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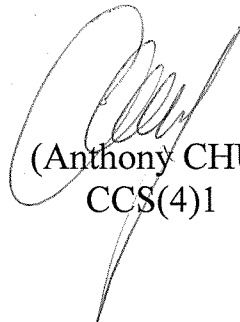
Date : 16 February 2017

Public Accounts Committee

Provision of health services for the elderly

According to the Government Minute in response to the Public Accounts Committee ("PAC") Report No. 65 which was laid in the Legislative Council (LegCo) in May 2016, the Department of Health has implemented several improvement/enhancement measures for the elderly health assessment services (see the **Appendix** attached).

2. As PAC is concerned about the growing demand for health assessments arising from an ageing population and the long waiting time for enrolment to the Elderly Health Centres, PAC has agreed to refer the subject to the Panel on Health for necessary follow-up actions.

(Anthony CHU)
CCS(4)1

<u>Encl</u>

為長者提供的健康服務
落實審計署及政府帳目委員會建議的進展

段落編號	審計署／政府帳目委員會的建議	目前進度
第 2 部分：衛生署的長者健康評估服務		
審計署報告書第 2.18 段	審計署建議衛生署署長應： (a) 審慎檢討長者健康中心的服務能力，以確定能否配合長者人口的增長； (b) 探討可否為有意登記成為長者健康中心會員和接受首次健康評估的長者制訂有關輪候時間的服務表現承諾； (c) 制訂策略方針，並採納審計署的意見(見第 2.6 至 2.17 段)，協助長者健康中心調配資源，以應付不斷增加的健康評估服務需求；及 (d) 定期檢討上文(c)項的策略方針，並監察每間長者健康中心正在輪候登記成為會員和接受首次健康評估的輪候名單。	隨著實施了多項改善措施，首次健康評估的整體輪候時間中位數已由 2015 年 7 月的 17.4 個月下降至 2016 年 2 月的 10.2 個月。 另一隊新增的臨牀小組將於 2016 年 4 月投入服務，預期將可進一步改善輪候時間。 衛生署亦將由 2016 年 4 月起，在長者健康服務的網頁(www.elderly.gov.hk)及長者健康中心公布所有長者健康中心的輪候時間的中位數，以提高透明度，方便長者選擇向輪候時間較短的中心申請成為會員。衛生署會密切監察輪候時間，並待兩隊新增臨牀小組運作檢討完成，探討為首次健康評估制訂有關輪候時間服務表現承諾的可行性。 長者健康評估先導計劃(先導計劃)的檢討及長者醫療券計劃的的全面檢討均正在進行中。在檢討長者健康中心的策略方向及服務能力時，我們會參考以上兩項研究的結果。
政府帳目委員會報告書第 106 頁	政府帳目委員會促請衛生署署長盡快採取措施，以解決登記成為長者健康中心會員以接受首次健康評估的輪候時間甚長的問題，並就輪候時間制訂服務表現承諾及訂定達致該目標的時間表。	請參閱上文回應審計報告第 2.18 段的內容。
	政府帳目委員會建議衛生署署長： (a) 就長者健康中心的運作模式進行全面檢討，以更切合未來	先導計劃及長者醫療券計劃的全面檢討均正在進行中。在檢討長者健

段落編號	審計署／政府帳目委員會的建議	目前進度
	數十年人口老化所帶來的服務需求增長；及 (b) 收集相關統計數字，以確定長者醫療服務的需求，以及在多大程度上已經／將由所推出的各項措施(如長者醫療券計劃及長者健康評估先導計劃)滿足該等需求。	康中心的策略方向及服務能力時，我們會參考以上兩項研究的結果。
審計署報告書第2.32段	審計署建議衞生署署長應： (b) 在檢討長者健康中心的服務能力以確定能否配合長者人口的增長時(見第 2.18(a)段)，考慮"長者健康評估先導計劃"的推行結果。	請參閱上文回應審計報告第 2.18 段的內容。
第 4 部分：衞生署轄下長者醫療券計劃的管理		
審計署報告書第4.37段	審計署建議衞生署署長應： (a) 加快衞生署的例行查核工作，盡量在 15 個月指定周期內檢視從每個已登記醫療服務提供者中選出的申報個案； (b) 避免以標準模式進行例行查核；及 (d) 檢討跟進巡查以遏止錯漏情況的成效，並視乎需要採取更嚴厲的行動，即向已登記醫療服務提供者發出勸諭信或警告信。	衞生署會採取風險管理的方法，修訂巡查策略和監察程序，並預期在 2016 年落實推行相關策略和程序。 由於我們將會持續推行經修訂的監察程序，因此我們提議在下次進展報告中刪除這部分。
審計署報告書第4.40段	審計署建議衞生署署長應計劃再就長者醫療券計劃進行全面檢討。	衞生署現正與香港中文大學賽馬會公共衞生及基層醫療學院合作，全面檢討長者醫療券計劃。我們會因應檢討的結果，考慮適當地進一步優化長者醫療券計劃。由於衞生署已跟進這項建議，我們提議在下次進展報告中刪除這部分。

