Elderly Commission
Minutes of the 68th Meeting

Conference Room 4, G/F., Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
2:30 p.m., 24 October 2011 (Monday)

Present:

Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Vice-chairman

Dr LAM Ching-choi, BBS, JP

Members

Ms CHAN Man-ki, Maggie

Mrs CHAN LUI Ling-yee, Lilian

Dr CHENG Kam-chung, JP

Dr CHEUNG Moon-wah

Dr CHONG Ming-lin, Alice

Ms FUNG Yuk-kuen, Sylvia

Mr MA Ching-hang, Patrick, BBS, JP

Mr MA Kam-wah, Timothy

Mr SHIE Wai-hung, Henry

Dr TUNG Sau-ying

Mr WONG Fan-foung, Jackson

Dr WONG Yee-him, John

Mrs WONG WONG Yu-sum, Doris

Mr WU Moon-hoi, Marco, SBS

Mr YAU How-boa, Stephen, BBS, JP

Mr CHEUNG Kin-chung, Matthew, GBS, JP	Secretary for Labour and Welfare
Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare
Mr YUEN Ming-fai, Richard, JP	Permanent Secretary for Food and Health (Health)
Mr NIP Tak-kuen, Patrick, JP	Director of Social Welfare
Mr LIU King-leung, Tony	Representative of Secretary for Transport and Housing / Director of Housing
Dr LEUNG Sze-lee, Shirley	Representative of Director of Health
Dr DAI Siu-kwan, Daisy	Representative of Chief Executive of Hospital Authority

In attendance:

Ms YOUNG Bick-kwan, Irene, JP	Deputy Secretary for Labour and Welfare
Mrs CHEUNG FUNG Wing-ping, Angelina	Principal Assistant Secretary for Labour and Welfare
Ms CHEUNG Yi, Eureka	Principal Assistant Secretary for Food and Health
Dr CHIU Pui-yin, Amy	Head Primary Care Office
Miss LI Yuen-wah, Cecilla	Assistant Director Social Welfare Department
Mr TAN Tick-yee	Chief Social Work Officer Social Welfare Department
Mr WONG Yuk-tong	Chief Social Work Officer Social Welfare Department
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
Dr MAW Kit-chee, Christina	Senior Executive Manager Hospital Authority
Mr LI Ngo-chuen, Leo	Assistant Secretary for Labour and Welfare
Mr LO Chun-hang, Simpson	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:

Dr CHAN Hon-wai, Felix

Secretary

Mrs CHAN CHOY Bo-chun, Polly	Principal Assistant Secretary for Labour and Welfare

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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting, particularly Dr LAM Ching-choi, the new Vice-chairman; new Members including Ms Maggie CHAN Man-ki, Mrs Lilian CHAN LUI Ling-yee, Mr Henry SHIE Wai-hung, Dr TUNG Sau-ying, Mr Jackson WONG Fan-foung and Mrs Doris WONG WONG Yu-sum; and the new Permanent Secretary for Food and Health (Health), Mr Richard YUEN Ming-fai. Furthermore, he sincerely thanked Dr LEONG Che-hung, the former Chairman, former Members including Mr Kenneth CHAN Chi-yuk, Mr CHAN Han-pan, Prof Helen CHIU Fung-kum, Rev Dorothy LAU Wai-ling, Mr Leo MA Chan-hang and Dr Loretta YAM Yin-chun, and Ms Sandra LEE Suk-yee, the recently retired Permanent Secretary for Food and Health (Health), for their significant contribution to this Commission during their tenure.

2. The Chairman reminded Members to make a declaration of interest when they had a potential conflict of interest with the matters to be discussed.

Agenda item 1: Confirmation of the minutes of the 67th meeting

3. As Members had not proposed any amendments to the Chinese and English versions of the revised minutes issued by the Secretariat on 14 and 18 October of this year respectively, the minutes were confirmed.

Agenda item 2: Matters arising

Paragraph 26 of the minutes of the 67th meeting

4. The Chairman said that The Hong Kong Council of Social Service (HKCSS) would like to collabrate with this Commission to further take forward the Age-friendly City Campaign in Hong Kong, and had held a briefing for this Commission on 26 July this year. Members generally welcomed the proposals of HKCSS. If HKCSS put forward more specific proposals on the collaboration model for the Campaign in future, this Commission could consider to have further discussion at a general meeting.

