

立法會 *Legislative Council*

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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 17 July 2017

Dental care policy and services

Purpose

This paper gives an account of the Administration's policy on dental care and the past discussions on dental care services for the elderly and people with disabilities by the Panel on Health Services ("the Panel") and the Joint Subcommittee on Long-term Care Policy ("the Joint Subcommittee") appointed by the Panel and the Panel on Welfare Services.

Background

Dental care policy and public dental services

2. At present, the Administration's policy on dental care is to seek to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education. In line with this policy, the Oral Health Education Unit ("OHEU") of the Department of Health ("DH") implements various oral health promotion programmes targeted at different age groups and disseminating oral health information through different channels. In addition, DH provides free emergency dental services (i.e. treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and teeth extraction) for the public at 11 government dental clinics through the general public sessions ("GP sessions"), with the maximum number of discs allocated per service session of the individual dental clinics concerned ranging from 32 to 84¹. In the 2016-2017 financial year (up to 31 January 2017), the total number

¹ The morning service session of GP sessions is from 9:00 am to 1:00 pm, whereas the afternoon service session is from 2:00 pm to 5:00 pm. In the 2016-2017 financial year (up to 31 January 2017), there were a total of 554 service sessions in the GP sessions and 33 560 discs available.

of attendances for the GP sessions was 30 413, among which 17 195 (i.e. 56.5%) were persons aged 61 or above. DH also provides specialist and emergency dental services for referred hospital patients and patients with special oral healthcare needs (such as persons with intellectual disability) through its Oral Maxillofacial Surgery and Dental Units in seven public hospitals. The attendances of hospital patients and the number of patients with special oral healthcare needs in these Units were 58 000 and 11 400 respectively in 2016. Separately, these patients as well as patients with dental emergency needs can, by internal referral, receive oral maxillofacial surgery and specialist dental treatments from dentists employed by the Hospital Authority ("HA") in four public hospitals.

3. DH conducted its first territory-wide oral health survey in 2001 to collect information on the oral health condition and oral health related behaviours of people in Hong Kong. Another oral health survey was conducted in 2011. The survey was conducted in line with the survey methodology of the World Health Organization ("WHO") and five index ages and age groups were selected, i.e. 5-year old children, 12-year old students, 35 to 44-year old adults, 65 to 74-year old institutionalized older persons, and users aged 65 and above of the Social Welfare Department ("SWD") long-term care services. The Oral Health Survey Report 2011 was released in December 2013.²

Measures to address the dental care needs of the under-privileged

Recipients of Comprehensive Social Security Assistance

4. General dental care services, such as scaling and polishing and fillings, are mainly provided by the private sector and non-governmental organizations ("NGOs").³ Under the Comprehensive Social Security Assistance ("CSSA") Scheme, recipients aged 60 or above, disabled persons and persons medically certified to be in ill-health are eligible for the dental grants to cover the actual expenses or the ceiling amount of dental treatments (including dentures, crowns, bridges, scaling and polishing, fillings, root canal treatment and extraction), whichever is the less. In 2016-2017 (up to end-December 2016), a total of 9 916 claims were approved, and the average claimed amount was \$5,854 each time.

The elderly

5. Under the Elderly Health Care Voucher Pilot Scheme launched in 2009, all elders aged 70 or above can make use of the elderly health care vouchers

² The Oral Health Survey Report 2011 can be accessed at the website of OHEU of DH ([http://www.toothclub.gov.hk/en/en_pdf/Oral_Health_Survey_2011/Oral_Health_Survey_2011_WCAG_20141112_\(EN_Full\).pdf](http://www.toothclub.gov.hk/en/en_pdf/Oral_Health_Survey_2011/Oral_Health_Survey_2011_WCAG_20141112_(EN_Full).pdf)).

³ As at end-2016, there were 2 441 registered dentists in Hong Kong, of which 74% were in private practice. The ratio of dentist to population was 1:3 021.

("EHVs") to access, among others, dental services in private dental clinics and dental clinics run by NGOs. In 2014, the Pilot Scheme was converted into a recurrent programme, and the annual EHV amount has been increased from \$1,000 to \$2,000 and the financial ceiling on unspent EHV value for each user has been adjusted from \$3,000 to \$4,000. With effect from 1 July 2017, the eligibility age for the EHV Scheme is lowered from 70 to 65 years of age or above.

