

Minutes of the 6<sup>th</sup> Meeting of  
the Social Services Committee (2018-2019) of  
the Tuen Mun District Council

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Date: 18 September 2018 (Tuesday)

Time: 9:30 a.m.

Venue: Tuen Mun District Council (“TMDC”) Conference Room

<u>Present</u>		<u>Time of Arrival</u>	<u>Time of Departure</u>
Ms SO Ka-man (Chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr TSANG Hin-hong (Vice-chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr LEUNG Kin-man, BBS, MH, JP	TMDC Chairman	9:30 a.m.	End of meeting
Mr SO Shiu-shing	TMDC Member	9:30 a.m.	End of meeting
Mr TO Sheck-yuen, MH	TMDC Member	9:35 a.m.	10:39 a.m.
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:30 a.m.	End of meeting
Ms WONG Lai-sheung, Catherine	TMDC Member	9:30 a.m.	End of meeting
Ms HO Hang-mui	TMDC Member	9:30 a.m.	End of meeting
Mr TSUI Fan, MH	TMDC Member	9:30 a.m.	End of meeting
Ms CHING Chi-hung	TMDC Member	9:30 a.m.	End of meeting
Ms LUNG Shui-hing, MH	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Man-wah, MH	TMDC Member	9:30 a.m.	End of meeting
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	9:30 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:30 a.m.	End of meeting
Mr YAN Siu-nam	TMDC Member	9:30 a.m.	End of meeting
Mr TAM Chun-yin	TMDC Member	9:30 a.m.	End of meeting
Mr YU Tai-wai, MH	Co-opted Member	9:43 a.m.	10:56 a.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	10:56 a.m.
Ms TSANG Ka-lai	Co-opted Member	9:52 a.m.	End of meeting
Mr IP Chun-yuen	Co-opted Member	9:30 a.m.	End of meeting
Mr CHAN Pak-sum	Co-opted Member	9:30 a.m.	End of meeting
Mr WONG Chi-chun	Co-opted Member	9:30 a.m.	End of meeting
Ms HO Chui-wan, Ida (Secretary)	Executive Officer (District Council)1, Tuen Mun District Office, Home Affairs Department		

By Invitation

Dr Gladys KWAN

Service Director (Quality & Safety),

New Territories West Cluster, Hospital Authority

Dr LOH Lai-ting, Taron

Senior Medical & Health Officer (Community Liaison)<sup>1</sup>,  
Department of Health

In Attendance

Mr CHAU Ka-nin, Eric

Senior Liaison Officer (2), Tuen Mun District Office,  
Home Affairs Department

Mr LAM Man-kwong

Senior School Development Officer (Tuen Mun)<sup>3</sup>,  
Education Bureau

Miss LAI PO-yi, Yondy

Assistant District Social Welfare Officer (Tuen Mun)<sup>2</sup>,  
Social Welfare Department

Mr LEE Wai-ming

Neighbourhood Police Coordinator,  
Police Community Relations Office (Tuen Mun District),  
Hong Kong Police Force

Mr LAW Sin-chu, Stanley

Hospital Manager (Public Affairs & Donation Management),  
New Territories West Cluster, Hospital Authority

Absent with Apologies

Ms KONG Fung-yi

TMDC Member

Mr KAM Man-fung

TMDC Member

Ms NG Dip-pui

Co-opted Member

Mr TSANG Hing-chung

Co-opted Member

**I. Opening Remarks**

The Chairman welcomed all present to the 6<sup>th</sup> meeting of the Social Services Committee (“SSC”).

2. The Chairman reminded Members that Members who were aware of their personal interests in any matters discussed at the meeting should declare the interests before the discussion. The Chairman would, in accordance with Order 39(12) of the Tuen Mun District Council Standing Orders, decide whether the Members who had declared interests might speak or vote on the matters, might remain at the meeting as observers, or should withdraw from the meeting. All cases of declaration of interests would be recorded in the minutes of the meeting.

**II. Absence from Meeting**

3. The Secretary reported that no applications for leave of absence had been received from Members.

**III. Confirmation of Minutes of Last Meeting**

4. The Chairman said that on 12 September 2018, the Electrical and Mechanical Services Department (“EMSD”) had proposed amendments to the minutes of the 5<sup>th</sup> meeting of the SSC (2018-2019). In this regard, the Secretariat had notified Members of the details of the relevant amendments via email before the meeting. As no Members objected to the amendments proposed by the EMSD or proposed other amendments, the Chairman announced that the above minutes were confirmed.

