中華人民共和國香港特別行政區政府總部食物及衞生局
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/7/2
Your Ref : CB4/PAC/R68

Tel : 3509 8956
Fax : 2840 0467

26 May 2017

Mr Anthony CHU
Clerk to Committee
Legislative Council Public Accounts Committee
Legislative Council Complex
1 Legislative Council Road
Hong Kong
(Fax : 2543 9197)

Dear Mr CHU,

Public Accounts Committee
Consideration of Chapter 7 of the Director of Audit's Report No. 68

Provision of dental services

I refer to your letters dated 17 May 2017 to the Secretary for Food and Health and the Director of Health respectively which have requested the Administration to provide information on matters related to the captioned Director of Audit's Report. The consolidated bilingual responses from the Food and Health Bureau and the Department of Health are at **Annex**, of which the Director of Health has consulted the Civil Service Bureau in relation to its responses for the questions raised under Part 3 (Provision of Dental Services for Civil Service Eligible Persons).

Yours sincerely,

(Mr James LAM)
for Secretary for Food and Health

香港添馬添美道 2 號政府總部東翼 17–19 樓 電話：(852) 3509 8765 傳真：(852) 2541 3352
17–19/F, East Wing, Central Government Offices, 2 Tim Mei Avenue, Tamar, Hong Kong Tel: (852) 3509 8765 Fax: (852) 2541 3352

c.c. Director of Health
(Attn: Dr. Wiley LAM, Consultant i/c Dental Service))

Secretary for Civil Service
(Attn: Miss Emily NG, Chief Executive Officer (Condition of Service))

Appendix

Public Accounts Committee ("PAC")
Consideration of Chapter 7 of the Director of Audit's Report No. 68
Provision of dental services

Consolidated Reply to the PAC's Questions and Requested Information

We refer to the letters dated 17 May 2017 from the PAC to the Secretary for Food and Health and the Director of Health respectively, which raised questions and requested information regarding Chapter 7 of the Director of Audit's Report ("Audit Report") No. 68 "Provision of dental services". The consolidated reply of the Food and Health Bureau ("FHB") and the Department of Health ("DH") is as follows. Among others, the DH has consulted the Civil Service Bureau on the reply to Part 3 (Provision of dental services for civil service eligible persons).

Food and Health Bureau

Part 2: Provision of promotive and preventive services

1. Regarding the situation mentioned in paragraph 4.36, did the FHB, before Audit's review, know that the administration cost spent by Organization A had exceeded the limit approved by the Commission on Poverty? If not, why did it fail to notice such a situation? If it knew beforehand, what measures have been and will be put in place by FHB for the purpose of lowering the administration cost? Has FHB requested Organization A to reduce its administration cost to the required level of below 5%? If yes, what is the response of Organization A? If not, what are the reasons?

Reply: As a general rule, the administration cost of a programme of the Community Care Fund is capped at 5% of the estimated total disbursement of that programme. This rule is to be applied on a programme basis, but not measured on a yearly basis in case a programme lasts for more than a year.

Since the launch of the said Programme, the FHB has been monitoring the Programme's administration cost and is aware that the administration cost incurred is currently above the cap. At the first few years, the

administration cost incurred included set-up cost and hence resulting in a higher administration cost. Currently, the share of the administration cost has already been worked down from 18.8% (as at March 2016) as mentioned in the Audit Report to below 12% (as at April 2017). We will continue to monitor the administration cost incurred and devise relevant measures with Organization A with a view to reducing the administration cost.

2. According to paragraphs 4.38(a) and 4.39, FHB agreed with the Audit's recommendation that measures should be taken to encourage participation of elderly persons in the Elderly Dental Assistance Programme. FHB is requested to inform this Committee of the measures that have been put in place, and whether the participation rate has been improved subsequent to the measures taken by the Government. If there is improvement, what is the latest participation rate? If not, why has the participation rate not been improved?

Reply: Apart from engaging 180 district service units (comprising 160 elderly centres, 5 community centres and 15 non-governmental organization dental clinics that accept direct applications) to assist in processing applications from elders who are Old Age Living Allowance recipients, we also sought the assistance of relevant departments in the past few months to put up posters and distribute leaflets for the Programme at public housing estates, elderly health centers and dental clinics that provide public dental service. Besides, Organization A will continue to keep close contact with the district service units through briefing sessions, sharing sessions, letters and emails to encourage participation of the eligible elders in the Programme. Furthermore, for the briefing session to be held in June 2017, Organization A will extend invitation to non-participating district service units for the sake of increasing the number of participating district service units. Currently, the number of beneficiaries of the Programme (only the completed cases are counted) increased from 10 733 (as at September 2016) as reported in the Audit Report to 15 505 (as at April 2017). We will continue to work with Organization A to encourage more eligible elders to join the Programme.

