

**立法會**  
**Legislative Council**

LC Paper No. CB(2)99/17-18

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of meeting**  
**held on Monday, 17 July 2017, at 4:30 pm**  
**in Conference Room 2 of the Legislative Council Complex**

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)  
Dr Hon Pierre CHAN (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon CHAN Kin-por, GBS, JP  
Hon Paul TSE Wai-chun, JP  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, BBS, JP  
Hon POON Siu-ping, BBS, MH  
Hon CHU Hoi-dick  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun  
Hon Jeremy TAM Man-ho
- Members absent** : Hon WONG Ting-kwong, GBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Dr Hon Junius HO Kwan-yiu, JP  
Hon YUNG Hoi-yan

**Public Officers: Item III  
attending**

Prof Sophia CHAN Siu-chee, JP  
Secretary for Food and Health

Miss Fiona CHAU Suet-mui  
Principal Assistant Secretary for Food and Health (Health)1  
Food and Health Bureau

Mr Kenneth CHAN Siu-yum  
Principal Assistant Secretary for Food and Health (Food)1  
Food and Health Bureau

Dr WONG Ka-hing, JP  
Controller, Centre for Health Protection  
Department of Health

Dr Andrew WONG Tin-yau  
Head, Infection Control Branch  
Department of Health

Dr Anne CHEE  
Senior Medical & Health Officer  
Department of Health

Dr Thomas SIT Hon-chung  
Assistant Director (Inspection & Quarantine)  
Agriculture, Fisheries and Conservation Department

Dr Sarah CHOI Mei-ye, JP  
Assistant Director (Food Surveillance & Control)  
Food and Environmental Hygiene Department

Dr Simon TANG  
Deputizing Director (Quality & Safety)  
Hospital Authority

Dr N C TSANG  
Chief Infection Control Officer  
Hospital Authority

**Item IV**

Mr Howard CHAN Wai-kee, JP  
Permanent Secretary for Food and Health (Health) (Acting)  
Food and Health Bureau

Miss Linda LEUNG  
Principal Assistant Secretary for Food and Health (Health)<sup>2</sup>  
Food and Health Bureau

Dr W L CHEUNG  
Director (Cluster Services)  
Hospital Authority

Ms Ivis CHUNG  
Chief Manager (Allied Health)  
Hospital Authority

Item V

Mr Howard CHAN Wai-kee, JP  
Permanent Secretary for Food and Health (Health) (Acting)  
Food and Health Bureau

Miss Fiona CHAU Suet-mui  
Principal Assistant Secretary for Food and Health (Health)<sup>1</sup>  
Food and Health Bureau

Ms Alice CHEONG Fung-yu  
Principal Executive Officer (Health) (Acting)  
Food and Health Bureau

Dr Wiley LAM Tak-chiu, JP  
Consultant in-charge Dental Service  
Department of Health

Dr Kitty HSE Mei-yin  
Consultant (Paediatric Dentistry)  
Department of Health

Dr Frankie SO Hon-ching  
Senior Dental Officer in-charge (Outreach Dental Care  
Programme)  
Department of Health

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Item II

Ms Ivy CHENG  
Senior Council Researcher 3

All items

Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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Action

**I. Information paper(s) issued since the last meeting**  
[LC Paper Nos. CB(2)1817/16-17(01) and CB(2)1866/16-17(01)]

Members noted that the following papers had been issued since the last meeting:

- (a) Referral memorandum on issues arising from the discussions at the meeting between Legislative Council Members and Wong Tai Sin District Council members on 29 May 2017 regarding the request for provision of 24-hour outpatient service and accident and emergency service in Wong Tai Sin District; and
- (b) Letter dated 10 July 2017 from Hon Mrs Regina IP requesting the Panel to hold a meeting to receive views from members of the public on issues relating to the development of Chinese medicine.