**IV. Discussion Items**

**(A) Request for Increasing the Number of Child Care Service Places  
(SSC Paper No. 45/2018)  
(Written response of Social Welfare Department)**

5. The first proposer of the paper pointed out that the number of child care service places for children aged zero to three was seriously insufficient. As a result, to take care of their children, young mothers could not go out for work and this indirectly caused the loss of a large working population to society. She suggested the Social Welfare Department (“SWD”) increase the number of child care service places expeditiously so that young mothers could go out for work without worry.

6. Members' comments on this matter are summarised as follows:
- (i) A Member pointed out that in the 18 districts, there were only 12 child care centres providing 78 child care service places and the supply could not meet the needs of society. Young mothers would provide care to children through different ways (e.g. hiring other women). He reckoned that those women were not professional and there might be negative impacts if they took care of the children. Some parents would enrol children into nursery classes but the number of nursery class places was also inadequate. He opined that it was necessary for the SWD to increase the number of child care service places;
  - (ii) A Member said that this matter had been discussed in the TMDC for many years but was still unresolved. He reckoned that if the Government strengthened child care services, quite a number of women would be able to return to the labour market. In addition, he suggested extending the service hours of the child care centres to 8 p.m. so that parents working across districts could have enough time to pick up their children from the child care centres after work;
  - (iii) A Member said that the social demand for child care services was growing. For many young families, both parents needed to go out for work and their children would be left to the care of grandparents. She opined that if the Government encouraged parenthood, it should study the possibility of increasing the number of child care service places;
  - (iv) A Member pointed out that the annual number of births in Hong Kong was about 50 000 but there were only 738 child care service places across the territory. The Member opined that the number of places should be increased to 5% to 10 % of the number of births and child care centres should be set up in the 18 districts to reduce circumstances where parents had to cross districts to send their children to child care centres before attending work;
  - (v) A Member reckoned that it would be relatively difficult to increase the number of child care centres or long whole-day kindergartens in a short period of time and suggested that the SWD promote the Neighbourhood

Support Child Care Project, enhance the promotion of and training for home-based child carers as well as increase the pay for the home-based child carers so as to attract more women to join the above project to assist working parents in taking care of children; and

- (vi) A Member reckoned that increasing the number of child care centres could only provide limited places and thus suggested the Government launch comprehensive child care projects such as hiring women to assist in taking care of children to enable parents to return to work in society.

7. Miss Yondy LAI of the SWD thanked Members for their comments. She said that in December 2016, the department had invited the University of Hong Kong to conduct a “Consultancy Study on the Long-term Development of Child Care Services” (“Consultancy Study”). It aimed to review the conditions of child care services and make reference to the situations in other countries (including Singapore, Australia, South Korea and Finland) to facilitate the review on service mode, content, target group, planning, staffing and training in regard to services provided in Hong Kong. In July 2018, the University of Hong Kong submitted an interim report on the study to the steering committee for vetting and approval. The study was expected to conclude in 2018.

8. Miss Yondy LAI of the SWD continued that the study report had addressed Members’ concerns by exploring and analysing relevant things such as the locations of child care centres, manpower ratio of child care staff and how to make good use of neighbourhood support child care services. In view of the growing demand for child care services in Tuen Mun District, it was planned in the public housing project in Tuen Mun Area 54 to establish an aided standalone child care centre which would provide 100 places. The department would also continue to examine the situation of Tuen Mun District and study the possibility of increasing relevant services with other departments. Regarding the service hours of child care centres, some child care centres and kindergartens-cum-child care centres also offered “extended hours service” and provided services until 8 p.m. She would relay Members’ views to the Family and Child Welfare Branch of the department.

9. Members made the following comments and enquiries on the SWD’s response:

- (i) A Member pointed out that in designing community services, considerations would vary for different districts. Take Tuen Mun District for example, working parents generally commuted longer to work so when designing or enhancing the services of child care centres, one should target at extending the service hours. In addition, the Member enquired whether the Consultancy Study had taken into consideration different factors of the districts (e.g. proportion of population growth or birth rate); if not, the steering committee should suggest that these factors be taken into account in the above study;
- (ii) A Member pointed out that in some families, grandparents would assist in taking care of children and those elderly people might need additional support. Separately, the Member suggested that the SWD expeditiously establish a database for identifying families at risk; and
- (iii) A Member enquired again whether the SWD had comprehensively reviewed child care services when formulating child care policies. For example, women could be hired to look after children so as to increase women's employment opportunities.

