

**The First Meeting of the Medical Sub-committee on
the Community Care Fund
26 January 2011**

Summary of Discussion

The Medical Sub-committee on the Community Care Fund (CCF) held its first meeting on 26 January 2011. A summary of discussion is as follows:

1. Members noted the requirements of the two-tier system of declaration of interests for Members (including co-opted Members) of the Sub-committees, i.e. Members would be required to register their personal interests on appointment to the Sub-committees, and annually thereafter, by filling in a declaration form, and to declare any direct personal or pecuniary interest related to matters under deliberation at meetings. The registers of Members' interests would be uploaded onto the CCF website and kept by the Secretariat for public inspection.
2. Members noted the operation arrangements of the Sub-committees, including the operating principles for matters of programme budgets, funding priorities, indicators for evaluation of effectiveness, and mechanism for processing individual applications seeking assistance and handling cross-sectoral issues, etc.
3. Members noted that the indicative amount available for the allocation of each of the four Sub-committees would be \$100 million in 2011-12. The allocation of the remaining \$100 million would be determined by the Steering Committee on the CCF having regard to the recommendations of the Executive Committee on the priorities of assistance programmes proposed by the Sub-committees.
4. Members noted that the Medical Fee Waiver Mechanism managed by the Hospital Authority (HA) and the safety net operated through the Samaritan Fund were providing patients with financial difficulties with partial or even full waving of medical fees for purchasing medical items and selected drugs not covered by the hospital maintenance or out-patient consultation fees of public hospitals and clinics. There were patients who were ineligible for assistance from the Samaritan Fund as they could

not pass the means test. For some other patients who passed the test, HA still needed to determine the portion of medical fees to be borne by them according to their disposable annual household financial resources and the waving level of their medical fees. Members also noted that the safety net of the Samaritan Fund did not cover drugs with preliminary evidence, which were mainly cancer drugs, but patients may still want to use these drugs despite their limitations.

5. Members agreed that the CCF should adopt the strategy of implementing programmes which were easy to administer and thus leading to early results with a view to launching the programmes as soon as possible to help the needy. Having regard to the heavy burden of medical expenses on patients and their families, Members agreed that the Sub-committee should accord priority to providing support to patients' medical needs and draw up concrete proposals for the beneficiary groups and programmes set out below:

Proposed Beneficiary Groups

Assistance Programmes

- (1) Patients who failed the means-test of the Samaritan Fund because their financial condition was marginally higher than the requirements and thus ineligible for assistance; and patients who were eligible for assistance but had to spend most of their disposable annual household financial resources to meet their share of the medical fees.

Drugs and non-drug items supported by the Samaritan Fund

- (2) Patients whose clinical condition met the requirements of the relevant Samaritan Fund subsidized drugs and passed the means-test.

Self-financed cancer drugs with a rapid accumulation of medical scientific evidence

Members noted that the above proposals would meet the demands all along raised by of patient groups.

Members suggested that the Samaritan Fund should establish less stringent means-test criteria to widen the current safety net to benefit more patients. Given the limited resources of the CCF and its main objective for providing assistance to those who fell outside the assistance net, Members proposed that the HA be mindful of avoiding unfairness when considering details on relaxing the means-test criteria.

6. Members expressed concern that the proposed programme might give the potential beneficiaries reasonable expectation to call for incorporation of the programme into government's regular assistance and service to provide long-term support to patients.
7. Members suggested the following for inclusion in the list of proposed assistance programmes for further deliberation by the Sub-committee:
 - (1) Meeting the great demand of denture service for the elderly with a view to enhancing their quality of life through easier food-taking;
 - (2) Dental services for the mentally disabled;
 - (3) Provision of health care vouchers for mental patients for them to seek medical treatment from private medical practitioners on first medical assessment as soon as possible; and
 - (4) Subsidy for patients of public hospitals for them to receive medical examination as soon as possible, e.g. magnetic resonance imaging, from private medical practitioners to avoid delay in treatment.
8. The next meeting would be held in February or March. Members agreed that the Food and Health Bureau and the HA would draw up concrete proposals for the programmes set out in paragraph 5 above, including details on the number of patient beneficiaries, financial commitment, means-test criteria and implementation schedule, etc., for Members' consideration. Should Members have other proposed programmes, they might submit their proposals to the Secretariat for inclusion in the list of

proposed assistance programmes for deliberation by the Sub-committee on the funding priorities of the programmes altogether at the next meeting.