

**The Third Meeting of the Medical Sub-committee on
the Community Care Fund
23 June 2011**

Summary of Discussion

The Medical Sub-committee on the Community Care Fund (CCF) held its third meeting on 23 June 2011. A summary of the discussion is as follows:

1. Members noted the budget monitoring and administrative arrangements for CCF regarding such aspects on budgetary control, recording, auditing and reporting.
2. Members noted the progress report on the two medical assistance programmes implemented by the Hospital Authority (HA). As the HA was unable to grasp the financial condition of all patients, the budgets for the two programmes were only preliminary estimates and the actual financial commitment would be subject to the actual number of beneficiaries and the financial condition of patients. Long-term usage of individual subsidised drugs might be required for certain patients to keep their illness under control, and this arrangement would give rise to cumulative impacts. In addition, if certain self-financed cancer drugs under the First Phase Programme were to be ultimately incorporated into the Samaritan Fund or the HA Drug Formulary, CCF's expenses would decrease correspondingly. The HA would closely monitor the situation.
3. Members endorsed the inclusion of the proposed 6 types of self-financed drugs for 7 specific cancer diseases in the list of subsidised drugs of the First Phase of the CCF Medical Assistance Programme. It was estimated that there would be some 1 000 beneficiaries each year; publicity of the programme was expected to commence by mid-to- late-July and application would be accepted from early August.
4. Members noted that the self-financed cancer drugs included in the First Phase Programme were those that had a rapid accumulation of medical evidence and with relatively higher efficacy. Under the existing mechanism under HA, these drugs might be considered, if appropriate, for inclusion in the safety net, should they meet the requirements of the

relevant mechanism in future development.

5. Members noted that the Food and Health Bureau had rolled out the 3-year “Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres” in April this year, in cooperation with non-governmental organisations (NGOs), to provide outreach primary dental and oral care services to the elderly living in residential care homes or using day care centre services. As regards the provision of dental services for the elders under a CCF programme, the Sub-committee should carefully assess whether the overall manpower of the dentistry sector was sufficient to cope with the huge demand.
6. Some members expressed that there were some 900 000 aged over 65 elders living in the community, while some 1 200 000 were aged over 60. As for the 70 000 elders living in residential care homes or using day care centre services, only 3% had had dental checks, some 30% were toothless and some 50% had various dental problems.
7. Some Members suggested that the CCF should focus on providing subsidy on dental services for elders with economic difficulties but not recipients of the Comprehensive Social Security Assistance Scheme. Some other Members suggested seeking assistance from NGOs providing home-based services subvented by the Social Welfare Department to identify and refer needy elders to apply for subsidy on dental services under the CCF.
8. Members agreed to set up a task group to follow-up on issues including studying the availability of adequate manpower in the dentistry sector; setting up of means-test mechanism; and determining the priority of target beneficiary groups.