10. Miss Yondy LAI of the SWD responded that the steering committee was vetting the interim report of the Consultancy Study and the department would report to the Members again if the committee put forward any recommendations. She pointed out that the report could mainly be divided into three parts. The first part made reference to child care service experiences of foreign countries. The second part conducted analysis through population projection and the use of a Geographic Information System. The third part gained an understanding of child care service users' and stakeholders' views on the service through questionnaires, interviews and focus groups. The report also pointed out that parents without family support (i.e. without the assistance of family members or foreign domestic helpers) were most in need of child care services. She thanked Members for their suggestions and said that if there were further recommendations concerning the report, the department would give another report.

11. The Chairman concluded that currently, the supply of child care services could not satisfy the needs of the community and hoped that the SWD would

proactively increase the number of child care service places to respond to the needs of working parents and families that had to take care of children in a cross-generational manner. In addition, she asked the department to consider extending the service hours of child care centres, setting up child care centres in various districts and strengthening the Neighbourhood Support Child Care Project. If there was any progress on the Consultancy Study, the SWD could notify Members through the Secretariat or give a report at an SSC meeting.

SWD

**(B) Request the Hospital Authority to Notify the Tuen Mun District Council on Major Incidents and Update the Number of Vacancies of Healthcare Staff on a Regular Basis**  
**(SSC Paper No. 46/2018)**  
**(Written response of Hospital Authority)**

12. The Chairman welcomed Dr Gladys KWAN, Service Director (Quality & Safety), and Mr Stanley LAW, Hospital Manager (Public Affairs & Donation Management), of the New Territories West Cluster of the Hospital Authority (“HA”) to the meeting.

13. The first proposer of the paper said that from time to time, the media had reported on sentinel events which had occurred in Tuen Mun Hospital and the situation was worrying. She said that the written response of the HA had given an account of the number of medical incidents across the territory and had said that it would conduct review and analysis in view of the incidents to prevent the recurrence of the same kind of events, but the number of medical incidents had not improved over the past ten years. She understood that each medical incident was different and could not be compared directly but she opined that the situation had worried members of the public who used the services of Tuen Mun Hospital. She hoped that the HA would give an account of the number of medical incidents of the New Territories West Cluster in the past ten years and report on the figures of medical incidents at District Council (“DC”) or SSC meetings on a regular basis. Moreover, she asked the HA to give a response concerning the staffing establishment of Tuen Mun Hospital and its current number of healthcare professionals so that Members could note the situation of manpower shortage of the hospital.

14. A Member said that in August 2018, a male patient with tracheostomy had died in Tuen Mun Hospital and it was suspected to be caused by shortage of

healthcare professionals and lack of training. She remarked that the HA had never given a direct response regarding the situation of healthcare manpower of Tuen Mun Hospital and opined that the authority had to give a clear account.

15. Dr Gladys KWAN of the HA responded that the authority was very concerned about the sentinel events which had occurred in Tuen Mun Hospital between June and August 2018. Under the existing mechanism, the HA sorted medical incidents into nine types of sentinel events and two types of serious untoward events and hospitals under each cluster would make reports following the above guidelines. By doing so, the authority hoped to group different medical incidents by causes and conduct analysis to make improvements so there were no breakdowns by cluster or hospital in the written response. Taking into account the complexity and actual circumstances of a case, the authority would consider setting up an independent inquiry committee or refer the case to relevant review panels for follow-up actions so as to improve services through system and mechanism, thereby strengthening the protection of patients. Moreover, depending on the nature of the case, the authority would give an account of the incident to the public through the Information Services Department. Also, after taking into consideration the patient's privacy, family members' preferences and staff members' conditions, the authority would announce the details of the incident through an appropriate channel.

16. Dr Gladys KWAN of the HA continued that she understood that the SSC hoped the HA would increase transparency and report on incidents proactively. She would relay such views to the Quality and Safety Division of the Head Office of the HA and identify a suitable channel to enhance communication with the DC. Regarding manpower arrangement, the manpower of doctors, nurses and other supporting staff had continuously increased in the past two years. Among them, the total number of healthcare professionals in 2017-18 had already exceeded 10 000 and it had increased by 3% comparing with 2016-17. In addition, the New Territories West Cluster had reduced the wastage of healthcare professionals through various measures, for instance, increasing the number of supporting staff to reduce the clerical workload of healthcare professionals as well as recruiting retired healthcare professionals to help with frontline work and mentor new healthcare professionals and raise their standards making use of their experience.



