

**立法會**  
**Legislative Council**

LC Paper No. CB(2)827/17-18(06)

Ref : CB2/PL/HS

**Panel on Health Services**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 12 February 2018**

**General Outpatient Clinic Public-private Partnership Programme**

**Purpose**

This paper provides background information on and summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the General Outpatient Clinic Public-Private Partnership Programme ("the GOPC PPP Programme").

**Background**

2. On 13 March 2008, the Government put forth, among others, a package of healthcare service reforms in the First Stage Healthcare Reform Consultation Document entitled "Your Health Your Life". Two reform proposals introduced therein were to enhance primary care to put greater emphasis on preventive care, reduce the need for hospital care, improve the health of the community, and contain the overall healthcare needs and expenditure of the community in the long run; and promote public-private partnership ("PPP") in healthcare to provide more choice of quality, efficient and cost-effective services and promote further healthy competition and collaboration between the public and private sectors in providing healthcare services. The public consultation exercise on the Consultation Document revealed, among others, broad support from the community to take forward these two reform proposals.

3. In view of the increasing demand for public general outpatient services due to an aging population and epidemiological shift to chronic diseases, and taking into account the experience of other similar initiatives such as the Tin Shui Wai

General Outpatient Clinic Public-Private Partnership Programme, the Hospital Authority ("HA") launched the GOPC PPP Programme in mid-2014 in three districts, namely Kwun Tong, Wong Tai Sin and Tuen Mun, 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. At present, the GOPC PPP Programme covers 16 districts.<sup>1</sup>

4. Under the GOPC PPP Programme, clinically stable patients with hypertension (with or without hyperlipidemia) and/or diabetes mellitus being taken care of by public general outpatient clinics ("GOPCs") are invited for voluntary participation in the Programme. Each patient will receive (a) up to 10 subsidized consultations each year, including medical consultations for both chronic and episodic illness; (b) drugs for treating their chronic conditions and episodic illnesses from the private doctors at their clinics immediately after each consultation; and (c) relevant laboratory and x-ray services provided by HA upon referral by the participating private doctors. Participating doctors will receive on a reimbursement basis a maximum total payment of \$3,155 per patient per year, including the HA GOPC fee of \$50 paid by the patients to the private doctors direct after each consultation.

### **Deliberations of the Panel**

5. The Panel discussed the GOPC PPP Programme at its meeting on 17 February 2014 and 16 March 2015 respectively. The deliberations and concerns of members are summarized in the following paragraphs.

#### Effectiveness of PPP initiatives

6. Some members had strong reservation about the implementation of PPP programmes. In their views, there was a lack of direction in the development of PPP in healthcare. Given that the PPP programmes on chronic disease rolled out by HA in recent years were implemented in a piecemeal manner, they were concerned about whether they were conducive to the provision of holistic care to patients, in particular those suffering from more than one type of chronic diseases.

7. The Administration advised that HA was facing considerable difficulties in service expansion to meet the ever-growing outpatient service demand from

---

<sup>1</sup> The 16 districts include Central and Western, Eastern, Islands, Kowloon City, Kwai Tsing, Kwun Tong, Sai Kung, Sha Tin, Sham Shui Po, Southern, Tai Po, Tsuen Wan, Tuen Mun, Wan Chai, Wong Tai Sin and Yuen Long.

an ageing population due to the current healthcare manpower constraint and physical space limitations. Apart from providing some relief to the public GOPCs, the PPP programmes could help foster long-term patient-doctor relationship under the family doctor concept and in the longer term, share out the pressure on the public healthcare system by tapping resources in the private sector. On how far the GOPC PPP Programme could reduce the waiting time for general outpatient services in the three pilot districts, members were advised that over 3 000 enrolled patients had started receiving medical care from the participating private doctors as at early March 2015. It was estimated that about 30 000 annual GOPC quotas would become available as each of the participating patients could receive up to 10 subsidized consultations in a year.

8. Given that many patients with non-urgent medical needs would seek public Accident and Emergency ("A&E") services when public GOPC services was not available, there was a view that HA should encourage more doctors participated in the PPP programmes to provide round-the-clock services such that participating patients could be managed by private family doctors, and hence relieve the heavy burden of public A&E services.

#### Participation rates and implementation progress

9. Concern was raised as to whether patients attending GOPCs, and private doctors practising, in the three piloting districts would be willing to join the GOPC PPP Programme. According to the Administration, there would be no limit on the number of patients and private doctors participating in the GOPC PPP Programme. The initial plan of HA was to enrol about 6 000 out of the some 60 000 eligible patients and 60 private doctors under the Programme when it was launched in the three piloting districts. HA started inviting private doctors to join the Programme in March 2014, and issued invitations to relevant patients in batches starting from July 2014. As at early March 2015, over 3 600 invited patients and 84 private doctors had already enrolled in the Programme. The number of participating private doctors had exceeded the initial target for the entire two-year pilot, and the number of participating patients had also reached the first-year patient enrolment target of 3 000 patients.