5. Besides, the Chairman said that, at the request of HKCSS, he and the Vice-chairman would meet representatives of HKCSS to listen to their views on this Commission's consultancy study on community care services for the elderly. The Secretariat would later inform Members of the date and details of the meeting, and invite Members' participation.

Paragraph 37 of the minutes of the 67th meeting

6. The Chairman was glad to note that new Members had actively joined the Working Group on Long Term Care Model (WGLTCM) and/or the Working Group on Active Ageing (WGAA). The Secretariat had also earlier passed the new membership lists of the two working groups to all Members. The Chairman suggested, and Members unanimously agreed, that Dr LAM Ching-choi be the chairman of WGLTCM and Mr Timothy MA Kam-wah continue to be the chairman of WGAA.

Agenda item 3: Briefing on relevant initiatives in the 2011-12 Policy Address

7. Mr Matthew CHEUNG Kin-chung, Secretary for Labour and Welfare, said that this year's Policy Address had put forward a series of targeted measures on elderly services, which embraced new challenges ahead upon the sound foundations laid over the years, tied in

with the middle-to-long term strategic planning and broke through the traditional ways of thinking. In face of the challenges brought about by the ageing population in Hong Kong, the Government would adopt a multi-pronged strategy which covered the following six focus areas:

- continue to improve the quantity and quality of elderly care services;
- tap the potential of the private sector and raise the quality of its services;
- introduce the "money-follows-user" model to encourage the provision of diversified services;
- promote "ageing in place";
- make the best of Hong Kong/Guangdong regional integration and development;
- encourage active and healthy ageing.

8. Mr CHEUNG then briefed Members on various new initiatives. These mainly included the pilot scheme on community care service voucher for the elderly, increased subsidised community and residential care places, the $2 transport fare concession for elders and eligible persons with disabilities, and the Guangdong Scheme for Old Age Allowance (OAA). Mr CHEUNG pointed out that a number of elderly-related initiatives in this year's Policy Address were proposed with reference to the recommendations of this Commission. He would like to take this opportunity to extend his gratitude to this Commission, and hoped that this Commission would continue to provide strategic inputs to the Government on elderly matters and offer valuable advice on the promotion of elders' well-being in Hong Kong.

9. Ms Irene YOUNG Bick-kwan, Deputy Secretary for Labour and Welfare, then gave a detailed briefing on initiatives relating to elderly policy in the Policy Address with the aid of a powerpoint presentation. She said that the Government would implement a series of improvement measures based on its policy objective of "ageing in place as the core, institutional care as back-up" to enhance the long-term care services for frail elders. These included planning for community care service voucher for the elderly, increasing day care and home care places, increasing residential care places, and enhancing support for demented patients. Furthermore, in view of the unique relationship between Guangdong and Hong Kong given our close geographical, logistical, economic and social ties, and that the two places were moving towards greater integration, the Policy Address proposed to introduce a Guangdong Scheme under the Social Security Allowance Scheme so that Hong Kong elders who chose to move to live in Guangdong could receive a full-year OAA payment equivalent to the local OAA, without the need to return to Hong Kong every year. In addition, to build a caring and inclusive society, and to encourage elders and persons with disabilities to participate more in community activities, the Policy Address proposed to provide transport fare concessions to enable them to travel on general Mass Transit Railway lines, franchised buses and ferries at a concessionary fare of $2 per trip on all days and at all times.

10. With the aid of a powerpoint presentation, Ms Eureka CHEUNG Yi, Principal Assistant Secretary for Food and Health, briefed Members on the major initiatives relating to medical and health services in the Policy Address, including the Government's plan for taking forward the Health Protection Scheme (HPS) based on the outcome of the public consultation on healthcare reform, the allocation of additional resources to enhance public healthcare services, and the continuous implementation of various primary care initiatives, such as the Elderly Health Care Voucher Scheme, the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres and the Elderly Vaccination Subsidy Scheme.

11. After listening to the briefings by the two policy bureaux, the Chairman and Members raised the following questions and views:

Elderly care

Overall direction

(a) It was glad to note that apart from adopting the recommendations of this Commission, innovative thinking and long-term strategic planning were included in the new elderly-related initiatives in the Policy Address. These reflected that the Government was facing up to the challenges posed by the ageing population.

