

(Translation)

Restricted

Elderly Commission
Minutes of the 56th Meeting

Room 2005, 20/F, Murray Building, Garden Road, Central
9:30 a.m., 22 January 2009 (Thursday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Members

Mr CHAN Iu-seng, Star, BBS, JP

Dr LAM Ching-choi, BBS, JP

Prof CHIU Fung kum, Helen

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms Sandra LEE, JP

Permanent Secretary for Food and Health

Mr LAU Kai Hung, JP

Representative of Secretary for Transport and
Housing/Director of Housing

Dr CHAN Wai Man, JP

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of Hospital
Authority

Mrs Kathy NG

Representative of Director of Social Welfare

In Attendance:

Dr LUM Shun-sui, Susie
(Agenda Item 2)

Mr TANG Kwok-wai, Paul, JP

Permanent Secretary for Labour and Welfare

Ms YIP Man-kuen, Carol, JP

Deputy Secretary for Labour and Welfare

Ms HO Siu-ping, Betty	Principal Assistant Secretary for Labour and Welfare
Mr NGAN Man Por	Chief Social Work Officer Social Welfare Department
Miss Sheila KONG	Chief Social Work Officer Social Welfare Department
Mr LAM Ding Fung	Chief Social Work Officer Social Welfare Department
Ms YAN Yuen Mei, May	Chief Social Work Officer Social Welfare Department
Ms TANG Lai-fan	Senior Social Work Officer Social Welfare Department
Mr HEUNG Wing-keung	Senior Social Work Officer Social Welfare Department
Miss CHAN Sau-ming	Senior Social Work Officer Social Welfare Department
Ms LEUNG Mei-wah	Senior Social Work Officer Social Welfare Department
Miss CHEUNG Yun-ping, Mary	Senior Social Work Officer Social Welfare Department
Ms KWAN Shuk-ye, Nancy	Senior Social Work Officer Social Welfare Department
Mr YAM Mun-ho	Senior Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Mr YIP Ka-sing, Tony	Assistant Secretary for Food and Health
Dr NG Ping Sum	Senior Medical and Health Officer Department of Health
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Labour and Welfare
Miss LEE Wing Tung, Jessica	Assistant Secretary for Labour and Welfare
Miss LAM Chin Kiu, Crystal	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau

Absent with Apologies:

Prof CHAN Cheung-ming, Alfred, BBS, JP

Prof Jean WOO

Secretary

Mr CHEUNG Doi-ching

Principal Assistant Secretary for Labour and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting and wished them a happy Lunar New Year. He also extended a welcome to Miss Jessica LEE and Miss Crystal LAM, the two new Assistant Secretaries for Labour and Welfare, and expressed his gratitude to Mr CHIN Cheuk-hong, former Assistant Secretary for Labour and Welfare, and Ms CHEUNG Chung-sze, former Senior Economist, for their past contribution to the Elderly Commission (EC).

Agenda Item 1: Confirmation of the Minutes of the 55th Meeting

2. The Chairman proposed to change “cathererisation” in line 8, paragraph 3 of the minutes of the last meeting to “catheterization”. The revised minutes were confirmed without any further amendments proposed.

Agenda Item 2: Matters Arising

Paragraph 3 of the Minutes of the 55th Meeting

3. Dr Susie LUM reported that the Steering Committee on the Care Enhancement Pilot Project for Aged Care (the Pilot Project) held two meetings on 11 November 2008 and 12 January 2009 respectively to review the progress of the project and discuss the evaluation framework for the Pilot Project. She said that the trainees would complete theory classes in mid-February this year, and clinical practicum had commenced in last November to be completed by March this year. During the period, trainees practised catheterization, insertion of nasogastric tube and giving intramuscular or subcutaneous injection (i.e. “Two

Tubes and One Injection”) under the supervision of nurses. Since one trainee withdrew from the project due to illness, the project now had a total of 29 trainees. Besides, upon completion of the certificate course on enhancing the skills of health workers in April this year, arrangements would be made for all trainees to continue practising “Two Tubes and One Injection” in residential care homes for the elderly (RCHEs) for six months under the supervision of Visiting Advanced Practice Nurses or Community Nurses.

