PROVISION OF DENTAL SERVICES

Executive Summary

1. In Hong Kong, it is the Government's policy to seek to raise public awareness of oral health and encourage proper oral health habits through promotion and education. School Dental Care Service, comprising basic and preventive dental care, is also provided by the Department of Health (DH) to primary school students. As part of the conditions of service, the Government provides comprehensive dental services to civil service eligible persons (CSEPs) (e.g. civil servants and their family members). While the Government is mindful of the substantial financial resources required if it were to provide comprehensive dental services to all, it recognises the need to provide some essential dental services to the public (e.g. emergency dental services and dental services for the elderly). Government dental services are mainly provided through the DH's 47 dental clinics/units over the territory. In addition, specific dental services subsidised by the Community Care Fund (CCF) and the Food and Health Bureau (FHB) are provided to patients with special needs.

2. In 2015-16, the expenditure on dental services totalled $1,018 million. The total number of attendance for such services (including publicity activities, dental check-ups, dental treatments, etc.) was some 1.5 million. The Audit Commission (Audit) has recently conducted a review of the provision of dental services by the Government.

Provision of promotive and preventive services

3. ***Educational and publicity programmes.*** The DH's Oral Health Education Unit conducted 20 educational and publicity programmes in 2015-16 to help students establish good oral care habits and promote oral health to the public at large. Each programme was free and aimed to serve a specific target group. Audit noted that: (a) over 80% of the participants were kindergarten and nursery students and over 10% were primary school students. For the other target groups, the attendance at programme activities were comparatively low and fluctuated considerably from year to year. For example, secondary school students' attendance at programme activities fluctuated from 210 in 2013-14 to 1,849 in

2015-16. The DH needs to monitor the programme coverage of target groups; (b) for the Brighter Smiles Playland programme, the number of students who did not join the programme had increased from 13,414 in the 2011/12 school year to 16,332 in the 2015/16 school year. There were kindergartens/nurseries which had not enrolled in the programme and therefore their students could not use the programme services; and (c) for the Bright Smiles Mobile Classroom programme, 526 primary schools did not use its services in the 2015/16 school year (paras. 2.2, 2.4 and 2.6 to 2.9).

4. ***School Dental Care Service.*** All primary schools and their students can join the School Dental Care Service on a voluntary basis. Students made about 500,000 dental appointments per year. Audit noted that: (a) many students did not show up to receive dental services as scheduled. The number of unattended appointments increased by 14,260 from 60,703 in the 2011/12 service year to 74,963 in the 2015/16 service year; (b) in the 2015/16 service year, the proportion of Primary 6 students not attending scheduled appointments was the highest at 26%; and (c) appropriate measures could be explored to encourage students' attendance (e.g. reminding students to attend appointments through mobile messaging applications) (paras. 2.13, 2.14, 2.15(a) and 2.18).

Provision of dental services for civil service eligible persons

5. ***Provision of general dental services.*** Comprehensive dental services (comprising general dental services and specialised dental services) were provided to CSEPs as a condition of service. In 2015-16, the total number of attendance was some 720,000. Audit noted that for the provision of general dental services: (a) the DH has set a target that "appointment time for new dental cases within six months" should be met in more than 90% of the cases. For government dental clinics which had a waiting time of more than six months for first-time appointments, the clinics concerned would refer their new cases to other clinics which had shorter waiting time. However, the proportion of CSEPs who declined referrals had increased from 82% as at 1 January 2013 to 90% as at 1 January 2016. The proportion of new cases with waiting time more than six months had increased from 34% as at 1 January 2013 to 46% as at 1 January 2016; (b) in four clinics, as at 1 January 2016, the waiting time for annual check-ups was 13 to 14 months; and (c) there were wide variations in waiting time for dental treatments at different clinics, which ranged from 2 months to 18 months as at 1 January 2016 (paras. 1.4, 1.8, 3.2, 3.4, 3.5 and 3.8).

6. ***Provision of new surgeries at dental clinics.*** To meet service needs, the DH had planned to provide 64 new dental surgeries, which would commence operation in the period 2011-12 to 2015-16. However, there were delays in fitting out some surgeries, and that sufficient Dental Officers could not be recruited to operate the completed surgeries. Of the 64 planned new surgeries, 11 (17%) had not commenced operation as at 30 October 2016. For four surgeries, the delay in operation was over one year (paras. 3.15 and 3.16).

Provision of specific dental services for the public

7. ***Emergency dental services for the public.*** The Government provides emergency dental services (e.g. pain relief and tooth extraction) in General Public Sessions at 11 government dental clinics. Patients seeking emergency dental services are required to obtain a disc from one of these dental clinics. The Sessions had a total quota of about 40,000 discs a year, which are given out on a first-come-first-served basis. Audit noted that the utilisation of General Public Sessions was yet to be maximised. According to a survey conducted by the DH in 2014, some 23% of the respondents seeking emergency dental services had the experience of failing to obtain a disc from a government dental clinic and were turned away. On the other hand, the disc quota was not always fully utilised. For example, in 2015-16, the unutilised disc quota for the year totalled 5,480 discs representing 13.7% of the total disc quota of 40,060 (paras. 1.9 and 4.2 to 4.4).

