



Elderly Health Service

Figure 1 – Elderly population in Hong Kong, 2007-2046*

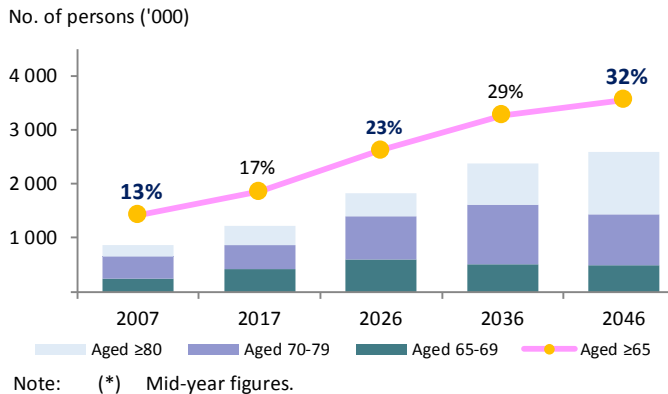


Figure 2 – Persons with chronic conditions by age, 2015

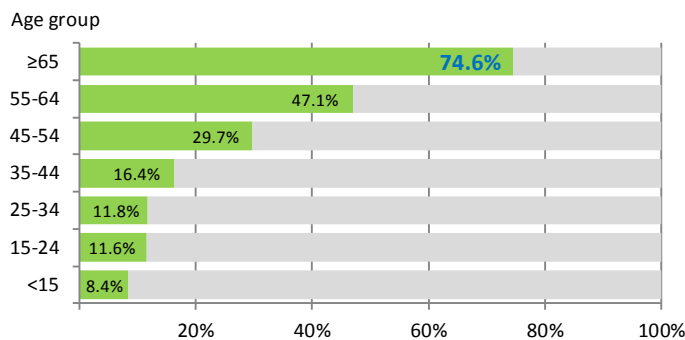


Figure 3 – EHC membership and its percentage share among elderly population, 2007-2017

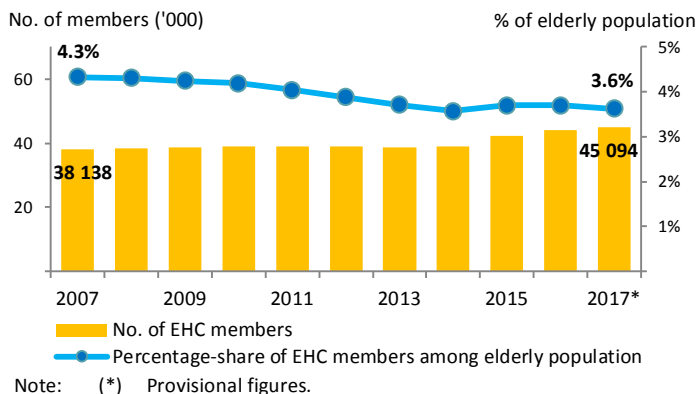
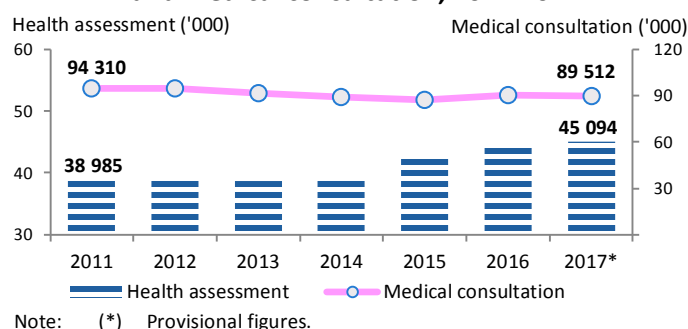


Figure 4 – Number of attendances for health assessment and medical consultation, 2011-2017



Highlights

- With longer life expectancy and persistently low birth rate, the proportion of the elderly population is projected to increase from 17% in 2017 to 23% in 2026 and further to 32% in 2046 (Figure 1). This should pose a challenge to Hong Kong's healthcare system as elderly people generally have greater demand for health services in view of their prevalence of chronic conditions at a high of 74.6% in 2015, compared with the average of 29.8% for the total population (Figure 2).
- Community-based primary healthcare services help early identification and timely intervention of health risks of the elderly, thereby reducing their needs for hospital care and containing the overall healthcare expenditure in the long run. To this end, the Department of Health ("DH") has established Elderly Health Service, comprising **18 Elderly Health Centres ("EHCs")** and **18 Visiting Health Teams ("VHTs")** since 1998 to provide primary healthcare services to elderly living in the community.
- EHCs provides integrated health services including health assessments and medical consultations to elderly aged 65 and above on a membership basis. EHC membership remained fairly stable over the past decade, increasing by an annual average of 1.7% to 45 094 in 2017 (Figure 3). Such a trend does not match the increase in elderly population, which grew by an annual average of 3.5% to 1.25 million over the same period. As a result, EHC membership represented only around 4% of elderly population throughout most of the past decade.
- Amid the limited EHC membership, there is a huge demand for the services of EHCs as they are heavily subsidized and the charges are very low. In recent years, DH has implemented a series of measures to shorten the waiting time for first-time users of EHC service, including allocating more quotas to first-time and subsequent health assessment for members at all EHCs with lower attendance for medical consultation (Figure 4). The attendances for health assessment increased by 15.7% during 2011-2017 whereas the attendances for medical consultation decreased by 5.1% over the same period.

