Legislative Council Panel on Health Services

Policy Initiatives of Health, Welfare and Food Bureau (HWFB)

Purpose

The 2004 Policy Agenda just issued lists the Government's new and on-going initiatives over the next three and a half years. This note elaborates, where applicable, on the initiatives affecting the Bureau in the 2004 Policy Agenda. Where necessary, it also gives an account on the position reached on initiatives relating to health services covered in the 2003 Policy Agenda.

2004 Policy Agenda

Caring and Just Society

Mission and Vision

2. The Health, Welfare and Food Bureau is committed and accountable to building a caring and healthy society. In our future, we see a community celebrating their rich diversity and recognizing the different strengths of each individual. Family solidarity and a network of mutual care, trust, support and reciprocity embraces all individuals and nurtures their healthy development. Policies and systems of health care, social welfare, food safety and environmental hygiene and a safety net are in place to enable and enhance everyone's participation in economic and social life with dignity and self-reliance.

Goals

3. To fulfill our mission and vision, we aim to achieve the following goals-

- Protect and promote the health of the community;

- Assure the safety and quality of our food and provide quality environmental hygiene services;

- Recreate a health care system which provides lifelong holistic care, while being affordable and financially sustainable;

- Provide care and assistance for the physical and psychosocial well-being of the elderly;

- Assist the disadvantaged, the poor and the unemployed with an emphasis on enhancing, not impeding, their will to self-reliance;

- Promote the well-being and interests of people with disabilities; and

- Enable women to fully realise their due status, rights and opportunities in all aspects of life.

4. Our mission is to enhance the well-being of every member of the community to build a healthy and caring society. The changing local landscape and the lessons learnt from recent challenges have led us to undertake strategic reflections to re-affirm our directions. With an ageing population, rapid globalization and economic restructuring, and the persistent threat of new and emerging infectious diseases to public health, sustainable social development must be a key goal of our health and welfare policy. We recognize that our policy must take on a broader perspective, by taking a balanced approach to development that will simultaneously address the human, social, natural and physical dimensions and inclusive of broader partnership base. Individuals, families and communities, as well as professional and business sectors, must all be engaged in exercising our social responsibilities for strengthening the health and social fabric of our society. We must take a social investment approach in building a more inclusive and participatory society through investing in capacity building of personal and community capabilities.

5. We recognize the need to work within the confines of resources generated by a low tax based regime. In pursuing our mission, our policies need to be fair within generations, equitable between generations and sustainable across generations. Our objective is to expand capacity, extend partnerships and build consensus. In this connection, we would invest in our human capital and develop our infrastructure to help individuals to strengthen their personal assets both in terms of their health and life skills.

6. Health is a personal resource that also affects our collective community well-being. The protection and maintenance of health is therefore a personal responsibility. Individuals should take more responsibility for their own health, through more active involvement in decisions and investments in their health. This includes ensuring that one observes a healthy lifestyle, educates oneself on food safety and nutritional value as a consumer, develops habits in keeping the environment clean, takes preventive measures and seeks appropriate care when required, and contributes towards making the systems sustainable.

7. We are aware that Government efforts alone have never been adequate in bringing about social and health changes and ensuring well-being for all. We aim to create an environment in which all people are provided equal opportunities to develop their potential to the full thereby enabling them to take responsibilities for themselves and to participate and contribute to our economic and social life. Our approach is about creating the conditions for people/communities to maximize their potentials/capabilities, with the government acting as an enabler, a supporter and a facilitator.

8. On the health front, the Government will ensure quality, equitable, efficient, cost-effective and accessible health care systems and to organize the infrastructure for coordinated health care delivery through an interface of public and private systems (e.g. in areas of common treatment protocol, information sharing, product differentiation and new health care products). We need to target subsidies to ensure that we will offer protection to the community from significant financial risks that may arise from catastrophic or prolonged illnesses and avail affordable quality care to the disadvantaged in our community. As the World

Health Organization puts it, for every Government, it means establishing the best and fairest health system possible.