8. ***Outreach Dental Care Programme for the Elderly.*** The DH has engaged 11 non-governmental organisations (NGOs) to provide outreach dental services to eligible service users at residential care homes and day care centres for the elderly under the Programme. Audit noted that: (a) of the 944 residential care homes/day care centres eligible for services, 182 (19%) homes/centres did not participate in the Programme in the 2015/16 service year; (b) through on-site oral health assessment in the 2015/16 service year, the NGOs found that 32,950 elderly persons at residential care homes/day care centres needed dental treatments. However, 13,324 (40%) of them refused to receive treatment, notwithstanding that they were physically fit for treatments; and (c) to monitor performance, the DH has requested the NGOs to adopt the Dental Clinic Management System (DCMS) to plan and record dental services for individual elderly persons. The DH can view the data input by the participating NGOs and generate service statistics reports through another designated system called DCMS-Outreach Reporting Management Service (DCMS-ORMS). However, it was not the DH's practice to verify NGOs' claims for reimbursement of dental treatments against service statistics reports generated by

the DCMS-ORMS. In 10 of 40 cases examined by Audit, the records in the DCMS had not been accurately and promptly updated for the DH's monitoring purposes (paras. 4.8, 4.9, 4.11(a), 4.13 to 4.15 and 4.18 to 4.21).

9. ***Elderly Dental Assistance Programme.*** In September 2012, the Programme was launched under the CCF. The Programme provides free removable dentures and related dental services to low-income eligible elderly persons. Audit noted that: (a) as at 30 September 2016, of the 134,000 elderly persons eligible for the Programme, only 10,733 (8%) elderly persons had participated in the Programme; (b) through an implementing agent (Organisation A), patients (i.e. elderly persons) were surveyed by telephone to ascertain the dental services they had received. Of the 155 cases surveyed in the period March to September 2016, in 45 cases, potential discrepancies were identified between the services received by patients and the dentists' claims for services provided. In four of the 45 cases, the justifications for not taking further action could be better documented; and (c) as a general rule, the administration cost of a programme of the CCF is capped within 5% of the estimated total disbursement of the programme. However, in the period 2012-13 to 2015-16, the total administration cost spent by Organisation A was equivalent to 18.8% of the Programme's total disbursement of $56.9 million. The FHB needs to work with Organisation A to improve the economy of scale (paras. 4.25, 4.28, 4.32, 4.33 and 4.35 to 4.37).

Attainment of oral health

10. ***Oral health goals of the Government.*** In March 1991, the Dental Sub-Committee of the Medical Development Advisory Committee recommended the setting of a range of oral health goals to be accomplished by 2010 and 2025. Audit noted that: (a) results of the DH's 2011 Oral Health Survey indicated that some oral health goals for 2010 had not been attained (e.g. 49.3% against a goal of 70% of the 5-year-old people surveyed were caries-free); (b) the DH had not published the level of attainment of the oral health goals; and (c) the existing oral health goals, which were set some 26 years ago in 1991, were likely outdated and should be reviewed (paras. 5.2, 5.4, 5.5 and 5.6(a)).

Audit recommendations

11. **Audit recommendations are made in the respective sections of this Audit Report. Only the key ones are highlighted in this Executive Summary. Audit has *recommended* that the Director of Health should:**

Provision of promotive and preventive services

(a) **consider setting targets for attendance at activities of educational and publicity programmes involving physical participation of the target groups to facilitate measurement of the adequacy of the programmes and identifying room for improvement (para. 2.11(a));**

(b) **explore means to encourage kindergartens/nurseries, which have not enrolled in the Brighter Smiles Playland, to join the Playland so that more students could benefit from Playland activity sessions (para. 2.11(b));**

(c) **further promote the services of the Bright Smiles Mobile Classroom with a view to benefiting more schools (para. 2.11(c))**;

(d) **explore appropriate measures to encourage Primary 6 students' attendance at appointments of the School Dental Care Service (para. 2.23(a));**

(e) **in consultation with the FHB, determine whether the fees for the School Dental Care Service should be revised (para. 2.23(b));**

Provision of dental services for CSEPs

(f) **investigate the reasons for the increasing proportion of CSEPs declining referrals to other clinics with shorter waiting time for new cases, and explore the feasibility of shortening the waiting time for first-time dental appointments (para. 3.13(a));**

(g) **monitor the waiting time for subsequent dental appointments and take further action to shorten the waiting time (para. 3.13(b));**

(h) **closely monitor the progress of the provision of new surgeries, and take prompt remedial action where warranted (para. 3.18(a));**

Provision of specific dental services for the public

(i) **explore ways to maximise the utilisation of General Public Sessions to better meet the public demand with existing resources (para. 4.6);**

(j) **look into the reasons why many residential care homes/day care centres had declined the outreach dental services for the elderly, and take measures to encourage their participation (para. 4.23(a));**

(k) **take measures (e.g. enhancing promotional activities) to encourage elderly persons to receive necessary dental treatments (para. 4.23(d));**

(l) **remind NGOs of the need to accurately and promptly update records of dental services in the DCMS (para. 4.23(f));**

(m) **consider making use of the DCMS-ORMS to substantiate NGOs' claims before making payments to them (para. 4.23(g));**

Attainment of oral health

(n) **conduct a review of the oral health goals (para. 5.7(a)); and**

(o) **after reviewing the oral health goals, consider publishing the level of attainment against the goals (para. 5.7(c)).**

12. **Audit has *recommended* that the Secretary for Food and Health should:**

(a) **take measures to encourage participation of elderly persons in the Elderly Dental Assistance Programme (para. 4.38(a));**

(b) **improve the documentation of the justifications for not taking further action on cases with discrepancies identified in telephone surveys of elderly persons (para. 4.38(b)); and**

(c) **work with Organisation A to further reduce the administration cost with a view to meeting the requirement set by the CCF (para. 4.38(c)).**

Response from the Government

13. The Secretary for Food and Health and the Director of Health agree with the audit recommendations.