Elderly Commission

Minutes of the 73rd Meeting

Conference Room 4, G/F., Central Government Offices,
2 Tim Mei Avenue, Tamar, Hong Kong
2:30 p.m., 29 January 2013 (Tuesday)

Present:

Chairman

Prof CHAN Cheung-ming, Alfred, BBS, JP

Vice-chairman

Dr LAM Ching-choi, BBS, JP

Members

Dr CHAN Hon-wai, Felix, JP
Mrs CHAN LUI Ling-yee, Lilian
Dr CHENG Kam-chung, JP, MH
Dr CHEUNG Moon-wah
Prof FUNG Yuk-kuen, Sylvia
Mr MA Kam-wah, Timothy, JP
Mr MA Ching-hang, Patrick, BBS, JP
Mr SHIE Wai-hung, Henry
Dr TUNG Sau-ying
Mr WONG Fan-foung, Jackson, MH
Mrs WONG WONG Yu-sum, Doris
Mr WU Moon-hoi, Marco, SBS
Mr YAU How-boa, Stephen, BBS, JP, MH

Miss TAM Kam-lan, Annie, JP	Permanent Secretary for Labour and Welfare
Mr YUEN Ming-fai, Richard, JP	Permanent Secretary for Food & Health (Health)
Mr NIP Tak-kuen, Patrick, JP	Director of Social Welfare
Dr LEUNG Sze-lee, Shirley	Assistant Director of Health
Mr LIU King-leung, Tony	Assistant Director of Housing
Dr Christina MAW	Senior Manager (Elderly & Community Care), Hospital Authority

In attendance:

Mr CHEN Yee, Donald	Deputy Secretary for Labour & Welfare
Mrs CHAN NG Ting-ting, Elina	Principal Assistant Secretary for Labour and Welfare
Miss LI Yuen-wah, Cecilla	Assistant Director of Social Welfare
Dr HO Chi-hin	Medical & Health Officer, Department of Health

Miss LAU Sze-mun, Shirley	Assistant Secretary for Labour and Welfare
Mr LO Chun-hang, Simpson	Assistant Secretary for Labour and Welfare
Mr WONG Yick-hang, Martin	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Miss HO Wing-wa, Vitinie	Executive Officer Labour and Welfare Bureau

Absent with apologies:

Ms CHAN Man-ki, Maggie, MH
Dr CHONG Ming-lin, Alice

Secretary

Mr CHOW Wing-hang	Principal Assistant Secretary for Labour and Welfare

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Prof Alfred CHAN Cheung-ming, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to Mr CHEN Yee, Donald, the new Deputy Secretary for Labour and Welfare, and Mr CHOW Wing Hang, the new Principal Assistant Secretary for Labour and Welfare. The Chairman also thanked Ms YOUNG Bick-kwan, Irene, the former Deputy Secretary for Labour and Welfare, and Mrs CHAN CHOY Bo-chun, Polly, the former Principal Assistant Secretary for Labour and Welfare, for their contribution to the EC in the past years.

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 72nd meeting

3. As Members had not proposed any amendments to the Chinese and English versions of the draft minutes issued by the Secretariat on 17 December 2012 and 15 January 2013 respectively, the minutes were confirmed.

Agenda item 2: Matters arising

Paragraph 15 of the minutes of the 72nd meeting

4. The Chairman said that the arrangements for this Commission's visit to New York of the United States in the second quarter of 2013 would be reported under agenda item 5.

