

(Translation)
Elderly Commission
Minutes of the 110th Meeting

Conference Room 4, G/F, Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
2:30 p.m., 24 March 2023 (Friday)

Present:

Chairman

Dr LI Kwok-tung, Donald, SBS, JP

Members

Dr CHAN Chi-kau, Johnnie Casire, SBS,
JP

Ms CHAN Mei-kit, Maggie, MH

Ms CHAN Yee-ching, Tammy

Mr CHUA Hoi-wai, JP

Dr HUI Elsie

Prof LAI Wing-leung, Daniel

Prof LAM Chiu-wa, Linda

Mr LAU Tat-chuen

Ms LI Fai, Grace, MH

Mr LIT Hoo-yin, Horace

Mr SIU King-wai, Kyrus

Ms WONG Chor-kei, Macy, MH

Ms LAU Yim, Alice, JP

Miss LEE Pui-sze, Charmaine, JP

Mr FUNG Pan-chung, Chris

Dr LEUNG Ching-kan, Jackie

Mrs TANG FUNG Shuk-yin

Dr KWOK Hau-chung, Jones

Permanent Secretary for Labour and Welfare

Director of Social Welfare

Principal Assistant Secretary for Health 3

Assistant Director of Health (Elderly Health)

Assistant Director of Housing (Estate
Management) 1

Deputising Chief Manager (Primary &
Community Services), Hospital Authority

In attendance:

Ms KWOK Wai-ling, Polly, JP	Deputy Secretary for Labour and Welfare (Welfare) 2
Mr LEE Lik-kong, Eddie	Deputy Secretary for Health 2
Ms MAK Tse-ling, Elaine	Deputy Secretary for Health 3
Dr PANG Fei-chau	Commissioner for Primary Healthcare, Health Bureau
Ms LAW Lai-tan, Linda	Principal Assistant Secretary for Labour and Welfare (Welfare) 3
Mr TAN Tick-yee	Assistant Director of Social Welfare (Elderly)
Ms HO Koon-ling, Rosanna	Chief Executive Officer (Welfare) 4, Labour and Welfare Bureau
Mr LAU Shun-tak	Executive Officer (Welfare) 4, Labour and Welfare Bureau

Absent with apologies

Dr BAI Xue
Dr LUK Ka-hay, James
Mr MA Heng, Theodore
Ms YU Chui-yee, BBS, MH

Secretary

Ms CHAN Ah-wing, Ivy	Principal Assistant Secretary for Labour and Welfare (Welfare) 4
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Dr LI Kwok-tung, Donald, the Chairman, welcomed all Members to the meeting. On behalf of the Commission, he expressed sincere gratitude to Dr HUI Elsie, who would resign from membership in May this year, for her contribution in the past two years.

2. The Chairman reminded Members to declare potential conflict between their interests and matters under discussion, if any.

Agenda item 1: Confirmation of the minutes of the 109th meeting

3. Members did not propose any amendments to the Chinese and English versions of the draft minutes of the 109th meeting issued by the Secretariat on 21 February 2023. The minutes were confirmed.

Agenda item 2: Matters arising

4. There were no matters arising from the 109th meeting.

Agenda item 3: Primary Healthcare Blueprint

5. With the aid of a PowerPoint presentation, Mr LEE Lik-kong, Eddie, Deputy Secretary for Health 2, briefed Members on the Primary Healthcare Blueprint (the Blueprint).

6. After the briefing, the Chairman and Members expressed views and raised questions as follows:

- (a) whether the Health Bureau (HHB) had estimated the number of doctors willing to be registered under the Primary Care Directory (PCD);
- (b) it was hoped that there would be collaboration between elderly services and primary healthcare (PHC) services. For example, elderly centres could coordinate with District Health Centres (DHCs) to encourage elderly persons to cultivate a healthy lifestyle. Noting that elderly centres had implemented the Community eHealth Care Project with the support from the Hong Kong Jockey Club (HKJC), it was hoped that relevant data could be consolidated under the Blueprint;
- (c) it was worried that elderly persons might be hindered from using the new PHC services due to difficulties in using technology;
- (d) whether more effective ways of dispensing medicine to elderly persons had been considered under the Blueprint;
- (e) how members of the public could be attracted to use DHC services;

- (f) how the family doctor concept under the Blueprint differed from the current situation; and
- (g) given that at present, members of the public would seek specialists on their own or go directly to accident and emergency (A&E) departments of hospitals for one-stop treatment if they felt unwell, whether DHCs could facilitate the public's access to specialist treatment, allied health services, laboratory services, etc.