17. Members' comments and enquiries on the HA's response are summarised as follows:

- (i) A Member thanked the HA for considering enhancing communication with the TMDC and increasing transparency. She clarified that she only hoped that the authority would provide the DC with the number of medical incidents but not discuss the details of individual cases at the meeting;
- (ii) A Member opined that the HA still had not given a response regarding the establishment of Tuen Mun Hospital and urged the authority to give an account of the number of healthcare professionals which had still fallen short in that hospital;
- (iii) A Member reckoned that even though the HA had proactively announced the number of medical incidents across the territory and conducted review every year, the number of medical incidents had not declined over the past ten years. When considering whether to reside in Tuen Mun, members of the public would take into consideration the traffic and medical support of this district. Therefore, the Member hoped that the HA could provide the number of medical incidents of Tuen Mun District for public reference;
- (iv) A Member said that the Hong Kong Planning Standards and Guidelines had set a standard concerning the ratio between population and healthcare professionals. He enquired about the number of healthcare professionals which had still fallen short in Tuen Mun Hospital according to the above standard and when the HA reported to the SSC every year on the number of additional healthcare professionals recruited, whether the manpower wastage of that year had been deducted in the relevant figure; and
- (v) A Member pointed out that the HA recruited additional staff every year but there had been no significant improvement in service quality. Separately, he asked if there were doctors serving more than one hospital simultaneously.

18. Dr Gladys KWAN of the HA responded that regarding the request to provide the number of medical incidents of the New Territories West Cluster, she

had to discuss the relevant arrangement with the Head Office but preliminarily she believed that the numbers of the clusters were similar. She understood Members were concerned that manpower shortage would affect service quality but at present, all clusters were facing the situation of manpower shortage. She would continue to maintain communication with the Head Office in regard to manpower arrangement. Under the structure of the HA, each doctor only served one cluster.

19. Members made different comments on the HA's response:

- (i) A Member said that the manpower shortage of healthcare professionals had been discussed by the TMDC for many years but the situation had not improved. He reckoned that it might be related to the situation where healthcare professionals were unwilling to travel a long way to work in Tuen Mun. Separately, he pointed out that the extension works of a number of hospitals under the New Territories West Cluster would be completed one after another but there were inadequate healthcare professionals to tie in with that, thus wasting the facilities. He suggested the HA report to the DC on the number of healthcare professionals on a regular basis so that the DC could follow up with relevant policy bureaux after gaining an understanding of the actual situation;
- (ii) A Member pointed out that at the end of 2017, the HA had developed a population-based resource allocation model to assess the medical and manpower needs of each district based on 13 items (e.g. population ratio and socioeconomic conditions). He enquired about the study results of that model and the gap between the current establishment of different specialties and medical projects in New Territories West and the study results;
- (iii) A Member hoped that the HA could provide in writing the annual numbers of medical incidents of the New Territories West Cluster and Tuen Mun Hospital; and
- (iv) A Member reckoned that even though all clusters were facing manpower shortage, the level of shortage varied. According to the Hong Kong Planning Standards and Guidelines, the ratios between population and healthcare professionals of other clusters were higher than that of Tuen

Mun. The Member opined that the HA should not neglect the difference.

20. Dr Gladys KWAN of the HA thanked Members for their comments and explained that the figure provided earlier (the number of healthcare professionals in 2017-18 had increased by 3% comparing with 2016-17) was a net increase.

21. Mr Stanley LAW of the HA added that he understood that the SSC hoped to know the review results of the resource allocation model so he was following up on the matter closely with the Finance Division of the Head Office of the HA and would give an account to the DC shortly.

22. The Chairman reckoned that the HA's written response was still not comprehensive enough and pointed out that the SSC had already waited for nearly one year but the HA still had not given an account of the details of the resource allocation model. She suggested that the SSC could consider continuing the discussion on this matter or writing to the Food and Health Bureau and the HA to request the HA to give an account of the details of the resource allocation model and report on the figures of manpower shortage and medical incidents on a regular basis.

