

**For discussion on
19 March 2018**

LEGISLATIVE COUNCIL PANEL ON PUBLIC SERVICE

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

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”) available to civil service eligible persons¹, and seeks Members’ views on the Department of Health (DH)’s plan to create a permanent post of Consultant (D4/D3/D2) for enhancing the clinical supervision, planning, development and operations of Families Clinics in the New Territories region.

BACKGROUND

2. The Government, as the employer of civil servants, has a contractual obligation to provide civil service medical benefits. The scope of the benefits is set out in the Civil Service Regulations, Civil Service Bureau Circulars and Circular Memoranda. Those provisions form part of the terms and conditions of employment of civil servants.

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.

IMPROVEMENT MEASURES

3. With the support of DH and the Hospital Authority (HA), we strive to provide proper medical and dental benefits to over 540 000 civil service eligible persons in a holistic approach to meet their various medical needs. Subject to the approval of the 2018-19 Draft Estimates of Expenditure by the Legislative Council, we will implement a number of improvement measures as set out in paragraphs 4 to 11 below.

(a) Dedicated Specialist Out-patient Services and Imaging Services

4. The Government has provided additional resources to HA since 2009-10 to provide dedicated specialist out-patient services and imaging services to civil service eligible persons in three HA hospitals for the purpose of shortening their waiting times for the relevant services in HA hospitals². In 2011, an Imaging Centre was set up at QEH to provide dedicated general Computed Tomography, Magnetic Resonance Imaging (MRI) and ultrasound scanning services to civil service eligible persons. To further enhance the imaging services for civil service eligible persons, the service hours of MRI will be extended from 9:00 am – 5:00 pm to 8:00 am – 6:00 pm in 2018-19 with a view to reducing the waiting time of around 40 weeks currently to around 26 weeks. We will also expand the service scope of the Imaging Centre in 2018-19 by introducing mammographic service for civil service eligible persons.

(b) Families Clinic Services

5. Currently, DH provides general out-patient services to civil service eligible persons through five Families Clinics, with two on Hong Kong Island, one in Kowloon and two in the New Territories. Upon the opening of the new Sai Kung Families Clinic (SKFC) in 2018-19, the overall distribution of Families Clinics will become more even, covering Hong Kong Island, Kowloon, New Territories East, New Territories West and New Territories North. We have also started the planning work for the seventh Families Clinic in Tseung Kwan O.

6. DH is committed to improving the services of Families Clinics. In addition to diagnosing and treating illnesses, the scope of services in the Families Clinics has been expanded to cover dietitian and clinical psychology services in recent years. In the coming year, DH will further set up a multi-disciplinary team including experienced nursing and allied health professionals (comprising

² Dedicated clinic sessions for specialist services for civil service eligible persons are available at Prince of Wales Hospital, Queen Mary Hospital and Queen Elizabeth Hospital (QEH).

optometrist, physiotherapist, dietitian and clinical psychologist) to deliver a systemic health care programme, namely Risk Assessment and Management Programme (RAMP), for patients with diabetes mellitus (DM). RAMP is an evidence-based programme which seeks to improve the quality of care for civil service eligible persons who are DM patients. The programme aims to better control the disease progression and reduce avoidable hospitalisation and utilisation of specialist out-patient and emergency service. Currently, there are over 5 000 DM patients attending Families Clinics. When DH implements RAMP in Families Clinics, there will be health assessment and intervention sessions for patients conducted by the multi-disciplinary healthcare professionals. The programme will stratify DM patients of Families Clinics into different risk groups according to their risk factors identified, such as smoking habit, obesity, hypercholesterolaemia, hypertension, retinopathy, albuminuria, neuropathy (nerve damage) and unsatisfactory sugar control, etc. Selected patients will undergo regular and comprehensive risk assessment to identify early complications and receive appropriate interventions and education. DH will commence the necessary preparatory work for the programme in 2018-19 and aims to start the new service in 2019-20.