9. Health and food safety are inextricably linked. On the safe food and clean environment fronts, public health protection should always take precedence. We will ensure a comprehensive and integrated approach in food chain management (i.e. the feed to table policy) by putting in place the necessary infrastructure; a coherent, effective and dynamic food policy on the basis of scientific evidence and risk analysis (e.g. drawing up standards and ensuring compliance through enforcement); and enhancing private-public partnership and participation by stakeholders during the process. While legal and regulatory frameworks are necessary instruments of last resort to ensure and raise standards and provide necessary safeguards, effective protection for public health can only be achieved through the concerted actions from all parties, collaboration across sectors and shared responsibilities between the sectors and the general public.

10. On the social welfare front, we aim to take the approach of helping people to help themselves, focus on maximizing their potentials, extend our tripartite relationships with the third sector as well as with the corporate sector in furthering the exercise of corporate social responsibilities.

11. Society is made up of individuals, families, communities and social institutions. Changing times will naturally test the capacities of these groups to cope and take control. The ability of individuals to maximize their own potentials, take possession of their own lives and work to strengthen their life skills and build up their capacity will be vital to coping with changing circumstances and life demands. The ability of the family to provide nurture and care, and be the haven for individuals at times of need is important and needs to be supported. The existence of informal mutual help and collaboration networks in the community forms the basis of a vibrant and inclusive society.

12. Government acts as the facilitator in the process of capacity building for all levels. In this connection, we must shift from the "service provision" approach to a "social investment" concept and

approach. Under the "social investment" approach, we would strengthen the capacities and capabilities of individuals, families and communities, and foster self-help, mutual help, networking and support, and encourage giving in terms of donations and volunteerism, as well as promote active and healthy ageing and rethinking how our community can better support our elderly people. Our social programmes will need to be re-oriented from the current model of encouraging passive recipients of resources and services to those that involve people in active learning and problem solving, which would help instill in them self-esteem, self respect and a sense of control. Such paradigm shifts would encourage self-reliance and self-betterment so that they can become productive, participative and contributive members of a more inclusive society, and build up our human capital and social capital and strengthen intergenerational solidarity and cohesion at the societal level.

Initiatives

13. In achieving our goals on health services, we aim to implement a number of new initiatives in 2004 and beyond. These new initiatives are briefly described below.

Developing a Major Disease Outbreak Control Plan

14. The SARS epidemic has highlighted the need for enhanced and coordinated efforts by government departments to deal with major communicable disease outbreaks. We have addressed this systemic issue by developing a SARS contingency mechanism last September to provide for a command structure and a schedule of operational responsibilities for making and implementing decisions. This mechanism is underpinned by detailed contingency plans developed by the Department of Health (DH) and the Hospital Authority (HA), the two operational agencies with the most involvement in the anti-SARS battle. Other departments involved have been asked to draw up their contingency plans and to ensure that they are tested by drills and tabletop exercises.

15. The SARS contingency mechanism and various departmental contingency plans constitute the building blocks for development of a

major outbreak control plan as recommended by the SARS Expert Committee. Our tasks ahead are to knit the building blocks together and to conduct a major tabletop exercise to test the operability of the outbreak control plan as a whole. In the process, we shall draw on the advice and experience of contingency planning experts and relevant overseas agencies.

Keeping up Collaborative Efforts within the Pearl River Delta region

16. To better prepare for possible resurgence of SARS or outbreak of other infectious diseases, we have established a notification mechanism for infectious diseases and public health incidents with the Guangdong Province and Macao. The mechanism covers exchange of information on statutory notifiable diseases of the three places and prompt reports for any sudden upsurge of any infectious diseases of unknown nature or of public health significance. To strengthen the exchange of information on infectious diseases, the three places have recently agreed to explore the development of an information system. We will also start exchange programmes for public health officers from the three places and joint epidemiological research and surveillance projects for the Pearl River Delta Region.

Building up Hospital Surge Capacity for Infectious Disease Control

17. To better prepare ourselves for the possible resurgence of SARS, we will provide over 1 300 additional isolation beds by early 2004, including intensive care unit (ICU) beds, in all 14 public acute hospitals. To further enhance our capacity and capability of handling possible future outbreaks of infectious diseases, we will construct a new infectious disease centre at Princess Margaret Hospital. We envisage this centre will provide around 100 isolation beds, including ICU beds, and will be equipped with a hospital infection control branch, a clinical laboratory, operating theatres and radio-diagnostic facilities.

