醫院管理局大會
文件第 231 號

2015 年 12 月 17 日醫院管理局大會決議文件
普通科門診公私營協作計劃：中期檢討進度報告及建議推展計劃

目的

這份文件向成員報告普通科門診公私營協作計劃（門診協作／協作計劃）的中期檢討進度，並徵求成員通過建議的推展計劃。

背景

2. 隨著人口急速老化及慢性疾病日趨普遍，預期香港的醫療服務需求將迅速增長。在現行醫療制度下，市民過度倚賴公立醫院及門診服務，導致公私營服務嚴重失衡，出現公營服務輪候時間長、醫療服務選擇有限、對需要昂貴療程的病人提供的安全網保障不足等情況。

3. 政府在2008年的「掌握健康　掌握人生」醫療改革諮詢文件中，因應前述挑戰提出了多項醫療改革建議，倡議發展新的概念和服務模式，確保可以長遠維持醫療系統。

4. 政府醫療改革的其中一個關鍵方案是透過推行公私營協作計劃，建立公私營服務的共用平台，以推動醫療服務提供者之間的協調合作、善用兩個界別的資源、推動專業知識和經驗交流，並為病人提供更多醫療服務選擇。

5. 另一個發展方向是加強基層醫療服務，提供持續綜合的全人護理（從治療到預防）。基層醫療服務作為整個醫療體系的首個接觸點，可在病人與其醫生之間營造長遠持續的關係，有助於推廣家庭醫生概念。

6. 香港特別行政區行政長官在2015年度施政報告中，承諾將門診協作擴展至全港18區。為支持推動協作計劃，紓緩公營醫療體系因人手緊絀及需求上升而面對的壓力，財政司司長於2015-16年度財政預算案中宣佈向醫院管理局（醫管局）撥款100億元設立基金，讓醫管局利用投資回報推行各項公私營協作措施，其中一個項目是將門診協作擴展至全港18區。

推行門診協作

7. 配合政府的方針，醫管局自2008年起推出多項公私營協作計劃，其中包括於2014年推行的門診協作，其目的在於：

(a) 紓緩醫管局普通科門 診服務；
(b) 善用私營界別的資源，分擔公營醫療體系的壓力；
(c) 提高使用基層醫療服務的便捷度；
(d) 為病人提供更多選擇；
(e) 推廣家庭醫生概念；及
(f) 推動發展全港電子健康紀錄互通系統。

8. 醫管局於2014年年中在觀塘、黃大仙及屯門三個地區推出門診協作。這三個地區是經考慮多方面因素後釐定的，包括家庭入息中位數、普通科門診服務需求、現有對慢性疾病管理的公私營協作計劃涵蓋範圍，以及區內持份者是否準備妥當等。

9. 協作計劃最初的目標群組是醫管局普通科門診現有的高血壓（不論是否附帶高血脂症）及糖尿病患者。參加門診協作的病人必須病情穩定，並已在三個先導地區接受醫管局普通科門診服務最少12個月。

10. 我們在2015年9月已向醫管局大會內務會議匯報了門診協作截至2015年3月的推行狀況。計劃的最新概況載於**附件1**。

中期檢討進度報告

11. 醫管局於2014年中推行門診協作時，預訂應於計劃開展約12個月後進行中期檢討。

12. 醫管局總辦事處的服務轉型部與門診協作工作小組於2015年4月起就該計劃展開中期檢討。為籌備將門診協作推展至其他地區，中期檢討將集中於對門診協作的運作及服務有重大影響的範疇。中期檢討的目標如下：

(a) 根據在三個地區試行計劃的經驗，找出未臻完善的地方和可改善之處，並提出必要的改善建議；

(b) 就日後的推展計劃提供意見及指導。

13. 中期檢討的其中一個重要部分是各方持份者的參與，包括專業醫療組織、參與計劃的私家醫生、病人及員工等。自2015年4月以來，我們與香港醫學會、香港西醫工會、香港醫務委員會執照醫生協會等多個專業醫療組織會晤，

