

**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 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 list of participating private doctors or a participating private doctor withdraws from the

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

Programme.

### **Service Fees**

12. Participating patients are only required to pay the HA general out-patient fee (currently \$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 \$3,034 to participating private doctors including the HA general out-patient fee (currently \$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 general out-patient fee (currently \$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 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 list of participating private doctors or withdraw from the Programme and return to the HA at any time, upon giving reasonable notice.

### **Latest Progress**

16. Initial implementation of the Programme has generally been smooth. A roll-out plan 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.

17. On top of the 3 piloting districts, from the third quarter of 2016, the Programme has been rolled out to nine additional districts which include Eastern,

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<sup>2</sup> As per Gazette

Southern, Wan Chai, Sham Shui Po, Kwai Tsing, Sai Kung, Sha Tin and Yuen Long. The support from private doctors and the community have been positive. As at end January 2017, 212 private doctors were participating in the GOPC PPP. The enrolment process is on-going and eligible private doctors are welcomed to join at any time.

18. Response from patients has also been positive. As at end January 2017, 10,495 patients were participating in the Programme. Identified eligible GOPC patients will be invited to enrol in the Programme in batches.

### **Roll-out Plan**

19. With the welcoming response generally received from the community, the Programme will be continued to roll out to 18 districts in phases, covering four additional districts including Central and Western, Islands, Tai Po and Tsuen Wan from 2017-18 and the remaining districts (Yau Tsim Mong and North District) in 2018-19. The roll-out plan is outlined in the Annex.

### **The Way Forward**

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

21. 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.

22. Being our key partner in the community, the HA looks forward to working with the District Council in each district to solicit comments towards the Programme and support in further promoting participation of patients and private doctors.

March 2017

**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