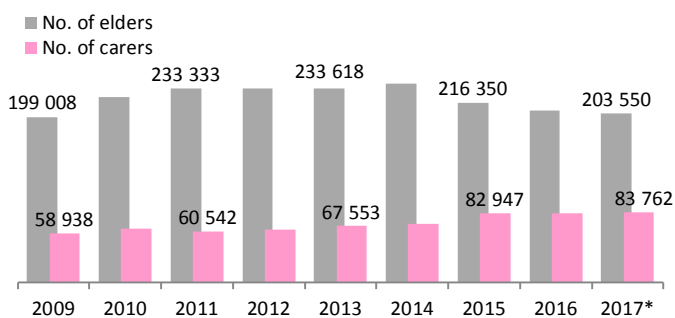
Elderly Health Service (cont'd)

Figure 5 – Median waiting time and number of elders on the waiting lists, 2015-2017

Elderly Health Centre	Median waiting time (month)			No. of elders on waiting list (as at end of year)		
	2015	2016	2017*	2015	2016	2017*
Lek Yuen	4.5	8.7	7.7	386	1 096	2 727
Wan Chai	34.3	1.4	5.4	1 200	1 279	2 143
Tuen Mun Wo Hong	15.8	11.3	10.2	1 182	1 386	1 688
Yuen Long	13.4	6.0	6.7	696	809	1 527
Tsuen Wan	17.8	12.0	5.9	994	704	1 350
Shau Kei Wan	23.5	2.4	6.9	988	674	1 317
Sai Ying Pun	30.0	6.0	7.5	765	837	1 262
Tai Po	16.3	3.8	6.9	644	507	1 245
Tseung Kwan O	29.0	2.8	6.8	1 379	602	1 224
Yau Ma Tei	34.2	7.6	6.9	751	789	1 144
Kowloon City	34.4	8.5	5.7	430	374	887
Lam Tin	12.0	4.0	7.5	363	370	866
Aberdeen	14.5	4.3	7.0	456	411	847
Nam Shan	15.8	2.2	5.8	785	153	829
Shek Wu Hui	16.4	7.9	6.7	370	375	807
San Po Kong	18.6	1.5	6.3	186	299	754
Tung Chung	15.0	6.3	3.9	801	355	629
Kwai Shing	7.0	1.5	4.8	63	206	569
Overall	16.3	5.2	6.8	12 439	11 226	21 815

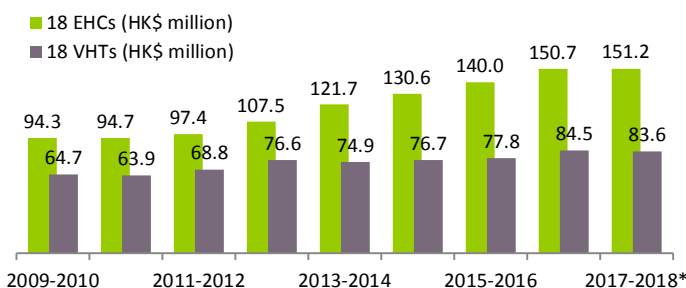
Note: (*) Provisional figures.

Figure 6 – Numbers of elders and carers who attended VHTs' activities, 2009-2017



Note: (*) Provisional figures.

Figure 7 – Expenditure for EHCs and VHTs, 2009-2018



Note: (*) Revised estimate.

Highlights

- Probably reflecting the improvement efforts, the overall median waiting time for EHC enrolment has been shortened from 16.3 months in 2015 to 6.8 months in 2017. Yet the enhanced service capacity of EHC still falls short of the ever-increasing demand, with some 21 800 elders still on the waiting lists as at end-2017. Indeed, the number of elders waiting for enrolment had generally been on the rise during 2015-2017 for most of EHCs, particularly significant for some EHCs as observed in Lek Yuen, Yuen Long, Kowloon City, Lam Tin, Shek Wu Hui, San Po Kong and Kwai Shing (Figure 5).
- In addition to EHCs, DH also operates 18 VHTs to deliver health promotion activities in the community or residential care setting upon requests from elderly services providers. As shown in Figure 6, the number of elders attending VHTs' activities remained fairly stable during 2009-2017, while carers' participation increased visibly over the period. The latter trend probably reflects the increasing efforts of VHT to provide more training programmes for carers to enhance their health knowledge and skills in caring for the elderly.
- Amid increasing demand for EHC and VHT services, the number of staff involved for providing the related services remained virtually unchanged between 2015-2016 and 2017-2018. The approved establishment for EHC services increased from 166 to 175, while that for VHT remained the same at 18 teams. Probably reflecting the above, the total expenditure incurred by the 18 EHCs and 18 VHTs increased respectively by 8.0% and 7.5% (Figure 7) in the past three financial years, lower than the 12.9% increase in recurrent social welfare expenditure.

Data sources: Census and Statistics Department, Department of Health, and Food and Health Bureau.

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