

(Translation)

Restricted

**Elderly Commission
Minutes of the 53rd Meeting**

Room 2005, 20/F, Murray Building, Garden Road, Central
2:30 p.m., 6 March 2008 (Thursday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Vice-Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Members

Dr LUM Shun-sui, Susie

Ms WONG Yiu-ming, Anita

Mr CHAN Iu-seng, Star, BBS, JP

Dr LAM Ching-choi, JP

Prof Jean WOO

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

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

Mrs NG MA Kam-han, Kathy

Representative of Director of Social Welfare

Dr CHAN Wai-man, JP

Representative of Director of Health

Dr Daisy DAI

Representative of Chief Executive of Hospital
Authority

In Attendance:

Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare	
Ms CHENG Lai-sheung, Winnie	Specialist Nurse on Community Nursing Caritas Medical Centre	(Agenda Item 2)
Dr KWONG Kwok-wai, Heston	Assistant Director of Health	} (Agenda Item 4)
Miss LEE Lai-kwan, Queenie	Assistant Secretary for Food and Health	
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 FU Tsun-hung	Chief Social Work Officer Social Welfare Department	
Miss Sheila KONG	Chief Social Work Officer Social Welfare Department	
Mrs YUK KWOK Lai-sum, Kitty	Chief Social Work Officer Social Welfare Department	
Mrs Senna SMITH	Executive Manager 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
Dr NG Ping-sum, Sammy	Senior Medical and Health Officer Department of Health
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Labour and Welfare
Mr CHIN Cheuk-hong, Ian	Assistant Secretary for Labour and Welfare
Ms CHEUNG Chung-sze, Joyce	Assistant Secretary for Labour and Welfare
Mr YIP Ka-sing, Tony	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 YAM Yin-chun, Loretta, BBS

Secretary

Mr D C CHEUNG Principal Assistant Secretary for Labour and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting, and specially bid a warm welcome to Ms Betty HO, the new Principal Assistant Secretary for Labour and Welfare. He also thanked Mr FUNG Kin-yip, Eugene, the former Principal Assistant Secretary, for his contribution to the Elderly Commission (EC) during his tenure.

Agenda Item 1: Confirmation of the Minutes of the 52nd Meeting

2. The minutes of the last meeting were endorsed without amendments.

Agenda Item 2: Matters Arising

Paragraph 6 of the Minutes of the 52nd Meeting

3. The Chairman invited Dr Susie LUM to brief Members on the findings of the further study on improving the skills of and training for health workers and on the progress of the consultation. Dr LUM remarked that an inter-departmental working group, which comprised representatives from the Department of Health (DH), the Social Welfare Department (SWD), the Hospital Authority (HA) and private residential care homes for the elderly (RCHEs), Prof. Alfred CHAN, Vice-chairman of the EC and Mr Kenneth CHAN, member of the EC was set up in end of 2007 to carry out the study. In view of the shortage of nurses in the local RCHE sector, the working group proposed that the functions of some senior health workers should be enhanced through provision of professional training. It was also proposed that “Visiting Advanced Practice Nurse” (VAPN) service should be provided for private RCHEs so that senior health workers with enhanced functions would be provided with professional support by a VAPN in the ratio of, say, 1 VAPN for every 5 to 6 private RCHEs. The working group further proposed that these arrangements should be launched as a pilot scheme. If successful, these arrangements would become one of the service modes for RCHEs.

4. Ms Winnie CHENG, Specialist Nurse on Community Nursing of Caritas Medical Centre, supplemented that the course designed by the working group for the proposed rank of senior health worker covered institutional management, crisis management and special nursing skills in gastro-intubation, urethral catheterisation and injection. The course would comprise theories learning and practical training for about 200 hours. Ms CHENG also stressed that the course would focus on safety precautions for gastro-intubation which included working out a set of strict working procedures. The working group was considering

whether health workers would be required to pass an assessment test and obtain recognised qualification upon completion of the course before they could formally undertake the duty of gastro-intubation. The course offered under the pilot scheme would be held in the Institute of Health Care of the HA on a trial basis. The working group would continue to study in detail further arrangements of the scheme.