(c) Reimbursement of medical expenses

7. The Revised Estimate for 2017-18 to meet the applications for reimbursement of medical expenses³ from civil service eligible persons was \$692 million. The amount represents an increase of 20.1% over the actual expenditure of \$576.1 million for 2016-17 and is made in the light of an increase in the reimbursement applications from civil service eligible persons in 2017-18.

8. In the first nine months of 2017-18 (i.e. 1 April 2017 to 31 December 2017), DH approved about 72 000 applications for reimbursement of medical expenses from civil service eligible persons, amounting to some \$524.4 million. This represents a 17.5% and 20.2% increase in the number of applications approved and reimbursement expenditure respectively, as compared with the first nine months of 2016-17. Around 85.7% of the total reimbursement expenditure in this nine-month period was covered by the direct payment arrangement, which is comparable to that for the same nine-month period in 2016-17.

³ If the attending HA/DH doctors certify that the drugs, equipment and services concerned are prescribed according to medical necessity and are not available in HA/DH, civil service eligible persons may apply to DH for reimbursement of the expenses incurred. For drugs on HA's list of self-financed items and some specified self-financed equipment/services that are prescribed by HA doctors according to medical necessity and are available in HA, civil service eligible persons are not required to pay for them out-of-pocket, as DH will reimburse HA direct with the expenses incurred under a direct payment arrangement upon receiving reimbursement applications from civil service eligible persons.

9. The provision under the Original Estimate for 2018-19 will significantly increase to \$895.2 million, representing an increase of 29.4% over the Revised Estimate for 2017-18, to meet the anticipated increase in reimbursement applications and reimbursement expenditure.

(d) Dental Services

10. There are currently 38 General Dental Clinics under DH providing dental benefits to civil service eligible persons. DH will set up a new dental clinic in Yuen Long in 2018-19, with its seven general dental surgeries coming into operation by phases. Upon the full commissioning of these additional general dental surgeries, DH will operate about 240 general dental surgeries for the exclusive use by civil service eligible persons.

11. With the considerable expansion of primary dental care services in the past few years, the number of referral cases to specialised dental services for assessment has increased correspondingly. To reduce the waiting time of civil service eligible persons for specialised dental treatment, DH will set up by phases from 2018-19 one, seven and three additional surgeries for improving the provision of orthodontic, prosthodontic and periodontal services respectively. It is estimated that these 11 specialised dental surgeries will provide additional attendances of 18 000 annually upon full commencement of services.

CHINESE MEDICINE SERVICE

12. We are aware of the suggestion of providing Chinese medicine services as part of civil service medical benefits. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The Food and Health Bureau (FHB) will set up a dedicated unit to oversee the development of Chinese medicine in Hong Kong, including deciding the positioning of Chinese medicine in the public healthcare system and enhancing the current tripartite collaboration model adopted by the Chinese Medicine Centres for Training and Research in the 18 districts. As for the development of a Chinese medicine hospital, FHB expects that the positioning and the development framework in major areas of the Chinese medicine hospital will be announced by mid-2018. As we have explained at previous Panel meetings, Chinese medicine services are currently not provided by DH or HA as standard services. We will closely monitor the future role of HA and DH in the provision of Chinese medicine services in order to assess their implications on civil service medical benefits in a practical manner.

MANPOWER ENHANCEMENT

13. The Professional Development and Quality Assurance Service (PDQAS) of DH is responsible for the operations and development of the Families Clinics. At present, Consultant (Family Medicine) (Consultant (FM)) heads the PDQAS. Apart from providing overall clinical supervision of the existing Families Clinics, Consultant (FM) is also responsible for steering and overseeing the forward planning and development of family medicine service of Families Clinics and liaising with local and international bodies in the promotion of quality assurance for Families Clinics. Furthermore, Consultant (FM) also heads the Education and Training Centre in Family Medicine of DH.

