For discussion
On 19 July 2004

Paper No. CB(2)3105/03-04(03)

LegCo Panel on Health Services
Meeting to be held on 19 July 2004

Primary Health Care
Current Status and Future Development

PURPOSE

This paper informs Members of the current status of primary health care offered by the public sector in Hong Kong and outlines the directions of future development.

BACKGROUND

2. Primary health care, as defined by the World Health Organization, is "essential health care made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system of which it is the nucleus and of the overall social and economic development of the community". Primary health care is the first point of contact individuals and the family have with a continuing health care process and constitutes the first level of a health care system.

3. In Hong Kong, primary health care services, which includes a full range of promotive, preventive and curative services, are provided by the Department of Health (DH),the Hospital Authority (HA) and the private sector. A summary of the primary health care services provided by the public sector is in the Annex.

DIRECTION OF PRIMARY HEALTH CARE DEVELOPMENT

4. In the past decades, Hong Kong has experienced epidemiological transition with chronic diseases, cancers and their associated disabilities emerging as the leading cause of morbidity and mortality. Nevertheless,

infectious diseases still pose a threat to the health of the population. Primary health care, emphasizing on provision of holistic and continuous care, plays a central role in the management of these diseases. Effective primary health care promotes health and wellness, minimizes the incidence of disease and disability, acts as a gatekeeper to the labour intensive and relatively expensive secondary and tertiary care and often results in alleviation of pressure on the overall health care expenditure. Primary health care is therefore an integral part of a comprehensive and efficient health care system. It is well recognized internationally that investing in primary health care will yield improved patient outcome and population health indicators. Primary health care acts as the first line to guard against disease and disability, and should be as emphasized and valued as secondary and tertiary levels of care provided in hospitals.

5. In the Consultation Document on Health Care Reform issued in 2000, we set out the directions for primary health care development. There are two important principles that we should adhere to -

Vertical and Horizontal integration
There should be vertical (between different levels of care) and horizontal (multi-disciplinary and multi-sectoral) integration for continuing, comprehensive and integrated health care services to be provided to patients. Primary health care services and those of secondary care should not be disjointed. They should integrate well for the benefit of patients who have to move up or down the different levels of care as their conditions change. Furthermore, primary health care development cannot be undertaken by one medical specialty or the medical sector alone. Apart from that of Family Medicine specialists, the role of other physicians as primary care practitioners also needs to be stressed and the development of the role of nurses and other allied health professionals, such as pharmacists, as primary care providers needs to be recognized. At the same time, the public medical sector has to work with other sectors such as the welfare sector, NGOs and the private medical sector to provide continuing and all-rounded care to patients.

Public / Private Collaboration
The role played by private practitioners, especially in providing primary medical care to patients, should continue and be enhanced. At present, the private sector plays a major part in providing primary medical care. About 76% of general out-patient service is provided by

general practitioners in the private sector. It is our intention that the public sector should explore ways to improve collaboration with the private sector in various aspects, such as in the provision of general out-patient services, in assisting Family Medicine trainees to complete their training, and in improving the quality and continuity of care in both the public and private sectors.

The directions for primary health care development set out in the Consultation Document, the development hitherto and the way forward are outlined in the following paragraphs.

Strengthen preventive care

6. The Consultation Document proposed DH to adopt the role of an advocate for health and develop plans for strengthening preventive care, and should seek to continuously enhance community involvement in health education and promotion activities.

7. Since 2000, DH has strengthened preventive care provided in its various services. For Family Health Service, an "Integrated Child Health and Development Programme" was developed. The programme comprise (i) comprehensive immunization for babies and young children, (ii) child health and developmental surveillance, and (iii) parenting programme for parents. For Student Health Service, an Adolescent Health Programme was formally launched in the 2002-03 school year to promote psychosocial health among secondary school students. The School Dental Care Service continues to help primary school children to acquire good oral health through development of good self-care behaviour and preventive, curative and emergency treatment. The Quality Management System, implemented by the School Dental Care Service for continuous improvement of service, obtained ISO 9001:2000 certification in January 2004. In August 2002, DH launched the Men's Health Programme to promote the health of men in Hong Kong. The main component of the programme is a website featuring a wealth of men's health information and other publicity programmes are ongoing. Since March 2004, DH also implemented a Cervical Screening Programme in collaboration with public and private health care providers to provide cervical cancer screening service for women aged between 25 and 64. All Maternal and child Health Centres and Woman Health Centres of DH are providing such service.