5. In view of the manpower shortage in the RCHE sector, Members were in principle supportive of the above proposal to be launched by way of a pilot scheme so that further detailed studies could be made. Members put forward the following views/questions:

- (a) On management framework, the function of the proposed VAPN would be more or less equivalent to that of the Community Geriatric Assessment Team (CGAT), and the VAPN could directly oversee the work of senior health worker to ensure a sound system for supervision and quality assurance.
- (b) A member remarked that the RCHE sector would give its full support to the pilot scheme and would select 10 RCHEs and 30 health workers to join the pilot scheme through a stringent screening process. Besides, the SWD was advised to review and fine-tune the registration procedures for health workers, e.g., considering the introduction of a registration renewal system, the requirement of regular on-the-job training and setting up a mechanism to oversee matters relating to discipline and ethics, etc.
- (c) As the nursing sector might be concerned about the contents of the scheme, the working group was advised to inform the Nursing Council of the details of the scheme.

(d) As the current Code of Practice for Residential Care Homes (Elderly Persons) had clearly specified the types of work that should be taken up by nurses, it was recommended that a review of such requirement should be conducted in a bid to ensure that health workers were allowed to perform their enhanced functions in the RCHEs after training.

6. Ms Carol YIP, Deputy Secretary for Labour and Welfare, hoped that the scheme could relieve the manpower shortage of the RCHE sector. The Labour and Welfare Bureau (LWB) supported the scheme and would consider seeking the required resources for its implementation.

7. Ms Sandra LEE, Permanent Secretary for Food and Health, said that the Food and Health Bureau (FHB) supported the HA in taking part in this pilot training scheme and trusted that the required resources for the scheme could be absorbed by the HA. As for resources required for full implementation of the scheme in future, further consideration would be given subject to the progress of the scheme.

8. After consolidating Members' views, the Chairman asked Dr LUM and the working group to make a further study on the licensing system of RCHEs, issues on professional insurance, the establishment of health workers, the system for the issuance of recognised training certificate, the Nursing Council's views and the budget for the scheme, and to make a report to the EC at the next meeting.

Agenda Item 3: Briefing on the 2008-09 Budget

9. Ms Carol YIP, Deputy Secretary for Labour and Welfare, briefed Members on the new initiatives on elderly services in the 2008-09 Budget by way of powerpoint presentation.

In response, the Chairman remarked that welfare services for the elderly had been given detailed coverage in the Budget.

10. In response to the Chairman's concern about the administrative costs arising from the initiative on improving the home environment of, and acquiring facilities for, the needy elderly, Ms Carol YIP said that the Government was planning to launch the scheme in partnership with District Elderly Community Centres (DECCs). The administrative costs required would not be deducted from the subsidies for elders who needed the services. The DECCs would identify the elders in need in the community and provide them with one-stop services on assisting them to apply for the subsidies and arranging maintenance or acquisition of facilities for them. Each eligible applicant would receive a subsidy capped at \$5,000. In parallel, individual elders might apply for the services with a DECC direct. Mrs Kathy NG, Assistant Director of the SWD, added that on the basis of the statistics of the Census and Statistics Department, they were considering a plan to allocate fund to the 41 DECCs throughout the territory according to the proportion of elders living alone and needy families with two elders, three elders or more in the population of each district. While the need for setting an income ceiling would be considered, the application procedures would be kept as simple and user-friendly as possible, and the subsidies capped at \$5,000 would be available for use within five years.

11. Members unanimously supported the new initiatives on elderly services set out in the Budget. They had the following comments/questions:

- (a) As an ageing population would also bring about more challenges and development opportunities for the community, it was hoped that initiatives that would portrait a positive image of the elders could be introduced in the Budget in future.