Referring to item (b) above, the Chairman suggested and members agreed that the Panel should receive public views on issues relating to the mode of operation of Chinese medicine hospital at a future meeting after the summer recess.

**II. Matter arising from the meeting on 15 May 2017**  
[FS06/16-17]

2. The Chairman said that further to the Panel's discussion at the regular meeting on 15 May 2017 on the proposal for conducting an overseas duty visit to study rare disease policies as raised by a member at the special

Action

meeting on 11 April 2017, the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat had updated the fact sheet setting out supplementary information on rare disease policies in selected places (FS06/16-17). Given that members might require more time to study the updated fact sheet, the Chairman suggested that the discussion of the proposal be deferred to the next legislative session. Members agreed.

**III. Hong Kong Strategy and Action Plan on Antimicrobial Resistance**  
[Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022), LC Paper Nos. CB(2)1842/16-17(01) and CB(2)1843/16-17(01)]

3. The Chairman, on behalf of the Panel, welcomed Prof Sophia CHAN, in her capacity as the Secretary for Food and Health ("SFH"), to the first Panel meeting held after she assumed office on 1 July 2017. SFH took the opportunity to highlight the foci of her work in future, which included protecting public health and formulating a long-term healthcare policy to ensure the provision of quality services under the dual-track healthcare system. Efforts would continuously be made in the areas of addressing the manpower shortage and long waiting time problems of the public healthcare system; development and promotion of primary care and community care services; health promotion and prevention of communicable and non-communicable diseases; and development of Chinese medicine. The Administration would closely communicate with members on the major health policy matters. She appealed to members' support for the work of the Health Branch under the Food and Health Bureau ("FHB").

4. At the invitation of the Chairman, SFH briefed members on the progress in tackling the threat of antimicrobial resistance ("AMR") since the announcement of the 2016 Policy Address, in particular the launching of the Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) ("the Action Plan"), details of which were set out in the Administration's paper (LC Paper No. CB(2)1842/16-17(01)).

5. Members noted the information note entitled "Hong Kong strategy and action plan on antimicrobial resistance" prepared by the LegCo Secretariat (LC Paper No. CB(2)1843/16-17(01)).

Proper use of antimicrobial in food animals

6. Dr Helena WONG said that the Democratic Party was in support of the Administration's work on regulating the use of antimicrobial agents, including antibiotics. She urged the Administration to expedite the implementation of

Action

the Action Plan. She was particularly concerned about the regulation of antimicrobial use in food animals reared in farms in Hong Kong. Assistant Director (Inspection & Quarantine), Agriculture, Fisheries and Conservation Department advised that at present, the Agriculture, Fisheries and Conservation Department ("AFCD") would, in response to the request of local food animal farmers and where appropriate, issue a written permit to them for the purchase and possession of antimicrobials for the treatment of diseases of their farm animals. The use of antimicrobials in food animals in the future would be subject to veterinary prescription under the "veterinary prescription-only medication supply" policy, which would be implemented through non-legislative means. AFCD would stop issuing the aforesaid permit to food animal farmers since then.

7. Pointing out that live food animals imported from Mainland registered farms and frozen and chilled meat imported from the Mainland accounted for a large proportion of food consumed each year in Hong Kong, Dr Helena WONG called on the Administration to work with the relevant Mainland authorities on the feasibility of requiring such imported food to meet the new requirement to be introduced in Hong Kong as referred to in paragraph 6 above. Assistant Director (Food Surveillance & Control), Food and Environmental Hygiene Department ("AD(FS&C), FEHD") advised that under the law of Hong Kong, food intended for sale should not be unfit for human consumption. Food supplied to the market had to be free of the prohibited chemicals and did not carry residues of the veterinary chemicals exceeding the statutory limits. These requirements applied to food produced from animals that were locally reared and imported from Mainland. It should be noted that the Ministry of Agriculture of the People's Republic of China had formulated a five-year plan on control of AMR in food animals, with strengthening the control and supervision of antimicrobial use in animals and animal husbandry as one of the key missions. The Administration would keep in view of the development and discuss with the relevant Mainland authorities in this regard as and when appropriate.

