

LCQ17: Oral health and dental care

Following is a question by Professor the Hon Priscilla Leung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (January 15):

Question:

The Working Group on Oral Health and Dental Care has recently published its final report. In this connection, will the Government inform this Council:

- (1) given that the Government plans to launch the Primary Dental Co-care Pilot Scheme for Adolescents in the first quarter of this year, of the specific implementation details (including the operation mode) of the scheme, and how it ensures that the relevant subsidies can effectively help adolescents aged between 13 and 17 establish a good habit of receiving regular oral check-ups;
- (2) of the factors to be considered in drawing up the service quota and the application process for the Community Dental Support Programme, and how it ensures that the quota can be fairly allocated to persons with financial difficulties;
- (3) how the Government monitors and assesses the service quality in the process of providing oral health assessment and related dental treatments, so as to ensure that the beneficiaries can receive necessary dental care; and
- (4) whether the Government has plans to further expand the aforesaid scheme in the future, particularly in respect of complicated dental treatments, and how it will take into account the views of professional dentists in order to enhance the services?

Reply:

President,

The Government attaches great importance to the oral health of its citizens. In December 2022, the Working Group on Oral Health and Dental Care (Working Group) was established to review current services and formulate future development strategies and recommendations. The Working Group released its final report on December 6, 2024, and recommended that the Government transform the current oral health and dental care system's tendency from being treatment-oriented to one that emphasises prevention, early identification, and timely intervention.

In response to the Working Group's recommendations, the Government has formulated an oral health policy. As oral health is an integral part of general health, the policy aims to enable all Hong Kong citizens to improve their oral hygiene and lifestyles conducive to further enhancing both their oral and general health levels. The Government will adopt strategies of

developing community-wide preventive primary oral health care, and providing essential dental services targeting underprivileged groups, in developing the oral health and dental care system. The community-wide preventive primary oral health care approach involves actively developing prevention-oriented primary oral healthcare through extensive promotion to Hong Kong citizens across different age groups to assist them in managing their oral health, establishing good oral hygiene habits and lifestyles, and seeking regular oral check-ups and risk assessment of their own accord. The essential dental services targeting underprivileged groups will focus on the provision of essential dental services, including both preventive and curative oral health and dental care services, through public services or subsidised models to underprivileged groups who have difficulties in accessing dental care services, including those with financial difficulties, persons with disabilities or special needs, and high-risk groups.

Below are the responses to Professor the Hon Priscilla Leung's questions:

(1) The Government will launch a three-year Primary Dental Co-Care Pilot Scheme for Adolescents (PDCC) this year as an interface with the School Dental Care Service for primary school students by subsidising part of the cost of private oral check-ups for adolescents aged between 13 and 17. The PDCC aims to foster the establishment of a long-term partnership between adolescents and dentists in the private sector or non-governmental organisations (NGOs) and to promote the adolescents' lifelong habit of regular oral check-ups for prevention of dental diseases.

The oral check-up services under the PDCC must include oral health risk assessments, oral examination, scaling, personalised oral hygiene instructions and fluoride application based on risk levels, and provision of a check-up report. Both private and NGO dentists are eligible to participate.

The PDCC is based on a co-payment model. Eligible adolescents can receive subsidised oral check-up once a year. The Government will provide a fixed subsidy of \$200 per service user to the dentist and service users will pay a co-payment fee to the dentist. Participating dentists can set their co-payment fees for oral check-ups, with the Government recommending a reference level of \$200. Participating dentists will also be required to increase fee transparency by disclosing the co-payment fee for oral check-ups and the specific fees of other self-financed services (i.e., X-rays, fillings, and extractions).

(2) This year, the Government will collaborate with NGOs to launch the Community Dental Support Programme (CDSP) to enhance emergency dental services for underprivileged groups with financial difficulties. Under the new service model, service capacity and service locations will be expanded. The target is to provide a service capacity of at least two times the current capacity of dental General Public Session of the Government. In addition to extractions, the service scope will also be expanded to include fillings, aligning with the Working Group's dental care principle of retaining teeth.

The Government will make full use of existing means-testing mechanisms,

such as the Old Age Living Allowance and the Hospital Authority's medical fee waivers, to reduce administrative procedures and costs. The networks of NGOs and social welfare organisations serving underprivileged groups will also be utilised so as to focus more on supporting underprivileged groups with difficulties in accessing services, such as the homeless persons.

In November last year, the Department of Health invited eligible NGOs to submit proposals and the response was positive. The Department of Health is currently reviewing the relevant proposals to finalise the list of participating NGOs and is formulating implementation details. Details of the CDSP will be announced in due course.

(3) Both dentists and service users participating in government-subsidised dental service programmes must register with the Electronic Health Record Sharing System (eHealth). Data on oral health and treatment services provided under the programmes would be deposited in eHealth. The Government will analyse the data collected in order to evaluate the quality and effectiveness of the services.

In addition, the Department of Health will monitor and assess the service quality of government-subsidised dental programmes by various means. The Department of Health will formulate guidelines for participating organisations and dentists, covering eligibility criteria of programme participants and complaint handling mechanisms. Measures will also be implemented to ensure compliance with the guidelines by relevant persons. The Department of Health will conduct sample checks to verify the eligibility of service users and actual receipt of the relevant services. Participating dentists and organisations must maintain medical records related to the programmes, as well as records of government subsidies and fees charged to programme participants. Furthermore, they must allow the Government to conduct on-site inspections, access and review the abovementioned records as necessary, and co-operate with the Government in managing, auditing, and evaluating the programmes. Feedback will also be collected from service users, service providers, and dentists by the Department of Health to monitor usage and assess the programmes' effectiveness.

If the Department of Health receives cases concerning the service quality or professional standards of participating dentists and organisations, and such cases are substantiated, it may consider disqualifying the relevant organisations and dentists from participating in the programmes. Where necessary, cases may also be referred to the Dental Council of Hong Kong for follow-up.

(4) The Working Group has recommended the Government to develop the oral health and dental care system with an emphasis on prevention, early identification, and timely intervention and considered that most dental diseases can be prevented and avoided, and preventing serious dental diseases and complex treatments through preventive dental services and retaining teeth is the most cost-effective strategy. In future, the Government will prioritise subsidisation on dental services according to this principle.

The aim for the Government to launch PDCC is to encourage adolescents to

maintain the habit of regular oral check-ups for prevention of dental diseases. The Department of Health's recent oral health survey also found that the oral health of 12-year-old students in Hong Kong is very good, benefitting from the School Dental Care Service during their primary school years. Their need for complex dental treatments is very low and therefore the PDCC focuses on providing subsidisation on preventive dental care services. If individual adolescents require further curative care, they can follow up with participating private dentists at their own expense. On the other hand, the CDSP includes both tooth extractions and fillings, encouraging early identification and timely intervention to avoid costly dental treatments. If individuals require further treatment, they can follow up with NGOs participating in the CDSP at reasonable fee levels.

Additionally, the dental grants under the Comprehensive Social Security Assistance Scheme currently provide a dental service safety net for those who cannot support themselves financially. Eligible elderly aged 65 or above can also use the Elderly Health Care Vouchers to access preventive and curative dental services in the private sector.