6. The Community Care Fund ("CCF") under the Commission on Poverty ("CoP") has rolled out the Elderly Dental Assistance Programme ("the EDA Programme") in September 2012 to subsidize needy non-CSSA recipients aged 60 or above, who are users of the home care service or home help service schemes subvented by SWD to receive dentures and other necessary dental services (including scaling and polishing, filings, tooth extractions and x-ray examinations). The EDA Programme, administered by the Hong Kong Dental Association ("HKDA"), has been expanded since September 2015 to cover Old Age Living Allowance ("OALA") recipients, starting with those aged 80 or above in the first phase. The age requirement has been lowered to those OALA recipients aged 75 or above in October 2016. As of February 2017, around 13 500 elders have completed the necessary dental services (including around 12 500 denture cases) and around 7 500 elders are receiving dental treatments at different stages.

7. Apart from the above, the Administration implemented in April 2011 a three-year pilot project to provide free outreach primary dental care (including dental check-up, polishing, pain relief and other emergency dental treatments) and oral health services for elders in residential care homes ("RCHes") or day care centres ("DEs") through outreach dental teams set up by NGOs with government subsidies. The pilot project was converted into a regular programme, named Outreach Dental Care Programme for the Elderly ("ODCP"), in October 2014 with an expanded scope of treatments to cover filings, tooth extractions, dentures, etc. and an expanded coverage to elders in similar facilities. Between October 2014 and March 2017, about 68 300 elders (involving about 115 700 attendances) received dental services under ODCP. At present, a total of 22 outreach dental teams from 11 NGOs have been set up.

People with disabilities

8. The Administration launched in August 2013 a four-year Pilot Project on Dental Services for Persons with Intellectual Disability ("the Pilot Project"),⁴ under which dental services supplemented with special support measures such as special anesthetic procedures and behavior management are provided for persons aged 18 or above with mild/moderate/severe level of intellectual

⁴ The Pilot Project was commissioned by FHB, organized by HKDA and the Hong Kong Special Care Dentistry Association, and operated by the Hong Kong Special Care Dentistry Association, the Loving Smiles Foundation Limited and the Evangel Hospital.

disability, who are receiving CSSA or Disability Allowance from SWD; or medical fee waiver issued by HA. The Pilot Project has benefited more than 1 800 eligible adult people with intellectual disability.

9. To step up the support measures for students with intellectual disability and/or physical disability, starting from the 2013-2014 school year, the School Dental Care Service has been expanded to cover students studying in special schools until they reach the age of 18.⁵ The Administration has also conducted "Dandelion Oral Care Action" programme in a train-the-trainer approach in the participating special schools since 2005 with a view to enabling children with intellectual disability to brush and floss their own teeth competently and independently after they leave school.

Members' deliberations

10. The Panel discussed issues relating to the dental care policy and services at a number of meetings from 2011 to 2013. It also discussed the ways to meet the projected demand for, among others, dentists in the context of discussing the findings of the strategic review on healthcare manpower planning and professional development ("the Strategic Review") in June 2017. Separately, the Joint Subcommittee discussed and received views from deputations on dental care for the elderly and people with disabilities in April 2017. The deliberations and concerns of members are summarized below.

Dental care policy

11. Members expressed concern that the current dental care policy only focused on the promotion and education of oral health as well as the provision of emergency dental services for the public with far more weight given to those provided for civil service eligible persons. They urged the Administration to conduct a review of the policy and provide comprehensive dental care services to the public. The Administration explained that as the employer of civil servants, it had a contractual obligation to provide civil service medical and dental benefits. It would be difficult for the Administration to provide public dental care services for the whole population given the significant amount of resources required.

12. Members expressed a strong view that the existing scope of public dental care service, which was confined to emergency dental treatment, was far from adequate to meet the dental care needs of the elderly and people with disabilities. They questioned whether the limited scope of service was due to the lack of adequate manpower in the dental profession or the substantial resources required

⁵ The School Dental Care Service, which is administered by DH, provides all primary school children with dental services at the DH's school dental clinics with an aim to promote good oral hygiene and prevent common dental diseases.

for providing other dental treatments. To address the dental care needs of the public in particular the elderly and people with disabilities, some members suggested setting up government dental clinics and piloting mobile dental clinics in each of the 18 districts; increasing the number of disc allocated per GP session at the government dental clinics and expanding their scope of services to cover free annual dental check-up for the elderly and people with disabilities and other curative treatments; purchasing dental services from the private sector with co-payment features; and providing outreach dental services for needy singleton elders not on CSSA and elders waitlisting for subsidized RCHE places. In the longer term, the Administration should provide primary dental care services for all elders and persons with special dental care needs.