Manpower resources

(b) The Policy Address proposed to increase subsidised residential care places for elders which provided nursing and a continuum of care, to increase the supply of EA1 places. Had the Administration reviewed the demand for manpower resources (e.g. healthcare professionals such as nurses, occupational therapists and physiotherapists) and the training issue arising from the above new measures? It was suggested that a comprehensive review on the demand for healthcare professional manpower for long term caring services be conducted to ensure that there would be sufficient manpower to cope with service delivery.

(c) It was proposed to incorporate the relevant academic qualifications and requirements into the Qualifications Framework to facilitate the development of accredited training courses. Besides, multi-skill training should be encouraged to enable students to assist healthcare professionals in providing comprehensive care services for elders.

(d) It was glad to note that a high-level steering committee chaired by the Secretary for Food and Health would be established under the Food and Health (FHB) to conduct a strategic review on healthcare manpower planning and professional development.

(e) Training venues were proposed to be provided at residential care homes for the elderly (RCHEs) to enhance trainees' understanding of the working environment in RCHEs, so as to attract more graduates to join the welfare sector.

(f) In view of the shortage of nursing manpower in the welfare sector, it was proposed that non-governmental organisations (NGOs) be allowed to employ non-local nursing staff. On the other hand, given that many foreign domestic helpers had acquired healthcare qualifications in their countries of origin, consideration could be given to tapping their expertise by allowing them to take up nursing duties.

Residential care services

(g) As the Policy Address proposed to increase the supply of EA1 places, what was the percentage of EA1 places in the existing bought places, and had the Government laid down a timetable for upgrading EA2 homes to EA1 level?

Community care services

(h) The nursing manpower shortage in the welfare sector would affect the costs of community care services, which might in turn affect the implementation of the pilot scheme on community care service voucher for the elderly in future. The unit costs of services and the fees to be paid by elders should be worked out carefully.

(i) The promotion of community care services was proposed to be enhanced to make elders aware of the information on service providers and the types of services provided.

(j) A quality assurance mechanism was proposed to be introduced to set a standard for community care services.

(k) Case management or coordination services were proposed to be introduced to provide objective information and advice for elders, so as to help them choose the suitable community care services.

(l) The mode of operation of community care service voucher, in particular the mechanism on the provision of subsidy, should be considered carefully.

(m) The implementation of the scheme in the pilot districts, and proposed consultation with different stakeholders during the preparatory stage, were supported.

(n) While advocating community care services, assistance should be rendered to elders in improving their household facilities and enhancing home safety, so that they could age in place in an appropriate and safe environment.

Transport fare concessions for elders and persons with disabilities

(o) This new initiative was generally welcomed, and considered to be able to help elders integrate into the community, stay healthy physically and psychologically, and enjoy a rich and fruitful life in their twilight years. It was proposed that promotion be stepped up to make these positive messages more distinct.

(p) Public transport operators also had the social responsibility to offer concessions, which therefore should not be entirely funded by public revenue.

(q) It was proposed that consideration be given to extending the concession scheme to minibuses to provide convenience to elders who travelled to and from places where MTR and bus services were not available.

(r) It was proposed that data concerning the use of such concessions by elders be collected in order to acquire an understanding of the changes brought about by the concessionary measure to the life of elders.

Others

(s) Elders would increase their outdoor activities because of the transport fare concessions. Consideration should be given to whether the general supporting facilities in the community were elderly-friendly.

(t) Civic education should be strengthened to encourage the public, such as drivers and passengers, to help elders travel on public transport safely.

(u) Elders should be encouraged to participate in more voluntary work, so that they could lead a fruitful and active life and stay healthy physically and psychologically, while continuing to contribute to society by making the best use of their strength.

Healthcare

(v) Would the enhanced elderly mental health service include support for demented patients?

(w) The additional resources for enhancing elderly psychiatric outreach service should not be used to provide service for subsidised RCHEs only. Private RCHEs should also be covered so as to enhance the overall quality of these homes.

(x) It was proposed that general visiting medical officers be trained to provide elderly psychiatric service for institutionalised elders, so as to relieve the workload of psychiatric specialists.