14. Consultant (FM)'s current portfolio is over-stretched in view of the continuous service expansion of Families Clinics, a number of on-going initiatives launched by the PDQAS over the past few years, a substantial increase in the related administration work, the service users' higher expectation of patient care and quality assurance, and the planned implementation of RAMP. DH proposes that one Consultant post (D4/D3/D2) be created in 2018-19 for enhancing the professional support in clinical service at the Consultant rank. Besides the professional competence of a medical officer at a senior level, the additional staff should also possess leadership, staff management capacity, profound skills and experience in health facility set-up and service delivery, and the capability in making balanced decisions so as to ensure and sustain the standard of care and patient safety of Families Clinics. The justifications for the additional Consultant are set out below.

On-going measures and initiatives launched in the past few years

(a) Expansion of Families Clinics

15. In 2008, there were only three Families Clinics with 20 consultation rooms and the total number of attendances was around 168 000. With the addition of two consultation rooms in the Hong Kong Families Clinic (HKFC) and the opening of the New Territories Families Clinic (NTFC) in 2010 (with six consultation rooms), the expansion of Kowloon Families Clinic (KFC) (with four additional consultation rooms) in 2013, and the opening of Fanling Families Clinic (FFC) in early 2016 (with six consultation rooms having commenced service), there are currently five Families Clinics with 38 consultation rooms, providing around 297 000 attendances in 2017-18. As mentioned in paragraph 5 above, DH will set up a new SKFC with two consultation rooms in 2018-19. With the opening of this new Families Clinic, there will be six Families Clinics with a total of 44 consultation rooms, representing an

overall increase of 120% as compared with 2008. It is expected that the total number of attendances will increase to 352 000 when all the Families Clinics are in full swing. The scale, scope of services, and complexity of clinic services provided by Families Clinics have been increasing over the past few years. Besides, our efforts in setting up more Families Clinics will continue. The responsibility of Consultant (FM) in supervising the operation and development of Families Clinics will grow heavier.

(b) Growing complexity of clinical management

16. As mentioned in paragraph 6 above, dietitian and clinical psychologist services have been provided in the Families Clinics since 2013 and 2016 respectively and manpower for clinical psychologist service was enhanced in 2017-18. New pharmacist and dispenser posts were also created in 2017 to provide dedicated service for the Families Clinics as the drug formulary in Families Clinics with different variety of items is more complicated than that in other services in DH. Consultant (FM) is responsible for providing proper steer to these professional staff and devising sustainable development programmes for these new services in the Families Clinics.

(c) Devising quality assurance strategies

17. With the increasing advancement of medical technology, treatment options have become more sophisticated. The emergence of complications, the side-effects of drugs, as well as the changes in patients' conditions may also increase the risks involved in treatment options. To ensure that service quality and safety in the Families Clinics are maintained up to date, Consultant (FM)'s work in devising the quality assurance strategies and programmes is getting heavier.

(d) Frequent liaison with international organisations

18. The PDQAS has joined the International Society for Quality in Health Care since 2004. In addition, the Education and Training Centre under the PDQAS often organises different health education activities and participates in various media functions to arouse patient awareness of the importance of healthy lifestyle. Consultant (FM) needs to coordinate the liaison with experts around the world, renowned international organisations such as the American Heart Association and local training course providers to ensure that the training courses delivered by the Education and Training Centre meet international standards, which in turn helps promote safe health care service of high quality. The work involved keeps increasing as the number of activities progressively grows.

(e) Development of electronic Clinical Information Management System (CIMS)

19. Families Clinics have all along been using paper medical records. DH introduced the electronic CIMS to Families Clinics in 2016 for trial run with a view to replacing all paper records in the future. Currently, the electronic CIMS partially supported the registration and appointment processes and clinical workflow for Families Clinics. Ultimately, it will also interface with the territory-wide electronic health record sharing system (eHRSS)⁴ to complement the latter's operation. As the electronic CIMS is being developed and tested in Families Clinics, Consultant (FM) has to continuously liaise with relevant parties, such as HA, for user requirements, monitoring of the applicability of full implementation, enhancement feasibility, staff training and supervision of patient data security.

