For discussion on
10 January 2011

Legislative Council Panel on Health Services

Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres

PURPOSE

This paper briefs Members on a pilot project to provide outreach primary dental care and oral health care services to elderly people in residential care homes (RCHEs) and Day Care Centres for the Elderly (DEs) (the "Primary Dental Care Pilot Project" or "Pilot Project").

BACKGROUND

2. The Government's policy on dental services seeks to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health, and facilitating the development of proper oral health habits. The Department of Health (DH) promotes oral health education in the population through its Oral Health Education Unit (OHEU). Curative dental services are mainly provided by the private sector and non-governmental organisations. In line with our policy, the Government's dental services focus on emergency dental treatment, special oral healthcare to hospital patients and special needs group, dental treatment for prisoners/inmates in correctional institutions, as well as basic and preventive dental treatment for primary school children through the School Dental Care Service.

3. As part of the healthcare reform initiatives to enhance primary care, a Task Force on Primary Dental Care and Oral Health has been formed under the Working Group on Primary Care since December 2010 (membership at ***Annex A***) to, among other things, provide advice on initiatives to promote and enhance primary dental care and oral health. The Task Force comprises members from the dental profession, academics, patient groups, Hospital Authority and representatives from the Food and Health Bureau (FHB), DH and Social Welfare Department (SWD). It considers that priority should be given to improving oral health of and dental care for needy elderly

people residing in RCHEs or receiving services in DEs, and proposes to launch the Primary Dental Care Pilot Project for a period of three years, tentatively starting from 1 April 2011, to provide outreach primary dental care and oral health care services to these elderly people.

THE PRIMARY DENTAL CARE PILOT PROJECT

(1) Objectives

4. The Primary Dental Care Pilot Project aims to -

(a) promote the importance of oral hygiene and oral health to institutionalized older persons (IOPs) in RCHEs and service users (who are frail elderly people) in DEs, their family members and caregivers in these places;

(b) provide oral care training to caregivers in RCHEs and DEs so that they will have a better grasp of the oral care needs of elderly people, with enhanced capabilities to provide daily oral care services to IOPs and DE service users; and

(c) provide free primary dental care services to IOPs and DE service users on site, and necessary assistance to those in need of and suitable for further follow-up curative dental treatments,

through engaging qualified and capable NGOs as collaborating partners to provide subsidised outreach primary dental care and oral health care services to needy IOPs and DE service users.

(2) Target Beneficiaries

5. The target beneficiaries of the Pilot Project are IOPs residing in RCHEs licensed by SWD (including subvented/contract, self-financing and private ones), and service users (including full-time and part-time ones) of DEs subsidised by SWD. Their frail physical and, for many, poor cognitive conditions often debar them from accessing conventional dental care services. As at end November 2010, there were 772 licensed RCHEs and 59 subsidised DEs, providing about 77 000 places and 2 300 places respectively. Statistics on the number and capacity of these places, with

breakdown by SWD administrative districts, are at ***Annex B***.

6. Participation in the Pilot Project is voluntary for RCHEs and DEs, and individual IOPs/service users. All RCHEs and DEs may join through partnership with NGOs providing services under the Pilot Project, so that their IOPs/service users could benefit from the free outreach primary dental care services provided by those NGOs.

(3) Qualifications of Participating NGOs

7. To be qualified for consideration to be selected to provide services under the Pilot Project, an NGO has to meet the following mandatory requirements –

(a) the NGO must be a bona-fide non-profit-making NGO and is exempt from tax under Section 88 of the Inland Revenue Ordinance (Cap. 112); and

(b) it is currently operating dental clinic(s) providing dental care services to the public or has a concrete plan to operate one by 1 April 2011.

8. Those meeting the mandatory requirements will be assessed on the basis of their track record as a charitable organisation and in the provision of dental care and oral health care services, and their capability and preparedness in fulfilling the service requirements of the Pilot Project and providing outreach services to RCHEs/DEs.

(4) Coverage of the Outreach Primary Dental Care Services

9. Selected NGOs will be engaged to provide outreach dental care and oral health care services under the Pilot Project to RCHEs/DEs primarily according to assigned geographical district(s) (corresponding to the eleven SWD administrative districts in ***Annex B***) for a period of three years, tentatively from 1 April 2011 to 31 March 2014, subject to completion of the selection process and other technical and operational preparations. Subject to prior approval from the Government, these NGOs may also provide services to RCHEs and/or DEs which are under their aegis but outside their assigned district(s).