7. The Chairman welcomed the Government's launch of the Blueprint. He expected that medical-social collaboration would be enhanced under the Blueprint. With the transition from treatment by individual doctors to support on a team basis, it was expected "preventive treatment of disease" could be made possible and the effect of "prevention is better than cure" could be achieved. As an excellent platform for promoting health education, DHCs could encourage elderly persons to self-manage their personal health. The Chairman considered that DHCs and Elderly Health Centres (EHC) under the Department of Health (DH) should strive for further co-ordination and integration in the future. Also, the Blueprint could introduce a systemic reform of Hong Kong's healthcare system, shorten the waiting time for patients and alleviate the pressure on the Hospital Authority.

8. In response to Members' views and questions, Mr LEE Lik-kong, Eddie and Dr PANG Fei-chau, Commissioner for Primary Healthcare, gave consolidated replies as follows:

- (a) currently there were about 2 700 doctors registered under the PCD. The HHB had recently written to about 1 200 doctors participating in the Elderly Health Care Voucher Scheme and the Colorectal Cancer Screening Programme, inviting them to join the PCD before October 2023. It was expected that about 3 000 to 4 000 doctors in total would take part;
- (b) the HHB and the DH were making arrangements to refer EHC waitees to DHC to become members. Currently, the service scopes of EHCs and DHCs overlapped partially, the HHB had commenced discussions with the DH to prioritise the service consolidation of EHC in order to achieve better synergy. The HHB would also strengthen the co-ordination of elderly services and data under the HKJC and other non-governmental organisations (NGOs) and explore the regularisation of pilot programmes with notable results;
- (c) identity cards were primarily used for identity verification and registration for

PHC services at present, and registration would not be limited to electronic means;

- (d) PHC and specialist healthcare offered different levels of care, with the former focusing on prevention-oriented services and chronic diseases management. The Strategic Purchasing Office under the HHB would progressively set up the community drug formulary and secure more competitive prices through bulk purchases so that the drugs required might be available to patients at lower costs. It was also emphasised in the Blueprint that pharmacists should provide preventive recommendations to members of the public;
- (e) it was believed that DHC services, supported by family doctors, nurses and other professional teams, were appealing to the public to a certain extent. Furthermore, DHCs would connect with the NGOs in the community to devise personal health plans for members, with a view to performing the function of community hubs and promoting the concept of “prevention is better than cure”;
- (f) Hong Kong’s healthcare system had always been treatment-oriented, resulting in the public’s tendency to seek consultation at A&E departments or with specialists. The Government anticipated the Blueprint would highlight the importance of disease prevention and the concept of “treating mild cases in the community”. At present, family doctors provided the public with services on prevention and self-management of diseases relatively infrequently. As recommended in the Blueprint, family doctors should play a more crucial role in this aspect by, for example, offering vaccination, cancer screening and chronic disease management to the public;
- (g) as regards building a community medical service network, the HHB did not have complete information on private medical services in the community for the time being. With the introduction of the Chronic Disease Co-Care Scheme, the HHB would start purchasing healthcare and related services, such as optometrist and laboratory testing services, in order to build a basic service network and expand the relevant database; and
- (h) on human resources, to ensure an adequate supply of PHC-related professionals, such as family doctors, Chinese medicine practitioners (CMPs) and dentists, the Government would review the manpower projection model and formulate strategies to more systematically project the demand for PHC professionals.

Agenda item 4: Proposed amendments to the Nurses Registration Ordinance (Cap. 164)

9. With the aid of a PowerPoint presentation, Mr FUNG Pan-chung, Chris, Principal Assistant Secretary for Health 3, briefed Members on the proposed amendments to the Nurses Registration Ordinance (Cap. 164).

