

For discussion
On 14 May 2001

**LegCo Panel on Health Services
Meeting on 14 May 2001**

**Pilot Scheme to Introduce Family Medicine Practice
in 5 General Out-Patient Clinics**

Purpose

This paper sets out the arrangements for implementing the pilot scheme on transfer of general out-patient clinics from the Department of Health (DH) to the Hospital Authority (HA) in 2001-02.

Background

2. The pilot scheme to transfer the general out-patient clinics of DH to HA is to facilitate the introduction of family medicine practice in public sector health care services. It is an initiative under Chief Executive's Policy Address 2000.

3. Currently, government general out-patient services are provided by DH through its 64 general out-patient clinics throughout the territory. They provide highly subsidised health care services, charged at a low fee of \$37 per attendance inclusive of drugs. Notwithstanding the heavy demand for DH's clinic services (each doctor on average provides 92 consultations per day), improvements such as individual medical records, computerized drug labeling, health education activities and patient support groups have been implemented. Any further improvements to general out-patient service will have to build on a family medicine practice approach.

Proposal

4. To further improve primary medical care, we propose that the provision of out-patient service should adopt the mode of family medicine practice by doctors, nurses and allied health professionals. DH started community-based family medicine training in 1992. The HA has been providing family medicine training programme since 1997-98. It has also

set up family medicine-based clinics to assist the specialist out-patient clinics by attending to patients in stabilised conditions. As family medicine training includes a substantial hospital-based component, HA will be in a better position to conduct family medicine training.

5. Under the family medicine mode of service provision, patients should be able to receive more holistic and continuous care through longer consultation time with doctors, more in-depth knowledge of their illness and treatment and closer collaboration with health care professionals of different disciplines.

6. We have had thorough discussion with DH and HA and agreed that the following five GOPCs will be transferred from DH to HA in phases during the 2001-02 financial year as a pilot scheme:

- (i) East Kowloon Polyclinic
- (ii) Yan Oi Polyclinic
- (iii) Cheung Sha Wan Jockey Club Clinic (including evening clinic)
- (iv) Sai Ying Pun Jockey Club Clinic (including evening clinic)
- (v) Tseung Kwan O Jockey Club Clinic

Operation mode

7. Under the pilot scheme, the future out-patient services will be provided in a multi-disciplinary manner, involving specialists from different specialties and professions. They include family physicians, primary care nurses, pharmacists, dispensers, allied health professional, clinic assistants and clinic clerks. There will also be enhanced interface with different community service providers, such as non-government organisations, to provide patients with enhanced care. The clinics, upon transfer to HA, will serve as the training ground for family medicine and other models of primary medical care, such as general medical practice, and for other primary care professionals.

8. The number of discs allocated and the fee levels will remain unchanged for the five clinics upon their transfer to HA.

Financial provision

9. A total of \$75 million has been allocated to fund this pilot scheme.

Staff arrangement

10. The number and mix of HA staffing for the pilot clinics are being worked out by HA.

11. For DH staff serving at the five selected clinics, they will be retained in DH and re-deployed to other duties within the Department. Their terms of employment will not be affected. Briefings for DH staff have been arranged through Departmental Consultative Committee meetings, clinic visits and department circular to explain the background of the pilot scheme and to reassure staff that all serving staff of these five clinics will be retained by DH. The pilot clinics will be staffed by HA employees whose remuneration and staff benefits will be governed by their terms of employment and HA's human resource policy. Staff group consultation and training will be conducted to ensure the successful commissioning and implementation of the pilot scheme.

Publicity

12. Briefings will be arranged for the relevant District Councils, and the clients of these clinics will be informed of the arrangement for this pilot scheme.

Way forward

13. We expect the first pilot general out-patient clinic will be in operation in August/September 2001. The first general out-patient clinic under the pilot scheme is East Kowloon Polyclinic. Staff arrangement, transfer of management responsibilities and premises and the necessary minor refurbishment works are in hand for a smooth transfer. Such arrangements will be closely monitored and reviewed, and will serve as a reference for the transfer of the remaining four clinics within this financial year.

Health and Welfare Bureau

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