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Panel on Welfare Services and Panel on Health Services

Joint Subcommittee on Long-term Care Policy

**Updated background brief prepared by the Legislative Council Secretariat
for the meeting on 19 April 2017**

**Dental care policy and services
for the elderly and persons with disabilities**

Purpose

This paper gives an account of the Administration's policy on dental care and the past discussions at the Council and its relevant committees on dental care services for the elderly and persons with disabilities.

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. The Oral Health Education Unit of the Department of Health ("DH") is responsible for implementing various oral health promotion programmes targeted at different age groups and disseminating oral health information through different channels.

3. In line with the above policy, the Administration's dental services focus on emergency dental treatment. DH currently provides specialist and emergency dental services for referred hospital inpatients and patients with special oral healthcare needs (such as mentally handicapped persons) in the Oral Maxillofacial Surgery and Dental Units of seven public

hospitals. It also provides free emergency dental services (i.e. pain relief and tooth extraction) for the public through the general public sessions ("the GP sessions") at 11 government dental clinics. In 2015-2016 (up to January 2016), the total number of attendance for the GP sessions was 29 704, among which 16 873 (i.e. 56.8%) were persons aged 61 or above.

Measures to assist the elderly and persons with disabilities in receiving dental care services provided by private sector and non-governmental organizations

4. General dental care services, such as scaling, polishing and fillings, are mainly provided by the private sector and non-governmental organizations ("NGOs"). As at December 2015, there were 2 171 registered dentists in Hong Kong under the Dentists Registration Ordinance (Cap. 156). The ratio of resident dentist to population was 1:3 374.

5. 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 the dental treatment items (including dentures, crowns, bridges, scaling, fillings, root canal treatment and tooth extraction), whichever is the less. In 2015-2016 (up to end-December 2015), a total of 6 615 claims were approved, and the average claimed amount was \$6,235.

6. The Administration has introduced three initiatives in recent years to strengthen the dental services provided for the elderly. Under the Elderly Health Care Voucher Pilot Scheme launched since 2009, all elderly persons aged 70 or above can make use of health care vouchers ("EHVs") to access, among others, dental services in private dental clinics and dental clinics run by NGOs. Given its increasing popularity, the aforesaid Pilot Scheme has been converted into a recurrent support programme ("the Voucher Scheme") and the annual EHV value has been further increased from \$1,000 to \$2,000 since 2014. In his 2017 Policy Address, the Chief Executive announced that the Administration proposed to lower the eligibility age for the Voucher Scheme from 70 to 65 to benefit more elderly persons.

7. The Community Care Fund ("CCF") launched the Elderly Dental Assistance Programme ("the EDA Programme") in September 2012 to provide free dentures and related dental services for low-income elderly persons who are users of the home care service or home help service

schemes subvented by the Social Welfare Department ("SWD"). Since September 2015, CCF has expanded the EDA Programme ("the EDA Expanded Programme") to cover elderly persons who are Old Age Living Allowance ("OALA") recipients by phase, starting with those aged 80 or above in the first phase involving some 130 000 elderly persons. In October 2016, CCF has launched the second phase of the EDA Expanded Programme to cover OALA recipients aged 75 or above.

8. Apart from the above, the Administration has implemented since 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 elderly persons 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 namely, 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 the expanded pool of beneficiaries to cover elderly persons in similar facilities.

9. Separately, to address the special dental care needs of persons with intellectual disabilities, the Food and Health Bureau has launched in August 2013 a four-year Pilot Project on Dental Services for Persons with Intellectual Disability ("the Pilot Project") to provide dental services for persons aged 18 or above with mild/moderate/severe level of intellectual disabilities, who are receiving CSSA or Disability Allowance from SWD; or medical fees waiver issued by the Hospital Authority ("HA").¹

Members' deliberations

Inadequacies in public dental services and shortage of dentists

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

¹ The Pilot Project on Dental Services for Persons with Intellectual Disability was commissioned by the Food and Health Bureau, organized by the Hong Kong Dental Association 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.