13. The Administration advised that a risk-based approach was currently adopted for the provision of public dental services, and priority was accorded to needy elders who had physical or economic difficulties in receiving dental care. It was also in discussion with various parties on the setting up of a training centre for providing specialty training of dentists at the Prince Philip Dental Hospital to provide dental care for people with disabilities. While agreeing to consider the various suggestions, the Administration explained that manpower was an issue of concern when determining the scope of dental services to be provided for the public. Based on the preliminary findings of the Strategic Review which covered, among others, the dental profession, the Administration had already increased the number of publicly-funded degree places in dentistry from 53 to 73 in the 2016-2017 to 2018-2019 triennium. Separately, the Dental Council of Hong Kong had increased the frequency of the licensing examinations for non-locally trained dentists from once to twice a year starting from 2015. Members were advised in June 2017 that the findings of the Strategic Review revealed that there would be manpower shortage of dentists in the short to medium term. The Administration should consider increasing the number of public-funded training places as appropriate, as well as putting in place a limited registration mechanism for the dentist profession so as to supplement the local manpower in the short term when necessary.

14. Some members urged the Administration to make better efforts in achieving the goal of 80/20 (i.e. everyone having 20 teeth at the age of 80) promoted by WHO since 1982. The Administration advised that efforts would be made in promoting preventive dental care at the early stage, such as the pre-school children and adults, to accomplish the goal of 80/20.

The EHV Scheme

15. Holding the view that the annual value of EHV of \$2,000 was inadequate to cover both the medical and dental expenses, some members had time and again called on the Administration to provide separate dental care vouchers for the eligible elders. There was a suggestion that elderly couples who were eligible for EHV should be allowed to share the amount of EHV in their voucher

accounts. The Administration considered the suggestion of providing separate dental care vouchers more restrictive than the current arrangement which allowed eligible elders to flexibly use EHV to pay for private primary care services (including dental and other services) that best suited their needs. For more costly dental treatments such as fillings and dentures, the expanded EDA Programme was expected to be able to take care of the needs of those needy elders in this regard. That said, the Administration would further enhance the EHV Scheme having regard to the experience gained and views from members and the community.

The EDA Programme

16. Members noted that as at December 2013, about 300 private dentists and dental clinics operated by NGOs joined the EDA Programme under which 570 elders had received treatment or had their dental appointment scheduled. They expressed concern about the low enrollment rate of private dentists and dental clinics, the low take-up rate by the eligible elders, and high administrative cost which accounted for about 70% of the total expenditure incurred for the Programme.

17. According to the Administration, feedback from the participating NGOs suggested that the relatively low take-up rate was due to the reluctance and unwillingness of the eligible elders to accept dental treatment and the fact that some of them had already had their own dentures. As a measure to boost the participation rate, the payment terms applying to NGOs for the provision of referral and accompanying services under the EDA Programme had been modified to provide more incentives for the frontline staff of NGOs to encourage the elders to come forward for dental services. In addition, CoP had endorsed the proposal made by HKDA to revise the dental fees of the EDA Programme with effect from 21 October 2013 with an aim to attract more dentists to join the Programme. The CCF Task Force had also been working closely with HKDA to recruit more dentists to join the EDA Programme.

The Pilot Project

18. Members considered that the Pilot Project, which would end in August 2017, was effective in addressing the special dental care needs of people with intellectual disability. They urged the Administration to regularize the Pilot Project. The Administration advised in April 2017 that it would continue to subsidize the participating organizations under the Pilot Project to provide relevant dental services in the coming year for people with intellectual disability who were already on the waiting list. In the meantime, the Administration was following up on how the provision of appropriate dental care service for adult patients with intellectual disability after completion of the Pilot Project should be continued.

Recent development

19. The Audit Commission has recently conducted a review of the provision of public dental services. The findings and recommendations are set out in Chapter 7 of the Report No. 68 of the Director of Audit which was tabled at the Legislative Council meeting of 26 April 2017. The Public Accounts Committee ("PAC") has requested the Administration to provide information on the above subject. The Administration's consolidated reply to PAC is set out in Appendix 26 to the PAC Report No. 68 which was tabled at the Legislative Council meeting of 12 July 2017.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
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Relevant papers on dental care policy and services

Committee	Date of meeting	Paper
Panel on Health Services	10.1.2011 (Item IV)	Agenda Minutes CB(2)1185/11-12(01)
	20.10.2011 (Item I)	Agenda Minutes
	21.1.2013 (Item IV)	Agenda Minutes CB(2)891/12-13(01)
	17.6.2013 (Item IV)	Agenda Minutes
	16.12.2013 (Item IV)	Agenda Minutes
	20.1.2014 (Item III)	Agenda Minutes
	19.1.2015 (Item III)	Agenda Minutes
	18.1.2016 (Item IV)	Agenda Minutes
	26.1.2017 (Item I)	Agenda Minutes
	19.6.2017 (Item IV)	Agenda
Joint Subcommittee on Long-term Care Policy	19.4.2017 (Item I)	Agenda

* Issue date