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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 28 April 2014**

Provision of cataract surgeries in the Hospital Authority

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the provision of cataract surgeries in the Hospital Authority ("HA").

Background

2. There has been a steady increase in the demand for cataract surgeries in public hospitals. According to the Administration, it is projected that there will be about 25 000 to 30 000 new cataract cases per year in the next few years. HA has implemented a series of measures to address the service demand and reduce the waiting time for patients. These measures include (a) increasing cataract surgeries throughput and facilitating cross-cluster referrals for patients to have surgeries in other hospital clusters with a relatively shorter waiting time; (b) establishing two cataract centres in Grantham Hospital and Tsung Kwan O Hospital in 2009 and 2011 respectively to increase the service capacity; (c) implementing the patient prioritization system for elective operation of cataract surgeries to ensure that urgent conditions requiring early intervention are treated with priority; (d) introducing a public-private partnership ("PPP") programme known as Cataract Surgeries Programme ("CSP") in 2008; and (e) uploading waiting time for cataract surgeries on HA's website since April 2013 to facilitate patients to make informed decisions in treatment choice and plans. In 2013-2014 (up to December 2013), HA provided 21 829 cataract surgeries for patients and the notional waiting time for the surgery was about 14 months. The number of cataract surgeries, the number of patients on the waiting list and their average waiting time by hospital cluster in 2013-2014 is in **Appendix I**.

CSP

3. With additional funding from the Government, HA has been increasing its throughput of cataract surgeries and subsidizing patients to undertake cataract surgeries in the private sector through CSP since February 2008. Patients who were on HA clusters' routine cataract surgery waiting lists on or before July 2012 and are suitable for local anaesthesia surgeries are invited to join the programme to undertake surgeries in the private sector on a voluntary basis. Each participating patients will receive a fixed subsidy of \$5,000 subject to a co-payment of no more than \$8,000 for a service package consisting of a pre-operative assessment, a cataract surgery (including the intraocular lens used) and two post-operative checks. Patients with limited economic means can choose to receive the surgeries without co-payment in public hospitals through additional operating sessions.

4. As at December 2013, a total of 109 private ophthalmologists (i.e. about 85% of the registered private ophthalmologists in Hong Kong) have joined CSP. Of the some 72 700 patients invited in 22 batches, more than 19 100 patients have joined CSP. Amongst them, more than 14 600 patients have received surgeries.

Deliberations of the Panel

5. The Panel held two meetings in 2007 and 2010 to discuss issues relating to cataract surgeries provided by HA. The deliberations and concerns of members are summarized below.

Funding to HA for the provision of cataract surgeries

6. Noting that the prevalence of cataract increased with age and there would be an increasing demand for cataract surgery in the face of an ageing population, members urged the Administration to allocate more resources to HA to address the service demand and reduce the waiting time of patients.

7. Members were advised that the Government had provided an additional funding of \$55 million to HA in 2010-2011 to enhance cataract surgeries for patients. HA would use \$38 million to provide additional 5 480 surgeries in public hospitals. The remaining \$17 million would be used to extend CSP with the target of providing 3 000 additional surgeries through the PPP model. Members held different views on the use of the additional funding. While some considered that all of the funding should be utilized to subsidize patients to undertake cataract surgeries in the private sector, some others were of the view that all of the funding should be utilized to provide additional cataract surgeries in public hospitals so as to clear the backlog of cases on HA's waiting list.

8. According to HA, the above arrangement was aimed at providing an option of private services for patients who could afford the co-payment on the one hand, and on the other hand, enhancing the capability of HA in providing the heavily-subsidized cataract services for needy patients. In a survey conducted by HA, about 98% of participating patients considered that CSP had helped them to receive surgery earlier. HA would take into account the views of patients and private ophthalmologists when mapping out the way forward.

Subsidy provided under CSP

9. Members noted that the average amount of co-payment borne by those patients receiving cataract surgeries in the private sector under CSP was in the range of \$7,000 to \$8,000. Concern was raised about the affordability of those patients who were not on Comprehensive Social Security Assistance. There was a view that a higher subsidy, say, \$8,000, should be provided to patients with financial difficulties, in particular those who were in their old age.

