

For discussion

21 November 2022

LEGISLATIVE COUNCIL PANEL ON PUBLIC SERVICE

OVERVIEW OF MEDICAL AND DENTAL BENEFITS FOR CIVIL SERVANTS, PENSIONERS AND ELIGIBLE PERSONS

PURPOSE

This paper provides Members with the latest overview of the provision of medical and dental benefits (hereafter referred to as “civil service medical benefits”) for civil service eligible persons (CSEPs)¹.

BACKGROUND

2. The Government, as the employer, has an obligation to provide medical benefits for civil servants according to the conditions of service. The scope of civil service medical benefits is set out in Civil Service Regulations, Civil Service Bureau Circulars and Circular Memoranda. We have been providing civil service medical benefits for more than 560 000 CSEPs through the Department of Health (DH) and the Hospital Authority (HA).

MAJOR SCOPE OF SERVICES

Families Clinics

3. DH currently provides general out-patient services for CSEPs through six families clinics with more than 260 000 attendances in 2021. We have started

¹ Civil service eligible persons consist of:

- (a) monthly paid civil servants and their eligible dependants;
- (b) retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their eligible dependants living in Hong Kong;
- (c) eligible dependants of civil servants killed on duty and living in Hong Kong;
- (d) eligible dependants living in Hong Kong and in receipt of a pension under the Widows and Orphans Pension Scheme or the Surviving Spouses' and Children's Pension Scheme following the death of civil servants while in service or after retirement; and
- (e) other persons who are eligible for civil service medical benefits by way of their terms of appointment.

the planning work for the seventh and eighth families clinics which will be situated in the new Tseung Kwan O Government Offices in Area 67 of Tseung Kwan O and the Kwun Tong Composite Development Project, and are expected to commence service gradually in the third quarter of 2025 and the fourth quarter of 2027 respectively. After the two families clinics have come into full operation, we expect that an additional service capacity of about 160 000 attendances in total can be provided each year.

4. Apart from general consultation services, families clinics also provide other health education and auxiliary medical services for CSEPs, including dietitian services since 2013 and clinical psychological services since 2016. Besides, the Integrated Care Programme (ICP) and the Stable Drug Use (SDU) pilot programme launched in March 2020 also provide better and more systematic medical services for CSEPs with chronic diseases. The ICP aims to improve the quality of care for patients with diabetes mellitus (DM). With the provision of appropriate care and health education, complications could be prevented or identified early for better control of the disease progression, so that the utilisation of specialist out-patient service, accident and emergency service and hospitalisation can be reduced. At present, there are more than 7 000 DM patients in families clinics. Upon the mature development of ICP, it is expected that the programme can provide services for 3 000 patients every year. Meanwhile, the SDU pilot programme serves patients suffering from various chronic diseases (e.g. hypertension and hyperlipidaemia) with stable conditions to ensure that they take their drugs properly and safely. The pilot programme can also reduce the need for patients with chronic diseases to receive follow-up consultations with doctors. When the SDU pilot programme is fully launched, we expect that about 1 000 consultation slots of families clinics can be released every year.

Dedicated Specialist Outpatient Services and Imaging Services

5. The Government has allocated additional resources to HA since 2009-10 to provide dedicated specialist out-patient services and imaging services to CSEPs in three HA hospitals for the purpose of shortening their waiting time for relevant services in HA hospitals². The total number of attendances of the three specialist out-patient clinics was over 52 000 in 2021-22.

6. In 2011, an Imaging Centre was set up at Queen Elizabeth Hospital (QEH) to provide dedicated general Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and ultrasound scanning services to CSEPs. To further increase service capacity and reduce waiting time, we have extended the

² Dedicated specialist consultation sessions for CSEPs are available at Prince of Wales Hospital (PWH), Queen Mary Hospital (QMH) and QEH.

service hours³ of the Imaging Centre since January 2019. As a result, the service capacity has increased by 50%, from around 2 600 attendances to around 3 900 attendances each year. In March 2019, we expanded the service scope to cover mammographic service, the service capacity of which is around 1 200 attendances each year.

7. In addition, we will continue to enhance the quality of imaging services. The CT and MRI scanners of the Imaging Centre at QEH are now being replaced and the replacement work is expected to be completed in the first quarter of 2023.