23. The first proposer of the paper opined that the SSC should continue the discussion on this matter to let the HA provide the relevant figures and respond to the questions which had not been responded to at this meeting.

24. As Members had no objection to the above suggestion, the Chairman announced that this item would be carried over to the next meeting. She also asked the HA to reflect Members' views and prepare information which had not been responded to at this meeting.

HA

(C) **Request for Improving the Utilisation of Elderly Health Care Vouchers and Enhancing the Transparency with a View to Eliminating the Abusive Use of Elderly Health Care Vouchers (SSC Paper No. 46/2018)**  
**(Written response of Department of Health)**

25. The Chairman welcomed Dr Taron LOH, Senior Medical & Health Officer (Community Liaison)<sup>1</sup> of the Department of Health ("DH") to the meeting.

26. The first proposer of the paper made the following enquiries: (i) how elderly people could lodge complaints if they were charged different levels of fees when using health care vouchers; (ii) whether all service providers participating in the Elderly Health Care Voucher Scheme (“the Scheme”) would display the procedures of the complaint mechanism and the telephone number for enquiries; (iii) whether relevant service providers would be penalised if a complaint was substantiated; (iv) whether relevant penalties were deterrent; and (v) whether clinics participating in the Scheme had any responsibility to notify people who would use vouchers for consultation if any of their doctors did not accept vouchers. He hoped that the DH would respond to the above enquiries and make further improvements to the mechanism of the Scheme.

27. Members’ comments on the captioned matter are summarised as follows:

- (i) A Member pointed out that some organisations would send staff to visit elderly people, conduct basic medical check-ups (e.g. blood test) for them during the visit and then collect service charges in the form of vouchers with an amount higher than regular clinic charges. Those organisations were suspected of abusing health care vouchers so the Member hoped that the DH would follow up the issue. Separately, he suggested expanding the usage of vouchers to cover the purchase of medications from registered pharmacists;
- (ii) A Member said that \$2,000 worth of vouchers had been collected from an elderly person for purchasing glasses but the elderly person had dropped the matter because she had not dared to argue with the shop operator. The Member urged the DH to step up regulation of all participating service providers to prevent the elderly from being overcharged;
- (iii) A Member suggested that the DH require all participating service providers to display the charges for consultation and medications at visible places of the clinics to increase transparency so that members of the public could gain an understanding of the charging arrangements and prevent the service providers from collecting extra fees from the elderly using vouchers;
- (iv) A Member pointed out that while some clinics operating as a

conglomerate had displayed the Scheme logo to indicate participation, not all doctors in the clinics accepted vouchers. Only after consultation had some elderly people found out that the doctor had not participated in the Scheme. Therefore, the Member suggested the DH require all participating service providers to state clearly the names of doctors who would accept vouchers;

- (v) A Member remarked that some medical organisations had said to her that they could provide medical check-up services to residents at cheaper prices. Nonetheless, this kind of organisations varied in quality so she opined that the DH should step up regulation of organisations which provided medical home visit services to the elderly; and
- (vi) A Member said that some residents had reflected that they had been charged higher fees when using vouchers for consultation. Upon enquiring the clinics, they had found out that administrative fees had been collected for using vouchers. The Member urged the DH to step up regulation of the situation where participating service providers collected vouchers from the elderly in an abusive manner.

28. Dr Taron LOH of the DH responded that when the Government had rolled out the Elderly Health Care Voucher Scheme in 2009, the policy had aimed, based on the “money follows patient” concept, to subsidise eligible elderly people to use private primary healthcare services which best suited their needs. To protect the interests of the elderly, it was stipulated in the terms and conditions of the agreement of the Scheme that participating service providers should ensure that the voucher amount used by an elderly person did not exceed the fee for the healthcare service received on that occasion, and they must not charge the elderly any fees for creating a voucher account or using vouchers. The department would issue regularly to participating service providers a set of Proper Practices under the Scheme as well as remind them that they had to enhance the transparency of service charges and explain the charges to the elderly before providing services. Upon explanation by healthcare professionals, the elderly could choose among different healthcare treatment options which might have different service charges and decide whether to use the vouchers. She hoped that Members could assist in spreading relevant messages to the public to make them better understand the arrangements of the Scheme.

