

**The Second Meeting of the Medical Sub-committee on
the Community Care Fund
1 March 2011**

Summary of Discussion

The Medical Sub-committee on the Community Care Fund (CCF) held its second meeting on 1 March 2011. A summary of the discussion is as follows:

1. Members agreed that the CCF should adopt the strategy of “dealing with the simple issues before tackling the difficult ones” with a view to launching the programmes as soon as possible to help the most needy. Under this principle, Members agreed that the first phase of the programme (the third quarter of 2011) would provide subsidy for the purchase of specified self-financed cancer drugs which had not been brought into the Samaritan Fund safety net, and the second phase (the fourth quarter of 2011 or first quarter of 2012) would provide subsidy to needy patients who were not eligible for the Samaritan Fund safety net for the use of Samaritan Fund subsidised drugs.
2. Members noted that the proposed assistance programme would benefit patients who currently fell outside the existing safety net. Implementing the assistance programme through the existing platform of the Samaritan Fund would not only benefit patients directly but also keep additional administrative costs to the minimum.
3. Members noted that the Administration (the Food and Health Bureau) intended to adopt more relaxed means test criteria than those for the Samaritan Fund in the second phase to benefit patients who failed the means-test of the Samaritan Fund because their financial condition was marginally better than the requirements and thus ineligible for assistance under the Samaritan Fund. At the same time, the Administration was mindful of the need to ensure that patients inside the safety net of the Samaritan Fund would not receive less assistance than the beneficiaries of the CCF. In case recipients of the Samaritan Fund would be eligible for a higher assistance under the means test criteria of the CCF, it was proposed that further to the assistance eligible under the Samaritan Fund, the additional amount of assistance to the recipients would be topped up

by the CCF. In addition, some members opined that the Administration should consider ways to widen the safety net to provide long-term support to patients in need.

4. As to whether the safety net should be widened to cover non-drug items supported by the Samaritan Fund, members noted the wide varieties of non-drug items and that more complicated processing procedures would be involved; however, non-drug items were one-off expenses and at present, most of the applications for assistance on non-drug items involved less expenses than those on drugs. With the strategy of “dealing with the simple issues before tackling the difficult ones”, members agreed that this item could be considered at a later stage comparing to the first and second phases of the proposed programmes. Yet, the Administration would study this item later with a view to offering assistance to more needy patients as soon as possible.
5. Considering the community’s attention to the proposed assistance on dental services including dentures for the elderly, Members suggested that a detailed study be conducted. Members noted that the implementation of the proposed programme would involve huge resources, careful planning and many considerations including:
 - (1) how to identify and accord priority to target beneficiaries, and determine the mode of operation to cater for elders in residential care homes and those living in the community respectively;
 - (2) whether there would be adequate dental practitioners and nursing staff to provide the required services;
 - (3) how to work with the Pilot Project on “Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres” to be implemented in April; and
 - (4) how to strengthen the cooperation with non-governmental organisations, relevant service groups and private dental clinics.
6. Some Members were concerned about the long waiting time of mental patients for consultation services at public hospitals, and suggested that

the Sub-committee could consider providing assistance to patients for prompt consultation and medical assessment from private medical practitioners. Members noted that the Hospital Authority had already enhanced its mental health services by shortening the waiting time from 1 year to 5 months and further improvement to the services was under planning. A Member remarked that in view of the manpower constraint of psychiatric healthcare staff, the coordination of manpower between public and private sectors should be carefully considered when drawing up assistance programmes in future, so as to avoid the scramble for resources, thus affecting the overall effectiveness of service delivery to the community.

7. Members proposed other assistance programmes for future consideration:
 - (1) Dental services for the mentally disabled; and
 - (2) Subsidies for patients of public hospitals to receive prompt medical examination, e.g. magnetic resonance imaging, from private hospitals/clinics to avoid delay in treatment.
8. Members noted that they might continue to submit other proposals to the Secretariat for inclusion in the list of proposed assistance programmes for future deliberation.
9. Members noted that the second meeting of the Executive Committee and the Steering Committee would be held in end-March and mid-April respectively, and the funding submission to the Finance Committee of the Legislative Council for an injection of \$5 billion into the CCF was planned for early May.