Priority Discs Arrangement for Civil Servants

8. Apart from families clinics, CSEPs may also visit the General Outpatient Clinics (GOPCs) under the management of HA free of charge. Of the 73 GOPCs currently under HA, 65 of them have reserved priority discs for serving civil servants so as to enable them to receive medical treatment with the use of priority discs and return to work, if considered fit, as early as possible to maintain normal workforce. To enhance the priority discs arrangement in the GOPCs and having regard to the utilisation of priority discs in various GOPCs, HA has redistributed the priority discs from clinics with lower demand to those with higher demand with a view to better utilising the priority discs resources and enabling serving civil servants to receive appropriate medical services, without affecting the normal general outpatient services as far as practicable. Since 2015-16, HA has already conducted four rounds of redistribution of the priority discs of 11 GOPCs. We will continue to closely monitor the utilisation of priority discs together with HA and redistribute them again if required.

Dental Services

9. The Government Dental Clinics under DH, including 40 General Dental Clinics, two Orthodontic Clinics and one Prosthodontic Clinic, are providing dental services for CSEPs. These clinics provide general dental treatment services (including regular check-ups, dental scaling and fillings, etc.) as well as specialised dental services. In addition, four HA hospitals⁴ have each set up an oral and maxillofacial surgery for the exclusive use of CSEPs. The total attendances of dental services of CSEPs were about 710 000 in 2021.

³ The original service hours of MRI, i.e. 9:00 am to 5:00 pm, from Monday to Friday, were extended to 8:00 am to 6:00 pm, from Monday to Saturday.

⁴ They are QMH, QEH, the North District Hospital and PWH.

10. Nevertheless, in view of the epidemic, Government Dental Clinics have accumulated quite a number of outstanding cases⁵ over the past three years. This, together with the reduced manpower of Dental Officers in the Government in recent years (with a total of 65 vacancies for Dental Officers in Government Dental Clinics as at 1 October 2022, representing a vacancy rate of 22.3%), has led to a significant increase in waiting time. The waiting time for follow-up appointments for CSEPs has increased from an average of about 12 months in the past to over 18 months at present.

Reimbursement of Medical Expenses

11. CSEPs may apply to DH for reimbursement of medical expenses for drugs, equipment and services prescribed by attending HA/DH doctors according to the patients' medical conditions but are not available in HA/DH. In the first six months of 2022-23, DH approved about 52 600 applications for reimbursement of medical expenses from CSEPs, involving some \$567 million. As compared with the first six months of 2021-22, the number of approved applications and the amount of reimbursement have increased by 6.8% and 21.7% respectively. The amount of reimbursement for medical expenses is entirely demand-driven and is expected to rise due to factors such as increases in the number of CSEPs and life expectancy of the population, as well as the development of more drugs, treatments and equipment with the advancement of technology. In this connection, provision has been reserved to meet the demand for reimbursement of medical expenses which is not entirely predictable.

NEW MEASURES

12. The public healthcare system is facing unprecedented challenges, including manpower shortage, ageing population and COVID-19 epidemic, etc. While maintaining the provision of healthcare services to CSEPs, we will continue to explore various ways and deploy resources effectively to enhance the quality and quantity of healthcare services, including expanding Chinese medicine services for civil servants, and exploring the feasibility of providing dental scaling services for some CSEPs through private dental clinics in the form of a pilot scheme.

⁵ In line with the Government's anti-epidemic measures, Government Dental Clinics once adjusted their services to only providing emergency services during the epidemic. Besides, since many patients had to change their appointments due to the epidemic and a lot of clinic staff had to be isolated as they or their family members had contracted COVID-19, a large number of backlog cases were accumulated in Government Dental Clinics as a result.

Chinese Medicine Services

13. We launched a pilot scheme in March 2020 and set up Civil Service Chinese Medicine Clinics (CSCMCs) at the Chinese Medicine Clinic cum Training and Research Centres (CMCTRs) in Eastern District and Tsuen Wan District respectively to provide free Chinese medicine general consultation and acupuncture services to CSEPs for treatment purpose. The annual service quota was around 63 000.