8. Dr KWOK Ka-ki welcomed the actions proposed in the Action Plan to strengthen the monitoring of antimicrobial use in local food animals. Given that Mainland was a major supplier of live food animals consumed in Hong Kong, he asked whether the Administration would conduct regular and surprise inspections on Mainland registered farms and increase the frequency of taking samples of imported food animals for monitoring and testing the use of prohibited chemicals and agricultural and veterinary chemicals under regulation. AD(FS&C), FEHD advised that from 2012 to 2016, FEHD had collected about 25 000 food samples in its food surveillance programme for antimicrobial testing. All samples were satisfactory except for one sample of local poultry which had antibiotic residues exceeding the statutory limit.

Action

Separately, while FEHD had no authority to conduct surprise inspections to farms outside Hong Kong under the arrangement of the relevant Mainland authorities, FEHD had conducted some 50 inspections each year at the Mainland registered farms supplying meat, poultry and aquatic food animals to Hong Kong in the past three years to ascertain compliance with the relevant requirements of Hong Kong.

Antimicrobial use in humans

9. Dr Pierre CHAN noted that according to the Administration, influenza activity was a strong driver of antibiotic prescription patterns. Pointing out the complexity of clinical decision making concerning antibiotic prescription at the point of care, say, the initial symptoms of some diseases which had to be treated with antibiotics (such as malaria, hepatitis and pneumonia) were flu-like, he said that diagnostic uncertainty might be a reason why doctors prescribed antibiotics. Holding the view that inappropriate use of antimicrobials in Hong Kong was more common in food animal production setting than in primary care setting, he asked under what circumstances the use of antimicrobials in humans and animals would be regarded as misuse or overuse.

10. Controller, Centre for Health Protection, DH ("C/CHP, DH") advised that by making reference to the approach adopted by the World Health Organization ("WHO") and other international agencies, a goal of the Action Plan was to promote appropriate therapeutic use of antimicrobials and discourage misuse and overuse so as to address the problem of AMR. The Antibiotic Stewardship Programme ("ASP"), which had been implemented in all public hospitals for some time, would be extended to the primary care setting. To this end, the Administration was in the process of developing guidelines for common infections in consultation with key stakeholders such that measures could be tailored to their needs. Taking pharyngitis as an example, scoring system of symptoms/signs with or without the use of rapid tests could help a doctor to determine eligibility of antibiotic treatment. SFH pointed out that the Centre for Health Protection, HA and some local universities had developed a reference on antibiotic use for medical practitioners (i.e. Inter-hospital Multi-disciplinary Programme on Antimicrobial Chemotherapy ("IMPACT")) based on local epidemiology and international practice. To enable members to have a better understanding in this regard, the Chairman requested the Administration to provide after the meeting a copy of the latest edition of IMPACT.

Admin

11. Ms Alice MAK held the view that to reduce unnecessary prescriptions of antimicrobials in primary care setting, it was of paramount importance for the Administration to raise the awareness of members of the public on the

Action

importance of proper antibiotics use. The education and publicity materials so produced and distributed should be in different languages to cater for the need of the ethnic minorities and foreign domestic helpers. Taking note of the suggestion, SFH advised that education materials would be developed to facilitate the target population and various quarters of the public to have a better understanding of and proper attitude to AMR.

12. Dr KWOK Ka-ki was wary about the illegal retail sale of antibiotics, which were prescription-only medicines and could only be sold at authorized sellers of poisons ("ASPs") (commonly known as pharmacies or dispensaries) in the presence and under the supervision of registered pharmacists. In his view, it was not uncommon that antibiotics were sold at ASPs without the authority of a prescription and the presence of a registered pharmacist. He asked if the Administration would allocate more resources to strengthen the inspection of ASPs.

