

**Legislative Council Panel on Health Services
Meeting on 12 November 2001**

**2001 Policy Address: Policy Objective and Initiatives
for Health Services**

Purpose

In delivering his Policy Address on 10 October 2001, the Chief Executive reiterated the government's commitment to create an environment where everyone has the opportunity to fully develop their potential. This information note sets out the future development of health services and also our priorities in the coming year.

Introduction

2. Our policy objective is to develop and maintain in Hong Kong a health care system which protects and promotes the health of the population, which provides lifelong holistic care to each citizen at affordable prices, and which is financially sustainable in the long term. The provision of such a health care system will achieve the aim of enhancing the quality of life of the population and enabling individuals to develop their full human potentials.

3. It was with this fundamental objective in mind that we issued in December 2000 for public consultation the document on health care reform entitled "Lifelong Investment in Health". The document set out strategic reform proposals for the three main components of our health care system – organization and provision of health services, mechanisms for assuring the quality of care and the funding and financing for health services. The consultation period had ended and we reported the responses received to this Panel and to the public in July 2001. For the reform proposals that have received general support from the community, particularly those relating to health services delivery and quality assurance, we are working out and taking forward implementation plans so that the public can see for themselves quickly the tangible benefits of

the reform. For proposals which need further consideration, in particular those relating to the long-term financial sustainability of the health care system, we are having further deliberations and in-depth studies and will be consulting the public again at a later date.

Key Result Areas (KRAs)

4. The initiatives for health services for the coming year, as set out in the 2001 Policy Objective Booklet for Health Services, include some of the proposals in the Health Care Reform Consultation Document. The initiatives in the Booklet are grouped under the following four Key Result Areas (KRAs) –

- Advocate the development of a living environment conducive to health and ensure the availability of a lifelong preventive programme promoting health, wellness and self-responsibility.
- Ensure the development of an appropriately balanced health care system with capacity and capability to deliver lifelong, holistic and seamless services to the general public.
- Ensure the development and maintenance of a framework of quality assurance to support the consistent delivery of quality health services based on knowledge and centred on patients.
- Ensure the development of health sensitive, health-protecting and health-promoting public policies, infrastructure and legislative framework to support the long-term sustainability of the health care system.

5. The main initiatives under the four KRAs above are summarized in the following paragraphs.

Initiatives

Strengthening preventive services to provide lifelong holistic care

6. We are drawing up the details of a long-term plan on how to provide the community with a comprehensive, holistic and lifelong health promotion and preventive care programme, from infancy to old age. While maintaining good health is a personal responsibility, we want to create an environment and provide direct assistance to enable individuals to prevent diseases and remain healthy, so that they may fully develop

their human potentials. Step by step over the next few years, the services which the Department of Health provides for expecting mothers, babies, adolescents, women, men and elders will be re-engineered into a life course approach, strengthened and expanded to enable a wider coverage in the community, and new services added to enrich the comprehensiveness of the health promotion programme. In the next two years, these initiatives will cover -

- a territory-wide parenting programme in 2002/03
- an adolescent health programme in 2001/02
- 18 outreaching teams to be set up by 2003/04 to cover all secondary schools to equip students with skills on adolescent development and challenges
- a pilot men's health programme in 2002
- a territory-wide cervical screening programme for women in collaboration with other health care providers to be launched in 2003/04
- universal ante-natal HIV screening from September 2001
- re-organization of the Central Health Education Unit in Department of Health

7. It is envisaged that there will be private sector participation in some of the above programmes, such as the cervical screening programme.

Strengthening tobacco control framework and smoking cessation services

8. To further control the use and promotion of tobacco products in order to protect the health of the public, we have made legislative proposals to amend the Smoking (Public Health) Ordinance. The public consultation period on these proposals has concluded and we are in the process of analyzing the feedbacks received and studies conducted. We will report the results of the consultation to the public by end 2001/early 2002. We believe our legislative initiatives will bring about a healthier and cleaner community.

9. Concurrently beginning 2002, we will be establishing hospital and community-based smoking counseling and cessation centers and introducing a nicotine replacement therapy in general outpatient clinics.

Providing additional patient services in public hospitals

10. We shall continue to invest in new facilities, and services to ensure the delivery of adequate and cost effective services in the public hospital system. In 2002/03, we will increase the number of public hospital beds by 366 and the number of day places by 80. To provide adequate professional manpower through training of doctors in various clinical specialties, 270 doctors will be recruited in 2002/03. An additional 1000 care assistants will also be employed to strengthen the provision of extended care services in public hospitals.

Facilitating integration of primary and secondary levels of care in the public sector

11. To improve the health outcome and cost efficiency of the system, we shall enhance the effectiveness of primary care through the promotion and adoption of family medicine practice and through achieving better integration of the primary and secondary levels of care. We are developing implementation plan for the transfer of the Department of Health's general outpatient clinics to the Hospital Authority to facilitate better integration. With the transfer of these clinics to the Hospital Authority, family medicine practice will also be introduced. The Hospital Authority, with its public hospitals setting, provides the best training ground for family medicine doctors. The Hospital Authority has started training family medicine doctors in 1998 and will recruit additional family medicine trainees in 2002/03.

