

Elderly Commission

Minutes of the 65th Meeting

Room 601, 6/F, West Wing, Central Government Offices, 11 Ice House Street, Central

2:30 p.m., 5 January 2011 (Wednesday)

Present:

Chairman

Dr the Honourable LEONG Che-hung, GBM, GBS, JP

Vice-chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Members

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Dr CHAN Hon-wai, Felix

Dr CHENG Kam-chung, JP

Prof CHIU Fung-kum, Helen

Dr CHONG Ming-lin, Alice

Ms FUNG Yuk-kuen, Sylvia

Mr MA Ching-hang, Patrick, BBS

Mr MA Kam-wah, Timothy

Dr WONG Yee-him, John

Mr WU Moon-hoi, Marco, SBS

Dr YAM Yin-chun, Loretta, BBS

Mr YAU How-boa, Stephen, BBS, JP

Ms LEE Suk-yea, Sandra, JP

Permanent Secretary for Food and Health

Ms YOUNG Bick-kwan, Irene, JP

Representative of Secretary for Labour and Welfare

Mr NIP Tak-kuen, Patrick, JP

Director of Social Welfare

Mr LEE Kwok-wing, Albert, JP

Representative of Secretary for Transport and Housing / Director of Housing

Dr NG Ping-sum, Sammy

Representative of Director of Health

Dr DAI Siu-kwan, Daisy

Representative of Chief Executive of Hospital Authority

In attendance:

Ms HO Siu-ping, Betty

Principal Assistant Secretary for Labour and Welfare

Mrs NG MA Kam-han, Kathy, JP

Assistant Director
Social Welfare Department

Mr NGAN Man-por

Chief Social Work Officer
Social Welfare Department

Mr WONG Yuk-tong

Chief Social Work Officer
Social Welfare Department

Mr LAM Ding-fung	Chief Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Miss LAM Ching-wa, Nora	Senior Social Work Officer Social Welfare Department
Ms 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
Miss LAU Sze-mun, Shirley	Assistant Secretary for Labour and Welfare
Mr SHEUNG Zhen-ting, Kieron	Assistant Secretary for Labour and Welfare
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
Mr SUN Yuk-han, Chris	Principal Assistant Secretary for Food and Health

[Agenda Items 3 and 4]

Dr CHUI Wing-tak, Ernest

Associate Professor
Department of Social Work and Social
Administration, The University of Hong
Kong

Ms Mandy LAU

Senior Research Assistant
Department of Social Work and Social
Administration, The University of Hong
Kong

Agenda
Item 5

Absent with apologies:

Dr CHEUNG Moon-wah

Rev LAU Wai-ling, Dorothy, BBS, JP

Mr MA Chan-hang, Leo

Secretary

Mrs CHAN CHOY Bo-chun, Polly

Principal Assistant Secretary for Labour
and Welfare

Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting. He 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 64th meeting

2. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 23 and 30 December respectively, the minutes were confirmed.

Agenda item 2: Matters arising

Paragraph 6 of the minutes of the 64th meeting

3. Mrs Kathy NG, Assistant Director of Social Welfare, said that the Housing Department had entered into a tenancy agreement with Po Leung Kuk for the latter to set up a service centre called “family joy centre” in a unit of 274 m² in Hop Kwai House of Kwai Chung Estate. Besides, the Social Welfare Department (SWD) was discussing with another welfare organisation in the district on the provision of elderly services in a vacant unit of a smaller size in Kwai Chung Estate. The Kwai Chung Estate Resident’s Right Concern Group was satisfied with the above arrangements.

Paragraph 7 of the minutes of the 64th meeting

4. The Chairman said that the “Golden Age Delight” pre-retirement planning activity was held on 6 and 7 November 2010. He thanked Mr Timothy MA, Chairman of the Working Group on Active Ageing (WGAA), and all members of the Task Group for their efforts in organising this activity.

Paragraph 14 of the minutes of the 64th meeting

5. Ms Sandra LEE, Permanent Secretary for Food and Health, said that the Chinese University of Hong Kong had been commissioned to conduct a review on the Elderly Health Care Voucher Pilot Scheme. Data analysis would be carried out and a report on the interim review would be compiled in due course.

