二零一零年四月廿三日公務員醫療及牙科福利研討會

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背景: 公務員醫療及牙科福利主要由衛生署和醫管局提供。其服務水平，與《公務員事務規例》所承諾的全面(醫療上必須)、免費、及最佳的護理及治療的原則相距甚遠。作爲醫管局的前線醫生，可以就醫管局內提供公務員醫療服務的情況交待一下。

公務員及合資格人士與一般市民的分別

醫管局對待公務員、家屬、及退休公務員，若非屬首長級，與一般市民無異。所使用的藥物名冊及治療儀器，均與一般市民看齊。唯一的分別就是豁免收費。

基層醫療服務

普通科門診服務在二零零三年前是由衛生署管轄。當時有特定的診症室照顧公務員及合資格人士。此外，更有電話專線供公務員及合資格人士預約時間。自醫管局接管後，這些服務安排，除「優先籌」外，已被取消。事實上，部份公務員「優先籌」更以「合理資源分配」爲籍口，轉爲公眾人士使用。

專科門診服務

以前公務員及合資格人士在部份專科門診享有配額及專診。部份專科診症時段更以顧問醫生或高級醫生座陣。充份體現專科醫生提供專科服務的「最佳的護理及治療的原則」。現時，除伊利沙伯醫院仍有公務員專科診所外，其他已被削減。但利沙伯醫院公務員專科診所的服務，就輪候時間和醫生資歷上，跟以前已不可同日而語。

住院服務

醫管局轄下醫院沒有專爲公務員及合資格人士設立的病房。提供給公務員及合資格人士的服務，與一般市民無異(除減收病床費用外)。

藥物名冊

自藥物名冊設立後，某些藥物被納入「自購藥物」類別，病人需自費購買。醫生處方「自購藥物」亦受嚴格規管，需高級醫生加簽。藥物名冊不斷更改。若干以前屬「一般藥物」會被加至「自購藥物」類別。病人因而需轉換藥物。但藥物轉換純因藥物名冊類別，並非基於醫療需要。

公務員及合資格人士若以「發還醫療費用」途徑申請發還自購藥物費用，因醫管局醫生並不了解「發還醫療費用」政策，亦不知道《公務員事務規例》有關公務員醫療及牙科福利的內容，磨擦往往產生。

公務員事務局與醫管局的協議

醫管局並沒有向前線醫生解釋爲何\如何向公務員及合資格人士提供何樣的醫療服務。醫管局前線醫生並不知道醫管局與公務員事務局曾否協議如何提供是項福利。

如何做得更好

公務員及合資格人士與一般市民的服務要分開安排。對公務員及合資格人士在普通科門診和專科門診診所安排特定診症室和診症時段；在醫院內重新設立公務員病房；公務員專用藥物名冊；和公務員專用的專項檢查和診斷服務。

向前線醫生充份解釋公務員及合資格人士的醫療服務的背景，範圍及性質。清楚解釋與一般市民的公共醫療服務的分別。並佐以適當指引。

向前線醫生交代與公務員事務局的協議。

(袁國華醫生翻譯)

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Forum on Medical and Dental Benefits for Civil Servants, 23 April 2010

Background: The current medical service for civil servants provided by CSB, mainly through Department of Health (DH) & Hospital Authority(HA), is not up to the optimal standard promised by CSR (comprehensive, "free", best available service).

Current Situation in HA: Most of the Civil Servants (GS), their dependent (DGS), Pensioner (PEN) & their dependent (DPen); except those of Directorate Grade; are treated as the same as general public in HA; with the same drug formulary & equipments; most of the time, the only different is that for GS, the fees were waived.

Primary care: Before 2003, when DH was operating the General Outpatient Clinic (GOPC), there were still separate consultation rooms for GS, DGS, PEN & DPen, plus specific telephone hotline for booking; since the takeover of GOPC by HA, this service is progressive cut down by, & what left new quotas for GS only, & which were frequently used by HA to entertain general public, based on the reason of "reasonable resource allocation".

Hospital care: there were no special wards for GS in most of the HA hospital, and the management of GS is basically the same for GS & general public; HA does NOT have a separate management guide for handling of GS. The situation in Specialist Clinic (SOPD) is no better than GOPC; in the past, there were special quotas/sessions for GS/DGS/Pen/DPen in some SOPDs, which were now deleted by the HA management, without proper explanation. For your information, some of those GS sessions were attended by consultants or senior doctors in the past, which were a good example of "best available care".

Drug formulary: HA reviewed the HA formulary in recent years, & created a list of drugs which required patient to self-purchase/could only be prescribed under strict criteria with countersigning by senior doctors; some of the drugs were in general formulary before the review, and GS patients were forced to switch drug treatment not based on medical reason; or had to self purchase treatment & apply for refund in follow-up, which often arise conflict between GS and HA doctors, due to misunderstanding or unawareness of CSR regulation about GS medical benefit.

The details of agreement between HA & CSB were never mentioned to frontline doctors; the existence of such an agreement were UNKNOWN to most HA doctors.

Possible solution

- Separation of services in various aspect of care for GS, e.g. special consultation rooms or sessions in GOPC or SOPC; reestablishment of GS wards, GS drugs formulary, specific session for investigations & procedures.
- Clear instruction or guidelines for frontline doctors on handling of GS case.
- Disclosure of the agreement between CSB & HA for our reference.