12. Mr Paul TANG Kwok-wai, Permanent Secretary for Labour and Welfare, Ms Irene YOUNG and Mr Patrick NIP Tak-kuen, Director of Social Welfare, responded as follows:

Human resources

(a) FHB, Department of Health (DH), Labour and Welfare Bureau and Social Welfare Department (SWD) regularly evaluated the healthcare manpower requirements for their services and give advice to the University Grants Committee, so as to provide reference to tertiary institutions for preparing academic development proposals. Besides, to alleviate the pressure caused by the shortage of nurses in the welfare sector, SWD over the past few years had allocated funds for commissioning the Hospital Authority (HA) to provide enrolled nurse training programmes specifically for the welfare sector. As more than 80% of the trainees had joined the welfare sector after graduation, these programmes would continue in future. Furthermore, some tertiary institutions had organised self-financed training courses on physiotherapy and occupational therapy. The Government would also study the possibility of entrusting work at the assistant level to multi-skilled staff.

(b) The Education Bureau was exploring the setting up of a Qualifications Framework for the elderly care service sector. This would not only provide a reference

standard for the organisation of relevant programmes by tertiary institutions, but also a career path for workers in the sector, thereby attracting more young people to join the sector.

Residential care services

(c) At present, there were about 26 000 subsidised residential care places, of which 7 000 were places bought from the private sector. Among these 7 000 places, 40% were EA1 places. The Government had always been encouraging EA2 homes to enhance their quality to become EA1 ones. This would continue to be the direction of development in future.

(d) Whether an EA2 home could be upgraded to EA1 level depended on a number of factors, such as the readiness of individual RCHEs to enhance their service quality. Hence, it would be difficult to draw up a timetable for this purpose. SWD had recently set up a working group comprising representatives from the trade, DH, HA and professions, which was tasked to review the Enhanced Bought Place Scheme and recommend improvement measures. The trade also understood clearly that the additional resources from the Government would be targeted at EA1 places, with a view to enhancing the overall quality of private RCHEs.

Community care services

(e) The Government launched the Home Environment Improvement Scheme for the Elderly in June 2008 to help elders who lacked financial means and family support improve their dilapidated homes with poor fittings. Being the delivery agencies, District Elderly Community Centres would, based on the assessment of the home environment of eligible elders, arrange minor household repairs and improvements

(e.g. installation of handrails or anti-skid facilities) as well as purchase essential household items for them.

Transport fare concessions for the elders and persons with disabilities

(f) The scheme was not a poverty alleviation measure as it would be non-means-tested. Rather, it aimed to encourage recipients to participate more in community activities and integrate into the society.

(g) Currently, some public transport operators had provided the elderly with half fare concession and $2 fare concession for specified hours/routes. The $2 fare concession proposed in the Policy Address would be applicable at any time. However, the Government would request the public transport operators concerned to continue with their existing concessions, and would only reimburse for the revenue forgone arising from the implementation of the new initiative.

(h) There were many minibus operators. Currently, most of the minibuses did not offer concession for elders. Coupled with the fact that the design of minibuses did not facilitate access by elders and persons with disabilities, the Government had to consider thoroughly whether the concession should be extended to minibuses.

13. In response to Members' questions and views on health policy initiatives, Ms Eureka CHEUNG replied as follows:

(a) HA would make appropriate referrals and provide suitable follow-up treatment for patients with varying mental health problems (including dementia) and having regard to the needs of individual cases. The more serious cases would be referred to multi-disciplinary teams through the Case Management Programme for more intensive support and treatment. In 2012-13, HA would extend the Case

Management Programme to four more districts (the Kowloon City District, the Central & Western District, the Southern District and the Islands District) to provide continuous, intensive and personalised support for more patients with severe mental illness.

(b) The community health centre (CHC) to be opened in Tin Shui Wai in 2012 aimed to provide comprehensive and coordinated primary care services for different types of patients through cross-sectoral collaboration among the public and private sectors and NGOs.

14. In response to the enquiry about the training and supply of healthcare professionals, Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), said that the high-level steering committee to be set up under FHB would conduct a strategic review on healthcare manpower planning and professional development, with a view to ensuring that the supply of healthcare manpower could meet the development needs of the community. Ms Eureka CHEUNG added that the review would take into account both known and forecast healthcare needs of the community. When projecting the manpower demand of different healthcare professions, the steering committee would take into account all relevant factors including demographic changes (in particular the increase in demand for healthcare service brought about by an ageing population), change in service delivery models brought about by the healthcare reform and possible increase in demand for private hospital services, etc. with a view to formulating an overall strategy for healthcare manpower planning and professional development in Hong Kong.

15. Regarding a Member's proposal to allow NGOs to employ non-local healthcare personnel, the Chairman said that as the proposal involved complicated issues, it might not be able to be implemented shortly.