Planned new measures and initiatives to be implemented in the coming years

(a) Effective clinical supervision and management of Families Clinics

20. With the opening of NTFC and FFC in 2010 and 2016 respectively and the expansion of HKFC and KFC in 2010 and 2013 respectively, the number of non-directorate staff in PDQAS has significantly increased from around 100 in 2009 to 190 currently, representing an increase of about 90%. To cope with the increasing service needs and additional work of SKFC and RAMP, 29 non-directorate civil service posts, including medical, nursing, allied health grades and administrative staff of various disciplines would be created in 2018-19. An expansion in establishment of such extent requires the enhancement of supervision at the senior management level.

(b) Implementation of RAMP

21. As mentioned in paragraph 6 above, RAMP is a new initiative in the Families Clinics. DH is responsible for the overall planning and evaluation of the whole programme. At the planning stage, DH has to design the programme by defining the roles and work of staff in different professions, developing a platform for data and information sharing among professional staff and drawing up operational frameworks for delivering services to patients. At the implementation stage, DH has to ensure that the operational procedures are followed for the whole programme, clear guidance is provided to staff and smooth interface between RAMP and the normal operation of the clinic is achieved. DH also has to be responsible for the

⁴ Under eHRSS, the health data of the civil service eligible persons will, subject to their consent, be made available for sharing among HA, DH and healthcare providers in the private sector.

planning, enhancement and continuous development of staff capacity with relevant training, ensuring sustainable and smooth operation as well as quality service delivery of the programme. DH also has to conduct continuous review and evaluation of the programme performance.

Revised Set-up of the PDQAS

22. With an additional Consultant post, there will be a division of work between the two Consultants. The existing Consultant (FM) post, to be re-titled as Consultant (FM)1, will be the overall Consultant in-charge of the PDQAS. He will supervise the existing and new Families Clinics in the Hong Kong and Kowloon regions as well as the Education and Training Centre in Family Medicine. The overall clinical supervision and management efficiency will be enhanced.

23. The proposed post of Consultant, titled as Consultant (FM)2, will oversee the existing and new Families Clinics in the New Territories region. The proposed Consultant (FM)2 will also be responsible for RAMP, supervising the development and implementation of practice protocols in the PDQAS, as well as the use of updated medical evidence in clinic service to ensure that the service delivery of Families Clinics meets the standards of care.

24. The existing organisation chart of the PDQAS and the proposed one with the creation of Consultant (FM)2 are at **Annexes A and B** respectively. Separately, the current job description of Consultant (FM) and the proposed job description of Consultant (FM)1 and Consultant (FM)2 are at **Annexes C, D, and E** respectively.

ALTERNATIVES CONSIDERED

25. We have carefully considered whether there is scope for internal redeployment of staff within the PDQAS for discharging the tasks of the proposed Consultant (FM)2. As mentioned in paragraph 13, the only Consultant (FM) is currently supervising and overseeing the work of the PDQAS. Having regard to the much increased administrative duties and expanded clinical services, we consider internal redeployment to absorb the relevant duties not operationally feasible without affecting the quality of clinical service to civil service eligible persons and the work of the PDQAS.