Developing community-based services

12. We need to have a patient-centred and community-focused health care system, with an appropriate balance of preventive, ambulatory, in-patient and community outreach services. The international trend has been to focus on the development of ambulatory and community care programmes. To this end, the Hospital Authority will continue to develop and extend its ambulatory and community outreach programmes.

13. In 2002/03, one new initiative in the development of community-based services is to implement a pilot Extended-care Patient Intensive Treatment Early Diversion and Rehabilitation Stepping-stone (EXITERS) Project to provide a one-year intensive rehabilitation and treatment programme for psychiatric patients with a view to facilitating their early integration with the community. The target is to discharge 100 psychiatric patients in 2003/04 who participated in the Project into the community, and thereafter to progressively increase the number of

discharged patients. A paper on this Project will be presented to this Panel at the next meeting.

Introducing Chinese medicine out-patient service into the public health sector

14. A statutory framework (i.e. the Chinese Medicine Ordinance) to regulate the practice, sale and manufacture of Chinese medicine has been enacted in 1999. This will help safeguard public health and lay a foundation for the future development of Chinese medicine in Hong Kong. The registration and transitional arrangements for Chinese medicine practitioners commenced in 2000 and it is expected that the names of the listed Chinese medicine practitioners will be gazetted in December 2001 and the first batch of registered Chinese medicine practitioners announced in early 2002. Subsidiary legislation to bring about regulatory measures for Chinese medicines will also be progressively taken forward.

15. The next priority area would be to develop standards to ensure the quality and safety of Chinese medicinal herbs. Starting from 2002/03, the Department of Health will develop regulatory standards for the commonly used Chinese medicinal herbs. The Government Laboratory will also strengthen services in monitoring the safety of Chinese medicines through analyzing samples of pesticides residues, heavy metals and western drugs.

16. The application of Chinese medicine in disease prevention, health maintenance and treatment of illness is widely recognized. Primary care is one of the strengths of Chinese medicine, and Chinese medicine can complement western medicine. We shall introduce Chinese medicine in the public health sector, initially in the form of outpatient services, with a view to integrating Chinese medicine and western medicine in the public health care system in the long run. Over the next few years, we shall be setting up Chinese medicine out-patient clinics in the territory, with a view to setting up 18 clinics by 2005. With the provision of Chinese medicine services in the public health care system, there will be a wider choice of treatment for patients and opportunities for clinical research on Chinese medicine and the development of collaboration between western and Chinese medicine.

Commencing dialogue with the private sector with a view to exploring scope for closer collaboration

17. The lack of an effective interface between the public and private health care sectors has led to the present rather uneven distribution of workload between the two sectors. We need to explore ways to promote better collaboration between the two sectors with a view to providing seamless health care to the community. Two Working Groups on Public/Private Interface, one on hospital services and the other on medical practitioners, have already been established and would conduct regular meetings from 2001. It is expected that the Working Groups would come up with some proposals about six months after they have first met. Another working group has been established with the insurance industry to examine, inter alia, how private sector services can be better made use of through insurance arrangements.

Promoting the concept of quality assurance in the delivery of health services

18. We are committed to place quality at the heart of health care. We aim to ensure the delivery of the most appropriate patient-centred care using updated knowledge and skills to achieve optimal health effects. We will advocate continuing professional education for health care professionals to ensure quality of practice. We will also promote the adoption of accreditation by private hospitals. We aim to develop a Code of Practice for private hospitals on standards of good practice by 2002/03.

Establishing the Health and Health Services Research Fund to promote knowledge in areas of human health and health services

19. A Health and Health Services Research Fund will be established to ensure a more focused research agenda, not only in promoting the advancement of knowledge in areas of human health and health services, but also in enhancing the quality of care. The Fund will be opened for application to conduct relevant research studies and projects.

20. A Research Office is also established within the Health and Welfare Bureau. This is expected to strengthen our research capabilities in health policy matters and contribute to the agenda of maximizing health for our population. The Research Office is to commission new research studies in 2002/03 to support health policy formulation. It will also take forward studies in connection with the proposals for financing

of the public health care system in the Health Care Reform Consultation Document.

Conclusion

21. The above initiatives will contribute to the pursuit of our health services policy objective. In so doing, we will bear in mind our basic policy on health care that no one would be deprived of the opportunity to receive appropriate care because of lack of means.

22. With the growing trend of focus on the development of the community mode of care, we see an increasing need for a better interface between the services provided by the health and welfare sectors. Accordingly, we will establish a Steering Committee on Health-Welfare Interface within HWB with the aim of achieving better interface, integration and collaboration in the provision of health and welfare services to the community.

Health and Welfare Bureau
October 2001