Agenda item 4: Hospital Authority's Consultation Paper on "Elderly People Service Plan 2011-2016"

16. The Chairman invited the representative of HA to introduce the consultation paper to Members. Dr Daisy DAI Siu-kwan, Chief Manager of HA, said that HA had been developing plans for different healthcare services since 2009. In face of the challenge of an ageing population, HA in March this year started to formulate the consultation paper on "Elderly People Service Plan 2011-16" (the "Plan") in consultation with relevant sectors, and invited comments on how to develop and enhance healthcare services for elders.

17. Dr Christina MAW Kit-chee, Senior Manager of HA, then briefed Members on the consultation paper with the aid of a powerpoint presentation. She said that in the coming five years, the increase in the population aged 65 or above would double that of the population aged below 65, leading to a rapid growth in demand for healthcare resources from elders. In view of this, HA had drawn up a plan to address the growing healthcare demand, ensure service quality and safety, and train up an adequate number of competent professional teams. The vision of the Plan was to raise the standard and quality of healthcare for elders so as to enhance their well-being. The mission of the Plan was to provide integrated and high-quality care services in hospitals and the community, and ensure that elders could receive healthcare services commensurate with their needs. In light of the increasing number of elderly and chronic patients, the traditional passive healthcare delivery mode (i.e. emphasising on independent specialist treatment, as well as passive treatment and care for patients and their carers) at present had become outdated. As such, HA had put forward a new service model which encouraged healthcare and nursing staff to take the initiative to identify high-risk patients or patients in complex conditions for early targeted treatment. In addition, HA would develop a multi-disciplinary treatment model, enhance collaboration with

service partners in the community, and enhance the participation and capability of patients and their carers.

18. Dr Christina MAW said that to meet the requirements of the above new healthcare model, HA would strengthen manpower resources training, such as providing tailor-made programmes for healthcare professionals, and enhance technical and professional training for healthcare personnels, etc. Furthermore, to develop quality and outcome-based healthcare services for elders, HA would lay down general standards, referral paths and nursing protocols; study the development of quality indicators which would be linked with the Hospital Accreditation Scheme of HA; develop guidelines on the future planning and development of hospitals, and utilise the Clinical Information Management Systems; and extend the quality care standards to elderly care facilities not under HA.

19. Dr Christina MAW continued to say that the Plan would be implemented in two stages. Stage 1 scheduled for 2012 to 2014 would include establishing an integrated risk assessment mechanism for elderly patients; appointing dedicated nurses to coordinate discharge plans and case managers to provide support services; studying the development of quality indicators for elderly services; strengthening collaboration with NGOs to improve post-discharge support; and enhancing community health call support services. Stage 2 scheduled for 2015 would include enhancing coordination between the Community Geriatric Assessment Service and primary care doctors to improve care services in RCHEs; working with SWD and NGOs to improve the care standards and coordination of elderly services; developing information systems to improve cross-sectoral communication and the continuity of care; and developing guidelines that suited local circumstances to facilitate the planning of healthcare facilities for elders in future.

20. Members generally welcomed the Plan, and raised the following questions and views:

(a) The Plan was similar to the Integrated Discharge Support Programme for Elderly Patients. What was the difference between them?

(b) HA's sincerity in sharing information on its healthcare system with the elderly care sector in recent years was appreciated. It was hoped that the pilot scheme on visiting pharmacist services implemented at RCHEs by SWD would also facilitate the sharing with RCHEs of information on drugs used by elders.

(c) How would the pre-discharge rehabilitation assessments for elders tie in with the post-discharge community care services?

(d) It was grateful that HA had allocated additional healthcare resources for elders. However, as elders often did not seek health assessment for fear of illnesses and treatment, how could HA identify elders with potential illnesses? Besides, efforts of HA alone were not enough to enhance elders' health. Inter-departmental cooperation was required for the implementation of measures to encourage elders to do exercise regularly and lead a healthy lifestyle, so that they could enjoy healthy and active ageing. Taking further steps to address the fundamental problems could help reduce the use of healthcare resources by elders.

(e) Was the consultation paper targeted at the community at large or stakeholders in the sector only?

(f) Despite the comprehensive range of services covered in the paper, the implementation schedule seemed to be too hasty. There were reservations on whether HA could implement all service proposals as scheduled.

(g) Had HA estimated the number of patient beneficiaries?