Department of Health

Part 2: Provision of promotive and preventive services

1. Table 2 of paragraph 2.4 of the Audit Report sets out the attendance at activities of educational and publicity programmes organized from 2011-2012 to 2015-2016 with a breakdown by target group. The attendance of the "general public" group fluctuated considerably during the said period. In this connection, the DH is requested to set out the number of educational and publicity programmes organized for this target group from 2011-2012 to 2015-2016 and the expenditures involved. Regarding DH's response in paragraph 2.12 that target(s) for attendance could be set for educational and publicity activities involving physical participation of the target groups, please provide the details of the target(s) and the implementation timetable. Apart from target(s) for attendance, will DH devise other benchmarks for evaluating the effectiveness of the activities concerned?

Reply: The number and expenditure of educational and publicity programmes organized by the DH for the general public from 2011-12 to 2015-16 are as follows:

	2011-12	2012-13	2013-14	2014-15	2015-16
Number of educational and publicity programmes	26	28	26	36	34
Total expenditure (Million)	2.4	2.6	2.6	2.9	2.6

As the publicity programmes concerned promote the relevant promotional messages to the general public mainly through mass media or electronic means (e.g. radio and TV advertisements, newspaper articles etc.), there would not be attendance for these programmes. However, as revealed from a telephone evaluation survey conducted by the DH, 83% of the general public had been exposed to these promotional messages.

Besides, since 2014-15, there has been an increase in the demand of oral health talks by various organisations and the DH also started to organize carnivals in the same year to enhance the promotion of oral health. Therefore, the Audit Report shows that there were increases in the number of activities and the attendance figures in 2014-15 and 2015-16.

To follow up the recommendations of the Audit Report, the DH has set the following attendance goals for oral health education and publicity programmes for different target groups taking into account the oral health education methods designed for the groups, population projection, the training approach for "train-the-trainer" as well as the positive impact arising from peer influence (e.g. secondary school students) etc. The attendance goals will be implemented in 2017-18:

Target group	**Target no. of participants in 2017-18**
Kindergarten children	128 000
Primary school students	27 400
Secondary school students	1 700
Special school students	4 500
Adults	8 600

The DH has been conducting questionnaire surveys and telephone interviews to understand the satisfaction rate and oral health knowledge acquired by the participants etc. to facilitate evaluation of the effectiveness of various oral health education and publicity programmes. The DH will continue to review, improve and formulate appropriate evaluation method for each target group.

2. According to the utilization of Bright Smiles Mobile Classroom as illustrated in Table 4 of paragraph 2.9, most primary schools did not use such service. Regarding the primary schools which did not use the services, the Administration is requested to inform this Committee whether it has promoted this service to these schools. If yes, what are the reasons for their non-participation? If not, why has no promotional work been done?

Reply: To promote the "Bright Smiles Mobile Classroom" service, the Oral Health Education Unit of the DH issues invitation letters with information leaflets to all primary schools in Hong Kong around June every year. In fact, the overall average utilization rate of the "Bright Smiles Mobile Classroom" service already reached 84%. The DH considers that some schools have not participated in the service may be due to various considerations, for example, no suitable parking space can be provided for the oral health education bus; no suitable time can be arranged for such service.

To further promote the service to benefit more schools, the DH will, starting from 2017-18, call the schools which have never joined the service to further promote the service and render necessary assistance to them with a view to further enhancing the utilization rate of the "Bright Smiles Mobile Classroom" service.

3. According to paragraphs 2.23(a) and 2.24, DH agreed with Audit's recommendation that appropriate measures should be explored to encourage Primary 6 students' attendance at appointments of the School Dental Care Service. DH is requested to inform this Committee of the specific details of the relevant measures, and whether such measures have been implemented. If so, how effective are such measures? If not, when will such measures be implemented?

Reply: Regarding the recommendation to encourage Primary 6 students to attend the scheduled dental appointments, the Student Dental Care Service (SDCS) is now exploring with the participating schools on the feasibility of providing round-trip transport for Primary 6 students to attend school dental clinics for annual dental check-up. In addition, SDCS has planned to actively encourage the participating students and their parents to make use of the Student Internet Service which includes an automatic appointment reminder service by email, so that the students can be reminded to attend their appointments as scheduled. We aim to implement the measures in the 2017-18 school year.