29. Dr Taron LOH of the DH continued that medical services provided by healthcare professionals varied for different patients and healthcare treatment options might differ depending on different factors (e.g. health conditions of the elderly people or the complexity of illnesses) so it was not practicable to regulate the charges of all service providers under the Scheme. The department attached great importance to the regulation problem of the vouchers. Apart from monitoring and conducting routine inspections to participating service providers, the department would also carry out investigations into aberrant patterns of transactions and complaints in regard to the use of vouchers. If members of the public suspected any participating service providers of non-compliance with the regulations of the Scheme, they could provide the Health Care Voucher Unit of the DH with relevant information by telephone, email, fax or post for follow-up actions. If the improper voucher claim or complaint was substantiated upon investigation, the department would adopt relevant measures. For instance, the department would issue reminders, advisory or warning letters to that service provider and might not reimburse the voucher claim or recover the reimbursed amount from the service provider concerned. If any service provider was suspected of fraud, the DH would refer the case to the Police and/or relevant law enforcement agencies for follow-up actions. If any service provider was suspected of professional misconduct, the department would refer the case to relevant professional regulatory boards for follow-up actions.

30. Dr Taron LOH of the DH continued that regarding the problem where locum or part-time doctors could not use vouchers for the elderly, currently service providers who wished to join the Scheme had first to register with the DH and be liable for their voucher claims so as to better protect elderly voucher users. Participating service providers should display the Scheme logo at their places of practice. If there was more than one doctor at the same place, the department suggested stating clearly which doctor had participated in the Scheme for easy identification by the elderly. Regarding the situation where some medical organisations provided medical home visit services to the elderly, it fell into the domain of private sector operation. Members of the public should have a clear understanding of whether the services were provided by registered healthcare professionals, relevant charges and so on. If doubtful in determining whether to accept the services or use vouchers, the elderly could discuss with their families before making a decision. She thanked Members for suggesting expanding the

coverage of vouchers and said that currently, the vouchers could be used on a number of medical services which included those provided by medical practitioners, Chinese medicine practitioners, dentists, chiropractors, nurses, physiotherapists, occupational therapists, radiographers, medical laboratory technologists and registered optometrists who had participated in the Scheme.

31. The Chairman reckoned that the DH representative failed to give a comprehensive response to Members' comments and as a result, the Members kept asking follow-up questions and it led to an endless discussion. She asked the DH representative to respond to Members' enquiries with focus but not repeat the written response.

32. Members made the following comments and enquiries on the DH's response:

- (i) A Member enquired about the current number of beneficiaries of the Scheme, the increase in the number of beneficiaries comparing with that in 2009 when the Scheme had been rolled out, and the numbers of cases of investigation, warning, penalty or referral to the Police or the Customs by the DH since the launch of the Scheme;
- (ii) A Member pointed out that elderly people were sometimes caught in a tight corner when they visited clinics which displayed the Scheme logo without taking much cash with them but then found out the doctor they consulted had not participated in the Scheme. Separately, some optometrists would persuade elderly people without the need to wear glasses to do so and this was an abusive use of the vouchers;
- (iii) A Member opined that the DH should step up promotion so that the elderly would know how to make a complaint when their vouchers were abused;
- (iv) A Member asked if some participating service providers did not accept vouchers, whether there were guidelines which required doctors to explain the situation to the elderly before offering consultation;
- (v) A Member clarified that he was not asking all clinics to standardise service charges but was suggesting that they clearly state the charges.

Separately, he asked the DH or relevant departments about the interval between each round of inspection and whether the penalties were deterrent enough;

- (vi) A Member opined that if a clinic did not accept vouchers because of the swap in duty doctors, it should explain to the elderly before offering consultation or display a notice in the clinic. Separately, the Member pointed out that some doctors would collect higher fees from elderly people using vouchers and thus suggested the DH study whether there were measures to curb such behaviour;
- (vii) A Member suggested that the DH remind the elderly to confirm whether the doctor accepted vouchers before consultation and pay attention to relevant fees in the promotion of the Scheme instead of only focusing on the worth of the vouchers;
- (viii) A Member reiterated that the DH had to address the situation where some medical organisations provided medical home visit services to the elderly and it should expand the coverage of vouchers to allow the elderly to purchase medications from registered pharmacists. He also pointed out that if the Government could regulate optometrists, it should also be able to regulate pharmacists. Separately, he enquired about the number of prosecutions among the cases of abusive use of vouchers which were substantiated by the DH; and
- (ix) A Member reckoned that the DH representative had dodged some of the questions. For instance, she did not give a response concerning whether to allow the elderly to use vouchers to purchase medications from registered pharmacists.