10. HA explained that participating patients who met the eligibility and assessment criteria for a full fee waiver under HA's fee waiver mechanism would not have to co-pay for their cataract surgeries provided by private ophthalmologists. Some private ophthalmologists participating in CSP would conduct surgeries for patients with limited economic means on a charitable basis without requiring them to co-pay. For those patients who chose not to join CSP, they could stay on HA's waiting list to receive the heavily-subsidized cataract services provided by HA. On the whole, all patients of HA could benefit from CSP as the overall waiting time for cataract surgeries would be shortened.

11. Members were concerned about the level of fees charged by participating ophthalmologists. HA advised that the ophthalmologists could charge no more than \$13,000 (i.e. a \$5,000 subsidy and a co-payment of no more than \$8,000) for each cataract surgery. The present arrangement for participating patients to obtain quotations from not more than two participating ophthalmologists would promote market competition which would be conducive to driving down the fees charged. HA would also conduct random surveys to ensure that patients were charged within \$13,000. There was a view that the \$8,000 cap on co-payment would undesirably limit the choice of participating patients to less experienced private ophthalmologists who were more willing to charge each cataract surgery at a level not exceeding \$13,000. HA advised that it would monitor the operation of CSP, with a view to introducing improvements as appropriate.

Service monitoring under CSP

12. Noting that 1.5% of the cataract surgeries completed under CPS were reported with complications, members were concerned about the follow-up treatment for these patients. There was a suggestion that HA should publicize the names of those participating ophthalmologists whose surgeries had resulted in adverse clinical outcomes.

13. According to HA, all participating ophthalmologists were engaged in an electronic patient record system connected to HA for sharing and reporting of patient record. The participating ophthalmologists were required to report the complication of cases through an established mechanism. The complication rate of 1.5% compared favourably with the rate of around 2% as reported in overseas. All cases reported with complication had been followed up by the private ophthalmologists concerned and public hospitals. HA would also consider de-registering those private ophthalmologists whose surgeries had unusual complications, after review by an expert committee.

Recent developments

14. The Government allocated an additional funding of \$69 million to HA in 2011-2012 for subsidizing another 3 000 patients to receive cataract surgeries in the private sector under CSP and providing additional 3 000 cataract surgeries in public hospitals. According to the Administration, the resources provided to HA could enable it to subsidize patients to undertake cataract surgeries in the private sector under CSP up to 2017-2018.

15. The Administration has provided an information paper on provision of cataract surgeries in HA to the Panel in July 2013. According to the Administration, HA will provide an annual throughput of about 25 000 cataract surgeries in public hospitals and implement CSP with the target of providing 7 500 additional cataract surgeries through the private sector. It is estimated that the throughput of cataract surgeries of public hospitals will generally be able to meet the demand arising from new cataract cases in the next few years.

Relevant papers

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

**The number of cataract surgeries provided by the Hospital Authority and
the number of patients and their average waiting time by cluster
in 2013 - 2014 (up to December 2013)**

Cluster	Number of surgeries*	Number of patients on the waiting list	Estimated average waiting time (months)
Hong Kong East	2 926	3 525	10
Hong Kong West	3 198	752	2
Kowloon Central	4 947	10 502	19
Kowloon East	3 400	6 762	18
Kowloon West	1 867	3 673	19
New Territories East	3 314	3 908	12
New Territories West	2 177	4 881	22

* Not include the number of cataract surgeries performed under the cataract surgeries programme.

Source: The Administration's replies to Members' initial written questions in examining the Estimates of Expenditure 2014-2015

**Relevant papers on the provision of cataract surgeries in
the Hospital Authority**

Committee	Date of meeting	Paper
Panel on Health Services	10.12.2007 (Item IV)	Agenda Minutes
Panel on Health Services	14.6.2010 (Item V)	Agenda Minutes CB(2)460/10-11(01)
Panel on Health Services	4.7.2013*	CB(2)1531/12-13(01)
Finance Committee	4.4.2014	Agenda Administration's replies to Members' initial written questions in examining the Estimates of Expenditure 2014-2015 (Reply serial no.: FHB(H)117)

* *Issue date*