Agenda item 3: Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres

6. With the aid of a powerpoint presentation, Mr Chris SUN, Principal Assistant Secretary for Food and Health, briefed Members on the Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres (the Pilot Project), including its objectives, service targets, the qualifications of participating organisations, service specifications of the outreach dental teams and their portable equipment, as well as its anticipated output, funding requirements and way forward.

7. The Chairman and Members were generally in support of the Government's provision of dental care services to elders in need. They raised the following questions and views on the Pilot Project:

- (a) Consideration should be given to assisting organisations participating in the Pilot Project in the purchase of dental equipment through central procurement, with a view to minimising the costs of such purchase.
- (b) Would institutionalised older persons (IOPs) residing in residential care homes for the elderly (RCHEs) apply for the outreach dental care services in their personal capacity, or would the RCHEs arrange such services for them? In the latter case, would prior consent be sought from the elders or their families?
- (c) Given that assistance from RCHEs was required to arrange for the elders to receive services under the Pilot Project, would private RCHEs welcome the implementation of the Pilot Project? Since the Project could provide IOPs with primary dental care and improve their oral health, which could indirectly

facilitate their absorption of nutrients, most private RCHEs should collaborate and support the implementation of the Project.

- (d) Besides, good oral health could effectively reduce the incidence of pneumonia and thus minimise the chance of hospitalisation among elders.
- (e) All IOPs in RCHEs and service users of Day Care Centres for the Elderly (DEs) could benefit from the Pilot Project, regardless of their financial situation. However, those who were not institutionalised but in financial hardship were not covered by the Project. Had the Administration taken into account such a difference?
- (f) Under the Pilot Project, each participating organisation would be granted an annual subsidy of \$180,000 (i.e. \$15,000 a month) for the engagement of a young dentist. Would this amount be attractive enough to a young dentist? Besides, since the dental conditions of IOPs were generally unsatisfactory, it was expected each IOP would take quite a long time in receiving the dental care service. Would the participating dentists have sufficient time to achieve the target of serving 2 000 elders each year?
- (g) At present, some private dentists might request the Community Geriatric Assessment Teams (CGATs) of the Hospital Authority (HA) to assess for them the suitability of their elderly patients for dental surgery. More similar requests were anticipated upon the implementation of the Pilot Project. Hence, it was suggested that the Bureau should examine the impact of the Pilot Project on the workload of the CGATs.

- (h) Only primary dental care services would be provided to elders under the Pilot Project. It was suggested that efforts be made to explore how to refer needy elders for follow-up curative dental treatments and to consider whether free follow-up curative dental treatments would be provided for needy elders with financial difficulties.
- (i) Could non-governmental organisations (NGOs) participating in the Pilot Project choose the RCHEs they would serve?
- (j) At present, what was the take-up rate of dental grants to recipients of Comprehensive Social Security Assistance (CSSA)?

8. Ms LEE and Mr SUN of the Food and Health Bureau (FHB) responded as follows:

- (a) The process of central procurement of equipment was complex and quite time-consuming, and the participating organisations might have already possessed their own different equipment. It would be more efficient and flexible to provide a matching grant under the Pilot Project for the participating organisations to purchase equipment according to their individual circumstances and requirements.
- (b) Outreach dental teams would normally be attached to RCHEs for a period of time to provide dental services for the elderly residents. Participating organisations would liaise with the RCHEs beforehand and obtain consent from the elders or their families with the assistance of the RCHEs before the outreach dental teams provide services to the elders.

