

For discussion on
17 October 2005

Legislative Council Panel on Health Services

Policy Initiatives of Health, Welfare and Food Bureau

Purpose

This paper elaborates the new initiatives in respect of health matters of the Health Welfare and Food Bureau in 2005-06 and gives an account of the progress of the initiatives set out in the last Policy Agenda.

Mission

2. Our mission is to enhance the well being of every member of the community to build a healthy and caring society. We seek to 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.

Vision

3. We believe that our future health care model should include the following elements –

- A population that are knowledgeable about health and health risk factors, will adopt a healthy lifestyle, and take responsibility for their own health.
- A health care profession that views health promotion and preventive medicine as priorities, and exercises its practice professionally and ethically.
- A primary health care system which can provide a robust family and community medicine service affordable by all, whilst incorporating strong elements of health promotion and preventive care, and standards for the care of different age groups and health status.

- A hospital service network which can provide emergency and secondary care within reasonable reach of the population in all districts, in order to enhance service access and family visitation.
- Elderly, long-term and rehabilitation care services which encourage home care with community outreach and professional support, with infirmary and hospice care in all districts to enhance maintenance of family support.
- The establishment of specialized tertiary centres and hospitals to develop and concentrate expertise, technology, special facilities and research for the treatment of catastrophic illness.
- Well-integrated public and private sectors which promote healthy competition for service quality and professional standards and provide a choice for the public.
- A financing model which encourages appropriate use of health care services, ethical and effective professional care, reasonable and affordable contributions by users and with targeted subsidies through public funds for unfortunate patients and families in genuine need.

4. In the coming year, we will pursue new initiatives on health matters and continue to make headways with our on-going ones, including the important tasks of strengthening our infectious disease emergency responsiveness and reviewing strategies on health care services development and health care financing options.

New Initiatives

Adopting a proactive approach in poison prevention and control

5. A rising trend of mortality due to poisoning, in terms of absolute number and rate, has been observed in recent years. More than 3,600 patients were hospitalized in 2003 due to poisoning, accounting for 0.3% of all hospitalizations. In the same year, poisoning accounted for 557 deaths in Hong Kong, which was 1.5 % of all deaths. There is a growing need to reduce the incidence and severity of poisonings.

6. Different organizations, including the Hospital Authority (HA), the Department of Health (DH) and academic institutions, are now working on different aspects of poison prevention and control. Such

efforts involve collection and dissemination of information relating to poisoning incidents, toxicological analysis service, and toxicovigilance, i.e. surveillance of the overall toxic risk in our environment and population, and monitoring trends in the type and severity of poisoning over time, and formulating effective measures to tackle the risk. We see a need to strengthen, better coordinate and integrate these efforts.

7. As a start the Working Group on Toxicology Service Development, convened by DH, would be making recommendations on the long-term development of services relating to the prevention and control of poisoning. In the coming year, it will also work out a proposal for an infrastructure to ensure integration and coordination of services.

8. In addition, training sessions on the clinical and public health aspects of poisoning are also being planned for health care professionals in the public and private sectors. The training serves to raise their awareness on poisoning, improve their knowledge in clinical toxicology and enhance their capacity in tackling major toxicological incidents.

9. The HA and the Chinese University of Hong Kong have recently jointly established the Hong Kong Poison Information Centre to provide all health care professionals in Hong Kong an information service on poison. The Centre commenced operation in July 2005 and started collecting poisoning data from patients seeking medical assistance at the Accident and Emergency Department of selected public hospitals. The objective is to keep track of novel poisonous substances and study the epidemiology of new forms of poisoning, thereby facilitating better risk assessment and design of appropriate measures for minimising incidences of poisoning in Hong Kong.

10. To enhance the surveillance of poisoning cases in Hong Kong, the HA has strengthened the manpower provision for its Toxicology Reference Laboratory. One of the immediate tasks of the Laboratory is to review the mechanism currently in place at public hospitals for reporting major poisoning cases to the relevant authorities. In this connection, the HA is planning to set up a notification and alert system on major poisoning incidents with DH, covering cases reported from the

Accident and Emergency Departments, hospital laboratories and other clinical departments.

Establishing a comprehensive cancer surveillance regime

11. Cancer is one of the leading causes of deaths and disability in Hong Kong. According to the Cancer Registry of Hong Kong (the Registry), there were 21,861 new cases diagnosed and 11,658 cancer deaths in 2002, representing an increase of over 25% as compared with the corresponding figures in 1992.