了解他們對計劃的意見及交流改進建議。在推行計劃期間亦有收集參與醫生和病人的意見。

14. 在醫管局內部，各聯網與總辦事處人員組成的門診協作工作小組定期舉行會議，檢討計劃的運作及討論應改善之處。

15. 中期檢討集中審視門診協作計劃的設計和運作，至今已審視下列範疇：

(a) 計劃藥物的供應安排；
(b) 資訊科技平台；
(c) 運作事宜；及
(d) 持份者的溝通平台。

16. 經考慮外部和內部持份者意見及使用數據分析後，我們釐定了主要範疇的初步檢討結果，載於**附件2**。

17. 中期檢討工作目前仍在繼續，預計將於2016年第一季完成。

建議推展計劃

18. 醫管局經綜合考慮政府的承諾、專業醫療組織、病人、私家醫生和員工的初步正面反應，以及社區要求推展門診協作至其他地區的呼聲後，擬定了門診協作推展計劃。

19. 因應社區的強烈要求（見**附件3**），我們決定積極推展門診協作計劃，於2016年第三季在七個聯網開始推行，將涵蓋九個地區。我們希望各聯網可以及早參與計劃的籌備工作，熟習當中的推行細節，以便將計劃於2017/18及2018/19年度陸續推展至其餘地區。我們在選擇推行地區時所考慮的因素包括家庭入息中位數、普通科門診服務需求、現有對慢性疾病管理的公私營協作計劃涵蓋範圍，以及區內持份者是否準備妥當等。有關建議的推展計劃，請參閱**附件4**。

管治過程

20. 有關事宜已於2015年12月2日的醫療服務發展委員會會議上審議並通過。

未來展望

21. 待門診協作推展計劃獲大會成員通過後，即會就計劃展開公眾溝通。

22. 中期檢討的詳細結果及建議將分別於2016年第一季末及第二季向醫管局大會及政府匯報，以資考慮。

徵求決定

23. 請各成員備悉門診協作中期檢討的進度報告及第18至19段所述的建議推展計劃，並予通過。

醫院管理局
HAB\PAPER\231
2015年12月9日

Annex 1 to HAB-P231

Implementation Status of the General Outpatient Clinic Public-Private Partnership Programme as at 31 October 2015

Programme Implementation

1. A Working Group with staff representatives from clusters and HA Head Office has been set up to advise on the planning and implementation of the GOPC PPP.

2. The Programme has been launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014.

3. The initial target group is HA's existing GOPC patients having hypertension with or without hyperlipidemia and diabetes mellitus. They must be clinically stable and have been under the care of HA GOPCs in the three pilot districts for at least 12 months.

4. Private doctors included in the general register in accordance with Section 14 or Section 14A of the Medical Registration Ordinance and with places of practice in these three districts which operate for at least five days per week and three hours per day were invited in March 2014 to enrol. Notwithstanding, private doctors are welcome to apply for participation in the Programme at any time. Private doctors must also participate in the Public-Private Interface - Electronic Patient Record Sharing Project (PPI-ePR) by the time they enrol in the Programme. As at end-October 2015, 91 private doctors have successfully enrolled in the Programme as principal doctors, with another seven private doctors as relieving doctors. Breakdown by districts is shown below :

Districts	**Breakdown of Private Doctor Enrolled as Principal Doctor**
Kwun Tong	37
Wong Tai Sin	20
Tuen Mun	34
TOTAL	**91**

5. Identified eligible GOPC patients in each of these three districts have been invited to enrol by phases starting July 2014, on a voluntary basis, and select a private doctor from the list of participating doctors as their family doctors. Those who are not willing to enrol will continue to be taken care of at HA GOPCs. As at end-October 2015, there were 6,028 patients enrolled with the Programme. Breakdown by districts is shown below :

Districts	Ever Enrolled Patients	Participating Patients
Kwun Tong	2,367	2,149
Wong Tai Sin	1,514	1,435
Tuen Mun	2,147	2,029
TOTAL	**6,028**	**5,613**

Service Package

6. Under the Programme, each patient will receive up to 10 subsidised consultations in a year, covering both chronic and acute care plus medications based on the HA specified drug list (Programme Drugs) for treating their chronic conditions (hypertension with or without hyperlipidemia, and diabetes mellitus) and episodic illnesses.