for providing other dental treatments. Some other Members considered that in the longer term, the Administration should provide primary dental care services for all elderly persons. At its meeting of 11 December 2013, the Council passed a motion ("the Carried Motion in 2013") urging the Administration to, among other things, review and enhance the quality and quantity of the existing public dental services, increase the number of service sessions and quotas in government dental clinics, introduce comprehensive dental services (including scaling, filling and crowning) and achieve the establishment of government dental clinics in each of the 18 districts of Hong Kong in the long run as well as introduce an "elderly dental care service" by making reference to the School Dental Care Service to provide elderly persons with dental examination and scaling services once a year. The request for introduction of an "elderly dental care services" was reiterated in a Member's motion passed at the Council meeting of 29 March 2017 ("the Carried Motion in 2017").

11. The Administration advised that a risk-based approach was currently adopted for the provision of public dental services, and priority was accorded to needy elderly persons. 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. As at December 2013, about 260 out of the 2100-odd registered dentists were working in the public sector viz. DH and HA. In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, the Administration was conducting a strategic review of healthcare manpower planning and professional development in Hong Kong ("the Review"). The Review, which was expected to be completed in mid-2016, aimed to make recommendations that would better enable society to meet the projected demand for healthcare professionals, including dentists, as well as to foster professional development. Based on the preliminary findings of the Review, the Administration had increased the number of University Grants Committee-funded degree places in dentistry from 53 to 73 in the 2016-2017 to 2018-2019 triennium.

12. Some Members urged the Administration to consider providing dental services during night time at the 11 government dental clinics. These Members also suggested that the Administration should consider converting elderly health centres in the 18 districts to dental clinics during night time and seek private dentists' help in providing dental services for the needy elderly at concessionary fee at these centres. Some other Members considered that public dental services and dental care service

programmes which suited the special needs of elderly persons and persons with intellectual disabilities should also be provided. The Administration advised that it would look into the suggestions of providing dental services at elderly health centres and government dental clinics outside normal opening hours.

13. The Administration was urged in the Carried Motion in 2013 to, among other things, study the provision of mobile dental services for elderly persons living in remote districts. The Administration advised that the concept of mobile dental clinic was to provide dental service for people with limited access to such services (e.g. those living in remote and rural areas) by means of well-equipped vehicles (e.g. trailers). In the context of Hong Kong, public transportation was relatively more convenient and dental clinics were easily accessible. In addition, the scope of the services that could be provided in mobile dental clinics was limited. The Administration considered the outreach dental services provided under ODCP (which were mentioned in paragraph 8 above) more effective in addressing the dental care needs of those elderly persons in RCHEs and DEs, as their generally physically weak and frail conditions had made it difficult for them to receive dental care services at dental clinics.

Elderly Health Care Voucher

14. The Administration was requested in the Carried Motion in 2013 to, among other things, introduce "elderly dental care voucher" by making reference to the Voucher Scheme. The same request was made in the Carried Motion in 2017 and the Administration was also urged to increase the annual EHV amount.

15. The Administration advised that under the Voucher Scheme, eligible elderly persons could use EHV to pay for primary care services provided by various private healthcare professionals who had enrolled in the Scheme, including dental services. The Administration had converted the Voucher Scheme into a regular programme, doubled the annual EHV amount to \$2,000 and raised the financial cap on unspent EHV to \$4,000 since 2014 which should provide much more room for eligible elderly persons to use dental services. The present arrangement also provided elderly persons with greater flexibility in using EHV for the healthcare services that best suited their needs. The Administration therefore did not have any plan to introduce a dental voucher or increase the annual EHV amount.

Elderly Dental Assistance Programme under Community Care Fund

16. Considering that the EDA Programme was not effective as it covered only a small number of elderly persons, some Members called on the Administration to relax the eligibility criteria of the Programme to benefit more elderly persons. The Administration was urged in the Carried Motion in 2017 to expand the EDA Programme to cover all OALA recipients aged 65 or above. According to the Administration, given that the total number of target elderly persons exceeded 100 000 but the number of participating dentists and dental clinics under the EDA Programme were some 400 and 50 respectively only, CCF had to consider expanding the target beneficiaries to other age groups progressively, having regard to the progress of implementation and the manpower situation in the local dental profession.