- (b) Currently, elders who lived with their family members yet without their financial support were not eligible to apply for Comprehensive Social Security Assistance; hence, they could only rely on the Old Age Allowance (OAA) for a living. If the Government could introduce another mechanism to assist these elders, the urge for increasing the OAA could be eased.
- (c) Whether the elders could apply for fund for home improvement and fittings through the SWD other than the DECCs and whether the subsidy would be allocated to the elders in need on a first-come-first-serve basis due to limited resources.
- (d) Members welcomed the allocation of additional resources to the DECCs for enhancing their functions to cater for the needs of elders in various districts. It was recommended that in future the EC should hold in-depth discussion on the roles of the DECCs, the means to assist the DECCs to bring their functions into full play, and in particular offering practical assistance to hidden elders to make their ends meet.

12. In response to Members' enquiries on the funding for home improvement, Mrs Kathy NG said that the DECCs had already established a strong elderly service network in each district for implementing the scheme. Moreover, they would accept applications from needy elders referred to them by other local service units. At present, the DECCs also had other resources to provide assistance to elders, e.g. home cleaning service. Therefore, the DECCs could pool their resources to provide more comprehensive services. As the provision of \$200 million would be granted on an annual basis in the coming five years, the Government would review the scheme after the first year of its implementation.

13. As for the OAA, the Chairman noted that the LWB would study the relevant statistics in detail to seek a long-term sustainable option for the OAA, examine the need for repositioning and explore ways to identify the needy elders to provide them with more appropriate assistance. The Chairman hoped that the LWB would conduct a review as soon as practicable and the EC would then provide its views to the LWB for consideration.

Agenda Item 4: Briefing on Health Care Voucher Scheme for the Elderly

14. The Chairman remarked that the Health Care Voucher Scheme for the Elderly was a policy item proposed in the Chief Executive's 2007-08 Policy Address. Under this scheme, all citizens aged 70 or above would be given annually five health care vouchers worth \$50 each to subsidise primary medical care services they purchased from the private sector. He invited Ms Sandra LEE, Permanent Secretary for Food and Health, to brief the EC on the scheme.

15. Ms LEE said that this was a 3-year pilot scheme implementing the "money follows patients" concept. The vouchers could be used for services provided by western medical practitioners, Chinese medical practitioners, dentists and specialist consultations, as well as for preventive and curative services. Elders who were issued with vouchers could still use the HA's clinic services, but they could not use the vouchers to pay for the fees charged by the HA's clinics as health care vouchers were meant to encourage the elders to establish a long-term relationship with their family doctors. The FHB was drawing up the operation details of the scheme and the main considerations were to simplify as far as possible the procedures for issuing and using health care vouchers for the convenience of the elders and minimizing administrative costs. The FHB was therefore considering the development of an electronic health care voucher system, under which elders could make registration and open their personal health care voucher accounts at any participating healthcare service providers

just by producing their identity cards. The vouchers in their accounts would be available for use on the same day as soon as their accounts were opened. In addition, for those who reached the age of 70 during the implementation period of the scheme, they would also be provided with health care vouchers from the year in which they had reached the age of 70. For example, if an elder had his birthday in December 2009, he/she would be provided with health care vouchers in January 2010. Also, the voucher balance could be carried forward to the next calendar year.

16. Dr. Heston KWONG, Assistant Director of Health, explained the operation flow of the electronic health care vouchers. He pointed out that under the electronic health care voucher system, there was no need for elders to make any prior registration or collect the vouchers beforehand. Nor were they required to bring along the vouchers every time they were to use the vouchers. This was really meant to bring convenience to the elders. When using health care services, elders were only required to show their identity cards to participating service providers. The latter could check the identity cards of the elders who requested to use the vouchers for the purpose of identity verification and eligibility confirmation, and then open personal voucher accounts in the system for them and deduct the vouchers used from their accounts. Prior to any voucher deduction, participating providers had to obtain consent forms signed by the elders on the number of vouchers to be deducted. The providers were also required to keep the consent forms for random checking and verification by the Government. The Government would provide participating providers with support, including the provision of different means for accessing the system, such as through the use of computers, personal digital assistants, mobile phones, fixed-line telephones, etc. Owing to technical constraints, phones without the function to access the internet could only be used for lodging a claim for using health care vouchers for elders who already had a voucher account.