12. Liver and nasopharyngeal cancers are two of the most common types of cancer in Hong Kong. A cause of liver cancer is hepatitis B infection which is highly prevalent in the Hong Kong population. As regards nasopharyngeal cancer, it is the seventh most common cancer in Hong Kong with around 1,000 new cases detected each year, with most patients within the age group of 40 to 50 years.

13. To improve cancer care in Hong Kong, the HA will enhance the Registry to provide more accurate and timely information. The HA will also coordinate multi-centre clinical trials on liver and nasopharyngeal cancers to guide the development of best clinical practice for the management of these cancers. Meanwhile, DH will continue with its efforts in advocating a healthy life-style to the community including tobacco control, healthy eating, exercise promotion and other health education efforts through its Central Health Education Unit, as well as other services.

Promoting healthy eating habit among school children

14. Obesity poses a growing threat to public health and creates significant economic burden to the society. It brings about health consequences that range from physical and psychosocial problems and results in conditions that vary from non-fatal ones affecting quality of life to premature death. Childhood obesity, in particular, is getting increasing attention in many developed places and Hong Kong is no exception. The Student Health Service of DH recorded a rising trend of obesity among primary school students, from 16.4% in 1997-98 to 18.7%

in 2003-04. This is the combined effect of sedentary lifestyle and unhealthy diet. We consider that nurturing of healthy dietary habits should best start from one's formative years. We have identified primary school students as our target group to which focused efforts should be devoted by way of creating for them a conducive and health-conscious environment.

15. To this end, DH is planning to collaborate with relevant government departments, professional bodies and community groups to launch a healthy eating promotional project in primary schools. To maximize its effect, DH will capitalize on the Healthy Cities movement that is budding in some districts in Hong Kong as a means of improving local community health.

16. Our objectives are to raise the awareness of the importance of healthy eating among students, teachers, parents and the public; to improve the knowledge, attitudes and practices towards healthy eating among students in Hong Kong; and to create a supportive environment for healthy eating in schools.

17. We would also seek to establish a partnership approach involving strong inter-sectoral collaboration among school staff, food suppliers, students and parents.

18. Our plan is to roll out the projects in 2006 and 2007 with a review to be conducted in 2008.

Exploring the feasibility of introducing an electronic medical record system in Hong Kong

19. To enhance the delivery of our future health care services, one of our long-term objectives is to develop a territory-wide electronic medical record system to enable the free flow of patients' records so as to facilitate the transition of patients between different levels of care and between the public and private sectors. To take the matter forward, we will set up an advisory committee comprising representatives from the HA, DH and other relevant stakeholders to study the feasibility of setting up such a system in Hong Kong. The committee will look at areas such as the information needs and information services to be provided with

reference to similar systems in other countries, the interface issues between providers providing care at different levels in the public and private sectors, the legal and privacy issues, the consultation mechanism to promote acceptance by the community and stakeholders, and the overall development timeframe. We plan to establish the advisory committee by early 2006.

On-going Initiatives

Strengthening our infectious disease emergency responsiveness and enhancing preparedness for influenza pandemic

20. We have put in place a comprehensive preventive, surveillance and health promotion programme to guard against the occurrence of avian influenza outbreaks, and modified the operation of live poultry trade to minimize the contact between customers and live poultry. The fact that Hong Kong has been free from avian influenza occurrences since early 2004, despite sporadic outbreaks in neighbouring places, is to a large extent attributed to our efforts. Nevertheless, even with the best precautionary measures, the risk of avian influenza recurring in Hong Kong cannot be completely ruled out. And the risk of avian influenza causing a pandemic outbreak in a global context is looming large. It is imperative that we continue with our efforts in getting Hong Kong fully prepared.

21. To enhance government and community preparedness to cope with different levels of avian influenza emergencies, the Centre for Health Protection (CHP) of DH has been working with relevant Government departments and agencies to develop, review and update various contingency plans for different infectious diseases, including a Framework of Government's Preparedness Plan for Influenza Pandemic (the Preparedness Plan). The Preparedness Plan, which adopts an inter-disciplinary, cross-sectoral and population-based approach, sets out clearly our surveillance, investigation, port health and infection control measures under different risk-graded scenarios. A clear command and response co-ordination structure is introduced to cater for different emergency response levels. Provision of laboratory support and essential medical services as well as plans for antiviral stockpiling,

vaccination, risk communication, etc., are also specified in the Preparedness Plan.

22. We will update the Preparedness Plan on a continuous basis in the light of World Health Organization (WHO)'s advice and our operating experience. Inter-departmental drills and exercises have been and will continue to be conducted on a regular basis to test out the preparedness of relevant departments and agencies in the face of infectious disease outbreaks. An inter-departmental exercise on an outbreak of avian influenza pandemic is scheduled to take place towards end of this year before the next peak flu season arrives.