4. Dr LUM reported that the Steering Committee had engaged the Hospital Authority (HA) to conduct an evaluation for the Pilot Project. HA was drafting the survey questionnaires and identifying target respondents for such purpose. It was expected that the preliminary evaluation findings would be submitted to the EC in January 2010, followed by a formal evaluation report in March 2010.

5. The Chairman thanked Dr LUM for her efforts and suggested that the review report should cover the direction of future development.

Paragraph 7 of the Minutes of the 55th Meeting

6. The Chairman invited Ms Sandra LEE, Permanent Secretary for Food and Health, to report on the latest progress of the Health Care Voucher Scheme for the Elderly. First of all, he declared himself as both an elderly user and a registered service provider.

7. Ms LEE said that, as at 19 January 2009, applications for registration as service providers had been received from more than 2 100 healthcare professionals, including over 1 100 medical practitioners, over 500 Chinese medicine practitioners, as well as physiotherapists, chiropractors and nurses. Regarding the use of health care vouchers, more than 13 000 elders had opened a health care voucher account and a total of 36 000 vouchers had been used. Two-third of the users used only one to two vouchers at a time, showing that

the Scheme had progressed well. In response to service providers' feedback about the complicated registration procedures for establishing a health care voucher account, Ms LEE explained that despite efforts to closely liaise with the healthcare sector with a view to simplifying the procedures, the relative outdatedness of service providers' computer system or the lack of special software to support Chinese characters had resulted in slow data entry or problems in Chinese character input. To address this problem, the Bureau had arranged to provide the relevant character software to those in need for downloading to their computer. The Bureau would maintain liaison with the sector and users to seek further improvements.

8. Ms LEE thanked Members for assisting in the promotion of the Health Care Voucher Scheme for the Elderly. Responding to the reports that as many as 80 service providers had withdrawn from the Scheme, Ms LEE explained that some service providers who had not signed and returned the document after applying for registration were mistaken to have withdrawn from the Scheme. Actually, only about 30 persons had withdrawn. She said that geographically, Yau Tsim Mong District came first in terms of the number of participating service providers, followed by Kwun Tong District and Central and Western District. This might be due to a higher concentration of doctors in these districts. There was an average of more than 100 registered service providers in each of the districts except Southern District and North District. Ms LEE also appealed to Members to continue to help promote the Scheme to the public. In particular, they should convey the message that elders could still use public healthcare services after using the health care vouchers.

9. Members raised the following views/questions:

- (a) A member conveyed a comment from the public, saying that health care voucher was a good idea, but the dismal amount of subsidies could hardly attract elders to use private healthcare services. It was therefore suggested that the value of the health care vouchers should be increased.

- (b) In view of some elders' concern that public healthcare services could not be used after using the health care vouchers, a Member suggested to step up publicity and clarify misunderstanding through the service units under the HA. Another Member also suggested that District Council members' offices could help promote the Scheme and explain the concept of health care vouchers to elders.
- (c) A Member suggested to disseminate messages about the health care vouchers to elders through general out-patient clinics and family medicine centres, as well as the HA's telephone recording system. Promotion to private medical practitioners could also be strengthened through meetings between different clusters under the HA and private medical practitioners on public-private partnership or through monthly Continued Medical Education activities.
- (d) A Member suggested that consideration should be given to relieving private clinics' burden of maintaining documentary records related to the Scheme (e.g. consent forms) and that the feasibility of electronic records should be explored.

10. Ms LEE's responses were as follows:

- (a) As the Health Care Voucher Scheme was a new pilot scheme developed under the concept of "money follows patients" and implemented on an electronic platform, it should start with a smaller scale. A review would then be conducted to determine the future direction of the scheme. Meanwhile, the Bureau was exploring the introduction of primary care service models and a family doctor register, and looking into ways to steer the chronic patients from the public healthcare system to the private healthcare

system, supplemented with the professional support service of the non-government organisations (NGOs) and self-management of patients. In the long run, the Administration aimed to achieve the “money follows patients” concept to enable the provision of proper healthcare service for patients and relieve the pressure on the public healthcare system.

- (b) The Bureau had sought assistance from the District Council (DC) members’ assistants earlier in promoting the Health Care Voucher Scheme. The Bureau would seek their advice later and invited them to help with the next round of promotion exercise.
- (c) The Bureau was exploring the electronic patient record system, and considering investing resources or providing technical support for the interested professional healthcare groups to upgrade their computer equipment in support of the existing Health Care Voucher system and the future electronic patient record system. The Bureau would explain the details and progress to the EC in due course.