17. Members were in general supportive of the electronic health care voucher scheme and put forward the following questions/views:

- (a) Could the electronic health care vouchers be used at western medicine clinics operated by non-governmental organisations (NGOs)?
- (b) It was suggested that health care vouchers could be used at the 11 Chinese medicine clinics under the HA as they were operated in a way similar to that of the private Chinese medical practitioner.
- (c) How could the elders check the balance of their electronic health care voucher accounts? Was it possible to check the balance at District Councillors' offices?
- (d) Could the five health care vouchers be used at the same time? If so, would this violate the principle of "cost sharing"?
- (e) What was the response from the health care sector? How would the Government monitor whether this would cause a rise in medical fees, which would offset the subsidy of the health care vouchers?
- (f) It was suggested that "Octopus" cards be used to effect the deduction of health care voucher used. This could save the procedures of data input.
- (g) Members were worried that the input of patients' information (such as type of service received and reasons for seeking consultation) into the health care voucher system might give rise to professional censorship and infringement of patients' privacy.

- (h) Could the health care vouchers be used for such services as body check-up/health education/basic training on self-management of health?
- (i) The FHB was advised to discuss with the Medical Council if the use of logo to identify participating service providers would constitute publicity.

18. Ms LEE's response was as follows :

- (a) Registration for the use of electronic health care vouchers was doctor-based instead of organisation-based. The vouchers should be used for paying the medical treatment costs of the elders instead of being used to cover the administrative costs of the organisations concerned. Elders were allowed to choose health care services provided by doctors practising in the health maintenance organisations or in the NGOs. The vouchers could not be used to pay for health care services provided by the HA as these services were already substantially subsidised by the Government.
- (b) The Government would further consider whether the vouchers could be used for services provided by Chinese medicine clinics under the HA.
- (c) All participating service providers would be issued with a logo to be displayed outside their practices for easy identification by elders. Therefore, elders could simply go to any practices displaying such logo and request assistance there to check the records of their voucher account. In addition, they might also check their voucher balance by themselves by using their mobile phones or conventional tone-dialling telephones.

- (d) Since the vouchers were meant to provide a partial subsidy with a view to encouraging appropriate use of primary care services by elders, and in general elders needed such services a few times a year, we therefore encouraged them to use one voucher each time as far as possible, so that they could receive services several times a year and establish a long-term health care relationship with health care personnel for better health protection. At this stage, the Government had no plan to impose a limit on the number of vouchers that can be used each time, but would further review the matter in the light of actual operation.
- (e) The Government would hold in-depth discussions with the health care sector on the details of the scheme. Although no policy had been put in place currently to regulate medical fees, it was believed that the health care sector would abide by their professional ethics and would not raise the medical fees.
- (f) The Government did not recommend the use of Octopus cards for registration and use of health care vouchers in order to avoid the need of elders to apply for, or bring along, an Octopus card. Nor did they need to apply for a replacement card if they had lost it. In addition, as verification of user's identity is not required for the use of Octopus cards, it would also pose operational problems. However, if personal identification had to be added to Octopus cards, the costs would be quite expensive. As regards the proposed electronic health care voucher system, the method on inputting information is very simple and elders could use health care vouchers by simply producing their identity cards.

- (g) The patient information input into the health care voucher system was solely for audit purpose and would not give rise to professional censorship.
- (h) Health care vouchers could be used for body check-up, but they could not be used for health education because there would be difficulties in monitoring in view of the nature of such service.
- (i) The Government would continue to consult and seek the support of the health care sector. Besides, it would step up publicity among the elders on how to use the health care vouchers and give detailed information about the scheme to the elders through welfare organisations and district organisations.

Agenda Item 5: Residential care services: Parameter of a further study by the Elderly

Commission

(Discussion Paper No. EC/D/01-08)

19-23. The item was reported under separate confidential cover.

Agenda Item 6: Any Other Business

Active Ageing

24. Prof Alfred CHAN reported that the Working Group on Active Ageing held meetings on 18 January and 22 February respectively on the implementation of two projects. One of the projects was the Pilot Neighbourhood Active Ageing Project (PNAA Project). Its kick off ceremony was held at the Lingnan University on 26 January, and its 15 pilot projects had been launched throughout Hong Kong, Kowloon and the New Territories in succession in private residential estates, public housing estates, old tenement buildings and rural areas, and

the PNAA Project was expected to cover 25 000 elders. It was aimed at fostering neighbourhood support and intergenerational harmony and promoting the message of Active Ageing at neighbourhood level. The initial response was encouraging.