17. Noting with concern that the implementation of the EDA Programme was mainly constrained by the tight dentist manpower situation, some Members called on the Administration to allow overseas qualified dentists to provide service under the EDA Programme or allocate more resources to encourage more dentists/dental clinics to join the Programme in order to expedite the expansion of the Programme. The Administration advised that the CCF Task Force would continue to closely co-operate with the Hong Kong Dental Association which was the implementing agent for the EDA Programme, and encourage more dentists to join the Programme.

18. Some Members called on the Administration to consider extending the EDA Programme to cover persons with disabilities. They held the view that persons with disabilities, regardless of age, had the same needs for many types of care services as elderly persons. The Administration's conventional approach, under which service recipients were segregated by age, had rendered many persons with disabilities unable to receive the required services. CCF should request the Administration to change its conventional approach. The CCF Task Force advised that it might consider the feasibility of providing dental care services for persons with disabilities, particularly mentally handicapped persons, after experience was gained from the implementation of the Pilot Project mentioned in paragraph 9 above.

Outreach Dental Care Programme for the Elderly

19. Members noted that as at end-February 2015, a total of 261 RCHEs and DEs had participated in ODCP, representing 27% of all the 953

registered RCHEs and DEs. Some Members asked if the Administration had any plan to increase the percentage of RCHEs and DEs participating in ODCP. Some other Members called on the Administration to consider extending ODCP to the 18 districts so that elderly persons other than those in RCHEs, DEs and similar facilities could benefit from the Programme.

20. The Administration advised that during the period from October 2014 to January 2016, ODCP had provided about 50 800 elderly persons in RCHEs/DEs (involving about 63 200 attendances) with annual oral check and dental treatments. The participation of RCHEs and DEs in ODCP was voluntary. The Administration would continue its effort in promoting ODCP in conjunction with the participating NGOs and SWD. In the meantime, the Administration did not have any plan to extend ODCP to cover elderly persons other than those in RCHEs, DEs and similar facilities. Eligible elderly persons might benefit from the Voucher Scheme or the EDA Programme.

Latest development

21. Some Members raised concern about the press report which alleged that the Pilot Project (mentioned in paragraphs 9 and 18 above) might be suspended in June this year. The Joint Subcommittee on Long-term Care Policy was requested to discuss issues relating to the policy on dental care for persons with disabilities. According to the Administration, it would review the Pilot Project and examine the future modes of service delivery in this regard. The Administration would inform stakeholders of its plan when details of which had been drawn up. The Administration would brief the Joint Subcommittee on the provision of dental care services for the elderly and persons with disabilities at its meeting on 19 April 2017.

Relevant papers

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

**Relevant papers on dental care policy and services
for the elderly and persons with disabilities**

Committee	Date of meeting	Paper
Legislative Council	11 December 2013	Official Record of Proceeding Pages 285-417 Progress Report
Panel on Health Services	16 December 2013 (Item IV)	Agenda Minutes
Panel on Welfare Services	30 June 2014 (Item I)	Agenda Minutes
Subcommittee on Poverty	24 February 2015 (Item II)	Agenda Minutes
Finance Committee	6 April 2016	Administration's replies to members' written questions in examining the Estimates of Expenditure 2016-2017 Pages 187-188, 189-191, 258-259, 593-595, 692-693, 839-840, 1014-1015, 1056-1057
Finance Committee	8 April 2016	Administration's replies to members' written questions in examining the Estimates of Expenditure 2016-2017 Pages 1040-1043
Panel on Welfare Services	9 May 2016 (Item IV)	Agenda Minutes
Panel on Home Affairs	21 December 2016 (Item III)	Agenda Minutes

Committee	Date of meeting	Paper
Legislative Council	29 March 2017	<u>Wording of the motion passed</u>

Council Business Division 2
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