13. C/CHP, DH advised that an earlier survey conducted by DH on usage of antibiotics revealed that the majority of respondents obtained antibiotics with a doctor's prescription. DH had conducted regular and unannounced inspections as well as test purchases at ASPs, and would institute prosecutions against offenders upon the advice of Department of Justice. During the period between 2012 and 2016, a total of 6 060 inspections were conducted and there were a total of 15 convicted cases concerning illegal sale of antibiotics. To further strengthen the regulation on over-the-counter purchase of prescription-only antimicrobials, actions proposed under the Action Plan included, among others, conducting special inspection against those identified ASPs that purchased large volumes of antimicrobials to examine the transaction records of antibiotics and to investigate the whereabouts of the antibiotics; and enhancing test-purchasing operations against those large volume purchasers of antibiotics. In response to Mr YIU Si-wing's enquiry about the criteria for instituting prosecutions and whether the trader or the frontline salesperson concerned would bear the criminal liability, C/CHP, DH advised that whether there would be a prosecution and the person to be held liable for the offence would depend on the evidence available and the circumstances of each case.

14. Mr POON Siu-ping noted that an action proposed under the Action Plan for monitoring antimicrobial use in humans was to use electronic health record to capture prescription data from private sector. Given the voluntary nature of the Electronic Health Record Sharing System, he was concerned that the data collected could not throw light on the full picture of the matter. He asked whether the provision of such data from the registered medical and dental practitioners in private practise should be made mandatory. SFH advised that the above apart, the Department of Health ("DH") would obtain data of antimicrobials from licensed wholesale drug traders, which were

Action

required by law to record all transactions of pharmaceutical products, to monitor the trend of antimicrobial utilization.

Infection prevention and control measures in healthcare settings

15. Dr KWOK Ka-ki was concerned that "superbugs" (i.e. microorganisms became resistant to antimicrobials) infections mainly took place in hospitals, in particular those public hospitals with a bed occupancy rate exceeding the ceiling of ward capacity. Pointing out that WHO had recommended that bed-to-bed distance had to be no less than one metre in order to meet the requirement for standard and droplets precautions, he called on the Administration to improve the bed spacing in public hospitals and increase the provision of hospital beds by, say, expanding the Tuen Mun Hospital and maintaining the Queen Elizabeth Hospital's function of providing inpatient care when it was redeveloped. SFH advised that for newly developed and redeveloped public hospitals, HA would ensure that space between beds was in compliance with the prevailing guidelines on infection control. For existing public hospitals, other infection control measures, such as promoting hand hygiene, were being put in place.

Way forward

16. Mr POON Siu-ping asked whether the Administration would allocate additional resources to take forward the actions proposed therein. SFH advised that FHB would strive for new resources as and when necessary for implementing the proposed actions.

17. Mr YIU Si-wing was of the view many of the actions proposed in the Action Plan were mainly targeted at improving surveillance of and education on AMR. He urged the Administration to draw reference to the practices in other places to strengthen deterrence against abusive use of antimicrobials. Noting that the High Level Steering Committee on AMR would conduct mid-term and final reviews on the actions proposed in the Action Plan within a five-year period, he asked about the next step to be taken by the Administration in case the review outcomes were not satisfactory. SFH took note of the suggestion, adding that new actions would be added as needed and existing actions might be modified or removed depending on progress or changes to the development of the problem of AMR.

*[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time.]*

Action

**IV. Enhancement of medical fee waiver system of Hospital Authority**  
[LC Paper Nos. CB(2)1843/16-17(02) and (03)]

18. Permanent Secretary for Food & Health (Health) (Acting) ("PSFH(H)(Atg)") briefed members on the recent enhancements introduced by HA to its medical fee waiver mechanism, details of which were set out in the Administration's paper (LC Paper No. CB(2)1843/16-17(02)).