8. As health is a shared responsibility of the government, non-government agencies, the community and the individual, DH places much

emphasis on collaboration with other partners. One example is the department's anti-smoking efforts. In order to reduce the burden of smoking in the population, collective work of many different sectors including health, education, social services, law enforcement, customs and excise, community groups and trade are of paramount importance. In this regard, DH has strengthened its collaboration with other sectors by setting up the Tobacco Control Office in 2001 to enhance and co-ordinate efforts on tobacco control.

9. Other health promotion activities are mainly provided through DH's Central Health Education Unit (CHEU) and oral Health Education Unit. CHEU disseminates health messages and advice through timely and effective channels such as the mass media, internet and health education hotline. The Unit also organizes training for health promotion workers and undertakes research activities to evaluate the effectiveness of health promotion programmes. Oral health information is provided free to the public in print, at a hotline, online and through the mass media. Direct oral health education service is provided through the oral health education bus, the Brighter Smiles Playland, oral health talks and in collaboration with other organizations. The findings of the Oral Health Survey Report released in 2002 showed that there was cause for concern over the gum health of our community. DH thus launched targeted oral health promotion programmes in schools and "Love Teeth" campaigns for the adult / elderly population in 2003 to raise public awareness on dental health and the importance of maintaining health gums.

10. Apart from DH, HA, as the major provide of curative service, has update and accurate information about disease burden thus also has the capacity to play a useful part in strengthening preventive care. All along, HA has been improving patient education to reduce complications and enhance health outcomes. Patient resources centers have been set up in all public hospitals since 1994 to serve as a focal point of patient education at the forefront. At HA corporate level, the Health InfoWorld has been in operation since 1999 to serve as a gateway for patients, their families and the public to obtain information concerning health education and health care. It also acts as a facilitator and coordinator of patient groups activities. It adopts the evidence-based practice and interactive approach for most health educational initiatives. Over the years, Health InfoWorld has systematically developed various health promotion programmes for different population groups such as students, adolescents, women, elderly and working population, addressing their individual health needs. Regarding the promotion of healthy lifestyle, HA had initiated programmes on smoking cessation since May 2002 with a telephone based smoking cessation

service and ten Smoking Cessation and Counselling Centres in public hospitals and outpatient clinics. In the 12 months following the establishment of the Centres, around 4 900 clients were served by the Centres with an overall cessation rate of 21%. In the future, HA will make more attempts at disease prevention. In 2004/05, HA will introduce prevention/control programmes on two major conditions, namely fall and hypertension.

11. DH and HA have jointly implemented an influenza vaccination programme in the winter months of 2003/04 to minimize admission to hospitals and avoid confusion arising from influenza symptoms similar to those of SARS. The vaccination programme was targeted to reduce disease burden especially among the elderly in residential homes and disabled persons. DH and HA will continue with the programme in 2004/05 for the elderly in residential homes, disabled persons, long-stay patients and healthcare staff because of its effectiveness in preventing influenza outbreak both in institutions and in the community.

Re-organize primary medical care

12. The Consultation Document proposed that the public sector should take the lead in promoting family medicine practice and provide the relevant training opportunities. It also proposed that DH's general out-patient service should be transferred to the HA.

13. Family medicine (FM) is a specialized discipline of medicine that provides primary, continuing and comprehensive care to an individual and the family in their own environment. FM specialists should not only provide curative care, but should also help patients in the community with prevention and self-care efforts in collaboration with other physicians in primary care, nurses and allied health professionals. The care is holistic, incorporating the interaction and inter-relatedness of psycho-social and physical elements of health. It is recongnized as a major driving force of high quality primary care worldwide.

14. The Consultation Document pointed out that the number of FM specialist was grossly inadequate and the benefit of FM was under-recognized in Hong Kong. HA, which has the suitable infrastructure to take up the major training role, started its FM training programme in 1997-98. To date, a total number of 481 trainees in FM have pursued their training in HA. The trainees have to undergo six years' training. The bulk of the first four years' basic training takes place within HA while the remaining two years' higher training takes place in the community. The first batch of trainees who acquired FM

specialist qualification did so in 2003. To enrich the training programme, HA has developed additional six-month non-FM community-based training modules for FM trainees since 2003. The content of these modules include geriatrics, hospice, woman's health and mental health. HA also plans to create contract Service Resident posts in general out-patient clinics to provide a career pathway for FM trainees who have completed basic FM training to pursue further experience in the public system later this year.