段落編號	審計署／政府帳目委員會的建議	目前進度
政府帳目委員會報告書第109頁	政府帳目委員會建議衞生署考慮加強"醫健通"系統的功能,令該系統可編製更詳盡的統計數字,從而評估長者醫療券計劃的成效。	衞生署現正與香港中文大學賽馬會公共衞生及基層醫療學院合作,全面檢討長者醫療券計劃。當中,檢討會探討服務提供者就透過長者醫療券計劃的電子系統收集更詳細資料的意見。 由於衞生署已跟進這項建議,我們提議在下次進展報告中刪除這部分。
第 5 部分:醫管局為長者病人提供的專科門診服務		
審計署報告書第5.22段	審計署建議醫管局行政總裁應: (a) 全面檢討各間專科門診診所的預約程序; (b) 根據檢討結果,推行措施以善用最早可供預約的時段為病人安排預約; (c) 採取行動,確保能夠盡早騰出已取消預約的時段,並盡量善加利用;及 (d) 推廣為清理積壓例行類別個案而採用的良好做法,並鼓勵專科門診診所效法。	(a)−(d) 醫管局已完成了專科門診預約安排的全面檢討,並找出了為病人進行預約安排的良好做法,務求能充份使用最早可供預約的時段。醫管局已把這些良好做法納入「專科門診診所運作手冊」中,並於 2016 年 1 月 1 日把手冊分發至各專科門診診所。醫管局會繼續檢視實施這項措施以管理專科門診輪候時間的成效。 醫管局的專科門診電話查詢系統最先在九龍中聯網的伊利沙伯醫院試行,旨在方便病人預先通知專科門診診所他們希望取消預約或更改預約時間的意願。醫管局已於 2015-16 年把系統推展至其他六個聯網中使用。隨着系統在所有聯網全面推行,醫管局能夠盡早騰出已取消預約的時段,並盡量善加利用。 由於這些措施將會持續推行,我們建議從下一份進展報告中刪除這部分。

Provision of Health Services for the Elderly
Progress in implementing the Audit's and PAC's Recommendations

Para. No.	Audit's/PAC's Recommendations	Progress to date
Part 2: Elderly Health Assessment Services of the Department of Health (DH)		
Para. 2.18 of Audit Report	Audit has recommended that the Director of Health should – (a) critically review the Elderly Health Centre (EHC) capacity to ascertain if it has been aligned with the growth of the elderly population; (b) explore the feasibility of setting a performance pledge for the waiting time for the elderly who wish to enrol for EHC membership and first-time health assessment; (c) set strategic directions, taking on board the Audit's observations (see paras. 2.6 to 2.17), to assist the EHCs to allocate their resources to cope with the growing demand for health assessment services; and (d) keep the strategic directions in (c) above under regular review and monitor the waiting list of elderly awaiting membership enrolment and first-time health assessment in each EHC.	With implementation of various improvement measures, the overall median waiting time for first-time health assessments has further decreased from 17.4 months in July 2015 to 10.2 months in February 2016. Further improvements are expected with the establishment of another new clinical team in April 2016. DH will also publish the median waiting times of all EHCs on the Elderly Health Service (EHS) website (www.elderly.gov.hk) and at EHCs starting from April 2016 to increase transparency and facilitate the elderly to choose enrolling at those EHCs with relatively shorter waiting time. DH shall closely monitor the waiting time and explore the feasibility of setting a performance pledge after reviewing the operation of the two new clinical teams. An evaluation of the Elderly Health Assessment Pilot Programme (EHAPP) and a comprehensive review of the Elderly Health Care Voucher Scheme (EHCVS) are both in progress. The strategic directions and service capacity of EHCs will be reviewed taking into account the findings of these studies.