7. After each consultation, participating patients will receive drugs for treating their chronic conditions/episodic illnesses immediately from the private doctors at their clinics. Participating private doctors may use their own drugs or purchase the drugs for this Programme from HA's drug suppliers at Programme prices. Individual patients may also receive drugs outside the Programme's scope provided by private doctors at their own expense.

8. Programme Drugs include anti-hypertensive, lipid-regulating, oral anti-diabetic drugs and antibiotics.

9. Apart from the medical consultation and drugs, patients can upon referral by the participating private doctors receive relevant laboratory and x-ray investigation services provided by HA as specified in the Programme guidelines.

10. To facilitate continuity of patient care, all participating patients and private doctors are required to participate in the existing PPI-ePR, and the future electronic Health Record Sharing System (eHRSS), to enable clinical information sharing between the private and the public sectors.

Patient and Doctors Fees

11. Participating patients are only required to pay the GOPC service fee as per the Gazette (currently $45) for each consultation.

12. Recipients of Comprehensive Social Security Assistance (CSSA) or a holder of valid full or partial medical fee waiver certificates will enjoy the same fee waiver arrangements as for HA's services.

13. Service fee for private doctors will be reviewed upon completion of each service year according to the Consumer Price Index (Medical Service). In 2015, the maximum total payment per patient per year has been adjusted upward by 6.1% from $2,708 in 2014 to $2,872 from 1 July 2015 onwards (i.e. one year after service commencement). This amount covers consultation, Programme Drugs and clinic operation fees. Notwithstanding this adjustment, participating patients will continue to pay the HA gazetted GOPC fee (currently $45). For CSSA and waiver patients, HA will bear the GOPC service fee. Participating private doctors will receive the relevant service fees from HA on a reimbursement basis.

14. Under mutual agreement, individual patients may agree to receive further services and treatment provided by the private doctors at their own expense outside the Programme.

15. Those who are aged 70 or above and participate in the Elderly Health Care Voucher Scheme can pay for non-Programme services from their Health Care Voucher accounts.

16. Participating patients may choose to withdraw from the Programme and return to HA at any time, upon giving reasonable notice.

Progress to Date

17. Initially, 6,000 patient places were planned to be provided in 2015/16. In view of the encouraging response from patients and the substantial new patient pool identified, the initial provision of 6,000 patients in 2015/16 has been adjusted to 6,400 patients. As for 2016/17 and 2017/18, the provisions for the three districts have been adjusted to 8,400 patients.

18. HA has set up Help Desks in the three districts as well as a dedicated central telephone hotline to handle enquiries on operation details of the Programme and to provide support to both participating patients and private doctors.

19. As at end-October 2015, a total of 19,391 consultations have been provided to patients by private doctors.

Annex 2 to HAB-P231

Summary of the Initial Findings of the Interim Review of the GOPC PPP

The interim review on the GOPC PPP has commenced since April 2015 and is anticipated to be completed by the first quarter of 2016. To prepare for the extension of the Programme to other districts, the interim review focuses on the major areas that will impact on the operation and service provision of the Programme.

2. Based on the views collected from external and internal stakeholders for the past months and analysis of the relevant statistics, initial findings on key areas are summarised in the ensuing paragraphs.

Arrangement for Provision of Programme Drugs

Programme Drugs List

3. The focus of the Programme Drug list is mainly for the management of hypertension with or without hyperlipidemia and diabetes mellitus with only one item (antibiotics) included for episodic illnesses. Based on operational experience, it is very common for participating patients to require more drugs to address their recurrent health problems. The Programme Drug list would therefore need to be expanded to cater for such needs.