- (c) At this stage, the Pilot Project aimed at providing primary dental care for elders most in need. RCHEs and DEs were places at which elders were concentrated and therefore selected as trial points.
- (d) In planning the Pilot Project, FHB had all along worked closely with the Hong Kong Dental Association to discuss the project details, and had secured the support of the Association.
- (e) The annual grant of subvention provided for each accredited NGO would be up to \$1.08 million, which was considered sufficient for the engagement of a registered dentist and a dental surgery assistant.
- (f) As most IOPs had poor mobility, they could not go out for treatment even if they were CSSA recipients eligible for the dental grant. Outreach dental teams under the Pilot Project could help these elders obtain quotations for dental care services, so as to facilitate their application for the dental grant and receipt of dental care services. As the participating NGOs would arrange for transportation and escort services for attending treatment, poor mobility would not be a problem.
- (g) When applying for participating in the Pilot Project, NGOs had to indicate their preferred geographical districts for providing services. After joining the Project, they would provide services to RCHEs and DEs in the districts they served. However, they might also provide services to RCHEs and DEs under their aegis in other districts.

9. Mr Patrick NIP, Director of Social Welfare, said that a total of 5 510 CSSA recipients aged 60 or above received dental grants in the 2009-10 financial year. Each of them was given a grant of about \$4,800 for dental treatment.

10. In conclusion, the Chairman said that the Elderly Commission (EC) supported the Pilot Project in principle but hoped that FHB would make appropriate adjustments to the implementation details, taking into account Members' views, in particular regarding how to provide elders in need with follow-up curative dental treatments. In addition, the Administration had to remind participating organisations to pay attention to radiological safety issues when using portable X-ray machines.

Agenda item 4: Primary Care Development Strategy: Primary Care Campaign

11. With the aid of a powerpoint presentation, Mr SUN of FHB briefed Members on the background of the Primary Care Campaign and its latest development. He said that FHB just published a web-based version of the Primary Care Development Strategy Document in December 2010. The reference frameworks for diabetes mellitus (DM) and hypertension (HT) care in primary care settings would also be published later in January this year, and the first edition of the Doctor and Dentist sub-directories of the Primary Care Directory would be rolled out in March. Besides, the Bureau had implemented the multi-disciplinary Risk Assessment and Management Programme at designated general out-patient clinics (GOPCs) of HA to provide comprehensive health risk assessment for DM and HT patients, so that they could receive appropriate preventive and follow-up care, and Nurse and Allied Health Clinics comprising nurses and allied health professionals to provide care support services for chronic disease patients. The first purpose-built community health centre would also come into operation in Tin Shui Wai Area 109 in 2012.

12. Mr SUN further said that FHB would, in collaboration with stakeholders such as healthcare professionals and patient groups, launch a territory-wide campaign in March this year to promote the family doctor concept to the general public. There would be a series of media publicity activities, briefings and professional development activities, as well as distribution of publicity materials, etc. An interim evaluation of the campaign would be conducted at the end of this year.

13. Members generally agreed with the direction of primary care development, and put forward the following questions and views:

Primary care conceptual models

- (a) At present, many members of the public had not yet grasped the family doctor concept, its specific benefits and impact on the financial conditions of a family. The Government should step up publicity to address the concerns of the public, and could also consider providing some incentives to encourage the public to use services provided by family doctors.
- (b) How many families in Hong Kong had a family doctor at present? How many qualified family doctors were there in Hong Kong? Had they received adequate training to communicate effectively with their patients?
- (c) It was understood that there were currently only some 100 specialists in family medicine in Hong Kong. However, specialists in family medicine and family doctors were entirely different. As family doctors referred to by FHB should be doctors providing primary care, it was suggested that FHB clearly defined the meaning of primary care so as to prevent argument in the healthcare sector.

- (d) It was suggested that the family doctor concept be adopted in the general out-patient services of HA, so that patients and their families could be treated by the same doctor.

Primary Care Directory and reference frameworks

- (e) As the list of doctors and their practice-based information such as consultation fees published in the Primary Care Directory might amount to publicity or violate the competition law, it was suggested that FHB should further liaise with the Medical Council of Hong Kong on this.
- (f) The Bureau would issue reference frameworks for DM and HT care for reference by healthcare professionals, patients and their carers. It seemed that the targets to be covered were too broad.

Primary care service delivery model

- (g) What would be the mode of operation of the community health centre in Tin Shui Wai? Would there be any impact on private doctors in the district?