Engaging the Wider Community in Combating Infectious Diseases

18. We are vigorously implementing the SARS Expert Committee's recommendations in relation to infection control in hospital and

institutional settings. Yet, the risk of a communicable disease pervading beyond the boundaries of healthcare institutions cannot be completely ruled out. In the case of a community outbreak, the battle must be fought on the broader front by enlisting the support of different sectors of the community.

19. Through a wide range of publicity measures such as information pamphlets/web-pages, health education talks/seminars/exhibitions, announcements of public interests on the radio or television and district promotion activities, we have been disseminating messages and tips on prevention and control of communicable diseases to different walks of life. We will review the adequacy of existing publicity and educational avenues in a bid to reach out more to vulnerable populations and to engage more the community in safeguarding public health.

Strengthening research and public health training to healthcare workers

20. Systematic training and rigorous research are the pillars of a science-based and knowledge-intensive healthcare system and hence essential for prevention and control of infectious diseases such as SARS. On the training front, we will recruit local and overseas experts in public health and hospital infection control to run training seminars, conferences or workshops and second staff to international institutions such as the World Health Organisation and World Bank. On the research front, we have established a dedicated fund of $450M to encourage, facilitate and support research on prevention, treatment and control of infectious diseases, in particular emerging infectious diseases. The fund will provide financial support for both investigator-initiated research studies and commissioned projects to advance our knowledge on infectious diseases, address specific health problems of local relevance and respond swiftly to public health threats or needs.

Establishing a Centre for Health Protection

21. The Expert Committee has recommended that a Centre for Health Protection (CHP) with responsibility, authority and accountability for the prevention and control of communicable diseases be established in Hong Kong. We are pressing ahead with the establishment of this new public

health infrastructure. An advisory committee comprising local healthcare professionals and academics was established in November 2003 to help shape a new organization that best suits the circumstances, needs and demographic features of Hong Kong. The committee has met twice and endorsed an institutional framework with six essential functional elements, namely, (i) surveillance and epidemiology, (ii) emergency response and information, (iii) infection control, (iv) public health laboratory services, (v) programme management and professional development and (vi) public health services.

22. Additional manpower support, building facilities and information technology systems are required for the CHP to realize the enhanced functions as envisaged in the Expert Committee's report. We are working up a plan to secure the financial and staffing resources required. Our interim target is to set up a CHP under the DH with two functional branches starting to operate by the middle 2004. We expect the CHP to be fully operational by 2005 when all the functional elements are in place.

Strengthening community mode of healthcare delivery

23. Because of the long term care needs of the chronically ill, and a better understanding of the psycho-social and physical elements of health and illness, international trend has been to focus on the development of ambulatory and community care programmes and to replace, where appropriate, in-treatment by ambulatory and out-patient services. Moreover, with an ageing population, there is a need for us to strengthen the community mode of health care delivery so as to provide better and more cost-effective care to the elderly as well as the population at large. Through the adoption of appropriate strategies such as health promotion and disease prevention, many chronic conditions can be prevented or delayed, and we can minimise the development of the associated disabilities and their negative effects on the quality of life.

24. To strengthen the community mode of health care delivery, the HA will implement a number of specific measures, including:-

- enhancing medical care in residential care homes for the

elderly through the Visiting Medical Officer program, under which medical professionals from the private sector provide regular on-site medical consultation to the residents to supplement the support provided by geriatricians and community nurses;

- developing interactive programmes for targeted chronic conditions with significant disease burden to improve health outcomes;

- improving community-oriented care for patients with psychiatric illnesses through strengthening the education of general practitioners and healthcare professionals in the community on elderly depression and suicide; and

- reducing dependence on in-patient services through ambulatory care, rehabilitation programs and better collaboration among Accident and Emergency, Out-patient, Day-patient and Inpatient Departments within HA.

Progress Report on the Implementation of the 2003 Policy Agenda

Caring and Just Society

25. In January 2003, Members were informed of HWFB's new initiatives on health services as contained in the Legislative Council Panel Paper entitled "A Caring and Healthy Society". Present progress of those initiatives is set out below.

Chinese Medicine

26. The Chinese Medicine Ordinance enacted in 1999 provides for a statutory framework, to be implemented in phases, for the regulation of the practice, use, trading and manufacture of Chinese medicine in Hong Kong. With the implementation of the registration system for Chinese medicine practitioners in 2000, we have implemented the licensing system for Chinese medicine traders since May 2003. Under the system,

Chinese medicine traders including retailers and wholesalers of Chinese herbal medicines, and wholesalers and manufacturers of proprietary Chinese medicines (PCM) are required to apply for a licence before they can engage in the respective trade. So far, 6,800 applications have been received and they are now being processed.