Supply of Programme Drugs

4. An ad hoc arrangement has been made by HA with the drug suppliers to provide Programme Drugs at Programme prices to participating private doctors. A tiering cap has been introduced to monitor the amount of drugs ordered by the private doctors. The tiering cap is proposed to be fine-tuned to better match the number of patients enrolled to ensure supply of drugs would be sufficient to meet patients' needs. Moreover, to ensure continuity of drug supply for the Programme, this ad hoc arrangement would need to be formalised through inclusion of the requirement into the HA bulk tender for the drugs concerned.

Information Technology (IT) Platform

5. Participating private doctors have expressed concern on the heavy administrative workload related to the Programme. In this connection, the existing IT platform can be enhanced to :

(a) allow one stop log in to access to relevant PPP systems to streamline administrative workflow;
(b) allow the private doctors to delegate the appropriate administrative work to other clinic staff; and
(c) support IT assisted drug ordering to replace the existing manual arrangement.

Operational Matters

6. In anticipation of the $10 billion endowment from the Government to fund PPP initiatives, there will be significant increase in the scale and complexity of PPP projects. Public scrutiny and expectation will also be on the rise in particular related to quality and risk management issues. Instead of the existing programme based arrangement, a more systematic and integrated risk management framework and structure would strengthen the overall management of risk and internal control of PPP projects. It is therefore necessary to commission a risk management consultancy study to provide an overall interim review of clinical PPP programmes, and to develop a risk management framework with recommendations on the appropriate structure, systems and internal controls to identify and manage risks pertaining to PPP programmes.

Stakeholders' Communication Platform

7. The Working Group with staff representatives from clusters and HA Head Office set up to plan and implement the GOPC PPP would allow regular engagement and consultation with relevant staff at appropriate stages.

8. External stakeholders of the GOPC PPP are namely the medical professional bodies, participating private doctors and patients. During the pilot stage, the existing engagement platforms are adopted for communication with these stakeholders. Meetings are arranged as and when required. Briefing forums are also arranged for concerned private doctors and patients prior to introducing the Programme to a district. Given the complexity and scope of the GOPC PPP, the setting up of dedicated engagement platforms such as advisory/focus group with relevant medical professional bodies, participating private doctors and patients would facilitate more focused communication and consultation.

The Way Forward

9. As the interim review is still ongoing and is anticipated to be completed by the first quarter of 2016, a full report will be presented to the HA Governance and the Government for consideration by the end of the first quarter of 2016 and second quarter of 2016 respectively.

Annex 3 to HAB-P231

Summary of Community Request for Extension of the GOPC PPP to Other Districts

Since launching the GOPC PPP in July 2014, HA has received a number of enquiries from the community including District Councils, District Councillors and political parties as detailed below requesting the Government and the HA to consider expanding the Programme to their districts.

Community Request Received for Extension of the GOPC PPP	**Request Date**
Southern	15 September 2014 26 July 2015
Sha Tin	8 January 2015
Kowloon City	4 March 2015 26 May 2015
Sai Kung	9 March 2015 5 May 2015 3 August 2015
Kwai Tsing, Yuen Long, Tsuen Wan and Islands (North Lantau)	16 March 2015

Annex 4 to HAB-P231

Proposed Roll-Out Plan
(Roll-out to remaining 15 districts in 3 years)

District	2014	2015	2016	2017	2018	Cluster Applicable
Central and Western				✓		HKWC
Eastern			✓			HKEC
Southern			✓			HKWC / HKEC
Wan Chai			✓			HKEC
Kowloon City			✓			KCC
Kwun Tong	✓					KEC
Sham Shui Po			✓			KWC
Yau Tsim Mong					✓	KWC / KCC
Wong Tai Sin	✓					KWC / KCC
Islands				✓		KWC / HKEC
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