Agenda item 3: Briefing on relevant initiatives in the 2013 Policy Address

5. Mr Donald CHEN, Deputy Secretary for Labour and Welfare, briefed Members on the initiatives relating to elderly services in the 2013 Policy Address with the aid of a powerpoint presentation. Mr CHEN said that the Government would continue to implement a series of new measures based on its policy objective of "ageing in place as the core, institutional care as back-up" to enhance the elderly care services for frail elderly persons. These included rolling out the First Phase of the Pilot Scheme on Community Care Services Voucher for the Elderly (CCS Voucher Scheme) in September this year, increasing the provision of day care places, extending the service hours of the new day care centres and units, identifying sites for constructing new residential care homes for the elderly (RCHEs), and examining the redevelopment of the Wong Chuk Hang Hospital into a residential care home that provides infirmary and nursing care services. The Government was also committed to continue improving the quality of life of elderly persons, for instance, by improving the physical settings and facilities of elderly centres under the Improvement Programme of Elderly Centres to encourage more active participation of the elderly in social activities and volunteer services, and by launching the Elder Academy Scheme, Neighbourhood Active Ageing Project and Opportunities for the Elderly Project to promote the concept of "active ageing" among elderly persons. On the social security front, the Government would implement the Old Age Living Allowance Scheme in April 2013, while the Social Welfare Department (SWD) would also roll out the Guangdong (GD) Scheme in the second half of this year, under which eligible elderly persons residing in GD could receive Old Age Allowance (OAA) there without the need to return to Hong Kong each year. The Government would study the feasibility of granting OAA in GD in due course. In addition, the Government was making preparation for the establishment of an inter-departmental working group to study the proposal to allow people with loss of one limb to apply for Disability Allowance and related issues. Regarding retirement protection, the Government would continue to reinforce the existing three pillars, namely, the Mandatory Provident Fund System, voluntary private savings and the social security system. Besides, the Social Security and Retirement Protection Task Force under the Commission on Poverty would focus on studying the social security and retirement protection issues.

6. With the aid of a powerpoint presentation, Dr Christina MAW, Senior Manager of the Hospital Authority (HA), briefed Members on the highlights of medical and health measures related to HA in the 2013 Policy Address, which included enhancing the treatment of critical illnesses; strengthening medical services for the elderly, particularly in the treatment of degenerative diseases; exploring the strengthening of infirmary care services; commissioning new medical facilities and providing additional beds; improving the accessibility of medical services and expanding the coverage of HA's Drug Formulary.

7. After the briefing, the Chairman and Members raised the following questions and views:

Elderly Care

Human Resources

(a) Although local universities have increased the training places of healthcare personnel, very few of the graduates would serve in the welfare sector as they would mostly be absorbed by the public and private medical systems. Therefore, the shortage of healthcare personnel in the welfare sector would remain a matter of grave concern.

(b) It was suggested that RCHEs could cooperate with private doctors or retired doctors and invite them to serve like family doctors in providing medical services to elderly residents at RCHEs, thereby relieving the pressure on the medical outreaching teams under HA.

(c) In response to the problem of shortage of frontline care workers in the welfare sector, it was suggested that on-the-job training be provided by RCHEs so as to encourage and attract more young people to become care workers.

Increasing the provision of RCHE places

(d) What were the details of the some 1700 new subsidised places to be provided from now to 2014-15 as mentioned in the Policy Address?

(e) At present, the Community Geriatric Assessment Team under HA could only provide outreaching medical services to about 88% of RCHEs. Increasing the provision of RCHE places may increase the percentage of RCHEs not covered by the outreaching medical services.

(f) With an ageing population, it was inevitable that the number of RCHE places would continue to increase. It was thus impractical for RCHEs to rely only on the support from the HA's medical outreaching teams. In the long run, RCHEs should enhance their capability to take care of the elderly. In this regard, more nurse specialists should be trained for RCHEs so that they could take over those duties that were traditionally performed by primary doctors. If clear and promising career advancement prospects could be provided to nurses, they would also be more willing to stay in RCHEs. In addition, consideration should be

given to allow RCHEs to import labour to take up frontline personal care duties so as to alleviate the existing manpower shortage problem.

(g) It was suggested that the existing mode of delivering support medical services for RCHEs be reviewed so as to integrate resources to meet long-term needs.

(h) In view that the Policy Address had proposed to explore the feasibility of incorporating residential care facilities into redevelopment projects and reconstructing or converting vacant buildings into RCHEs to increase the supply of subsidised places, it was suggested that the Government should at the same time consider including certain terms in the land lease requiring developers to provide sites for setting up RCHEs in their land development projects.