10. After the briefing, the Chairman and Members expressed views and raised questions as follows:

- (a) there were concerns about the manpower demand in elderly care and worries over the shortage of nurses to serve the social welfare sector in the future;
- (b) it was suggested that the element of community-based practice should be enhanced to increase the nursing manpower serving the social welfare sector;
- (c) the supply of psychiatric nurses seemed to be greater than that of general nurses in recent years, making it more difficult for the social welfare sector to recruit general nurses;
- (d) the proposed legislative amendments to introduce pathways of limited registration/enrolment and special registration/enrolment of nurses were supported. It was suggested that the HHB should pay attention to the language proficiency and cultural background of the nurses concerned and consider how the social welfare sector could actually benefit from the proposed amendments. For example, training for related work skills could be centrally co-ordinated to facilitate deployment of nurses to serve the social welfare sector;
- (e) regarding the HHB's suggestion that nurses who came to Hong Kong through the pathway of limited registration/enrolment could not be fully registered/enrolled in Hong Kong, while this would help ensure that these nurses would remain in the social welfare sector, it might not be appealing to those who wished to change to work in hospitals. A Member considered that, with the lack of clear distinction between the eligibility criteria for limited and special registration/enrolment, competition between the two pathways might arise;

- (f) it was suggested that reference be made to the arrangement of limited registration of CMPs in the Tung Wah Group of Hospitals, under which CMPs admitted via such arrangement could only provide services in institutions under its management. Reference could also be made to the current practices of different ambulance associations (such as the recruitment of auxiliary nurses by the St. John Ambulance Brigade) to increase the supply of local nursing manpower in the long run; and
- (g) apart from the admission of nurses, local training should not be overlooked. A Member noted that the number of nursing training places funded by the University Grants Committee (UGC) had only increased by 100 over 13 years, while the number of self-financing nursing training places had increased substantially. The Government could improve planning for the training quota.

11. In response to Members' views and questions, Ms MAK Tse-ling, Elaine, Deputy Secretary for Health 3 and Mr FUNG Pan-chung, Chris, Principal Assistant Secretary for Health 3, gave consolidated replies as follows:

- (a) the HHB attached great importance to the nursing demand of the social welfare sector. Pathways of limited registration/enrolment and special registration/enrolment introduced in the proposed amendments could provide greater flexibility in the registration/enrolment of nurses such that employers' demand for nurses with different qualifications or experiences would be met. Under the pathway of limited registration/enrolment, non-locally trained nurses could be admitted to serve in residential care homes (RCHs), nursing homes and social welfare service units specified by the Director of Social Welfare. An application could be made by an employer as long as the candidate identified as suitable for the job met the basic requirements of the Nursing Council of Hong Kong (NCHK). The HHB would continue to consult the sector on the details of the proposed amendments and concurrently co-operate with the Social Welfare Department (SWD) to ensure that the design of the amendment ordinance would be in line with the needs of healthcare units and the social welfare sector;
- (b) apart from practising in hospital settings, clinical practice training in nursing might also be provided in the social welfare sector for nursing students. To this end, the HHB had discussed with the NCHK earlier to include practice hours to be conducted by nursing students in social welfare organisations in clinical practice hours, and suitably reduce the number of clinical practice hours. The

NCHK had commenced a review on this proposal. The HHB would continue to deliberate the details with the sector and the NCHK;

- (c) currently, the allocation of university places was based on the manpower requirement projections conducted by the HHB once every three years in step with the triennial planning cycle of the UGC. The same arrangement applied to the planning of the supply of psychiatric nurses. The proposed number of training places could be provided based on the latest data available upon the release of the results of the new round of manpower requirement projection by the end of this year;
- (d) while the proposed amendments were made to attract more qualified nurses to work in Hong Kong, the nurse registration regime of the NCHK had to be taken into account. The pathway of limited registration/enrolment would enable employers to employ nurses fulfilling the basic requirements of the NCHK, and determine their own requirements on language proficiency and job skills. As the purpose of introducing limited registration/enrolment and special registration/enrolment was to attract nurses with different qualifications in order to meet different needs of employers, the requirements on nurses' qualifications and experiences made by different employers would vary. The HHB would further discuss relevant arrangements with the NCHK. Nurses working in Hong Kong through the pathway of limited registration/enrolment might also be eligible for full registration/enrolment in Hong Kong after passing the Licensing Examination;
- (e) the HHB would amend the NRO in consultation with the sector and close co-operation with the SWD on the actual implementation details, taking into due consideration various suggestions for strengthening the professional nursing team in Hong Kong; and
- (f) as more and more new self-financing institutions had offered nurse training programmes in recent years, there had been a significant increase in such places. In addition, the review on the number of places to be provided could be conducted by self-financing institutions annually, which was more flexible than that conducted by the UGC triennially. Given the importance of training local nurses, the Government would, as in the past, make every effort in training sufficient manpower to meet the needs of the sector, having regard to the demand for nurses and the circumstances of the institutions.