25. As regards the Pilot Elder Learning Scheme (the PEL Scheme), there were other school sponsoring bodies indicating their interests in the PEL Scheme in addition to 32 elder academies operated in primary/secondary schools. The Working Group hoped that the participation of school sponsoring bodies in the PEL Scheme would be conducive to the sustainable development of the elder academies. Meanwhile, the Secretariat was actively liaising with the post-secondary institutions with a view to further extending the elder academies to the tertiary level. In the first phase, the Chinese University of Hong Kong, the Lingnan University, the Hong Kong Shue Yan University and the City University of Hong Kong had rendered their support by offering different types of courses to elders in the forms of short-term interest classes, college life experience and formal degree programmes to meet the diverse interests and needs of elders.

26. The Chairman hoped that through the PNAA Project, hidden elders could be identified so that their neighbourhood could lend them a hand. It was also hoped that elderly abuse could be prevented through neighbourhood communication. Mr CHEUNG Doi-ching, Principal Assistant Secretary for Labour and Welfare, added that the NGOs participating in the Pilot Project were required to form partnership with the DECCs or Neighbourhood Elderly Centres so as to follow up on hidden elders in need. As regards the prevention of elderly abuse, further consideration would be given to the issue and a report would be made to the EC in due course.

Integrated Discharge Support Programme for Elderly Patients

27. Ms Betty Ho, Principal Assistant Secretary for Labour and Welfare, reported that the first pilot project of the Integrated Discharge Support Programme for Elderly Patients had been implemented in Kwun Tong district since 1 March. With the collaboration of the United Christian Hospital (UCH) in this three-year pilot project, elderly in-patients with high risks of hospital readmission after their discharge would be identified by doctors and nurses in the UCH in order to provide them and their families or carers with special support services. The Haven of Hope Christian Service was also invited to provide transitional home-based support services for the elders in this project. It was estimated that a total of 3 000 elders aged 60 or above and 1 000 carers would be served and supported under the pilot project each year. To enable Members to have a better understanding of the actual operation of the pilot project and gauge their views, the Secretariat would arrange for Members a visit to the UCH in late April/early May for on-site inspection.

Health Care Reform Consultation Document

28. Ms Sandra LEE, Permanent Secretary for Food and Health, said that the Secretary for Food and Health would present the Health Care Reform Consultation Document (the Document) to the Legislative Council Panel on Health Services on 13 March and hold a press conference on the afternoon of the same day to give a briefing on the Document. In addition to health care financing options, the Document would also bring up the issue of health care reform. Ms LEE stressed that the Government would uphold its long-established public health care policy and that government funding would continue to be the major financing source for public health care. The financing options were just for supplementary financing. Ms LEE suggested that the EC should arrange a special meeting later so that she could brief

Members on the details of the Document and gauge their views. The Chairman agreed to convene a special meeting within two weeks after the release of the Document.

Any Other Business

29. A Member pointed out that most of the elders staying in the RCHEs were suffering from cognitive problem and Alzheimer's Disease but the waiting time for psychogeriatric service was rather long. It was noted that psychogeriatric service would be extended to private homes in the coming year and it was hoped that the Government could brief Members on the details. The Chairman suggested that the EC should look into the special needs of the elders in the RCHEs at the next meeting.

30. In addition, a Member enquired whether it was true, as recently reported in the newspaper, that the Government had provided funding to the HA to extend its psychogeriatric outreach service to all private homes in the territory. In response, Ms Sandra LEE, explained that the funding in question was for overall enhancement of psychogeriatric services and at the current stage, the amount was not sufficient to extend the service to cover all private homes. However, it was hoped that such service would finally be extended to cover the whole territory.

Date of Next Meeting

31. The next EC meeting would tentatively be scheduled on 13 June 2008 (Thursday).

Time of Adjournment

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

7 April 2008