11. Recognising that the Elderly Health Care Voucher Scheme was based on the concepts of “money follows patients” and “cost sharing”, the Chairman commented that any scheme would encounter a certain degree of resistance at the initial stage of implementation. He agreed that improvement could be made when the scheme was reviewed after implementation.

12. In response to the Chairman’s enquiry, Ms LEE said that some 550 Chinese medicine practitioners had enrolled as service providers and approximately 1 000 health care vouchers had been used by elders for Chinese medicine service.

Paragraphs 11-12 of the Minutes of the 55th Meeting

13. Ms Carol YIP, Deputy Secretary for Labour and Welfare, reported that the new rate of Old Age Allowance (OAA) came into effect on January 1 this year. As to why some elders had not yet received the OAA payment or had not received the new rate of \$1,000, Ms YIP explained that it was because the payment date of OAA to each elder was different in the past and the SWD had to calculate the OAA payment for January on a pro rata basis. On the other hand, the SWD had taken steps to gradually adjust and standardise the payment date of OAA.

14. In response to a Member's enquiry about the latest progress of the review of OAA, Mr Paul TANG, Permanent Secretary for Labour and Welfare, reiterated that the Chief Executive had announced the decision earlier to shelve the idea for a means test for OAA, but the review on the residence requirement would continue.

15. A Member relayed some OAA recipients' hope that they could also receive Disability Allowance (DA). Ms YIP responded that both OAA and DA were under the Social Security Allowance Schemes. She clarified that an elder could only opt to receive one of the benefits, so as to avoid paying double benefits to an individual.

Agenda Item 3: Report on First Stage Public Consultation on Healthcare Reform

16. The Chairman invited Ms Sandra LEE, Permanent Secretary for Food and Health, to brief Members on the results of the first stage public consultation on healthcare reform.

17. Ms LEE briefed Members on the results of the consultation by way of PowerPoint presentation. She said that the FHB conducted the first stage consultation on the four service reform proposals for the healthcare reform (i.e. enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing and

strengthening public healthcare safety net) and the reform on healthcare financing arrangements (the six supplementary financing options were the social health insurance, out-of-pocket payments, medical savings accounts, voluntary health insurance, mandatory health insurance and personal healthcare reserve) between March and June 2008. Overall, various sectors of the community generally recognised that the healthcare reform was necessary and the financing issues should be addressed. While there was no consensus on the financing options, the public reckoned that discussions should continue. Regarding the service reform, the public and the healthcare sector were generally supportive of the proposals to enhance primary care and promote public-private partnership in healthcare. However, the healthcare sector was concerned about the changes that the reform might bring about in the traditional service delivery model, whereas some of the representatives of the healthcare sector were concerned that public-private partnership might interfere with the existing operation of the private healthcare market. The public expressed support for electronic health record sharing but emphasized the importance to have stringent controls over data privacy and security. The healthcare professions considered that the Government should take the lead in devoting resources to develop the Electronic Health Record Sharing System as an infrastructure. Moreover, the public also supported that the existing public safety net should be strengthened but they also expressed concerns over the existing mechanisms of drug formulary and self-financed drug items.

18. On financing reform, Ms LEE remarked that the public generally agreed that government funding alone would not be sufficient to meet the service and reform needs, but they generally did not support increasing tax as a financing arrangement. As for the public healthcare safety net, the public was generally supportive of the idea for individuals to take care of their own healthcare needs. Besides, the public generally favoured proposals of a voluntary nature. The higher income groups were more in favour of risk-pooling than savings. The public also valued equitable access to healthcare services and more choices

beyond the basic services. If financing arrangements involved contributions, the public generally expected that both employers and employees would share the contributions. Some considered that an income level of \$10,000 or \$15,000 per month would be too low for making contributions. On the other hand, some of the respondents supported an increase in user fees. However, there were very few feedbacks on the issue of ensuring financial sustainability.

19. Ms LEE explained that the Bureau had conducted telephone surveys in different periods to gauge public views before, during and after the consultation exercise. Generally speaking, the majority of the public agreed to the need to reform the healthcare system (83%), supported the healthcare service reform (83%), recognised an imminent need for service reform (77%) and agreed that government funding alone would not be sufficient for the implementation of the service reform (65%). Regarding the financing options, voluntary healthcare insurance was supported by most of the respondents (71%), reflecting that the public favoured proposals which offered choices and accepted the concept of risk-pooling.

