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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 20 June 2016

Elderly Health Assessment Pilot Programme

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the Panel") on the Elderly Health Assessment Pilot Programme ("the Pilot Programme").

Background

2. Having regard to an ageing population and the increasing demand for healthcare services, the Administration has taken steps to improve primary care in the public healthcare system through the Department of Health ("DH") and the Hospital Authority. These include, among others, the setting up of elderly health centres ("EHCs") to provide primary healthcare services, in particular preventive care services, for elders aged 65 or above on a membership basis; the formulation of a long-term primary care development strategy; and the development of reference frameworks relating to specific chronic diseases (such as hypertension and diabetes).

3. With an aim to facilitate early identification of risk factors as well as promote healthy ageing, the Administration launched a two-year Pilot Programme in July 2013 in collaboration with nine non-governmental organizations ("NGOs")¹ by providing voluntary, protocol-based, subsidized

¹ The NGOs are Evangel Hospital, United Christian Nethersole Community Health Service, Chai Wan Baptist Church Community Health Centre Limited, the Po Leung Kuk, the Lok Sin Tong Benevolent Society Kowloon, the Hong Kong Sheng Kung Hui Welfare Council, the Tung Wah Group of Hospitals, Sik Sik Yuen, and Haven of Hope Christian Service.

health assessment. Under the Pilot Programme, an elder aged 70 or above who held a valid Hong Kong Identity Card and was not a member of EHCs would be eligible to receive health assessment at the service centres of the participating NGOs. A subsidy of \$1,200 for each elder was provided to NGOs for the health assessment service. Each participating elder was required to contribute a co-payment of \$100, which could be met with the Elderly Health Care Vouchers. It was aimed that the Pilot Programme would benefit about 10 000 eligible elders, in particular those hard-to-reach elders who lived alone, who did not have health assessment before, or who did not have regular medical follow-up by medical services.

Deliberations of the Panel

4. The Panel discussed the Pilot Programme at its meetings in February 2013, and in January 2014 when members were briefed on the policy initiatives in respect of health matters featuring in the Chief Executive's 2014 Policy Address. The deliberations and concerns of members are summarized in the ensuing paragraphs.

Justifications for launching the Pilot Programme

5. Members in general did not object to the launching of the Pilot Programme. However, they were not convinced of the justification to introduce the Pilot Programme as its objectives were unclear and could not benefit those elders most in need. Concern was raised about the differences between the services provided under the Pilot Programme and EHCs, as both covered the components of health assessment, follow-up consultations and health education. There is a view that resources should instead be allocated to strengthening the existing primary care services provided by EHCs in view of the long waiting time for first-time assessments.

6. The Administration advised that the Pilot Programme would widen the choice of preventive care for elders and promote the use of community-based private primary care services. Different from the health assessment provided under EHCs, the scope of the baseline health assessment component of the Pilot Programme was based on the Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings ("the Reference Framework") developed by the Task Force on Conceptual Model and Preventive Protocols of the Working Group on Primary Care.²

² The Working Group on Primary Care is chaired by the Secretary for Food and Health to advise on strategic directions for the development of primary care in Hong Kong in three areas, including primary care conceptual models and reference frameworks, Primary Care Directory, and primary care service delivery models.

Participating NGOs

7. Members noted that bona fide non-profit-making NGOs exempted from tax under section 88 of the Inland Revenue Ordinance (Cap. 112) and currently operating medical clinic(s) with provision of health assessment or other healthcare services for elders would be invited to take part in the Pilot Programme. Question was raised about the criteria for selecting NGOs to participate in the Pilot Programme.

8. According to the Administration, the assessment panel would assess the proposals from the interested NGOs on their track record as a charitable organization and in the provision of medical services, as well as their capacity and preparedness in meeting the service standards and requirements of the Pilot Programme. These included, among others, the provision of suitable facilities and equipment for the delivery of services, the respective experience and qualification of the clinical advisor who would oversee the operation of the Pilot Programme and the healthcare professionals engaged to provide services to the service users, capability of the laboratories engaged for delivering the laboratory test services, and the quality assurance mechanism.

Eligibility for the Pilot Programme

9. There is a view that the eligible age for the Pilot Programme should be lowered from 70 or above to 65 (or even 60) or above, with priority given to those elders who had higher risk factors, so as to enable the early identification of health risks and problems among the participants. Some members expressed concern about the criteria to be adopted by the participating NGOs for selecting elders to participate in the Pilot Programme.

10. The Administration advised that the selected NGOs should have already built up a community network and provided outreaching services for elders in the community concerned. When submitting their applications, NGOs would be required to include in their service proposals the overall strategy in providing services and how the places would be allocated to service users in an open and fair manner.

Level of subsidy

11. Members noted that the selected NGOs would be provided with a subsidy of \$1,200 for each elder receiving the health assessment service, and each participating elder would be required to contribute a co-payment of \$100. Given that the subsidy would not cover the cost of medication prescribed by the selected NGOs in the one or two follow-up consultations arranged by the NGOs

under the Pilot Programme, as well as any further follow-up consultations required of by the elders, concern was raised about the support to be provided for the needy elders. The Administration advised that where appropriate, elders could make use of their Elderly Health Care Vouchers to meet the co-payment and the cost of any additional investigation items or follow-up consultations.

Evaluation of the Pilot Programme

12. Members considered proper monitoring of the services provided by the selected NGOs a key factor for the successful implementation of the Pilot Programme. The Administration advised that the selected NGOs would be required to keep record of each participating elder and provide regular progress reports on a list of pre-determined indicators to facilitate programme monitoring and evaluation by DH.

13. On the evaluation of the Pilot Programme, the Administration advised that the evaluation would cover the areas of application of the Reference Framework; the effectiveness in detecting previously unidentified health risks or problems; promoting the use of community-based, personalized preventive care; and strengthening the role of family doctors in providing continuous personalized care for elders, including health advice and counselling. Subject to the outcome of the review, the Administration would consider carefully whether it should continue to provide subsidy for elders to undertake health assessment and, if so, the scope and modus operandi.

Recent developments

14. The Audit Commission has conducted a review of the provision of health services for the elderly, which covered, among others, the services provided under the Pilot Programme. Its findings were published in the Director of Audit's Report No. 63 in October 2014. It was recommended that DH should explore ways to enhance the enrolment in the Pilot Programme and fine-tune the programme. The Report was considered by the Public Accounts Committee ("PAC"), which published its own report (Report No. 63) in February 2015. PAC was concerned about the Pilot Programme's low enrolment rate and its effectiveness to recruit frail elders (who was the priority target of the Pilot Programme).

15. The Administration will brief the Panel on the outcome of the review of the Pilot Programme on 20 June 2016.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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Appendix

Relevant papers on the Elderly Health Assessment Pilot Programme

Committee	Date of meeting	Paper
Panel on Health Services	18.2.2013 (Item V)	Agenda Minutes
Panel on Health Services	20.1.2014 (Item III)	Agenda Minutes
Public Accounts Committee	Tabled at the Council meeting of 11 February 2015	Report of the Public Accounts Committee on the Reports of the Director of Audit on the Accounts of the Government of the Hong Kong Special Administrative Region for the year ended 31 March 2014 and the Results of Value for Money Audits (Report No. 63)

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