Part 3: Provision of dental services for civil service eligible persons

4. As shown in paragraphs 3.13(a) and 3.14, DH agreed with Audit's recommendation that investigations should be launched into the reasons for the increasing proportion of civil service eligible persons declining referrals to other clinics with shorter waiting time for new cases. In this connection, DH is requested to inform this Committee whether the relevant investigations have been completed. If so, what are the reasons? If not, when will the investigations be completed? What measures will DH put in place to shorten the waiting time for new cases?

Reply: The DH conducted a survey recently in seven dental clinics with a greater number of patients and longer waiting time for appointments with a view to understanding the reasons for civil service eligible persons (CSEPs) to decline referrals to other clinics with shorter waiting time for new cases. The majority of CSEPs indicated that they declined referrals to other dental clinics because the locations of their selected dental clinics were more convenient (e.g. near office or home). The DH is actively exploring feasible options for shortening the waiting time for CSEPs' first-time dental appointments, which include reallocation of resources among government dental clinics having regard to their service demands.

5. It is mentioned in paragraph 3.15 that DH has planned to provide a total of 64 new dental surgeries which would commence operation from 2011-2012 to 2015-2016, but it is indicated in Note 18 that DH's records did not provide the estimated project costs of 21 new surgeries. DH is requested to provide the relevant figures.

Reply: Among the 21 new surgeries mentioned above, 14 have been set up at new buildings. According to the information provided by the relevant works department and agent, the expenditures for the overall construction works and the provision of building facilities have been included in the project costs for the buildings. Hence, the estimated project costs involving the 14 surgeries cannot be provided separately. As for the remaining seven surgeries, the details of works have yet to be finalised and the estimated project costs so required are not available.

6. Regarding DH's response in paragraph 3.16 that seven new surgeries had not commenced operation as scheduled because the premises were being occupied by other departments and pending handover to DH, DH is requested to inform this Committee whether the premises concerned have already been handed over to DH at present. If so, when will these seven new surgeries commence operation? If not, please provide the timetable for the handover of the premises and the commencement of operation of the surgeries.

Reply: The premises in question are still being used by the other department and are expected to be handed over to the DH in the third quarter of 2017. Preparatory work is underway for the new surgeries to commence operation in phases from 2019 onward, subject to funding and progress of works.

7. With reference to DH's response in paragraph 3.16, four new surgeries had not commenced operation as scheduled because sufficient Dental Officers could not be recruited, and DH was exploring other means to supplement the workforce of Dental Officers. Please provide the progress of the initiative in supplementing the relevant workforce.

Reply: In order to attract more dentists to join the department, the DH may adjust, under the existing mechanism, the starting salaries of successful candidates by granting increments according to their qualifications as necessary. The DH may also, subject to the approval of the Civil Service Bureau, relax the language proficiency requirements of some posts of dental officers so as to encourage more applications from individuals with the professional qualifications required. Apart from the annual recruitment exercise of civil servants, the DH also accepts applications from candidates with relevant professional qualifications for non-civil servant contract posts all year round. In addition, the DH has also considered making use of other channels, such as the Post-retirement Service Contract Scheme, to engage eligible retired/retiring civil servants to continue their service on contract terms. Preparatory work in this regard has already commenced.

Part 4: Provision of specific dental services for the public

8. According to paragraph 4.3, it was found in a survey conducted by DH in 2014 concerning the General Public Sessions that some 23% of the respondents seeking emergency dental services had the experience of failing to obtain a disc from a government dental clinic and were turned away, while paragraph 4.4 showed that three dental clinics had a high percentage of unutilized disc quota in 2015-2016, ranging from 25.2% to 74.7%. DH is requested to explain why the aforesaid situation has arisen, and the measures that DH has taken to rectify the situation.

9. It is pointed out in paragraph 4.4 that the unutilized disc quota for the General Public Sessions in 2015-2016 totalled 5 480 discs. What are the reasons for the under-utilization?

Consolidated reply to 8. and 9.

In 2015-16, among the 11 government dental clinics which provide General Public Sessions (GP Sessions), there were three dental clinics with relatively high rates of unutilized disc quota, namely Tai O Dental Clinic (74.7%), Cheung Chau Dental Clinic (50.0%) and Kennedy Town Community Complex Dental Clinic (25.2%).