15. In accordance with the proposal of the Consultation Document, the operation of general out-patient clinics (GOPC) was transferred from DH to HA in phases between 2001 and 2003, and plans are in place to improve the information systems to enhance the quality of service.

16. The objectives of the transfer were to enable better integration of primary and secondary medical care and to provide an environment conducive to the wider practice of FM. Since the transfer, considerable progress has been made to achieve these objectives. Vertical integration between specialist and general outpatient clinic services is now possible because of a common clinical management system and agreed referral guidelines. Where appropriate, hospital clusters now gradually download stable chronic patients from the specialist outpatient clinics to GOPCs, freeing up the more expensive specialist outpatient services for those in need. With improved communication between the two levels of care, we have now moved closer towards building up a continuous, holistic and cost-effective outpatient service. After the transfer, the HA has also involved community-based medical, geriatric, psychiatry, O&G and paediatric specialists to provide consultation service in some of the GOPCs in an effort to reduce case referrals and improving the quality of care for chronically ill patients in GOPCs. In the management of major communicable diseases in the community, the transfer has brought about improvements in the collaboration and liaison between hospitals and GOPCs.

Develop a community-focused, patient-centred and knowledge-based integrated health care services

17. The Consultation Document proposed to develop, in addition to and in partnership with the hospital system, a network of community-based integrated health care services, adopting a multi-disciplinary and multi-sectoral approach. To facilitate the development of these services, the Consultation Document also proposed that the allocation of public funding for public health care provision should move away from being input- or facility-based, but should be based on

population needs and specific programmes aiming to enhance health outcomes and the quality of life of people or patients while living in the community.

18. In recent years, HA has expanded its community-based services considerably. Its Community Nursing Service, which provides comprehensive nursing care and interventions and continuous medical treatment at patients' own homes, now covers all residential areas including private residential homes for the elderly. With the increasing demand of community care, the home visits made by community nurses have increased from 554,269 in 99/00 to 714,000 in 02/03, and the number of nurses increased from 320 in 99/00 to 372 in 02/03. HA's Community Psychiatric Service, consisting of Psychiatrist, community psychiatric nurses, social workers and allied health professionals, provides long term follow up and supportive care to psychiatric patients and their family and aims at helping the patients to reintegrate into the community through close monitoring of drug compliance and early intervention. The total number of outreach attendances and home visits of HA's community psychiatric service has increased from 8,637 in 2000/01 to 23,205 in 2002/03

19. For elderly people in residential care homes, Community Geriatric Assessment Teams (CGAT) were formed in 1994 to provide impartial assessment service and to advise on the overall care programme and appropriate residential placement for geriatric patients based on their needs. Since 2003, CGATs have been strengthened by the support from Visiting Medical Officers (VMOs). Under the pilot VMO scheme, private practitioners have been recruited to provide regular visits to residential homes for the elderly for on-site management of episodic illness of residents with the objective of reducing hospital admissions and enhancing the quality of care.

20. HA also introduced the Community Allied Health Service in 2000 to facilitate the return of high risk patients from hospital to home and to empower patients and their carers in the community setting with the necessary knowledge and skills. The professionals involved include dietitians, medical social workers, occupational therapists, physiotherapists and speech therapists. They provide pre- and post-discharge home visits, pre-discharge preparation and liaison with social services in the community, rehabilitation assistive device consultation and loan service, carer education and support and advice and consultation to carers / institutions. The Community Allied Health Service works closely with CNS and CGAT and in partnership with community agencies. HA has also attempted other more innovative ways of providing community-based, patient-centred health services. One example is the Drug Compliance Counselling Service

involving private sector pharmacists. This is a pilot scheme launched earlier this year to follow up on drug compliance by patients of specialist out-patient clinics with a view to reducing unnecessary re-attendances at clinics and hospital admissions as a result of poor drug compliance.

21. HA's ambulatory service facilities play an important role to re-integrate patients back into the community. Psychiatric Day Hospitals and Geriatric Day Hospitals provide multidisciplinary assessment, continued care and rehabilitation to facilitate patients re-integration back to the society for psychiatric and geriatric patients, respectively. In the future, HA will continue to enrich the network of community health care services.

22. On changing the basis of funding, the Health, Welfare and Food Bureau has adopted a population-based funding formula since 2001/02. This has effectively given HA the freedom to mobilize resources from institutions to community settings and encouraged the formulation of measures to reduce emphasis on institutional care.