10. Selected NGOs will be subsidised to provide the following primary dental care and oral health care services free-of-charge to RCHEs and/or DEs including the

IOPs and service users therein in their assigned district(s) and, where applicable, in other district(s) under their aegis –

(a) to provide on-site primary dental care services to IOPs and DE service users, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments;

(b) to provide on-site oral care training to caregivers in RCHEs and DEs to enhance their capabilities and knowledge in providing daily oral care services to IOPs and DE service users; and

(c) to promote the importance of oral hygiene and oral health education to IOPs and DE service users, their family members and caregivers in RCHEs and DEs by conducting on-site visits, seminars, etc.

11. Where further curative dental treatment beyond the scope services listed in paragraph 10 above subsidised under the Pilot Project is required for individual IOPs or DE service users, the selected NGOs will be required, for those elderly people who are recipients under the Comprehensive Social Security Assistance (CSSA) Scheme, to provide the necessary follow-up curative treatments and apply on behalf of those elderly people a Dental Grant to cover the costs of curative treatments recognised under the CSSA Scheme. For other elderly people not receiving CSSA, the NGOs will consider providing or arrange to provide financial assistance to those elderly people in financial difficulties to pay for the further curative treatments. The fees and charges for these treatments should make reference to that of the Dental Grant.

12. Where dental services (e.g. to receive curative treatments requiring more sophisticated support) have to be undertaken in dental clinics, the selected NGOs will provide or arrange to provide suitable transportation and escort services for the concerned IOPs and DE service users for the two-way journeys between their RCHEs/DEs and the concerned dental clinics. Such curative dental treatment services will only be provided to those IOPs and DE service users who require, are considered suitable for and give consent to receive such curative dental treatments.

(5) Supervision and Composition of the Outreach Dental Team

13. A selected NGO will be required to set up its own outreach dental team(s) to provide the outreach dental care and oral health care services. Each outreach

dental team should comprise at least one registered dentist and one dental surgery assistant. To enhance the training opportunities available to young dentists, NGOs would be encouraged to give priority in engaging dentists who have three years of working experience or less. To ensure the quality of dental care services provided and to provide back-up support, each selected NGO should assign a registered dentist with at least five years of experience to oversee the outreach services.

(6) Mode of Subvention

14. An annual grant of subvention will be provided to the selected NGOs comprising the following –

(a) an operating sum of about $900,000 for each outreach dental team subject to its meeting the minimum target of serving 2 000 IOPs and/or DE service users and conducting 30 seminars each year;

(b) an annual subsidy of about $180,000 for each outreach dental team subject to the engagement of a dentist meeting the prescribed requirements for each outreach team; and

(c) a one-off capital grant of up to $150,000 for each outreach team for meeting the cost for purchasing outreach dental and computer equipment on a matching basis.

The above subvention is expected to subsidise the operating costs of the outreach dental teams of the selected NGOs and the provision of primary dental care and oral health services within the scope of the Pilot Project as outlined in paragraph 10 above. Depending on the actual situation in setting up the outreach teams and providing outreach services, the above subvention figures may be adjusted to reflect the costs involved. The selected NGOs are expected to make available their own charity funding for the setting up of outreach teams as well as the provision of dental treatment outside the scope of the Pilot Project to needy elderly who are not CSSA recipients.

(7) Estimated Output

15. The number of IOPs and DE service users who will benefit from the three-year Pilot Project depends on two key factors –

(a) the responses of interested NGOs in undertaking the outreach dental care services and the selected NGOs' ability to form outreach dental teams by recruiting registered dentists who are suitable; and

(b) the coverage of RCHEs and DEs by the selected NGOs, in particular the privately-run RCHEs which account for around 50 000 places, or 65% of the total places and service capacity of all RCHEs and DEs.

16. Our current estimation based on information available is that there should be sufficient interest from charitable NGOs to provide services for about 100 000 IOPs in RCHEs and service users in DEs (in terms of head counts) over the three-year pilot period, subject to a satisfactory rate of penetration and the formation of sufficient outreach dental teams.

(8) Financial Implications

17. The Government has earmarked a total of about $76 million to provide subvention to selected NGOs over the three-year Pilot Project. Actual expenditure would depend on responses from NGOs and take-up rate of the Pilot Project, as well as the actual costs of providing the outreach services. The funding requirements would be reflected in the Estimates of the relevant years.

(9) Monitoring and Records

18. Selected NGOs will be required to keep a dental record of each IOP and DE service user examined and/or treated. They will be provided with an electronic "Dental Clinic Management System" under the e-Health System as the platform for recording data of dental examination, treatment planning, consent and other record keeping. They will also be required to maintain other service and financial records in relation to the Pilot Project for monitoring and auditing as appropriate.

19. The Government may conduct site inspection and visits upon prior notice. Selected NGOs are required to attend monitoring/review meetings and provide returns and information as and when requested. Service monitoring will also be done through the electronic system which will provide information on service throughput and location. The electronic records will also provide, on an anonymous basis, data for surveillance of oral and dental health of elderly people in RCHEs/DEs.