20. Ms LEE said that the FHB was preparing for the second stage consultation and proceeding with the service reform. For instance, the Working Group on Primary Care had been set up to explore the “community health centre” model. In addition, the FHB also considered issues such as the management of chronic disease through public-private partnership, the reduction of waiting time and the development of electronic health record sharing. Ms LEE would report further to the EC once there were more concrete proposals. She reaffirmed that the Financial Secretary had earmarked \$50 billion for use pending decision on the supplementary financing arrangements.

21. Members had the following views/questions:

- (a) A Member considered that it might be difficult to ask patients to pay for their own medical expenses but relatively easier to promote among the public the concept of saving for retirement. Hence, consideration could be given to discussing the issues such as healthcare financing, long-term care financing and the “money follows elders” concept at the same time during the second stage consultation.
- (b) A Member said that the Healthcare Financing Group of the Hong Kong Federation of Insurers would hold a meeting to discuss the Report on First Stage Public Consultation on Healthcare Reform. A working group under the Group was now drafting a model policy in connection with healthcare financing to facilitate use by local insurance companies in future and encourage young people to subscribe to voluntary health insurance. The Hong Kong Federation of Insurers would also deploy resources in social education to promote the concepts of “co-payment” and “health insurance”.
- (c) A Member remarked that while long-term healthcare financing merited further discussions, a primary care programme needed to be launched right now. In particular, he supported the implementation of community health centres. He considered it very likely that such centres could be successfully implemented, as similar primary care programmes had been operated by a host of agencies, and the Government could take this opportunity to rationalise its healthcare policy in relation to the “public” and “private” sectors, with particular emphasis on how to encourage chronic patients (especially the elderly) to leave the public healthcare system. Although primary care had the greatest advantage of one-stop healthcare services, elders might not be willing to leave the public healthcare system for this

reason. As such, the Bureau should find ways to encourage elders to use the primary care services.

- (d) A Member would like to know whether the views collected in the report on first stage consultation were in line with the Government's expectations or direction. Moreover, as the general public had reservations on various healthcare financing options and high hopes on the Government in this regard, he would also like to know the Government's inclination on the above issues when taking forward the reform in future.

22. Ms LEE's responses to Members' views/questions were as follows:

- (a) Elders were no doubt the major beneficiaries of the healthcare reform and supplementary financing scheme. More importantly, however, the healthcare reform embodied the idea that the public should begin to participate in the supplementary financing scheme while they were young, so that the burden of healthcare expenses could be alleviated in their later years. Otherwise, young people had to pay more tax in future to meet their healthcare expenses. If the Government implemented a medical insurance scheme with the element of risk pooling, the more young people participated, the less expensive the premium would be. On the contrary, if a medical insurance scheme was implemented exclusively for elders, the premium would be very expensive.
- (b) The public was in favour of the implementation of the healthcare service reform. As for supplementary financing, more than 70% of the respondents recognised that discussions on this subject should continue. This reflected that Hong Kong people had some understanding of the healthcare system and its future direction. The question was how to make those who were

reluctant to express their views come forward. Moreover, some community organisations at the grassroots level considered that healthcare financing meant taking money out of people's pocket. In fact, the supplementary financing option was not targeted at low-income group. Rather, higher-income group was expected to better meet their future healthcare needs at their own expense, so as to reduce the pressure on the public healthcare system, which could then continue to meet the healthcare needs of low-income group, thereby achieving a win-win situation.

23. In response to Members' comments on long term care financing and the "money follows elders" concept, Ms Carol YIP said that the EC had commissioned the University of Hong Kong to conduct a study on residential care services for the elderly. The study covered issues such as the demand for long term care service and the financial implications on the Government. It was expected that the preliminary results of the study would be available in the first quarter of 2009. Members would be briefed and consulted on the findings before finalising the report.

24. The Chairman said that he was encouraged by the public feedback that study on supplementary financing arrangements should continue. He was also pleased to note that the insurance sector was considering introducing to the public a new health insurance scheme in the light of the supplementary financing arrangements. He opined that it was more important that the healthcare reform could usher in the principle of "co-payment".