FINANCIAL IMPLICATIONS

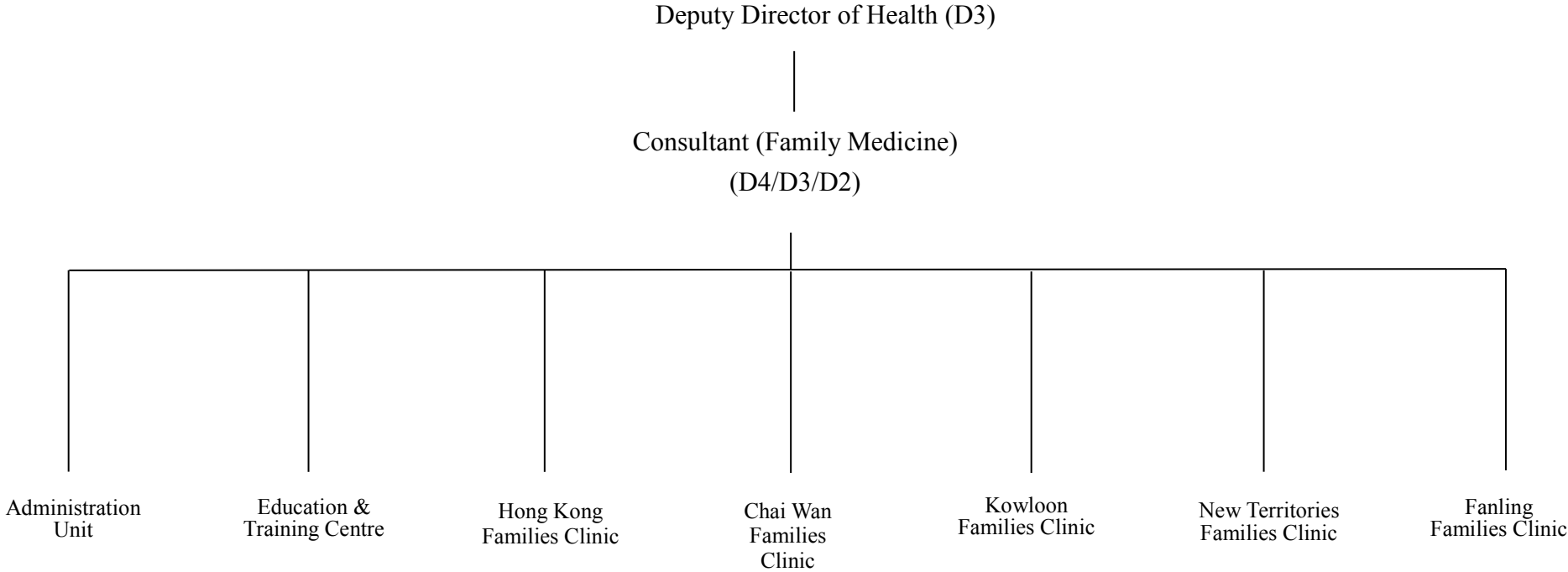
26. The proposed creation of the permanent Consultant (D4/D3/D2) post will bring about a notional annual salary cost at mid-point of \$2,293,691 and the full annual average staff cost, including salaries and staff on-cost, of \$3,416,584.

