

**Sai Kung District Council**

**Hospital Authority**  
**General Outpatient Clinic Public-Private Partnership Programme**

**Purpose**

This paper briefs Members and seeks Members' advice on the Hospital Authority (HA) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP) and the implementation progress.

**Background**

2. With an ageing population and epidemiological shift to chronic diseases, the demand for primary care services is expected to grow significantly in Hong Kong in future. However, due to the current healthcare manpower constraints and physical space limitations, the HA is facing considerable difficulties in service expansion to cater for the ever growing outpatient service demand.

3. In the 2014 Policy Agenda, the Government announced the plan to enhance the provision of health services by launching the GOPC PPP in three districts viz. Kwun Tong, Wong Tai Sin and Tuen Mun, under which the HA's General Outpatient Clinic (GOPC) patients with specific chronic diseases and in stable clinical condition will be given a choice to receive treatment in private clinics. Apart from providing choice to patients, enhancing patients' access to primary healthcare services and providing some relief to HA's general outpatient services, it is hoped that this will help foster long-term patient-doctor relationships under the family doctor concept and promote the development of the territory-wide electronic Health Record Sharing System (eHRSS) in Hong Kong. Details of this Programme initiative are set out in the ensuing paragraphs.

**Programme Details**

4. Chronic diseases such as hypertension (HT) and diabetes mellitus (DM) can lead to major health problems and complications for individual patients, creating a major burden to the overall healthcare system. Chronic diseases form a significant health burden for Hong Kong's public health services, with about 43% of the patients attending the HA's GOPCs suffering from either HT or DM.

5. In this connection, the target group of the GOPC PPP is the HA's existing GOPC patients having HT and/or DM (with or without hyperlipidemia).

6. After compiling the district lists of participating private doctors, identified

eligible GOPC patients in each of the relevant districts will be invited to enrol, on a voluntary basis, and select a private doctor from the list as their family doctors. The invitation will be confined to those with HT and/or DM (with or without hyperlipidemia) and have been attending GOPCs in these districts for more than a year. In addition, their medical condition should generally be stable. Those who are not willing to enrol will continue to be taken care of at the HA's GOPCs.

### **Programme Content**

7. Under the Programme, each patient will receive up to ten subsidised consultations in a year, covering both chronic and episodic illnesses. Participating patients are free to use such ten subsidised consultations for managing their chronic conditions and episodic illnesses, in accordance with their clinical needs. Upon notification from the HA, the participating private doctors will review the medical history of the patients who have selected them and order the necessary drugs for chronic diseases.

8. For these consultations, participating private doctors are required to provide patients with comprehensive and continuous care for the relevant chronic diseases and other episodic illnesses, having regard to the Hong Kong Reference Framework for Hypertension Care for Adults in Primary Care Settings and the Hong Kong Reference Framework for Diabetes Care for Adults in Primary Care Settings promulgated by the Government.

9. After each consultation, participating patients will receive drugs for treating their chronic conditions and/or episodic illnesses immediately from the participating private doctors' clinics, instead of collecting the necessary medications from the HA's pharmacy separately. Participating private doctors may use their own drugs or purchase the drugs listed for this Programme from the HA's drug suppliers at specified prices (Programme Drugs)<sup>1</sup>. This will facilitate continuity of treatment and medication whilst providing flexibility for private doctors to adopt personalised care and treatment for individual patients.

10. Apart from medical consultation and drugs, upon referral by the participating private doctors, patients can continue to receive relevant investigation services and x-ray examination to be provided by the HA as specified.

11. After each consultation, participating private doctors are required to enter relevant clinical information in the patients' records using the eHRSS. Apart from monitoring the progress of individual patients, this also facilitates continuity of patient care, in the event that a patient chooses another private doctor on the district list of participating private doctors or a participating private doctor withdraws from the Programme.

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<sup>1</sup> Including anti-hypertensive, lipid-regulating, oral anti-diabetic drugs and antibiotics.

## **Service Fees**

12. Participating patients are only required to pay the GOPC fee of \$45<sup>2</sup> for each consultation. Those who are recipients of Comprehensive Social Security Assistance (CSSA), a holder of valid full or partial medical fee waiver certificates, civil servants, pensioners, HA staff or their eligible dependants will enjoy the same fee waiver arrangements as for the HA's services.

13. Participating private doctors are required to provide patients with holistic care as their family doctors. Each participating patient will receive up to ten subsidised consultations in a year. This amounts to a maximum total payment of \$3,012 to participating private doctors<sup>3</sup>, including the HA GOPC fee of \$45 which will be paid by the patients to the private doctors direct after each consultation.

14. To patients, the Programme provides comprehensive and holistic care by family doctors. Regardless of chronic or episodic illnesses, participating patients only need to pay \$45 for each consultation. Under mutual agreement, individual patients may agree to receive further services and treatment provided by the participating private doctors at their own expenses i.e. outside the scope of the GOPC PPP. Those who are aged 70 or above and have participated in the Elderly Health Care Voucher Scheme can meet the additional charges from their Health Care Voucher accounts.