19. Members noted the background brief entitled "Medical fee waiver system of the Hospital Authority" prepared by the LegCo Secretariat (LC Paper No. CB(2)1843/16-17(03)).

Financial assessment of medical fee waiver

20. Dr Fernando CHEUNG held the view that for patients not on Comprehensive Social Security Assistance ("CSSA"), the household definition under the medical fee waiver mechanism should be confined to cover only the patient's spouse living under the same roof, instead of all core family members, viz. the patient's spouse, children, parents and dependent siblings, living with the patient as was defined under the enhanced mechanism. Expressing a similar view, Dr KWOK Ka-ki was concerned that many needy patients from grass-root households would not be able to meet the financial requirements of medical fee waiver under the existing household definition. He urged HA to review afresh the definition. Mr SHIU Ka-chun expressed appreciation to the efforts made by HA to enhance its medical fee waiver mechanism, in particular the relaxation of the asset limit under which households with elderly family members aged 65 or above would enjoy a higher limit than those without given that most elders had no income and had to depend on personal savings. However, he was of the view that the financial assessment of medical fee waiver should be on an individual rather than a household basis in order to avoid giving rise to family disputes.

21. PSFH(H)(Atg) and Director (Cluster Services), HA ("D(CS), HA") advised that the policy objective of various non-contributory financial assistance funded by general revenue was that members of a family living under the same roof should support each other. At present, the financial assessment of medical fee waiver was on a household basis, taking into account the income and assets of the patient and all core family members living under the same roof with the patient. Other relatives such as brothers, sisters, brothers-in-law or sisters-in-law would be excluded even if they were living under the same roof with the patient. In addition, the level of the household monthly income limit (i.e. 75% of the Median Monthly Domestic Household Income) and asset limit was commensurate with the patient's household size. PSFH(H)(Atg) and Chief Manager (Allied Health), HA

Action

("CM(AH), HA") added that if a patient who failed to meet the financial criteria had difficulty to pay for the medical fees due to family problems, the Medical Social Workers ("MSWs") stationed at public hospitals might, where appropriate, exercise discretion to grant a waiver on a case-by-case basis.

22. Dr Fernando CHEUNG called on the Administration and HA to exclude benefits withdrawn from the Mandatory Provident Fund or other occupational retirement schemes from household asset calculation under the medical fee waiver mechanism. D(CS), HA advised that HA could consider the suggestion during the next review, which would be conducted in tandem with the biennial review exercise on fees and charges for public healthcare services in HA, if there was such a call from the community.

Statistics on patients granted with a waiver

23. In response to Mr POON Siu-ping's question about the reason why there was a decrease in the number of the approved waiver applications for non-CSSA recipients from 28 054 in 2012-2013 to 22 774 in 2016-2017, CM(AH), HA explained that the decrease was attributable to the increasing number of cases being granted with a waiver with a validity period of six or 12 months. Hence, patients fulfilling the financial criteria with stable financial status were not required to put up repeated application. It should be noted that the total amount waived for waiver cases approved had remained steady during the corresponding period. Dr Fernando CHEUNG requested HA to provide in writing information on the annual number of applicants, who were non-CSSA recipients, being granted a medical fee waiver from 2012-2013 to 2016-2017. CM(AH), HA agreed.

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24. Mr POON Siu-ping sought information about the number of rejected waiver applications from non-CSSA recipients. CM(AH), HA advised that HA did not keep such statistics. She explained that non-CSSA patients who could not afford the medical fees and charges could seek financial assistance from MSWs stationed in the public hospitals and clinics. If a patient failed to meet the financial criteria of medical fee waiver was in the face of special difficulties, MSWs might exercise their discretion to grant a one-off waiver to the patient on a case-by-case basis. There were also cases whereby the patients concerned did not proceed with the application after learning that they did not meet the financial criteria.