14. The pilot scheme is welcomed by CSEPs since service launch, with an average utilisation rate constantly over 95%. In October 2021, we completed the review of the pilot scheme and regularised the services. Regarding service capacity, we have increased the number of discs of the two CSCMCs since July 2022. Upon service commencement of the third CSCMC in Fanling, North District in the first quarter of 2023, the annual service quota of Chinese medicine services for civil servants will be increased from the pre-review level of around 63 000 in 2021 to around 100 000, representing an increase of over 50%.

15. Moreover, to provide a more convenient way for CSEPs to book the services of CSCMCs, we will launch a new mobile application for booking in December 2022. In addition to the existing telephone booking, CSEPs will then be able to book services of CSCMCs through the mobile application. The mobile application also features a function of adding appointment details to the personal calendar of mobile phone, so that CSEPs can check the appointment records at any time, thereby reducing cases of absence and lateness.

16. We are aware of the persistent demand of CSEPs for Chinese medicine services. We will gradually expand the service capacity of CSCMCs, including increasing the number of discs of the existing CSCMCs and setting up new CSCMCs in other districts as far as possible. Regarding the scope of services, CSCMCs currently provide general consultation and acupuncture services. To offer a wider range of Chinese medicine services, we see the introduction of bone-setting/tui-na services as our medium/long-term goal. When more Chinese medicine practitioners of CMCTRs acquire the expertise and experience in bone-setting/tui-na⁶ and an expansion of service capacity of bone-setting/tui-na becomes possible, we will actively explore the introduction of bone-setting/tui-na services to CSCMCs. We will also continue to explore the feasibility of adopting other modes to provide Chinese medicine services to CSEPs.

17. To conclude, the Government sets up CSCMCs to provide Chinese medicine services with an aim of providing an additional choice to CSEPs when

⁶ Currently, the 18 CMCTRs provide limited bone-setting/tui-na services. The number of attendances of bone-setting/tui-na services constituted less than 1% of the total attendances of the subsidised Chinese medicine outpatient services in 2021-22.

seeking medical treatment. As mentioned above, we will improve Chinese medicine services on all fronts, including starting a discussion with the Health Bureau on the provision of Chinese medicine services for CSEPs at the Chinese Medicine Hospital (CMH)⁷ in the future, with a view to providing more comprehensive civil service medical benefits in the long run.

The Pilot Scheme on Dental Services (Dental Scaling)

18. To explore the feasibility of providing fringe benefits to CSEPs by new and up-to-date service delivery modes, and to prevent the further lengthening of waiting time for general dental services due to manpower shortage as mentioned in paragraph 10 above, dental benefits for CSEPs would be our trial area whereby we would explore the arrangement of allowing some eligible persons to receive dental scaling services from private dental clinics.

19. In order to tap the market's interest and views on the provision of dental scaling services to CSEPs, including staffing arrangement, financial model, implementation schedule, services and facilities, etc., DH has invited private dental organisations to express their interest in late October, with a view to gauging the market's interest and intention in providing and operating the said dental scaling services. A briefing was also held by DH in early November. The initial market response is positive, with quite a number of private dental organisations showing interest in participating in the scheme.

20. With reference to the information submitted by the private dental organisations, we will study in detail the feasibility of arranging some eligible persons to receive dental scaling services at private dental clinics. Considering that the private sector is also facing challenges of manpower supply, we will carefully assess the service capacity of private dental clinics, and prudently consider factors such as pricing and the number of eligible persons to be arranged to receive the private dental scaling services in order to achieve cost-effectiveness. At the same time, we attach great importance to supervision of service quality. Therefore, we have to formulate a feasible and effective supervision mechanism to ensure that the provision of dental scaling services by private dental clinics will comply with our requirements. For example, spot checks at private dental clinics may be conducted as needed, and eligible persons will be arranged to provide their feedbacks after receiving services. If feasibility is confirmed upon assessment, the Government will finalise the implementation details as soon as possible, and seek to provide the said services to eligible persons in the form of a pilot scheme in mid-2023. We will report to the Panel the work progress of the pilot scheme in due course.

⁷ The CMH is now under construction and is expected to operate in phases from 2025 the earliest.

ADVICE SOUGHT

21. Members are invited to note this paper.

**Civil Service Bureau
November 2022**