Ageing in place

(i) More and more elderly people were being taken care of by foreign domestic helpers (foreign helpers). However, most of the foreign helpers had not received any proper care training. It was suggested that training be provided to foreign helpers to enhance their care skills so that they could take better care of the elderly people.

(j) It was suggested that "Primary Healthcare Community Centres for the Elderly" be set up to provide one-stop medical services for elderly persons with chronic disease who lived in the community.

CSS Voucher Scheme

(k) What are the performance indicators of the CSS Voucher Scheme?

(l) It was suggested that EC members should offer their views when reviewing the effectiveness of the CCS Voucher Scheme.

(m) As CSS Voucher Scheme would only be implemented in eight districts during the first stage and the number of vouchers issued would not be more than 1200, there was a concern that the service providers participating in the Scheme might not be able to sustain their operation due to the limited number of voucher holders.

(n) With the implementation of the CSS Voucher, it was suggested that the Government should strengthen transport support in the community as well, such

as increasing the number of "diamond cabs" for transporting wheelchair users.

Healthcare

Elderly Health Assessment Pilot Programme

(o) How would the Elderly Health Assessment Pilot Programme be implemented?

8. Mr CHAN, Mr Richard YUEN Ming-fai, Permanent Secretary for Food and Health (Health), Mr Patrick NIP Tak-kuen, Director of Social Welfare, and Miss Cecilla LI Yuen-wah, Assistant Director of Social Welfare, responded respectively as follows:

Elderly Care

Human resources

(a) The Government and HA had always been concerned about the tight manpower situation of healthcare personnel in RCHEs. With the support of the University Grants Committee, local universities would increase training places for occupational therapists and physiotherapists. SWD had commissioned HA to organise enrolled nurse training programmes and increased the training quota every year in the hope that the trainees would serve in the welfare sector upon graduation. In addition, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development under the Food and Health Bureau (FHB) was reviewing the healthcare manpower situation.

(b) There was a need to review the existing content of healthcare training programmes such that trainees would have the opportunity to work with elderly residents in RCHEs during the course of training. This would raise the trainees' awareness that serving elderly persons in RCHEs was also a mission for healthcare personnel, thereby inspiring them to consider pursuing a career in the social welfare sector upon graduation.

Increase of places in RCHEs

(c) 1700 new subsidised places in RCHEs would commence service in 2012-13, 2013-14 and 2014-15 respectively, of which about 880 were nursing home places and about 830 were care and attention places (including some 600 bought places in EBPS homes and the rest being new places at purpose-built contract RCHEs or through making better use of space at subvented homes).

CCS Voucher Scheme

(d) Service providers participating in the CCS Voucher Scheme had to submit performance indicators to SWD. These indicators included whether the Scheme could prolong the stay of participating elderly persons in the community, their degree of satisfaction with the community care services offered, their level of self-care ability, etc. Besides, SWD would monitor the development of the Scheme and see if there was any need to add other performance indicators.

(e) SWD would report the progress on the implementation of the Scheme to the Working Group on Long Term Care Model under this Commission.

Healthcare

Elderly Health Assessment Pilot Programme

(f) The Government would launch the Elderly Health Assessment Pilot Programme in collaboration with non-governmental organisations (NGOs) this year to subsidise about 10,000 elderly persons aged 70 and above for receiving basic health checks. The NGOs would provide follow-up services to elderly persons in light of their health and risk assessments.

Agenda item 4: Enhancements to the Elderly Health Care Voucher Scheme (EHCVS)

9. Dr Shirley LEUNG, Assistant Director of Health, gave a briefing on the enhancements to the Elderly Health Care Voucher Scheme (EHCVS) with the aid of a powerpoint presentation.