27. The registration system for proprietary Chinese medicines (PCM) commenced on 19 December 2003. Under the system, all PCM manufactured or sold in Hong Kong must be registered. The Chinese Medicine Council is now inviting applications for registration.

28. The first public Chinese medicine outpatient clinic at Tung Wah Hospital was opened on 1 December 2003. Two more clinics at Yan Chai Hospital and Alice Ho Miu Ling Nethersole Hospital were also opened in end December 2003. We shall take into account the experience of operating these clinics in designing additional clinics.

Smokeless and Cleaner Environment in Work and Other Public Places

29. With a view to further strengthening the tobacco control framework in Hong Kong so as to protect the health of the public, we will finalize our legislative proposals in early 2004. A Bill will be introduced to the Legislative Council in 2004/05.

Protection from Misleading or Untruthful health Claims

30. An expert committee has reviewed 13 groups of health claims and recommended that nine of them should be prohibited. Public consultation on our proposal to regulate health claims was conducted from 26 September to 15 November 2003. We consulted the Legislative Council Panel on Health Services on 8 December 2003. In view of Members' comments, we have revised the proposed schedule of prohibited/restricted health claims. We plan to introduce an amendment bill to the Legislative Council in early 2004.

Risk-based Regulatory Framework on Supply and Use of Medical Devices

31. Public consultation on our proposed risk-based regulatory system for medical devices was conducted from July to September 2003. Taking into account comments from stakeholders and members of the public collected during the consultation exercise, we will present a revised proposal to the Panel on Health Services in early 2004 with a view to implementing an administrative control system to pave way for the longer-term enforcement of mandatory requirements. This control system will start with the listing of high-risk medical devices, their importers, manufacturers and authorized representatives in 2004. After review and evaluation, listing of medium risk devices and their importers, manufacturers and authorized representatives will follow in stages. The listing of manufacturers and importers of medical devices will be made public for consumers' reference. An adverse incident reporting system will also be set up. We intend to introduce legislative proposals to enforce mandatory requirements at a later date.

Enhancing Primary Medical Care through Pluralistic Primary Care Model

32. The HA has taken over the General Outpatient Clinics (GOPC) from the DH in July 2003. This provides a basis for the development of an integrated community-based health care model. The HA will extend its clinical management computer system to the GOPCs in phases and introduce family medicine practice and training in these clinics. In addition, the HA has strengthened the community-based training for family physicians, community paediatricians, community physicians, general practitioners and community allied health practitioners with a view to enhancing their future practices in the community.

33. Strengthening primary medical care has also been an important aspect of our efforts in fighting SARS during the outbreak in 2003. To prevent unnecessary hospital admissions, the HA introduced drug refill arrangements and enhanced post-discharge rehabilitation. Special attention was paid to elders living in residential care homes for the elderly (RCHEs), who were particularly vulnerable to the new infectious disease. Visiting Medical Officers were recruited from the private sector to work along side HA's family medicine doctors to strengthen the primary medical care in RCHEs. In addition, we have improved the practical

guidelines on infection control in RCHEs and on the use of inhalers in these facilities, set up telephone hotlines to support the tracking of RCHE residents who were suffering from a high fever, and established an enhanced communication mechanism connecting DH, HA, RCHEs and relevant non-Government Organisations to facilitate early detection and contact tracing of suspected infectious disease outbreaks.

Sustainable Long-term Funding Arrangement for the Hospital Authority

34. The HA has continued to improve its efficiency and cost-effectiveness through productivity enhancement initiatives, such as the centralisation and networking of hospital services among hospitals and clusters to achieve further economies of scale, administrative downsizing of its Head Office and hospitals through the introduction of the Voluntary Early Retirement Scheme and other means, streamlining and reengineering of administrative, management and work processes, and the centralisation of its procurement function.

35. The Government is reviewing the population-based funding model for the HA, taking into account the long-term sustainability of the arrangement and the impact of SARS on the delivery of public hospital services.

Health, Welfare and Food Bureau
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