15. The HA has set up Help Desks in the relevant districts as well as a dedicated telephone hotline to handle enquiries on operation details of the Programme and to provide support to both participating patients and private doctors. Participating patients may choose another private doctor on the district list of participating private doctors or withdraw from the Programme and return to the HA at any time, upon giving reasonable notice.

## **Consultation**

16. Patient representatives have been widely consulted through meetings with patient advocates and the HA's Patient Forum<sup>4</sup>. Meetings have also been organised with various medical professional bodies including the Hong Kong Medical Association, the Hong Kong Doctors Union and the Association of Licentiates of Medical Council of Hong Kong to solicit their views on the Programme and exchange ideas on the enhancements required. Feedback from participating doctors and patients have also been collected during implementation.

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<sup>2</sup> As per Gazette

<sup>3</sup> HA will add eight additional drugs to the Programme Drug List, with effect from 1 October 2016, for taking care of patients' recurrent associated health problems. With such expansion in place, the maximum Service Fee will then be increased to \$3,034 per patient per year.

<sup>4</sup> A regular communication platform with patient representatives. (<http://www.ha.org.hk/smartpatient>)

17. Further, the HA has presented the Programme progress update to the Legislative Council Panel on Health Services at its meetings dated 16 March 2015 and 16 November 2015.

### **Latest Progress**

18. The initial support and response from private doctors, patients and the community have been positive. As at end July 2016, 90 private doctors were participating in the GOPC PPP and over 47,000 consultations were provided to patients by private doctors in these three districts. The enrolment process is on-going and eligible private doctors are welcomed to join at any time.

19. The first batch of patient invitations was issued in July 2014. As at end-July 2016, over 7,200 patients were participating in the Programme. Identified eligible GOPC patients will be invited to enrol to the Programme by phases.

### **Interim Review and Possible enhancements**

20. The HA has commenced the interim review of the GOPC PPP since April 2015 to identify issues and rooms for improvement and to advise on the necessary enhancements to the Programme based on experience from the pilot launch in the three districts and to advise and guide the future roll-out plan. In preparation for further extension of the GOPC PPP to other districts, the review focuses on the major areas that will impact on the operation and service provision of the GOPC PPP. The areas that have been reviewed are arrangement for provision of Programme Drugs; information technology platform; operation matters; and stakeholders' communication platform.

21. Having regard to the feedbacks from external and internal stakeholders as well as analysis of the utilisation statistics, enhancements on the key issues are suggested. For arrangement for provision of Programme Drugs, the recommended enhancements include to expand Programme Drug List by adding selected drugs for "associated health problems"; to refine the drug ordering procedures and system, e.g. to include the supply of Programme Drugs into the HA's bulk contract to ensure continuity of drug supply for the Programme. In terms of information technology, the improvement is to enhance information technology platform to ease administrative workload of participating private doctors. Whilst for operations, the enhancements include to conduct a risk consultancy study, to develop a risk management framework to support the anticipated increase in scale and complexity of PPP programmes; to develop necessary structure, systems and internal controls to identify and manage risks for PPP programmes. As for stakeholders' communication platform, the recommendations are to set up dedicated engagement platforms such as Advisory/Focus Group with the relevant external stakeholders to facilitate more

focused consultation and communication; and to continue to use the Working Group platform for consultation with staff.

### **Roll-out Plan**

22. A roll-out plan for the GOPC PPP has been prepared having considered the financial commitment, the positive feedback from the medical professional bodies, patients, private doctors, and staff as well as the community call for extension of the GOPC PPP to other districts.

23. The Programme will be rolled out to 18 districts by phases, covering nine districts from the third quarter of 2016 and the remaining districts in 2017-18 and 2018-19. The roll-out plan is outlined in the Annex.

### **The Way Forward**

24. Upon the roll-out of the Programme to 18 districts, it is estimated that around 35,000 patients can participate in the Programme.

25. The HA will continue to monitor closely the implementation of the Programme, and will keep in view the feedback from the community, private doctors, patients and other concerned parties. We look forward to working with community stakeholders in each district.

Hospital Authority  
27 September 2016

**Roll-out to 18 districts in 3 years**

District	2016-17	2017-18	2018-19	Cluster Applicable*
Central and Western		✓		HKWC
Eastern	✓			HKEC
Southern	✓			HKEC / HKWC
Wan Chai	✓			HKEC
Kowloon City	✓			KCC
Kwun Tong				KEC
Sham Shui Po	✓			KWC
Yau Tsim Mong			✓	KCC / KWC
Wong Tai Sin				KCC / KWC
Islands		✓		HKEC / KWC
Kwai Tsing	✓			KWC
North			✓	NTEC
Sai Kung	✓			KEC
Sha Tin	✓			NTEC
Tai Po		✓		NTEC
Tsuen Wan		✓		KWC
Tuen Mun				NTWC
Yuen Long	✓			NTWC

\* Legend:

HKEC=Hong Kong East Cluster    HKWC=Hong Kong West Cluster

KCC=Kowloon Central Cluster    KEC=Kowloon East Cluster

KWC=Kowloon West Cluster    NTEC=New Territories East Cluster

NTWC=New Territories West Cluster