10. Dr LEUNG said that EHCVS was launched as a pilot project in 2009 for three years to provide five health care vouchers of $50 each to elderly persons aged 70 annually to subsidise their use of private primary healthcare services. The vouchers could be used for preventive, curative or rehabilitative services provided by medical practitioners, Chinese medicine practitioners, dentists, nurses, physiotherapists and occupational therapists, etc. The unspent voucher amount could be carried forward for use in the following year. In 2012, EHCVS was extended for a further three-year period and the number of vouchers given to each elderly person was increased to ten, with the dollar value of each voucher remaining at $50.

11. Dr LEUNG said that the enhancement measures of the Scheme included increasing the annual voucher amount from $500 to $1,000 per eligible elderly person with effect from 1

January 2013. Besides, the Scheme would be converted to a recurrent support programme for the elderly in 2014. The unspent vouchers might be accumulated, but the total amount accumulated as at 1 January each year should not exceed $3,000 so that elderly persons would be encouraged to make more use of health care vouchers to obtain primary care services.

12. Dr LEUNG said that as at October 2012, there were a total of 714,000 elderly persons eligible for the Scheme, of which 460,000 elderly persons (i.e. 64% of the eligible elderly persons) had used health care vouchers. Elderly persons could use vouchers at about 4,800 clinics throughout the 18 districts. About 3,500 service providers participated in the Scheme, of which 1,580 were western medical practitioners. Statistics showed that elderly persons commonly used 2 to 3 vouchers per transaction. 69% of the vouchers were used for treatment of acute episode condition, 22% for follow-up on chronic diseases, 6% for preventive care and 3% for rehabilitative services. About 26% of the voucher recipients had already used up all their entitled vouchers. To encourage more healthcare service providers to participate in the Scheme and to promote wider use of health care vouchers among eligible elderly persons, the Department of Health (DH) would step up publicity campaigns in the first half of 2013, including production of TV and radio APIs, dissemination of promotional posters and leaflets to government clinics and hospitals, elderly centres, RCHEs etc.; holding poster campaign at malls of various public housing estates; and promoting the Scheme to service providers through professional organisations and briefing sessions.

13. After the briefing, Members raised the following questions and views:

(a) Some doctors only allowed elderly persons to use one health care vouchers on each attendance. Was this practice against the rules? If yes, was there any complaints mechanism?

(b) Had the increase in voucher amount attracted more doctors to join the EHCVS?

(c) Why was it that 36% of eligible elderly persons who had never used health care vouchers?

(d) The participation rate of doctors in the Scheme was quite low. Measures should be put in place to increase the participation rate of doctors, in particular those who operated in districts with a larger elderly population.

(e) Whether the data relating to the implementation of the Scheme at the preliminary and the current stage could be provided (e.g. the number of participating medical practitioners, what kinds of treatment received by the elderly persons who used health care vouchers, whether the Scheme had enhanced the relationship between

elderly patients and medical practitioners etc.) to facilitate the evaluation of the effectiveness of the Scheme;

(f) Currently, elderly persons were not allowed to use health care vouchers in the 18 Chinese medicine clinics under HA for prevention of double benefits. However, among those patients receiving treatment in the said Chinese medicine clinics, only 20% were subsidised under the Comprehensive Social Security Assistance Scheme, while the remaining 80% paid the medical fees at their own cost. Hence, it was hoped that the Administration would consider allowing elderly persons to use vouchers in the said Chinese medicine clinics in order to encourage the Chinese medicine sector to participate in the Scheme.

14. Dr LEUNG and Mr Richard YUEN Ming-fai, Permanent Secretary for Food & Health (Health) responded respectively as follows:

(a) There was no restriction at present on how many health care vouchers an elderly person could use on each consultation. Hence, any member of the public could contact the Health Care Voucher Unit of DH by telephone to report any case of restriction imposed by enrolled service providers on the number of voucher used for each consultation. This would facilitate the necessary follow-up action of DH. In addition, a regular inspection mechanism had been put in place by DH to monitor health care voucher claims made by enrolled service providers, including random checking on their compliance with the Scheme rules, and to ensure that health care vouchers were properly used on healthcare service in accordance with the Scheme requirements..