ADVICE SOUGHT

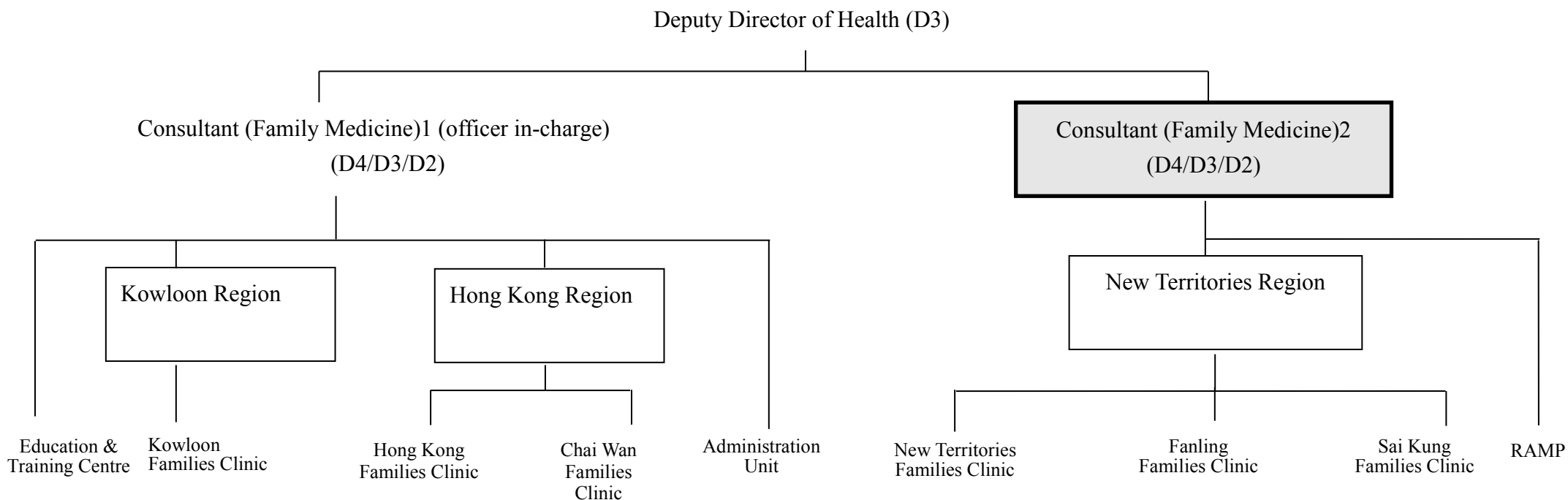
27. Members are invited to note the contents of the paper and give their views on the proposal to create a new permanent Consultant (D4/D3/D2) post in DH.

Civil Service Bureau
Department of Health
March 2018

**Existing Organisation Chart of
the Professional Development and Quality Assurance Service, Department of Health**



**Proposed Organisation Chart of
the Professional Development and Quality Assurance Service, Department of Health**



Proposed creation of one permanent Consultant post

**Job Description of the Consultant (FM) Post
in Professional Development & Quality Assurance Service**

Rank: Consultant (D4/D3/D2)

Responsible to: Deputy Director of Health

Main duties and responsibilities:

1. To act as the officer in-charge for the Professional Development & Quality Assurance Service (PDQAS).
2. To supervise the operations of Administration Unit.
3. To supervise the operations, planning and development of Families Clinics.
4. To plan and formulate service development and long term strategies for the PDQAS.
5. To supervise the professional development and provide coaching to colleagues of Families Clinics.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.
7. To develop and implement training programmes in the Specialty in Family Medicine and supervise the Education and Training Centre in Family Medicine.
8. To represent the PDQAS in meetings and liaise with other parties.
9. To promote and support quality assurance activities.

**Proposed Job Description of Consultant (FM)1
in Professional Development & Quality Assurance Service**

Rank: Consultant (D4/D3/D2)

Responsible to: Deputy Director of Health

Main duties and responsibilities:

1. To act as the overall officer in-charge for the Professional Development & Quality Assurance Service (PDQAS).
2. To supervise the operations of Administration Unit.
3. To supervise the operations, planning and development of Families Clinics in the Kowloon and Hong Kong regions.
4. To plan and formulate service development and long term strategies for the PDQAS.
5. To supervise the professional development and provide coaching to colleagues of Families Clinics.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.
7. To develop and implement training programmes in the Specialty in Family Medicine and supervise the Education and Training Centre in Family Medicine.
8. To represent the PDQAS in meetings and in liaison with other parties.

**Proposed Job Description of Consultant (FM)2
in Professional Development & Quality Assurance Service**

Rank: Consultant (D4/D3/D2)

Responsible to: Deputy Director of Health

Main duties and responsibilities:

1. To supervise the operations, planning and development of Families Clinics in the New Territories region.
2. To develop and implement quality assurance initiatives of the PDQAS.
3. To develop and introduce healthcare models for chronic disease management.
4. To supervise the planning, development and operations of the Risk Assessment and Management Programme.
5. To plan and formulate service development and long term strategies for the PDQAS.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.