20. Selected NGOs will be required to submit to the Government annual report and audited financial statements and financial report of the Pilot Project under their charge, which should normally be submitted within three months after the close of each financial year during the pilot period. Surplus of the subvention from the Government under the Pilot Project, if any, should be used to improve the facilities, standards and quality of their outreaching teams and services. The selected NGOs will not be allowed to transfer surplus, if any, arising from the operation of the Pilot Project, in whatever form, to their sponsoring body or any other person or organisation. If there is still surplus after the completion of the Pilot Project, the Government reserves the right to claw back the surplus or require additional services be provided.

(10) Evaluation

21. The Pilot Project will be subject to objective evaluation to be conducted by DH with independent, third-party input for its effectiveness and cost-benefits in enhancing the oral and dental health of IOPs in RCHEs and service users of DEs. Among other things, we will review the scope of service, mode of operation, and the effectiveness of the Pilot Project in achieving the objectives set out in paragraph 4 above.

WAY FORWARD

22. Invitations were issued to all NGOs which may be qualified and interested in participating in the Pilot Project on 20 December 2010. Advertisements of the invitation were also published in the newspapers. Information is also available on FHB's and DH's website. The application closing deadline is 24 January 2011. Our tentative timetable is to select suitable NGOs and launch the Pilot Project starting from 1 April 2011.

ADVICE SOUGHT

23. Members are invited to note and comment on the Primary Dental Care Pilot Project.

Food and Health Bureau
January 2011

Annex A

Task Force on Primary Dental Care and Oral Health
under the Working Group on Primary Care
Membership

Chairman

Dr Sigmund S.M. Leung

Members

Miss Ophelia Chan Chiu-ling

Ms Yammy Chan Yan-mei

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Annex B

Number of RCHEs and DEs and the Respective Places and Service Capacity By SWD Administrative Districts

District	Types	Number of RCHEs or DEs	Number of Places or Service Capacity
Central and Western, Southern & Islands	Subvented / Contract RCHEs	26	3 064
	Self-financing RCHEs	4	374
	Private RCHEs	60	5 296
	Subsidised DEs	7	252
	Sub-total	97	8 986
Eastern & Wanchai	Subvented / Contract RCHEs	9	1 322
	Self-financing RCHEs	2	221
	Private RCHEs	83	5 130
	Subsidised DEs	7	288
	Sub-total	101	6 961
Kwun Tong	Subvented / Contract RCHEs	13	1 729
	Self-financing RCHEs	2	351
	Private RCHEs	22	2 745
	Subsidised DEs	7	305
	Sub-total	44	5 130
Wong Tai Sin & Sai Kung	Subvented / Contract RCHEs	16	2 440
	Self-financing RCHEs	7	594
	Private RCHEs	23	2 430
	Subsidised DEs	8	322
	Sub-total	54	5 786
Kowloon City & Yau Tsim Mong	Subvented / Contract RCHEs	7	983
	Self-financing RCHEs	5	506
	Private RCHEs	102	8 297
	Subsidised DEs	6	227
	Sub-total	120	10 013
Sham Shui Po	Subvented / Contract RCHEs	10	1 340
	Self-financing RCHEs	2	95
	Private RCHEs	60	4 286
	Subsidised DEs	5	203
	Sub-total	77	5 924

District	Types	Number of RCHEs or DEs	Number of Places or Service Capacity
Sha Tin	Subvented / Contract RCHEs	13	1 762
	Self-financing RCHEs	4	254
	Private RCHEs	20	2 079
	Subsidised DEs	4	176
	Sub-total	41	4 271
Tai Po & North	Subvented / Contract RCHEs	16	2 522
	Self-financing RCHEs	2	252
	Private RCHEs	64	4 942
	Subsidised DEs	2	108
	Sub-total	84	7 824
Yuen Long	Subvented / Contract RCHEs	10	1 239
	Self-financing RCHEs	2	165
	Private RCHEs	44	4 626
	Subsidised DEs	3	110
	Sub-total	59	6 140
Tsuen Wan & Kwai Tsing	Subvented / Contract RCHEs	25	3 555
	Self-financing RCHEs	2	201
	Private RCHEs	67	8 577
	Subsidised DEs	7	213
	Sub-total	101	12 546
Tuen Mun	Subvented / Contract RCHEs	10	1 637
	Self-financing RCHEs	5	478
	Private RCHEs	35	3 486
	Subsidised DEs	3	110
	Sub-total	53	5 711
Total	Subvented / Contract RCHEs	155	21 593
	Self-financing RCHEs	37	3 491
	Private RCHEs	580	51 894
	Subsidised DEs	59	2 314
	Total	**831**	**79 292**

Note: The number of the RCHEs and DEs and their respective places and service capacity may change with time.