Primary Care Campaign and its evaluation

- (h) Wording that could be easily understood by the general public should be used to promote primary care as far as possible. Besides, it was suggested that interactive promotion on the internet be considered.
- (i) It was suggested that organisations and enterprises be encouraged to participate and promote the concept of primary care to their staff.

- (j) What would be the methodology to be used and the areas to be covered in the interim evaluation?

14. Ms LEE and Mr SUN responded as follows:

- (a) The main objective of the Primary Care Campaign was to promote the family doctor concept. Both specialists and general practitioners might provide primary care services to the public under the family doctor concept. FHB had discussed with healthcare professionals across different sectors in this regard and obtained their consensus before adopting the above family doctor concept.
- (b) Due to manpower issues, it was not yet possible for patients and their family members to be treated by the same doctor under the family doctor concept at the GOPCs of HA for the time being. However, electronic patient records had been introduced at the GOPCs of HA, and hence the past medical history and drug prescriptions of patients were readily accessible by different doctors.
- (c) The Primary Care Directory was published in web-based version only. All registered doctors could provide their practice-based information in this Directory. Discussions had been held between FHB and the medical sector, and the latter agreed that basic information of doctors, such as their professional qualifications, should be included in the Directory. Doctors might also provide information on their charges, consultation hours and the availability of consultation service outside designated hours, etc. on a voluntary basis.
- (d) The reference frameworks for DM and HT care in primary care settings were developed after seeking the professional advice of many doctors. They mainly served as a common reference for healthcare professionals across different

sectors. Since the reference frameworks would be published on the internet, interested members of the public could also make reference to them.

- (e) The community health centre to be established in Tin Shui Wai would provide comprehensive and continuing care services. In addition to consultation service, other allied health services such as physiotherapy and wound care would also be provided.
- (f) The Bureau would engage a professional consultant to promote the concept of primary care to the public in a lively manner and plain wording.
- (g) The interim evaluation aimed to evaluate the effectiveness of the campaign, so as to fine-tune the plans and tactics for the activities in 2012.

15. In conclusion, the Chairman said that EC supported the Primary Care Campaign in principle. He suggested that the Bureau should continue to carefully consider and work out the details.

Agenda item 5: Progress Report of Elderly Commission's Study on Community Care Services for the Elderly

16. The Chairman invited Dr Ernest CHUI, Associate Professor of the Department of Social Work and Social Administration of The University of Hong Kong, to brief Members on the progress of the study on community care services for the elderly (the study) with the aid of a powerpoint presentation.

17. Dr CHUI gave a brief account of the community care services for the elderly in overseas countries, including their operation and financing mode, as well as their policy

objectives. Dr CHUI also briefed Members on the views of local stakeholders. He expected that the questionnaire survey could be completed in February 2011.

18. The Chairman pointed out that ageing in place was the wish of the elderly and also the policy objective of the Government. He thus hoped that the study undertaken by Dr CHUI could identify ways to help elders age in place. As the study had yet been completed, the Chairman reminded Members to keep the contents of the interim report confidential. He thanked Dr CHUI and his consultant team for their work.

Agenda item 6: Any other business

Telephone booking service at GOPCs of HA

19. The Chairman said that some elders indicated that they encountered difficulties in using the telephone booking service of GOPCs of HA. In response, Dr Loretta YAM, Cluster Chief Executive (Hong Kong East Cluster) and EC Member, said that apart from telephone booking, some clinics also accepted walk-in patients. She said that since the telephone booking system had been in place for some time, most of the elders were familiar with its operation. Complaints from users often arose from their failure to register for medical treatment on the same day due to a mismatch between the manning ratio of some clinics and the population size of the respective districts. In this connection, HA was discussing with FHB on the provision of additional doctors to clinics in districts with a great service demand.

20. Ms Sandra LEE added that if consultation slots were still available, clinic staff would help patients who failed to make appointments by phone register directly for medical treatment on the same day and to make the next appointment. If the consultation slots were full, clinic staff would also help patients locate the clinics where consultation slots were still available, so that they could receive medical consultation on the same day. She said that the

Administration had all along been monitoring the effectiveness of the telephone booking service. For elders, more than 93% of the phone calls for appointment booking were put through with appointments successfully made. The Administration would continue to consider adopting flexible measures to improve the service.