Extending the waiver to older OALA recipients with more financial needs

25. Noting that medical fee waiver would be extended to cover, among others, singleton recipients of Old Age Living Allowance ("OALA") aged 75 or above with assets not exceeding \$144,000, Mr SHIU Ka-chun expressed

Action

concern about why the asset limit was set lower than the level of allowance added to the asset limit for each elderly member under the medical fee waiver mechanism (i.e. \$168,000). PSFH(H)(Atg) took note of the view, adding that FHB had made reference to the prevailing income and asset limits for OALA and the relevant views of the Labour and Welfare Bureau and Social Welfare Department ("SWD") in mapping out the medical fee waiver for older OALA recipients with more financial needs. He stressed that needy elderly patients who could not benefit from the above arrangement could still apply for medical fee waiving which would be assessed on a case-by-case basis.

26. Mr CHAN Chi-chuen noted that eligible elderly patients had to present the Certificate of OALA Recipients (for Medical Waivers) ("the Certificate") issued by SWD each time they registered for consultation at public hospitals or clinics in order to have their standard fees and charges for public healthcare services being waived. He asked whether HA could check against the relevant database of SWD to ascertain if a patient was eligible for the waiver in case the patient concerned was unable to present the Certificate on the spot. D(CS), HA replied that the recipients could indicate their eligibility to the HA staff upon registration. The HA staff would check their eligibility against the database of SWD and waive their medical fees upon confirmation. Mr CHAN Chi-chuen called on HA to ensure that eligible OALA recipients were well aware of the arrangement.

27. Mr POON Siu-ping asked whether the Administration had estimated the number of additional elders that could benefit from medical fee waiver if the waiver was further extended to cover OALA recipients aged 65 or above. Raising a similar enquiry, Dr Helena WONG sought information about the financial implication in this regard. Pointing out that many elders would no longer earn income after retiring at 60 years old, she said that the Democratic Party was in support of further extending the medical fee waiver to cover OALA recipients aged 65 or above, which was already means-tested. In the meantime, HA should step up publicity to ensure that elders who had difficulty to pay for the medical fees were aware of the medical fee waiver mechanism. The Chairman requested HA to provide in writing information on the annual number of approved medical fee waiver applications for non-CSSA recipients aged 65 to 75 from 2012-2013 to 2016-2017. PSFH(H)(Atg) undertook to check if the above requisite information was available. CM(AH), HA advised that information on the medical fee waiver mechanism would be distributed in public hospitals, public clinics and elderly centres and through patient groups.

Admin

28. Dr Fernando CHEUNG noted that the implementation of the enhanced medical fee waiver mechanism was to support the latest revision of HA's fees and charges with effect from 18 June 2017. He pointed out that the fact that

Action

the increase in the charges of accident and emergency ("A&E") services had not lowered the demand in this regard had revealed that patients seeking A&E services were of genuine medical needs. D(CS), HA advised that the effectiveness of the revision of the A&E charge in encouraging more appropriate use of the A&E services had to be reviewed after the end of the 2017 summer influenza season.

**V. Provision of public dental care services**

[LC Paper Nos. CB(2)1843/16-17(04) and (05)]

29. Members noted the paper entitled "Provision of public dental care services" provided by the Administration (LC Paper No. CB(2)1843/16-17(04)) and the background brief entitled "Dental care policy and services" prepared by the LegCo Secretariat (LC Paper No. CB(2)1843/16-17(05)).

Dental care policy

30. Dr KWOK Ka-ki noted with concern that according to Chapter 7 of the Report No. 68 of the Director of Audit, the disc quota of the 11 government dental clinics with General Public Sessions ("GP Sessions") was not always fully utilized. This apart, he observed that many low-income elders not on CSSA or the Elderly Health Care Voucher ("EHV") Scheme, as well as persons with disabilities had difficulties in accessing curative dental care services. He called on the Administration to formulate a long-term policy on the provision of dental care services for elderly persons and persons with disabilities.