Para. No.	Audit's/PAC's Recommendations	Progress to date
Page 113 of PAC report	PAC urges the Director of Health to expedite measures to resolve the problem of long waiting time for enrolment to EHCs to receive first-time health assessments, and to set a performance target on the waiting time and a timetable in achieving the target.	Please see the responses to para. 2.18 of the Audit Report above.
	PAC recommends the Director of Health to – (a) conduct a comprehensive review on EHCs' mode of operation to better cope with the growth in service demand arising from an ageing population in the coming decades; and (b) collect relevant statistics to ascertain the demands for elderly healthcare services, and the extent of how such demands have been/are to be met by the various initiatives introduced, such as EHCVS and EHAPP.	An evaluation on the EHAPP and a comprehensive review of the EHCVS are both in progress. The strategic directions and service capacity of EHCs will be reviewed taking into account the findings from these studies.
Para. 2.32 of Audit Report	Audit has recommended that the Director of Health should – (b) take into account the result of the implementation of the EHAPP in reviewing the EHC capacity to ascertain if it has been aligned with the growth of the elderly population (see para. 2.18(a)).	Please see the responses to para. 2.18 of the Audit Report above.

Part 4: Administration of DH's Elderly Health Care Voucher Scheme

Para. No.	Audit's/PAC's Recommendations	Progress to date
Para. 4.37 of Audit Report	Audit has recommended that the Director of Health should – (a) expedite the DH's routine checking to cover the examination of selected claims of all enrolled healthcare service providers	Adopting a risk-management approach, DH is finalizing the revised inspection strategy and monitoring protocols which are aimed for implementation

Para. No.	Audit's/PAC's Recommendations	Progress to date
	(EHCPs) over a 15-month cycle as far as possible; (b) avoid adopting a standard pattern of routine checking; and (d) review the effectiveness of conducting follow-up inspections to deter errors/omissions and, where warranted, take escalated action by issuing advisory letters or warning letters to the EHCPs.	in 2016. As the revised protocols will be implemented on an ongoing basis, we recommend deleting this part from the next progress report.
Para. 4.40 of Audit Report	Audit has recommended that the Director of Health should plan for the conduct of another comprehensive review of the EHCVS.	DH is collaborating with the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong to conduct a comprehensive review of the EHCVS. We will make reference to the findings of the evaluation to consider further enhancing the EHCVS as appropriate. As DH has taken forward the recommendation, we suggest deleting this part from the next progress report.
Page 116 of PAC Report	PAC recommends DH to consider making enhancements to the eHealth System so that more detailed statistics could be compiled for assessing the effectiveness of the programme.	DH is collaborating with the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong to conduct a comprehensive review of the EHCVS. The review, inter alia, will explore the views of service providers on the collection of more detailed information through the electronic system of EHCVS. As DH has taken forward the recommendation, we recommend deleting this part from the next progress report.

Para. No.	Audit's/PAC's Recommendations	Progress to date
Part 5: Hospital Authority's Provision of Specialist Out-patient Service to Elderly Patients		
Para. 5.22 of Audit Report	Audit has recommended that the Chief Executive, Hospital Authority (HA) should – (a) conduct a comprehensive review of the appointment scheduling practices of the specialist out-patient clinics (SOPCs); (b) in the light of the results of the review, implement measures to optimise the use of the earliest available appointment slots in scheduling appointments for patients; (c) take action to ensure that the appointment slots from cancelled appointments are timely released and are put to effective use as far as possible; and (d) disseminate the good practices for clearing backlog of Routine cases, and encourage SOPCs to adopt such good practices.	(a) – (d) HA completed the comprehensive review of the appointment scheduling practices of SOPCs and has identified good practices on scheduling appointments for patients in order to optimise the use of the earliest available slots. Such good practices have been incorporated into the SOPC Operation Manual which was issued to all SOPCs on 1 January 2016. HA will continue to monitor the effectiveness of this measure in managing the waiting time of SOPCs. The SOPC Phone Enquiry System, first piloted in the Queen Elizabeth Hospital in Kowloon Central Cluster, aims to facilitate patients to give advance notice to SOPCs of their intention to cancel or reschedule their appointments. HA has extended the system to the other six clusters in 2015-16. With the full implementation of the system in all clusters, cancelled appointments can be put to effective use and the released quotas can be fully utilized. As the above measures have been implemented on an on-going basis, we suggest deleting this part from the next progress report.