25. The Chairman said that he was aware of the postponement of the second stage consultation of the healthcare reform. In response, Ms LEE said that the findings of the latest survey conducted by the University of Hong Kong after the financial turmoil revealed that 71% of the respondents considered that discussions on this subject should continue.

Besides, 11% of the respondents said that despite the poor economic environment at present, further discussions on this subject could be conducted, but the healthcare reform should be deferred. It was obvious that 82% of the respondents supported that the consultation on healthcare reform should continue. As such, the FHB would proceed with the healthcare reform and aim to launch the second stage consultation in the first half of 2009, depending on whether it was an opportune time for consultation.

**Agenda Item 4: Elder Academy Scheme —Evaluation of the Elder Academies Set up
During the First-round Application and the Way Forward**

(Information Paper No. EC/I/01-09)

26. The Chairman invited Mr CHEUNG Doi-ching, Principle Assistant Secretary for Labour and Welfare, to brief Members on the content of the Information Paper No. EC/I/01-09.

27. Mr CHEUNG said that the Elder Academy Scheme aimed to promote learning among elders through a cross-sectoral collaboration and intergenerational harmony approach instead of through conventional subsidised services. In addition, the Scheme also promoted integration between the welfare and education sectors. The EC conducted a review on the operation of the 32 elder academies set up during the first-round application of the Scheme which had been implemented for two years. The findings showed that the Scheme had achieved the desired results, particularly in promoting harmony between the elders and the young. Through their participation in the Scheme, elders and young students could actually develop close relationship and hence achieve mutual communication and understanding, thereby strengthening the community network. In view of this, the EC had again invited the school sponsoring bodies to encourage more of their schools to participate in the Scheme. The number of elder academies was thus increased from 32 initially to 78 at present. Mr WONG Ka-fai, Assistant Professor of the Open University of Hong Kong, had voluntarily

assisted the EC in conducting an assessment on the Elder Academy Scheme. The results of his assessment were consistent with the findings of EC's review. Mr WONG had also made some recommendations on the Scheme. For instance, there was a need to further develop the curriculum of the elder academies to meet the demands of the elders.

28. Mr CHEUNG said that the Elder Academy Scheme would enhance inter-bureau cooperation and the Education Bureau (EDB) had recognised that the element of service learning under the Scheme was generally in line with the objective of "Other Learning Experiences" of the New Senior Secondary Curriculum. Hence, schools would be willing to use the Elder Academy as a platform for their students to learn through service. In this connection, the EC would invite a new round of applications for establishing elder academies at primary and secondary schools in the first half of 2009. EC would also grant funds to help elder academies set up management committees and engage retired elders such as retired school principals, teachers, social workers and nurses in the work of elder academies so as to relieve the workload of the staff of schools and welfare organisations. Besides, Members would like to cooperate with the U3As (i.e. self-programming interactive teaching groups formed by elders) in the community so as to recruit their competent elders to join the management committees of the elder academies. As for funding, the majority of the elder academies indicated that they could continue to operate on a self-financing basis, with a few saying that they might have to cease operation without further funding. Nevertheless, after further explanation of the concepts of the Scheme by the Secretariat, the organisers of these elder academies said that they would try their best to achieve self-financing and had applied to the EDB again for approval to continue to provide education programmes for elders in the 2008/09 academic year.

29. The Chairman said that the future direction of the Elder Academy should emphasise developing academic courses and gradually reducing the number of interest classes. He was

pleased to note that some people from the public had expressed their wish to support the Elder Academy Scheme by donation. He hoped that more school-sponsoring bodies would support the call for the third round of applications, so that more elder academies would be established.

30. Mr CHEUNG added that the EC would also try to use the Elder Academy as a platform for social services. As such, the EC would grant funds to elder academies which organised extra-curricular activities to promote intergenerational harmony, so as to subsidise the fees of those students and elders in need.

Agenda Item 5 : Any Other Business

Integrated Discharge Support Trial Programme for Elderly Patients

31. The Chairman invited Dr Daisy DAI, Chief Manager of Hospital Authority, to brief Members on the progress of the Integrated Discharge Support Trial Programme for Elderly Patients.