(h) What HA proposed in the consultation paper was a shift from a purely healthcare delivery mode to collaboration between the welfare and healthcare sectors. The biggest challenge lied in actual implementation. Simultaneous changes and interface among the three systems, namely hospitals, primary care and long-term care for elders, were essential to the sustainable development of the new model.

(i) Should HA set up a steering group to implement the proposals, this Commission would be pleased to send representatives to sit on it to provide professional advice.

21. Dr Daisy DAI responded as follows:

(a) Pilot projects had been implemented in three districts over the past three years under the Integrated Discharge Support Programme for Elderly Patients, which would be gradually extended to all districts in Hong Kong from this year onward. Under HA's new plan, rehabilitation activities in residential homes would be arranged for more frail discharged elders for a period of time before they returned home. Besides, cooperation and communication with welfare organisations would be strengthened to enhance support for discharged elders. The scope of implementation would also be widened to enable clinical referrals of needy patients for community care services, apart from supporting high-risk discharged elders.

(b) Elders assessed to be of high-risk after hospitalisation would be included in the Plan. Dedicated nurses would evaluate their home care needs and physical conditions before their discharge. They would be referred to NGOs for community care services if necessary. The 14 hospitals with Accident and Emergency (A&E) service under HA had each been engaged in a partnership contract with an NGO in

their respective districts to allow the NGO to set up an office in its partnering hospital. Elders' medical histories and needs would be studied first before their discharge, so that appropriate post-discharge support services could be arranged. Discharged patients with more medical needs would be handled through a case management approach.

(c) HA would roll out preventive services, including fall prevention and treatment of airway diseases, etc. through the provision of primary care services.

(d) Although this was not a public consultation paper, an extensive consultation covering the relevant government departments, universities, stakeholders of elderly services, patient groups and NGOs, etc. had been conducted. Besides, four focus group meetings had been held for patients and their families to gauge their views on HA's service demand and comments after using the services.

(e) If the Plan was implemented in all 14 hospitals with A&E service in Hong Kong next year, it was estimated that about 70 000 high-risk elderly patients who had been hospitalised would benefit in the year. Besides, other services, such as the promotion of primary care and the implementation of an accreditation scheme, would be included in the Plan to further enhance healthcare services targeted at elders.

22. Mr Richard YUEN agreed that the primary care system, hospitals and the long-term care system should complement with each other. However, CHCs to be set up for providing primary healthcare services were targeted at not only elders, but also the general public with healthcare needs. Given that in the long run only one CHC might be set up in each district to serve a wide range of clients, CHCs would not, and should not, duplicate efforts in providing services which were already available under the long-term care system. CHCs would focus

on providing family medicine, and preventive and health promotion services to raise public health awareness and self-management ability, so as to alleviate the pressure on HA's overall provision of healthcare services and put healthcare resources to more effective use. Dr Amy CHIU Pui-yin, Head of Primary Care Office, added that primary care was the first point of contact in the healthcare system for the public. However, as members of the public generally sought consultation from specialists or hospitals directly when they were taken ill, the priority task in promoting primary care was to promote the family doctor concept, raise public's awareness in disease prevention, thereby changing the public's habit in using the healthcare system. Primary care would also seek to align provision of public services with HA's new healthcare model and study how to make corresponding arrangements in the provision of long-term care for discharged elders.

23. In conclusion, the Chairman said that this Commission was supportive of HA's preferred approach, and the consolidation and optimisation of healthcare services for elders, and hoped that the relevant reform could be interfaced with community care services to provide more comprehensive support for elders.

Agenda item 5: Any other business

Safety of RCHEs

24. A Member said that nuisance was caused to an RCHE by an intruding psychiatric patient recently. The issue had not been resolved although the RCHE had sought assistance from the departments concerned, such as SWD and the Police. The Chairman said that representatives of SWD might discuss with the Member on how to follow up on the case after the meeting.

Retirement protection

25. The Chairman said that it was not easy for the community to reach a consensus on universal retirement protection. He was pleased to note that the Government was studying ways to enhance the existing retirement protection system. The Government's Central Policy Unit (CPU) would later arrange a focus group meeting with this Commission to listen to Members' views on how the existing system could be enhanced. Upon finalisation of meeting arrangements with CPU, the Secretariat would inform Members who could then sign up for the meeting.

Date of the next meeting

26. The next meeting was tentatively scheduled for 20 December this year.

Time of Adjournment

27. The meeting was adjourned at 5:15 p.m.

December 2011