Agenda item 5: Special Scheme to Import Care Workers for Residential Care Homes

12. With the aid of a PowerPoint presentation, Mr TAN Tick-ye, Assistant Director of Social Welfare (Elderly), briefed Members on the Special Scheme to Import Care Workers for RCHs (the Special Scheme).

13. After the briefing, the Chairman and Members expressed views and raised questions as follows:

- (a) the implementation of the Special Scheme by the Government was welcomed. Noting that various large RCHs would commence operation this year and a large number of care workers would be required, it was enquired when the Special Scheme would start accepting applications; and
- (b) under the Supplementary Labour Scheme, employers who were granted approval for importing foreign workers had to pay to the Employees Retraining Board (ERB) a levy of \$400 each month in respect of each imported worker. In view of the considerable surplus accumulated by the ERB over the years, it was enquired whether the Government would consider reducing the amount of levy collected for importing workers under the Special Scheme in order to alleviate the burden on employers.

14. In response to Members' views and questions, Ms LAU Yim, Alice, Permanent Secretary for Labour and Welfare and Mr TAN Tick-ye gave consolidated replies as follows:

- (a) the Special Scheme was expected to accept applications from June this year in tandem with the manpower requirements of various large RCHs upon their gradual completion within the year; and
- (b) under the current legislation, employers who were granted approval for importing foreign workers, except for domestic helpers, had to pay to the ERB a levy of \$400 each month in respect of each imported worker for augmenting the provision of training and retraining for local workers. There was no exception for the Special Scheme. With expenses far exceeding its income from the related levy in recent years, the ERB had to rely on the return from investment made with Government injection to meet expenditure needs.

15. The Chairman expressed support for retraining work which, he opined, would be the solution to the problem of manpower resources in the long run.

Agenda item 6: Progress reports by Working Groups and Committee

Working Group on Elderly Services Programme Plan and Working Group on Ageing in Place

16. Ms CHAN Ah-wing, Ivy, Secretary to the Commission, reported that the next meeting of the Working Group on Elderly Services Programme Plan (WGESPP) and the Working Group on Ageing in Place (WGAIP) was expected to be held in May this year.

[Post-meeting note: The joint meeting of the WGESPP and the WGAIP was scheduled for 19 May this year.]

Committee on Elder Academy Development Foundation

17. Ms CHAN Ah-wing, Ivy, said that the last meeting of the Vetting Sub-committee was held in December 2022, at which it was recommended that funding be provided for 39 applications in respect of the Elder Academy, involving a total of about \$4.97 million. The Committee on Elder Academy Development Foundation (EADF) gave approval for the funding in February this year. The next round of funding applications would close on 31 May this year.

18. As the financial situation of the EADF was relatively stringent, the Secretariat proposed that donations from outside parties be solicited in addition to the seeking of funding injection from the Government. It was initially planned to send invitations to enterprises, family charitable foundations, clansmen associations and chambers of commerce. Members could contact the Secretariat for follow-up on their suggestions, if any.

[Post-meeting note: The Secretariat had started sending out invitations to solicit donations.]

19. The Chairman said that the Elder Academy Scheme was a very meaningful initiative, and appealed to Members to solicit donations via their personal networks.

Agenda item 7: Any other business

20. There was no other business for discussion at the meeting.

Time of adjournment

21. The meeting was adjourned at 4:20 p.m.

Date of next meeting

22. The next meeting was tentatively scheduled for 20 June 2023. The Secretariat would advise Members of the meeting details in due course.

June 2023