10. There was a view that when expanding the Programme to the remaining 15 districts by phases, HA should accord priority to those districts with a high population of the underprivileged groups, in particular the Kowloon City, Sham Shui Po and Yau Tsim Mong districts. HA advised that it would consider a basket of factors, such as the median household income, demand for GOPC services and readiness of the stakeholders within the districts, in considering the way forward.

11. Noting that the administrative cost of certain PPP programmes on chronic disease management was on the high side, some members were concerned about the cost-effectiveness of the GOPC PPP Programme. The Administration advised that it was expected that the administrative cost of the Programme would not be high.

#### Prescription of drugs under GOPC PPP

12. Members noted that participating private doctors were required to bear the drug costs as they had to use their own drugs or purchase the drugs listed for the GOPC PPP Programme ("Programme Drugs") from HA's drug suppliers at specified prices. They considered that such arrangement was not to the best interests of patients as the drug costs might be the prime consideration of some participating private doctors in prescribing drugs for the participating patients. There was also a view that drugs dispensed by public GOPCs were of lower costs and had more side effects than those dispensed by public specialist outpatient clinics ("SOPCs"). Members urged HA to allow patients to collect the medications recommended by the participating doctors, regardless of whether the drugs were on the list of Programme Drugs, from HA's pharmacy.

13. HA stressed that drugs dispensed by both public GOPCs and SOPCs were of well-established efficacy. It was incumbent on all medical practitioners to act in the best interest of their patients. The arrangement to allow participating doctors to use their own drugs or the Programme Drugs for treating the participating patients would facilitate continuity of treatment and medication whilst providing flexibility for private doctors to adopt personalized care and treatment for individual patients. HA would consider whether the coverage of Programme Drugs could be expanded under the interim review.

14. Question was raised about the medication arrangements for participating patients if they developed other chronic diseases in addition to the designated chronic diseases during the Programme period. Members were advised that participating private doctors could, as part of the any private arrangement between them and the participating patients, dispense medications outside the scope of the Programme Drugs at the patients' own cost.

#### Service monitoring

15. Concern was raised over the quality of services provided by participating private doctors and the mechanism put in place by HA to monitor the conditions of the participating patients. According to the Administration, participating

private doctors were required to enter relevant clinical information in the patients' records after each consultation using the Public-Private Interface – Electronic Patient Record system which would be migrated to the territory-wide electronic health record sharing system platform. This would enable HA to monitor the progress of individual participating patients and take appropriate follow-up actions where necessary. It should be noted that participating patients with good cause could ask for transferring to another participating private doctor. They were also allowed to withdraw from GOPC PPP and revert to HA's GOPCs for chronic disease follow-up.

#### Service fees to participating doctors

16. Members considered that the average service fee per consultation to be paid to the private doctors participated in the GOPC PPP Programme should not be lower than HA's average cost per GOPC attendance, which stood at around \$380 in 2013-2014. There was also a view that a mechanism should be put in place to review and adjust the level of service fee.

17. HA advised that it was not appropriate to directly compare the services provided by public GOPCs and that by private doctors participating in the the GOPC PPP Programme. The target patients of the Programme were HA's existing GOPC patients who suffered from specific chronic disease and were in stable condition, whereas patients of public GOPCs were with various chronic diseases and acute medical conditions. In addition, participating patients of the GOPC PPP Programme could continue to receive investigation services provided by HA as specified through referral by the participating private doctors.

#### Evaluation of the GOPC PPP Programme

18. Members noted that a full review of the GOPC PPP Programme would be conducted after two years of its implementation. There was a view that apart from collecting feedback on the satisfactory level of participating patients, the Administration and HA should also examine the impact of the Programme on the healthcare seeking behaviour and health conditions of the participating patients, and compare the cost-effectiveness of providing the relevant treatment at public GOPCs against partnering with the private healthcare providers.

#### **Recent developments**

19. It was announced in the 2015-2016 Budget that a \$10 billion endowment fund would be set up for HA to make use of the investment return for HA's PPP initiatives, including the GOPC PPP Programme, with an aim to alleviate

pressure on the public healthcare system due to manpower shortages and surge in demand and provide better quality of care for the patients. According to the Administration, after the Programme was expanded to all districts, HA would consider room for further collaboration with private doctors in chronic disease management and primary care initiatives under the Department of Health. At the meeting on 19 March 2016, the Finance Committee approved a commitment of \$10 billion for HA to establish the said endowment fund.

20. As announced in the Chief Executive's 2017 Policy Address in October 2017, the GOPC PPP Programme would cover all 18 districts by 2018.

### **Relevant papers**

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

Council Business Division 2  
Legislative Council Secretariat  
8 February 2018

**Relevant papers on the General Outpatient Clinic Public-private  
Partnership Programme**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	14.4.2008 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2695/07-08(01)</a>
	17.2.2014 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2015/13-14(01)</a>
	16.3.2015 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1287/14-15(01)</a>

Council Business Division 2  
Legislative Council Secretariat  
8 February 2018