33. Dr Taron LOH of the DH thanked Members for their comments and enquiries. She responded that as at the end of August 2018, more than 7 700 service providers had registered to participate in the Scheme and this involved more than 18 000 places of practice across the 18 districts in Hong Kong. Over 1.12 million elderly people had used the vouchers. Regarding complaints of the Scheme, the DH had received some 210 complaints related to the Scheme between 2015 and end-August 2018. They involved the coverage of the



Scheme, operational procedures, administrative and supporting services, suspected fraud or issues related to service charges of participating service providers. The number of cases in which prosecutions had been instituted or cases which had been referred to relevant professional regulatory boards for follow-up actions would be provided after the meeting. Regarding the situation where some doctors in the participating clinics did not accept vouchers, she would relay the views to the Health Care Voucher Unit.

[Post-meeting note: Regarding the complaints (including media report and relevant information) received by the DH between 2015 and end-September 2018 with respect to participating service providers, the department had adopted follow-up actions which included sending 32 letters (e.g. advisory/warning letters) to relevant service providers, denying reimbursement or recovering reimbursed amounts for 9 cases, disqualifying 10 service providers from the Scheme as well as referring 16 cases and 9 cases to the Police and relevant professional regulatory boards for follow-up actions respectively. Among the cases which had been referred to the Police and where the Police had completed follow-up actions, no service providers had been prosecuted.]

34. Dr Taron LOH of the DH continued that apart from making TV and radio Announcements in the Public Interest, the department had also held talks for the elderly and their families or carers at places such as District Elderly Community Centres, Neighbourhood Elderly Centres, Residential Care Homes for the Elderly and Elderly Health Centres to explain to them the content of the Scheme to make them better understand the terms of use of the vouchers. Regarding the proposal to expand the coverage of vouchers to allow the elderly to purchase medications from registered pharmacists, she would relay the suggestion to the bureau to consider its feasibility. Since the implementation of the Scheme in 2009, the Government had rolled out a number of enhancement measures. They included lowering the eligibility age of the Scheme from 70 to 65 in 2017, increasing the accumulation limit of vouchers of each elderly person from \$4,000 to \$5,000 in 2018 and providing an additional \$1,000 worth of vouchers to each eligible elderly person on a one-off basis in this financial year. Currently, the department was conducting a comprehensive review on the Scheme with the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong. The review would explore, among others, comments of the elderly and healthcare professionals on the Scheme, utilisation pattern of the

vouchers and operational arrangements of the Scheme (e.g. monitoring mechanism). The department expected the review to be completed by the end of 2018 and it would, in the light of the review results and the overall financial situation of the Government, consider launching enhancement measures as appropriate.

35. Members made different comments on the DH's response:

- (i) A Member said that if the vouchers of those 1.12 million elderly people had not been abused, they could have effectively alleviated the medical burden of the elderly. Also, elderly people using the vouchers had different education levels so not necessarily all of them could understand the content of the Scheme;
- (ii) A Member opined that the DH representative had still failed to give a comprehensive response to Members' enquiries and suggested the SSC consider continuing the discussion on this matter;
- (iii) A Member reckoned that apart from stepping up regulation of the service providers, the department could also collect the elderly's opinions on service organisations to promote quality service; and
- (iv) A Member agreed that the SSC should continue the discussion on this matter and suggested inviting the Health Care Voucher Unit to attend the next meeting.

36. The Chairman said that the SSC would continue the discussion on this matter. She hoped that the DH representative could give a detailed response to Members' enquiries at the next meeting and consider inviting the Health Care Voucher Unit to send representatives to attend the meeting.

DH

- (D) Request for Improving the Elderly Welfare Policy and Relaxing the Application Threshold and Assessment Criteria for Elderly Welfare (SSC Paper No. 48/2018)**  
**(Written response of Labour and Welfare Bureau)**  
**(Written response of SWD)**  
**(Written response of DH)**

37. The first proposer of the paper expressed disappointment towards the

written responses of the relevant policy bureau and departments. She opined that the content had only described the existing social security initiatives without giving a direct response to the request of the paper and it showed the tough stance of the current-term Government. Moreover, when the Secretary for Labour and Welfare had visited Tuen Mun earlier, he had also said that he had no intention to relax the application threshold for elderly welfare and there was even a possibility of raising the eligibility age. Therefore, she urged the relevant policy bureau and departments to give a direct response to the request of the paper and reconsider lowering the eligibility age of “Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities” and “Elderly Health Care Voucher Scheme” to the age of 60.