23. To prepare for large-scale outbreaks of infectious diseases, the CHP is working closely with professional associations including that of medical practitioners, nurses and pharmacists, and non-governmental organizations to build up surge capacity so as to facilitate deployment in times of public health emergencies.

24. We are also keenly aware of the need to maintain effective communication and cooperation with the Mainland and other neighbouring places in the combat and control of infectious diseases. A great deal of efforts has been made with the Guangdong Province and Macao to ensure prompt and timely exchange of important information about infectious disease outbreaks and incidents. A focal point for communication has been assigned between the Mainland Ministry of Health and the CHP to strengthen the exchange of infectious disease information in other parts of China. Intelligence exchange and experience sharing on infectious disease control and prevention with health authorities in the Mainland, Guangdong and Macao has been institutionalized. The activities include regular "Tripartite Meeting of Expert Groups on the Prevention and Control of Communicable Diseases", mutual visits and short-term attachment programmes of public health personnel, provision of workshops and seminars to our counterparts, participation in emergency planning activities, drills and exercises, etc. Apart from the Mainland, our public health experts have visited the neighbouring places (Thailand, Vietnam, and Indonesia) where avian influenza outbreaks have occurred to better understand the situation in these places. We have also participated actively in global

endeavours to share experience with international partners, step up preparedness and explore opportunities for multilateral collaboration within the WHO framework. Infectious diseases recognise no boundaries and international collaboration is essential if we are to rise up to the influenza pandemic challenge. Hong Kong, as part of China, will continue to strengthen our exchange and cooperation with the WHO and neighbouring places on infectious disease information and control and will work within the WHO family on various public health matters.

25. Details of relevant key measures in this respect are provided at [Annex](#).

Strengthening the work of the Centre for Health Protection

26. The CHP has been instrumental in enhancing awareness and preparedness of various sectors and the community as a whole in respect of infectious disease outbreaks. Set up in 2004 after the SARS outbreak, the CHP spearheaded the drawing up and testing out of contingency plans as mentioned in previous paragraphs, and worked closely with local and international stakeholders in the combat against infectious diseases.

27. In addition to initiatives as described above, the CHP works closely with the seven Scientific Committees set up under its auspices. The Scientific Committees have in the past year deliberated and made recommendations on various disease control issues of current interest, helping to inform relevant public health strategies.

28. A permanent Emergency Response Centre (ERC), which is the nerve centre for dealing with public health emergencies, will be established under the CHP by early 2006. During major outbreaks of infectious diseases, the ERC will be activated to help disseminate timely and consistent information to facilitate formulation of strategies in combating infectious diseases.

29. With a view to enhancing our specialized epidemiology expertise and surge capacity in dealing with infectious diseases, the CHP has continued with its Field Epidemiology Training Programme as well as the provision of basic and specialist infection control and infectious disease

management training for healthcare and non-healthcare workers. Training links have also been established with the UK Health Protection Authority and the China and Guangdong Centres for Disease Control and Prevention.

Updating and enhancing our legislative framework for prevention and control of infectious diseases

30. To ensure that our legal framework is on par with the new International Health Regulations adopted by the WHO in May 2005 and to enhance our preparedness for emerging infectious diseases, we consider it timely to revamp the Quarantine and Prevention of Disease Ordinance (QPDO) (Cap. 141) and have conducted a comprehensive review of the QPDO. The purpose of the exercise is to ensure that the legal framework is up-to-date and is capable of supporting our strategy and mechanism in the control of infectious diseases. We are currently consulting the relevant bureaux/departments and agencies on our legislative proposals and will consult the Legislative Council Panel on Health Services in due course.

Reviewing strategies on health care services development and health care financing options

31. On 19 July, 2005, the Health and Medical Development Advisory Committee (HMDAC) issued a Discussion Paper titled “Building a Healthy Tomorrow” which has put forth recommendations on the direction for change in the future service delivery model of our health care system. The recommendations cover primary medical care services, hospital services, tertiary and specialized services and elderly, long term and rehabilitation care services. The aim is to ensure that our health care system would be sustainable in the face of challenges such as an ageing population and rising medical costs. We are conducting a public consultation on the Discussion Paper. The public consultation will end at the end of October.

32. As a next step, the HMDAC will proceed with discussions on possible financing options. A working group will be formed to carry out the relevant research and analysis. The HMDAC hopes to put forth

recommendations in this regard early next year for public discussion.