To enhance utilized rate, the DH has stepped up effort to promote the service of the GP Session at Kennedy Town Community Complex Dental Clinic (including handing out clinic's information leaflet to encourage the public who are unable to obtain disc quota from other government dental clinics to visit the clinic). With the above promotional effort, and following the provision of MTR service in Kennedy Town, the percentage of unutilized disc quota had greatly dropped to 13.94% in 2016-17. We anticipate that the percentage of unutilized disc quota will continue to decrease.

As for the rates of unutilized disc quota for GP Sessions of Tai O Dental Clinic and Cheung Chau Dental Clinic, it is quite difficult to attract cross-district clients since these two clinics mainly serve the residents of Tai O and Cheung Chau and their locations are quite remote. However, there remains a need to maintain services of these two clinics to meet the

service needs of the above two districts. To utilize the existing resources in a more flexible manner, the dentists deployed to Tai O GP Sessions and Cheung Chau GP Sessions will be on duty at other government dental clinics during the period other than the above GP Sessions.

Besides, there can be many factors leading to the low utilization rate of disc quota of GP Sessions. Apart from those mentioned above, bad weather (e.g. typhoon, rainstorm, etc.) or the proximity to the traditional festivals (as the extraction of teeth would affect appearance or mastication) would also discourage attendance to the GP Sessions. The DH will closely monitor the utilization rate of the GP Sessions and review the service in a timely manner.

10. It is mentioned in paragraph 4.10 that according to the service requirements for Outreach Dental Care Programme for the Elderly, each outreach dental team needs to meet the target of providing on-site services to at least 1 000 elderly persons for each service year, but it is pointed out in paragraph 4.11(c) that one team failed to serve the target number of elderly persons. DH is requested to inform this Committee whether measures have been put in place to improve the situation. If yes, what are the details of such measures? If not, what are the reasons for that?

Reply: The participation in the Outreach Dental Care Programme (ODCP) is on a voluntary basis. This notwithstanding, the DH will step up promotional activities to encourage participation of residential care homes (RCHEs) and day care centres/units (DEs) in the ODCP. If the outreach dental team encounters difficulties in providing the outreach dental service, the DH will contact the relevant non-governmental organization (NGO) direct, and make sure that the NGO concerned has extended invitation to all assigned RCHEs and DEs. On the other hand, the DH will revise the list of RCHEs and DEs assigned to NGOs as and when necessary to enable the serving of no less than 1 000 elders per annum by each outreach dental team.

11. Regarding DH's response in paragraph 4.24 that it would study the reasons for non-participation of residential care homes/day care centres

in the Outreach Dental Care Programme for the Elderly, DH is requested to provide the relevant study results. How will DH improve the situation where residential care homes/day care centres do not participate in the Outreach Dental Care Programme for the Elderly?

Reply: The DH commenced a study in April 2017 to look into the reasons of non-participation of RCHEs and DEs in the ODCP. It is expected that the study would be completed in the fourth quarter of this year. Based on the findings of the study, the DH will draw up feasible measures with a view to enhancing the participation of RCHEs and DEs in ODCP.

Part 5: Attainment of oral health

12. According to paragraph 5.6(a), given that the 2010 and 2025 oral health goals were set as early as in 1991, they were likely outdated. How can DH ensure that its provision of dental services can cater for the needs of the public? Will DH update the existing oral health goals? If yes, when will they be updated? If not, why are they not updated? Regarding DH's response in paragraph 5.8 that it would consider publishing the level of attainment against oral health goals in future, DH is requested to inform this Committee when such information will be published.

13. According to paragraph 5.8, DH agreed with Audit's recommendation in paragraph 5.7(b) that the conduct of oral health surveys in future should be reviewed. DH is requested to inform this Committee whether there is a review timetable. If yes, will DH expeditiously conduct the review, so as to further enhance the survey expected to be carried out in 2021?

Consolidated reply to 12. and 13.

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. Therefore, the DH will formulate appropriate oral health promotion measures according to the results of the Oral Health Surveys conducted every 10 years (including the surveys conducted in 2001 and 2011 respectively).

Based on the recommendations of the Director of Audit, the DH has planned to set up an expert group comprising academics and experts of Dental Public Health specialty as well as representatives from other relevant fields as appropriate. The expert group will, taking into account the report of Oral Health Survey 2011 and the local situation, review and formulate appropriate oral health goals for the population of Hong Kong. Moreover, the DH is planning for the Oral Health Survey 2021 and will invite relevant academics and experts of Dental Public Health specialty for their views shortly. The DH will also consider publishing the level of attainment against various oral health goals in the report of the Oral Health Survey 2021.