38. Members’ comments on the captioned matter are summarised as follows:
- (i) A Member shared the view of the first proposer of the paper. He pointed out that the application threshold for the Old Age Living Allowance (“OALA”) was harsh and some elderly people had to postpone their application because they had not satisfied the criterion regarding the permissible limit of absence from Hong Kong. In addition, the SWD had suggested the elderly conduct property and asset valuation through banks but some elderly people were not familiar with the procedures so their application had been hindered. Therefore, he hoped that the Government would review and relax the permissible limit of absence from Hong Kong and asset limit for the OALA;
  - (ii) A Member pointed out that some elderly people did not know how to fill in the application form for the OALA but the staff of Social Security Field Units had been unwilling to provide assistance to the elderly. Therefore, the Member hoped that the department could increase manpower of the Units to assist the elderly in filling out the forms;
  - (iii) A Member reckoned that the asset limit for the OALA did not align with the current level of costs of living and suggested raising the asset limits for the Higher OALA to \$300,000 (single person) and \$600,000 (married couple) as well as for the OALA to \$500,000 (single person) and \$1,000,000 (married couple) respectively; and
  - (iv) A Member said that the commodity prices on the Mainland were lower

than those in Hong Kong so quite a number of elderly people would choose to reside on the Mainland after retirement. However, since there was a permissible limit of absence from Hong Kong for the OALA, they had to reside in Hong Kong for a sufficient period of time to make an application. She opined that the SWD should review the elderly welfare policy and relax the application threshold when appropriate. Separately, she reckoned that there should not be any difficulty for the DH to relax the Elderly Health Care Voucher Scheme to allow the elderly to purchase medications from registered pharmacists and hoped that the DH would consider and accept the relevant suggestion.

39. Miss Yondy LAI of the SWD thanked Members for their comments and said that she would relay the proposal to relax the asset limit and permissible limit of absence from Hong Kong for the OALA to the Social Security Branch of the department. In addition, she understood that some elderly people might encounter difficulty when filling out application forms so she had already reminded the staff in the district to provide assistance to the elderly as far as possible.

40. Dr Taron LOH of the DH thanked Members for their comments and said that she had already given responses with respect to expanding the coverage of the health care vouchers and stepping up publicity during the discussion of the previous matter. She said that in recent years, the department had rolled out a number of enhancement measures for the Elderly Health Care Voucher Scheme and the number of elderly people benefitting from the Scheme and the relevant financial commitment had increased significantly. The Government had to carefully examine the long-term financial implications of the Scheme and the utilisation pattern of the vouchers before considering whether to further lower the age of elderly people eligible for the Scheme.

41. The Chairman asked the representatives of the SWD and the DH to relay Members' views to their respective departments.

## **V. Reporting Items**

### **(A) Work Reports by the Working Groups under the Social Services Committee** **(SSC Paper No. 49/2018)**

**(i) Working Group on Medical and Rehabilitation Services**

42. Members noted the contents of the report by the above working group.

**(ii) Working Group on Community Care**

43. Members noted the contents of the report by the above working group.

**(iii) Working Group on Education and Youth Services**

44. Members noted the contents of the report by the above working group.

45. The Chairman announced that the above three working group reports were endorsed.

**(B) Report by the Tuen Mun District School Development Section of the Education Bureau**

**(SSC Paper No. 50/2018)**

46. Members noted the contents of the relevant report by the EDB.

**(C) Report by the Social Welfare Department**

**(SSC Paper No. 51/2018)**

47. Members noted the contents of the relevant report by the SWD.

**(D) Report on Crime Figures in the Tuen Mun District**

**(SSC Paper No. 52/2018)**

48. Members noted the contents of the relevant report by the Hong Kong Police Force.

**VI. Any Other Business**

49. The Chairman, on behalf of the SSC, congratulated Mr YU Tai-wai, MH on receiving the Medal of Honour earlier.

**VII. Date of Next Meeting**

50. There being no other business, the Chairman closed the meeting at 11:34 a.m. The next meeting would be held on 13 November 2018.

Action

Tuen Mun District Council Secretariat

Date: 2 November 2018

File Ref: HAD TM DC/13/25/SSC/18