Introducing legislation to ban smoking in indoor work places and other public places to safeguard public health

33. We have introduced the Smoking (Public Health) (Amendment) Bill 2005 into the Legislative Council on 11 May 2005. The Bill seeks to provide better protection against second-hand smoke in indoor workplaces and public places, to further restrict promotion and advertisement of tobacco products, as well as to strengthen enforcement. The relevant Bills Committee of the Legislative Council is in the process of scrutinizing the Bill, and has so far held five meetings. We would strive to assist the Bills Committee in early completion of the Bill's scrutiny, with a view to passing the Bill and implementing the new requirements.

Establishing a Statutory Specialist Register for Dentists

34. The Dentist Registration (Amendment) Bill 2005 was introduced into the Legislative Council in July 2005, and is ready for scrutiny by the Council. The Bill aims to provide for the establishment of a statutory Specialist Register for dentists qualified in various dental specialist fields. The proposed amendments will also bring about better protection to the public in receiving specialist dental service, and help facilitate development of specialist practice in the dentistry profession. We will work closely with the Bills Committee to be formed and the relevant stakeholders with a view to completing the amendments as soon as possible.

Promoting the continuous development of Chinese Medicine

35. The Chinese Medicine Ordinance, enacted in 1999, provides a clear and effective framework to facilitate development of Chinese Medicine (CM) in Hong Kong. The Chinese Medicine Council, a statutory body established under the Ordinance to take charge of the regulation of the profession, has gone a long way in putting in place the regulatory regime. All CM practitioners (CMPs) are required to be listed by or registered with the CM Council. Codes of Practice have

been promulgated to govern their professional practice for the protection of public health. Registered CMPs are also required to fulfil continuous medical education requirements to ensure they are kept abreast with developments of the profession. As far as proprietary Chinese Medicines (pCm) and Chinese herbal medicines are concerned, a licensing system for the traders and a registration system for pCm were introduced in 2003. Registration of pCm is actively underway with over 16,000 applications being processed.

36. To standardize quality of Chinese herbal medicine commonly-used in Hong Kong so as to safeguard public health, DH will continue to develop Hong Kong Chinese Materia Medica Standards, which aim to provide a reference for professional use of Chinese herbal medicine. Phase I of the project, covering eight herbs, has been completed and the results were published in July 2005.

37. In relation to CM Clinics, we have advised the Panel on Health Services at its meeting in January 2005 that the Administration aimed to increase the number of CM clinics to no fewer than six in 2005-06 by stages. We have conducted a review of the operation of the three existing CM clinics and reported to the Panel in June 2005 about the development progress of and the service delivery model for the new clinics. We have so far been able to identify six additional suitable clinic sites (in Wan Chai, Tseung Kwan O, Yuen Long, Kwai Tsing, Tuen Mun and Kwun Tong) and we aim to consult the Panel and seek capital works funding support from the Legislative Council Finance Committee before end 2005. Subject to funding approval and the timing of availability of the sites, we hope to commence work as soon as practicable. We are continuing with the work of identifying suitable sites and will consult the Panel on further development plans as soon as they are available.

Working out a sustainable long-term funding arrangement for the Hospital Authority

38. We have embarked on an exercise to consider how best the funding arrangement for the HA should be arranged to enable the

organization's operation to be sustainable in the light of the various on-going initiatives of re-positioning of public sector health services, integration of service provision by the HA and other departments and the healthcare financing options. Taking into account the HA's budgetary pressures in recent years, we will in the coming year seek to provide greater certainty on funding level in the coming few years to enable the HA to better plan its services development and rationalization. In the longer term, the funding arrangement for the HA needs to dovetail with possible reforms on the present mode for delivering healthcare services which are aimed at putting greater emphasis on preventive care to enhance the overall health status of the population and compress morbidity (hence cost), restoring a proper balance between the public and private medical sector, ensuring a more rational use of expensive hospital services, and increasingly shifting the delivery of medical services to the community setting.

Enhancing primary medical care for the public to reduce reliance on hospital care through developing a pluralistic primary care mode and strengthening the community mode of health care delivery

39. Primary medical care services should provide continuing comprehensive and whole-person medical care, including preventive healthcare, patient education and counselling, to individuals in their home environment. The HA is working to further promote the community-based healthcare delivery mode by providing health services away from hospital to settings nearer to the patient's home. This paradigm shift from disease model to health model, from medical dominance to multidisciplinary and cross-sectoral collaboration is beginning to bear fruit. The HA's General Out Patient Clinics have now gradually taken up some stable chronic patients from the specialists outpatient clinic services. District-based fall prevention and hypertension management programmes have been launched this year to heighten the public's awareness of the risks of fall and hypertension among the elderly and general population. Community partners including District Councils, welfare organizations, volunteer agencies, private practitioners and relevant government departments have participated in such community based health promotion campaigns.