31. PSFH(H)(Atg) advised that the Administration's policy on dental care sought to raise public awareness of oral hygiene and encourage proper oral health habits through promotion and education. In this regard, programmes were introduced to promote oral health amongst children in kindergartens, nurseries and primary schools. In addition, free emergency dental services for the general public were provided at 11 government dental clinics through the GP Sessions. To enhance the dental care support for low-income elders with special needs, the Administration had launched a series of initiatives, such as the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme. The Administration had also implemented a Pilot Project on Dental Service for Patients with Intellectual Disability ("the Pilot Project") starting from August 2013 to provide subsidized dental care services for adult patients with intellectual disability and financial difficulties.

Action

32. Consultant in-charge Dental Service, DH ("CIC/DS, DH") supplemented that among the 11 government dental clinics which provided GP Sessions, there were three dental clinics with relatively high rates of unutilized disc quota in 2015-2016, namely Tai O Dental Clinic, Cheung Chau Dental Clinic and Kennedy Town Community Complex Dental Clinic which had an unutilized rate of 74.7%, 50.0% and 25.2% respectively. To enhance the utilization rate, DH had stepped up promotion of the service of the GP Session at the Kennedy Town Community Complex Dental Clinic, including handing out clinic's information leaflets to encourage members of the public who were unable to obtain disc quota from other clinics to visit that clinic. With the said promotional effort and the commencement of Mass Transit Railway service in Kennedy Town, the percentage of unutilized disc quota had dropped to 13.94% in 2016-2017. It was anticipated that the percentage would continue to decrease. However, it was quite difficult to attract cross-district patients to visit the Tai O Dental Clinic and Cheung Chau Dental Clinic given their remote locations. DH would keep in view of the utilization of the disc quota for the GP Sessions.

33. The Chairman asked whether consideration could be given to making use of public-private partnership to address the dental care needs of low-income elders and persons with disabilities. PSFH(H)(Atg) agreed to consider the feasibility of the suggestion.

Dental service and oral health promotion for students

34. Holding the view that the annual dental check-up service under the School Dental Care Service ("SDCS") could help enhance the oral health of primary school students as well as students with intellectual disability and/or physical disabilities under the age of 18, Dr Helena WONG asked whether consideration could be given to expanding the scope of SDCS to cover all secondary students under the age of 18. She also expressed concern that the proportion of Primary Six students not attending scheduled appointments for SDCS was found to be higher than the other grades of primary students.

35. Consultant (Paediatric Dentistry), DH advised that the Oral Health Education Unit of DH had launched a school-based programme for secondary schools to encourage secondary students to continue to take care of their oral health. As regards the arrangement for annual dental check-up under SDCS, participating Primary One to Primary Five students would be arranged to visit the designated clinics in groups during school hours with the provision of transport services. For Primary Six students, they would be arranged to visit the clinics outside their school hours which would provide greater flexibility. To encourage them to attend their appointments as scheduled, DH would encourage participating students and their parents to sign up for the online

Action

services of SDCS to receive automatically generated electronic reminders regarding their appointments. This apart, DH was exploring with the participating schools as to whether the existing arrangement for Primary One to Primary Five students should be adopted for Primary Six students.

Dental care needs of elders

36. Dr Fernando CHEUNG expressed concern that the services provided by the 11 government dental clinics with GP Sessions, which only covered emergency dental services and had limited number of disc quota, were far from adequate to meet the dental care needs of elders. The number of elders that could benefit from the various dental care support initiatives launched by the Administration in recent years was also limited. Mr SHIU Ka-chun considered that the inadequacies in the provision of public dental services ran counter to the Administration's policy objective of "ageing in place".

37. PSFH(H)(Atg) advised that the Administration would need to ensure that the finite public resources would be utilized to best serve the dental care needs of members of the public. Dr KWOK Ka-ki considered that the Administration should allow elders in need of emergency dental services to make appointment for the GP Sessions so as to obviate their need to queue up at the clinics concerned in early mornings for obtaining a disc. CIC/DS, DH explained that to do so would reduce the number of discs available for distribution at the clinics concerned.