(b) Since the voucher amount was only increased from HK$500 to HK$1,000 on 1 January 2013, it was a bit early to tell if more doctors had been attracted to participate in the Scheme.

(c) Survey results showed that the major reasons for elderly persons not using health care vouchers were: (1) they did not seek consultation from doctors; (2) they used public healthcare services; and (3) their regular doctors had not joined the Scheme. Besides, some better-off elderly persons might settle the medical fees at their own cost instead of using the vouchers. Nevertheless, the Government would step up its publicity efforts to ensure that no elderly persons would fail to use health care vouchers because they had no knowledge of the Scheme. As the Scheme would be converted to a recurrent support programme for the elderly, it was expected that, given its stable nature, more service providers would be attracted to join the Scheme so that elderly persons could have a better chance to

use the vouchers.

(d) Out of the estimated 5,000 private medical practitioners eligible to join the EHCVS, about 1,580 had already participated in the Scheme. Part of the reasons for the lower participation rate among Chinese medicine practitioners was that many of their clinics did not have computer facilities to meet with the requirement of the Scheme. Even though DH had indicated that vouchers could be claimed through telephone (Interactive Voice Response System), they were still unwilling to join it.

(e) FHB would follow up on the situation of allowing the use of health care vouchers in the Chinese medicine clinics under HA.

Agenda item 5: Any other business

Work progress of WGAA

15. Mr Timothy MA Kam-wah, Chairman of WGAA, said that the task force on institution visit under WGAA had visited 15 participating organisations of the Pilot Neighbourhood Active Ageing Project last November with a view to having a good grasp of their experience in implementing the Project and collecting their comments and recommendations on the Project. The Secretariat was incorporating the information gathered during the visits into the review reports and would submit it to the Working Group for consideration in due course.

16. Mr MA said that the TV series of "Golden Age", sponsored jointly by LWB and EC and produced by the Radio Television Hong Kong, would be broadcast on the Home Channel of ATV at 7:30 pm every Sunday between 6 January and 17 March. Members were invited to watch the TV programme.

17. Regarding the visit to New York of the United States, Mr CHOW Wing-hang, Secretary of this Commission, said that the Secretariat was liaising with the relevant parties in New York for the visit arrangements. The preliminary plan was to arrange a three-to-four day programme, which mainly consisted of meetings with officials from relevant government departments of New York City to learn about their various initiatives on implementing an age-friendly city, and some site visits. Upon finalising the itinerary, the Secretariat would inform Members of the details as soon as possible and invite them to join the delegation. The Chairman suggested that Members participating in the visit should make a focus study of and follow up on one or two domains out of the eight domains of living put forward by the World Health Organization in implementing the "Global Network of Age-Friendly Cities"

project. They could then participate in the promotional activities of the domains concerned when the Age-Friendly Community Project was launched in Hong Kong.

Work progress of the Committee on Elder Academy Development Foundation (the Foundation Committee)

18. Mr CHOW said that the Vetting Sub-committee under the Foundation Committee had scrutinised four applications in the second round of funding application for 2012-13 at its meeting held on 13 December 2012. Approval was given to three of the applications, including two applications on provision of elder academy courses by tertiary institutions and one application on the New Territories West Elder Academies Cluster's work plan for the school year 2012-13. The remaining application on provision of radio courses for the elderly was not approved.

19. Mr Timothy MA Kam-wah said that for the purpose of reviewing the Elderly Academy (EA) Scheme, members of the Committee visited a number of defunct EAs with a view to identifying the reasons for their ceasing operation. It was understood that the general reason for the withdrawal of the EAs concerned from the Scheme was that the collaborating schools or welfare organisations were unable to cater for the operational needs of the EAs concerned. However, after being given detailed explanations by Members about the operational mode of EAs, some of them expressed that they might consider reviving their operation in due course.

Date of the next meeting

20. The next meeting was tentatively scheduled for 12 March 2013.

Time of adjournment

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

February 2013