCs have been invited for voluntary participation. All private doctors practising in these 3 districts are welcome to participate in this Programme.

10. Each participating patient will receive up to ten subsidised visits per year, including medical consultations covering both chronic and acute care; drugs for treating their chronic conditions and episodic illnesses to be received directly from private doctors at their clinics; and investigation services provided by HA as specified through private doctors' referral.

11. Under the Programme, participating patients only need to pay the HA GOPC fee of \$45 (as per Gazette) for each consultation. Those who are recipients of CSSA or holders of valid full or partial medical fee waiver certificates will enjoy the same fee waiver arrangements as for HA's services. Under mutual agreement, individual patients may receive further services and treatment at their own expenses. Those who are aged 70 or above and have participated in the Elderly Health Care Voucher Scheme can meet such additional charges from their Health Care Voucher accounts.

12. For service provision, participating private doctors may receive a maximum total payment of \$2,872 per year (on a reimbursement basis), covering a maximum of ten consultations, including the HA GOPC fee of \$45 to be paid by the patients to the private doctors direct after each consultation. For CSSA recipients and waiver patients, HA will bear the GOPC fee.

13. A roll-out plan for the Programme has been mapped out having considered the Government commitment, the initial positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts. It is anticipated that the Programme will be extended to the remaining 15 districts of Hong Kong in 3 years, starting from 2016-17.