32. Dr Daisy DAI, by way of PowerPoint presentation, briefed Members on the service throughput of the Kwun Tong pilot in the first two quarters. She said that the Kwun Tong pilot had progressed well. Both the Discharge Planning Team (DPT) and the Home Support Team (HST) under the pilot served to facilitate “ageing in place” for the elderly and reduce their unplanned re-admissions to hospital through provision of discharge planning and support measures. It was expected that the first assessment report of the pilot would be completed in the middle of this year, and she would report to Members again by then.

33. The Tuen Mun pilot was expected to commence operation in July 2009. Like the first two pilots, it would target at “high-risk elderly dischargees” with a higher chance of unplanned hospital readmission, such as elders who suffered from multiple illnesses or lacked

family support. The pilot would also cover elders with greater needs for personal care services, such as those who suffered from dementia and Parkinson's disease. With a scope of service covering the New Territories West Cluster in its entirety, including Tuen Mun, Yuen Long and Tin Shui Wai, the pilot aimed to provide discharge planning for 3 000 "high-risk elders" (of which at least 1 500 would be provided with transitional home-based support services), and training for 1 000 carers every year. Under this pilot, HA would make use of the relevant funding to set up an interdisciplinary expert team in the Tuen Mun Hospital, comprising medical and social welfare professionals to provide post-discharge service for high-risk elderly dischargees. Also, HA would provide 20 additional geriatric day places in the Tuen Mun Hospital to strengthen rehabilitation services for elderly dischargees, and two additional light buses for elderly dischargees travelling between their homes and hospitals to receive day treatment. Moreover, HST would also provide round-the-clock emergency telephone support. Regarding the flow of service, DPT would first make assessments on hospitalised elders and provide training for their carers before the elders were discharged, and then arrange services for the elders according to their needs, such as transitional rehabilitation treatment and home-based support services. In general, the condition of elderly dischargees would become stabilised in about four to six weeks after discharge, when DPT and HST would close the cases after deliberation. If after receiving transitional home-based support services, the elders still required such services on a constant basis, arrangements would be made for them to undergo the standardised care need assessment administered by the Social Welfare Department, which would arrange mainstream community care services for them based on the assessment outcome.

34. Dr DAI said that the manpower for the Tuen Mun pilot was generally similar to that for the first two pilots, except that care services would be enhanced. HA would evaluate the effectiveness of the services, including the average length of stay in hospitals for those patients under the programme, the number of readmissions after discharge, the stress level of

carers, the whereabouts of discharged elders, particularly on whether they could continue to age in their homes after 180 days of discharge etc.

35. The Chairman thanked Dr DAI for her efforts and suggested that she continued to monitor the progress of the pilots for assessment of their effectiveness. Given the rather wide coverage of the Tuen Mun pilot, he was concerned whether the staffing level was adequate to meet the needs. In response, Dr DAI said that the Community Geriatric Assessment Teams and Community Nurses in Tuen Mun Hospital were serving the whole Tuen Mun and Yuen Long districts, and they had established close relationship with NGOs in the district. She believed that there should not be much problem as long as human resources were well coordinated.

36. A Member praised the scheme for enhancing the manpower and professional support in the geriatric day hospitals and providing frail elders with better care since its implementation. HA would launch the “Community Health Call Centre” service to extend the Telephone Nursing Consultation Service of Hong Kong East Cluster by phase to all clusters in Hong Kong in order to provide 12-hour daily telephone follow-up service to some of the most frail elderly dischargees. She suggested that consideration could be given to the room for collaboration between this scheme and the Integrated Discharge Support Trial Programme for Elderly Patients in future.

37. In response to a Member’s enquiry on whether the assessment mechanism of the Integrated Discharge Support Trial Programme for Elderly Patients had included control group and collection of data such as death rate, health conditions and quality of life of elderly patients, Dr DAI said that the assessment would be made with reference to previous patients with similar conditions in the same hospital. Consideration would be given to collect data such as death rate and quality of life of elderly patients.

Date of Next Meeting

38. The next EC meeting would be held on 6 March 2009. The Chairman proposed to report the progress of the consultancy study on residential care services, the upcoming Budget prepared by the Financial Secretary and the latest progress of the Elder Academy Scheme and the Neighbourhood Active Ageing Project and brief Members on the Home Help Services in the next meeting.

Time of Adjournment

39. The meeting was adjourned at 11:15 a.m.

4 March 2009