38. The Chairman called on the Administration to consider providing dental care vouchers for eligible elders to receive dental care services in the private sector. While welcoming the measure of lowering the eligible age for the EHV Scheme from 70 to 65 since 1 July 2017, Dr Helena WONG held the view that the annual voucher amount of \$2,000 was inadequate for an eligible elder to cover the dental and various healthcare expenses. She suggested that the Administration should provide separate dental care vouchers or increase the annual value of EHV to \$4,000 to better address the dental care needs of eligible elders. Mr CHAN Chi-chuen said that elderly dental problem might give rise to other health problems. To his understanding, many elders would, however, save the vouchers for the management of acute episodic health condition instead of dental problems. He strongly urged the Administration to provide separate dental care vouchers for elders which had been repeatedly called for by Members.

39. PSFH(H)(Atg) advised that the suggestion of providing separate dental care vouchers for elders might entail significant financial implications. The current arrangement of the EHV Scheme would provide flexibility for elders on the use of the vouchers that best met their healthcare needs. Efforts had

Action

Admin

been and would continuously be made to enhance the support for low-income elders with special needs to receive dental care services. At the request of Mr CHAN Chi-chuen, PSFH(H)(Atg) undertook to provide after the meeting the number and percentage of eligible elders who had made use of the vouchers to seek private dental services in the past five years, if available.

Special dental care needs of persons with disabilities

40. Dr KWOK Ka-ki considered that the Hong Kong Children Hospital should be equipped to support the provision of long-term special dental care services to meet the service demand of persons with disabilities, such as the availability of special anesthetic procedures. Dr Fernando CHEUNG declared that his daughter was a mentally handicapped person. He said that many persons with intellectual disability had difficulties in receiving dental treatment as they might become very anxious when sitting on a dental chair and failed to cooperate with the dentists. Expressing appreciation that the Administration was now actively working out the arrangements for expanding the subsidized dental care services provided under the Pilot Project including implementation of relevant training programmes, he sought information about the timetable in this regard. In his view, a specialty of special care dentistry which specialized in the management of dental care for patients with special needs should be established in Hong Kong.

41. PSFH(H)(Atg) advised that while the establishment of a new specialty of special care dentistry would take time, the Administration had been in discussion with the Faculty of Dentistry of The University of Hong Kong and the Prince Philip Dental Hospital on the provision of training for those dental professionals who were interested in providing dental care services for patients with special needs in order to meet the on-going service needs in this regard. The plan of the Administration was to brief the Panel on the relevant arrangements in the 2017-2018 legislative session.

Review of oral health goal

42. Noting that WHO had promoted the goal of 80/20 (i.e. everyone having 20 teeth at the age of 80), Mr SHIU Ka-chun asked if the Administration would make efforts in achieving the same goal. PSFH(H)(Atg) advised that based on the recommendations of the Director of Audit, the Administration would review and formulate appropriate oral health goals for the population of Hong Kong, after having taken into account the overseas' practice and the local situation in this regard as well as outcome of the Oral Health Surveys which were conducted every 10 years. CIC/DS, DH added that to take this forward, DH would set up an expert group comprising academics and experts of the specialty of dental public health as well as representative(s) from other

Action

relevant fields as appropriate. Separately, consideration would be given to including the age group of 80-year old elders in the next Oral Health Survey to be conducted in 2021. The Chairman requested the Administration to revert to the Panel on the outcome of the review to be conducted by the expert group when available.

**VI. Any other business**

43. This being the last meeting of the Panel in the current legislative session, the Chairman thanked Panel members for their contribution and support to the work of the Panel.

44. There being no other business, the meeting ended at 6:41 pm.

Council Business Division 2  
Legislative Council Secretariat  
20 October 2017