

*Provision of dental services*

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The Audit Commission ("Audit") conducted a review of dental services provided by the Government.

2. Hon SHIU Ka-fai declared that he was a family member of a civil servant who was eligible for dental services provided by the Government.

3. In 2015-2016, the expenditure on dental services totalled \$1,018 million, comprising \$271 million incurred for promotive and preventive services<sup>1</sup> to the general public, \$598 million for dental services for civil servants and their family members, and \$149 million for specific dental services for the public (including emergency services and services for the elderly and people with intellectual disability). The total number of attendance for such services (including publicity activities, dental check-ups, dental treatments, etc.) was some 1.5 million, with about 48% being civil servants and their dependants.

4. The Committee noted the following findings from the Director of Audit's Report:

- the attendance at activities of educational and publicity programmes from 2011-2012 to 2015-2016 for special school students, secondary school students and general public was low and fluctuated from year to year;
- in 2011-2012 to 2015-2016 school years, not more than 10% of primary schools in Hong Kong had used the Bright Smiles Mobile Classroom services;<sup>2</sup>
- the number of unattended appointments for the Department of Health ("DH")'s School Dental Care Service increased from 60 703 in 2011-2012 service year<sup>3</sup> to 74 963 in 2015-2016 service year. In 2015-2016, the no-show rate of Primary 6 students was the highest at 26%;

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<sup>1</sup> The Department of Health runs School Dental Care Service for students and educational and publicity programmes for both students and the public.

<sup>2</sup> Under the Bright Smiles Mobile Classroom programme, a roving oral health education bus visits different primary schools to enrich the oral health knowledge of students.

<sup>3</sup> A service year for the School Dental Care Service starts in November and ends in October of the ensuing calendar year.

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- for general dental services provided by DH to civil servants and their dependants, the proportion of new cases with waiting time more than six months had increased from 34% as at 1 January 2013 to 46% as at 1 January 2016. Meanwhile, 82% of the civil service eligible persons who were offered a referral to other clinics on 1 January 2013 had declined the referral, and this figure had increased to 90% as at 1 January 2016. As at 1 January 2016, the waiting time for annual check-ups in four clinics<sup>4</sup> was 13 to 14 months;
- DH had planned to provide 64 new dental surgeries in the period 2011-2012 to 2015-2016. However, 11 of the 64 planned surgeries had still not commenced operation as at 30 October 2016; 7 of the 11 surgeries did not commence operation as scheduled because the premises were being occupied by other departments and pending handover to DH, while the remaining four surgeries had unexpected delays in fitting out some surgeries and sufficient Dental Officers could not be recruited to operate the completed surgeries. DH records did not provide the estimated project cost of 21 surgeries;
- patients seeking emergency dental services provided by DH under General Public Sessions<sup>5</sup> were required to obtain a disc from one of the 11 government dental clinics which had a total quota of about 40 000 discs a year. According to a survey conducted by DH in 2014, some 23% of the respondents seeking emergency dental services had the experience of failing to obtain a disc. However, Audit found out that the disc quota was not always fully utilized. In 2015-2016, the unutilized disc quota totalled 5 480 discs, which represented 13.7% of the total disc quota, and three clinics<sup>6</sup> had a high percentage (25.2% to 74.7%) of unutilized disc quota;
- from 1 October 2015 to 30 September 2016, 182 (19%) of the 944 residential care homes/day care centres eligible for services of DH's Outreach Dental Care Programme for the Elderly did not participate in the Programme;

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<sup>4</sup> The four clinics are Yan Oi Dental Clinic, Yuen Long Jockey Club Dental Clinic, Fanling Health Centre Dental Clinic and Tai Po Wong Siu Ching Dental Clinic.

<sup>5</sup> The Government provides emergency dental services in designated sessions on designated days of the week.

<sup>6</sup> The three clinics are Tai O Dental Clinic, Cheung Chau Dental Clinic and Kennedy Town Community Complex Dental Clinic.

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- an outreach dental team served only 868 elderly persons from 1 October 2015 to 30 September 2016, which fell short of the required number of 1 000 persons. In the same period, the outreach dental teams identified through on-site oral health assessment that 32 950 elderly persons needed dental treatments, but 13 324 (40%) of them refused to receive treatment;
- as at 30 September 2016, only 10 733 (8%) of the estimated 134 000 eligible elderly persons participated in the Elderly Dental Assistance Programme launched under the Community Care Fund. Besides, as a general rule, the administration cost of a programme of the Community Care Fund should be capped within 5% of the estimated total disbursement of the programme, but the total administration cost spent on the Elderly Dental Assistance Programme from 2012-2013 to 2015-2016 was 18.8% of its total disbursement of \$56.9 million; and
- results of DH's 2011 Oral Health Survey indicated that some oral health goals for 2010 had not been attained, and DH had not published the level of attainment of the goals. Meanwhile, the existing oral health goals which were set some 26 years ago in 1991 were likely outdated.

5. The Committee did not hold any public hearing on this subject. Instead, it asked for written responses regarding the measures to enhance the public participation in the educational and publicity programmes, School Dental Care Service, Outreach Dental Care Programme for the Elderly and Elderly Dental Assistance Programme, the underlying reasons for the increasing proportion of civil service eligible persons declining referrals to clinics with shorter waiting time for new cases and relevant improvement measures, progress of the provision of the new dental surgeries, measures to maximize the utilization of General Public Sessions, the administration cost of the Elderly Dental Assistance Programme, and the review on the oral health goals as well as oral health surveys. The consolidated replies from **Secretary for Food and Health** and **Director of Health** are in *Appendix 26*.

6. The Committee wishes to be kept informed of the progress made in implementing the various recommendations made by Audit.