21. The Chairman asked FHB to request HA to review the consistency in the handling of the above situation by various clinics. He also suggested that efforts be stepped up to promote the measures to elders through elderly service agencies. Besides, a Member suggested the provision of online appointment booking service, including online information on the utilisation of consultation slots in various clinics.

Work Progress of WGAA

22. Mr Timothy MA, Chairman of WGAA, said that WGAA planned to work with the Sau Po Centre on Ageing of The University of Hong Kong to organise a sharing session in March this year on the first and second rounds of the Neighbourhood Active Ageing Project. Participating organisations of the Project would be allowed to share their experience, which would have a demonstrative effect on applicants in the new round of the Project.

Working Group on Long Term Care Model (WGLTCM)

23. Prof Alfred CHAN, Chairman of WGLTCM, said that WGLTCM had earlier invited Dr David DAI to submit proposals on the support for dementia patients, which would be discussed at the next meeting of the Working Group. Besides, he said that some private doctors in the New Territories West Cluster had been providing training for family members of dementia patients on a voluntary basis.

24. The Chairman said that EC should actively explore ways to provide more comprehensive support for dementia patients. Prof CHAN added that as support for

dementia patients involved the work of FHB and the Labour and Welfare Bureau (LWB), he would liaise and actively follow up with the two bureaux.

The Reverse Mortgage Pilot Scheme

25. Noting that the Hong Kong Mortgage Corporation intended to implement the Reverse Mortgage Pilot Scheme in 2011, the Chairman requested LWB to invite the Corporation to brief EC on the details of the Scheme. [Post-meeting note: The briefing session was held on 16 February 2011.]

The 2011-12 Budget

26. The Chairman pointed out that last year's Policy Address mentioned about the extension of the Integrated Discharge Support Programme for Elderly Patients and the increase in the provision of subsidised residential care places. As the Government was in the process of preparing the Budget for the coming year, EC could put forward other suggestions to the Government, such as measures that would help support ageing in place and demented patients.

Provision of transportation to elders in need

27. A Member proposed to study the provision of transportation to elders who aged at home so as to enable them to continue to enjoy social life and support their outdoor activities. The Chairman said that this involved the concept of "city with no age restrictions", which the EC might examine in future.

Maintenance allowance for senior citizens who retired on the Mainland

28. A Member suggested that EC should examine the issue of introducing a maintenance allowance for senior citizens who retired on the Mainland. Ms Irene YOUNG, Deputy Secretary for Labour and Welfare, said that the Government was conducting a study on the issue. However, given the legal, financial and technical implications involved, the issue required careful consideration by the Government. In addition, the Steering Committee on Population Policy chaired by the Chief Secretary for Administration was studying the complementary measures and arrangements to support elders who retired on the Mainland. The Government would announce the results of the two studies at an appropriate time.

29. A Member said that some elders who had retired on the Mainland had to come back to Hong Kong for a period of time every year in order to meet the residence requirement for the Old Age Allowance (OAA). However, it was difficult for them to find an accommodation during their stay in Hong Kong. Hence, he would like to know whether the Housing Department would provide any temporary housing arrangements for these elders. Mr Albert LEE, Deputy Director of Housing, said that it depended on factors such as whether they were public housing tenants previously and the reasons for their departure from Hong Kong. Ms YOUNG of LWB added that the new arrangement (i.e. relaxation of the permissible limit of absence from Hong Kong for OAA) to be implemented in February was targeted at elders who had successfully applied for OAA. These elders generally regarded Hong Kong as their place of residence. As they were currently required to reside in Hong Kong for at least 90 days a year in order to be eligible for the absence limit, there should not be the problem of finding an accommodation under the new arrangement.

Date of the next meeting

30. The next meeting was tentatively scheduled for 10 March 2011.

Time of Adjournment

31. The meeting was adjourned at 5:00 p.m.

February 2011