CONCLUSION

23. Our policy intention of strengthening primary health care is clear and firm. We are clear about the advantages this policy will bring : better health for the population as a whole and a more efficient health care delivery system. Against this background, DH and HA, being the key primary health care providers in the public sector, have undergone organizational changes, re-organized services and redistributed resources to improve the effectiveness of primary health care. Obviously there is still much room for improvement and for devising innovative means of service delivery. Demographic changes, changes in behaviours and lifestyles, other environmental and social changes, as well as changing expectations and demands of the community will require constant improvements to be made and alternatives to be explored. We will continue to re-distribute resource upstream to bring about better primary health services. In the overall planning of the development of our health care system, we will strive to achieve an appropriate balance in the development of different levels of health care services, so that patients will have a full complement of services should they need them at any point.

Health, Welfare and Food Bureau
July 2004

Annex

Primary Health Care Services provided by DH and HA

Primary Health Care Services provided by DH

Health Education (Central Education Unit and Oral Health Unit)	• Promotes the health of the community through collaborating with various agencies in health promotion, researching and evaluating the effectiveness of promotion programmes, disseminating information on good promotive practices, providing training to people engaged in health promotion activities and mobilising the community to involve in all aspect of health promotion through various channels of mass media and promotion campaigns.
Family Health Service (38 Maternal & Child Health Centres and 3 Women's Health Centres)	• Child Health: provides a comprehensive range of health promotion, developmental surveillance and disease prevention services young children up to 5 years old, including an immunisation programme. • Maternal Health and Family Planning: provides antenatal and postnatal care, cervical screening and family planning services for women. • Women Health: provides health education, counselling and screening services to women aged 64 and below.
Health Services for Students (12 Student Health Service Centres, 3 Special Assessment Centres, 18 outreaching teams for adolescent health and 8 School Dental Clinics)	• Provides all primary and secondary school students with health assessment, health education and individual health counselling services. • Provides psychosocial health of adolescents in secondary schools through an outreaching Adolescent Health Programme. • Helps primary school children develop good self-care behavior in dental health. Services offered by the School Dental Clinics include dental health assessment and check-ups; oral health care counseling and oral hygiene instructions; and preventive, basic curative and emergency treatment.

Elderly Health Service (18 Elderly Health Care Centres and 18 Visiting Health Teams)	• Provides integrated health services, including health assessment, physical check-ups, counseling, curative treatment and health education to elderly people aged 65 and above. • Reaches into the community and residential settings to improve the self-care abilities of the elderly. • Provides training to persons responsible for caring for the elderly in the community and residential settings.
Specialist Out-patient Service (19 Tuberculosis & Chest Clinics and 9 Social Hygiene Clinics)	• Provides free curative care for patients suffering from tuberculosis, other respiratory diseases and sexually transmitted diseases.

Primary Health Care Services provided by HA

General Out-patient Services (74 General Out-patient Clinics)	• Provides primary medical care services to the general public of all ages for all types of medical conditions.
Specialist Out-patient Services (59 Specialist Out-patients Clinics and 11 Integrated Clinics)	• Provides medical care services in various specialties to patients referred from General Out-patient Clinics and private practitioners. • Provides medical care to chronically ill patients who no longer require specialist attention (Integrated Clinics).
Day Hospital Services (Psychiatric Day Hospital and Geriatric Day Hospital)	• Provides multidisciplinary assessment, continued care and rehabilitation to discharged elderly patients and psychiatric patients.
Community Nursing Services	• Provides outreach medical services (e.g. nursing interventions and continuous medical treatment) to discharged patients at patients' own home or at the elderly homes.
Community Psychiatric Services (Community Psychiatric Teams, Community Psychogeriatric Teams and Community Psychiatric Nursing Service)	• Provides discharged psychiatric or psychogeriatric patients with designated care and rehabilitation programmes. • Provides patients and their family with long-term nursing follow-up and supportive care.

Community Elderly Services (Community Geriatric Assessment Team and Visiting Medical Officer)	• Advises on the overall care programme and appropriate residential placement for geriatric patients. • Provides regular medical consultations and manages episodic illnesses of elderly living in residential care homes on site.
Community Allied Health Services (Multidisciplinary teams of dietitians, medical social workers and occupational therapists)	• Provides seamless care to ensure the timely discharge and safe return of patients to the community by making pre-discharge preparation, liaising with social services to cater for the needs of patients, paying post-discharge visits, etc. • Ensures continuity of care in collaboration community agencies (e.g. residential homes and home care teams).