40. As part of the efforts to provide health care in the community, the quality of the community-based nursing care provided by the HA will be strengthened further through implementation of the home care protocols for Community Nursing Service and improvement of information flow with the rolling out of the computerized Nursing Discharge Summary in 2006.

41. In order to improve community primary medical care for the elderly, the Administration has launched a programme to arrange doctors to assist the work of Community Geriatric Assessment Teams sent out by the HA. Under this scheme, doctors were recruited to pay visits to residential care homes in order to cure episodic illness of residents and to follow-up on elders who are having relatively higher risks or who have just been discharged from hospitals. The aim is to reduce the number of elderly residents who have to be admitted into hospitals, as well as to better the quality of residential care homes. As at August 2005, the Administration has hired a total of 21 doctors to serve 115 residential care homes. The HA is providing all the necessary support, including the medicine needed by long-term patients, simple investigations as well as professional advice from HA geriatricians.

Health, Welfare and Food Bureau
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Measures to enhance our preparedness for possible influenza pandemic

Enhanced surveillance

In December 2004, Influenza A(H5), Influenza A(H7) and Influenza A(H9) were added to the list of infectious diseases in the First Schedule to the Quarantine and Prevention of Disease Ordinance, making them statutorily notifiable diseases in Hong Kong. The Centre for Health Protection (CHP) of the Department of Health (DH) has issued reporting criteria to all registered medical practitioners in Hong Kong and provides laboratory support for confirmation/exclusion of the diagnosis. Upon receiving notification, the Surveillance and Epidemiology Branch of the CHP will conduct case investigation, contact tracing, health education and medical surveillance on the contacts. Quarantine and antiviral prophylaxis may also be implemented for contacts of probable or confirmed cases.

2. The CHP also maintains close monitoring of the influenza situation locally through sentinel surveillance, laboratory surveillance, investigation of influenza-like illness outbreaks, and monitoring of hospital admissions data.

Sustained health education

3. Designated websites have been created to provide update information on the global situation of avian influenza and advice on the prevention of avian influenza for the community, health care professionals, the trade, teachers, students and parents, and travellers. Other channels of communication include posters, leaflets, and television and radio announcements in public interests, and a designated hotline.

4. To fully engage the community, health advice and information to various sectors through letters, circulars and regular bulletins to health care professionals like doctors, dentists, Chinese medicine practitioners, schools, child care centres, elderly homes and institutions for other

vulnerable population groups, with guidelines, updates and education materials have been issued. Health education on avian influenza is incorporated into DH's on-going programmes and activities in the form of health talks to special target groups like schools and elderly homes.

Preventive measures targeting the poultry population

5. On animal health front, since 1998, we have put in place a series of preventive measures to guard against the occurrence of avian influenza outbreaks. Our preventive programme covers various areas including –

- (a) vaccination;
- (b) regulation of local farms including tightened biosecurity measures;
- (c) import control;
- (d) segregation policy;
- (e) market rest days;
- (f) hygiene requirements on wholesale market and retail outlets;
and
- (g) surveillance.

6. In addition, we have introduced an incentive scheme to encourage live poultry farmers, wholesalers, retailers and transporters to surrender their licences/tenancies and cease live poultry operation voluntarily on a permanent basis in return for ex-gratia payment or loans. In the coming future, we will further step up our preventive and control efforts by reducing the maximum licensing capacity in local poultry farms and implementing regional slaughtering in Hong Kong.

Antiviral stockpiling

7. The CHP has been stockpiling antivirals as part of its influenza pandemic preparedness plan and aim to maintain a target level of about 20.5 million capsules of antiviral drug. The CHP will continue to keep

in view developments on this front and will issue updated guidelines to doctors as and when necessary.

International collaboration

8. DH participated in a WHO meeting on human Influenza A(H5) held in Vietnam this year to share experience on response plans. DH's laboratory is one of the WHO's reference laboratories for diagnosis of Influenza A(H5) infection, and has undertaken to perform laboratory testing on specimens from Southeast Asian countries affected by the recent avian influenza outbreak. The Controller, CHP also attended a senior officials meeting held in Washington DC. Moreover, we plan to second public health professionals to the WHO for training on infectious disease control.

9. On animal health front, Hong Kong has been active in various international initiatives led by the World Organization for Animal Health (OIE), WHO and the Food and Agriculture Organization, etc. For instance, our veterinary experts have participated in international conferences organized by the OIE as individual advisors to share Hong Kong's experience in implementing import control and biosecurity measures in farms and wet markets. Recently, a veterinary expert from our Food and Environmental Hygiene Department has gone to Indonesia to help them examine the avian influenza outbreak in the country.