For discussion on
12 October 2007

Legislative Council Panel on Health Services
Policy Initiatives of
Food and Health Bureau

Purpose

This paper elaborates the new initiatives and progress of on-going initiatives in respect of health matters as set out in the 2007-08 Policy Agenda.

New Initiatives

Launch a three-year pilot scheme in the 2008-09 financial year to provide five medical vouchers, each of $50 value, to the elderly aged 70 or above per year as a subsidy for their use of private primary health care services, and as a token of appreciation for their contribution to the society. The pilot scheme also seeks to promote better use of primary health care services among the elderly, to encourage them to foster a long-term doctor-patient relationship with family doctors and attach greater importance to disease prevention

2. The elderly generally spend more on medical services than other age groups. Some of them do not seek primary medical services even in times of need because of worries about the expenses, thus compromising their long-term health conditions. At the same time, Hong Kong's primary care culture has always placed more emphasis on treatment than on the prevention of diseases. The public has also overlooked the advantage of continuity of care provided by the same family doctor. To address the situation, we will pilot an elderly medical voucher scheme. Under the scheme, five medical vouchers worth $50 each will be given to to senior citizens aged 70 or above annually to partially subsidise their use of primary medical care services in the private sector. The medical vouchers can be used for services provided by western and Chinese medicine practitioners, allied health professionals anddentists, and for preventive as well as curative services. We hope to achieve the following objectives by this scheme –

- Enable the elderly to choose more freely various primary medical services in their local community in acknowledgement of their contributions to our society, and reduce the waiting time for medical services;

- Increase the Government's resource input in medical services for the elderly;

- Encourage the elderly to make better use of primary care services, to establish long-term relationship with family doctors and attach more importance to disease prevention through vaccination and health checks;

- Reduce the burden of the public health care system;

- Implement the "money follows patient" concept on a trial basis. This will benefit the patient and enable the Government to collect more data about the primary care needs of the elderly for better planning and development of public medical and health services.

We are working on the details of the scheme and expect to launch the scheme in the 2008 – 09 financial year.

To conduct a pilot project to purchase primary care services from the private sector in Tin Shui Wai North for certain patient groups to enhance the existing provision of public general out-patient services and explore the feasibility of Public-Private-Partnership

3. The Government is planning to establish a General Out-patient Clinic (GOPC) in Tin Shui Wai North to meet the increasing demand of the district for such service. At the same time, the Hospital Authority (HA) has started to explore ways of partnering with the private sector to provide health care services in a more cost-effective way. Tin Shui Wai offers an opportunity for HA to collaborate with the private sector to provide general out-patient services on a pilot basis in the interim before the completion of the new GOPC.

4. For this pilot scheme, the HA will identify a selected group of chronic patients who have a history of using the GOPC service in the existing Tin Shui Wai GOPC on a regular basis and whose conditions are stable, and offer them the choice of receiving medical care, based on clinical guidelines and protocols used by HA doctors, from local private doctors

participating in the pilot for treatment of their chronic conditions and episodic illnesses. The selected patients will pay the same fee as in GOPC ($45) to the private doctors for each consultation inclusive of drugs. For patients who are CSSA recipients or have been given a waiver of the GOPC fee, no fee shall be payable. Other patients not included in the pilot scheme will also benefit through the availability of more overall quotas for consultation, as the selected patients who choose to participate in the pilot scheme will be taken care of by participating private doctors.

5. The HA will start consultation with the local community and private doctors on the details of the pilot scheme in end 2007. Subject to the views received and HA's success in reaching an agreement with the local private doctors on the service and contract model, our target is for the scheme to become operative as early as mid-2008.

To develop a comprehensive strategy to prevent and control non-communicable diseases

6. Ageing population, coupled with the continuous rise in the incidence of non-communicable diseases, not only poses a threat to public health, but also has a negative impact on our health care spending and productivity. In the long run, to implement effective prevention and control strategies for non-communicable diseases will help restrain the growth of health care spending, and facilitate the stable development of our health care system while relieving the financial burden stemming from the loss of productivity due to chronic diseases.

7. With this in mind, we will devise and develop a comprehensive strategy with emphasis on the promotion of healthy living style and enhancement of our capacity to deal with non-communicable diseases. This will involve the strengthening of surveillance of non-communicable diseases and active promotion of health culture and healthy habits.

To study how to enhance professional training and improve working conditions for medical and health care practitioners, and facilitate professional development

8. To ensure that our health care system can meet future demands, we will assess the manpower needs of medical and health care practitioners in the medium and long-term from time to time, and enhance their professional and in-service training. The HA will study various viable proposals with a view to improving the workflow and working arrangements of its medical

and health care staff, so as to maintain a quality and stable health care workforce in public hospitals.

To strengthen the regulation of Chinese medicine, and enhance the integration of the Chinese medicine profession into the public healthcare system

9. The Chinese Medicine Ordinance (the CMO) gives statutory recognition to the professional status of Chinese medicine practitioners and is designed to ensure the professional standard and conduct of those who are in the Chinese medicine industry. This will, in turn, enhance public confidence in the practice of Chinese medicine. We are now planning to further strengthen the regulation of Chinese medicine to foster its development. We intend to put into effect in 2007-08 certain provisions of the CMO to stipulate that any person who possesses or sells Chinese herbal medicines and proprietary Chinese medicines and any person who manufactures proprietary Chinese medicine must hold a valid licence and operate in compliance with the requirements of the CMO. We also plan to monitor the safety and quality of Chinese herbal medicines importing into and exporting out of Hong Kong by imposing import and export control on some types of Chinese herbal medicines in 2007-08. In addition, the Department of Health (DH) will gradually develop standards for 31 types of toxic Chinese herbal medicines and other common Chinese herbal medicines in the market to facilitate effective control of Chinese medicines. DH will also step up surveillance and control of Chinese medicines for sale in the market, including random sample inspections, monitoring adverse drug reaction reports, and striving to minimise the occurrence of wrongful sale or use of Chinese medicines through education and publicity.

10. Regarding the promotion of service interface between Chinese medicine and western medicine, the HA is actively exploring the feasibility of integrating Chinese medicine and western medicine and its clinical effectiveness in public hospitals. Apart from this, the HA also complements the interface with other efforts, including the provision of training, integration of information systems and conduct of researches.

To explore other Public-Private-Partnership initiatives to facilitate integration of the public and private health care sectors, promote healthy competition for service quality and professional standards, and provide more choices for the public

11. To further promote the development of a health care system that is conducive to the integration of public and private services, we will actively explore the feasibility of introducing public-private-partnership when studying how to improve existing services and planning for new medical facilities. In addition to the pilot project mentioned in paragraphs 3 to 5 above, the HA is planning for a one-off programme to reduce the length of the waiting list of patients for cataract surgeries at public hospitals and shorten their waiting time. Under this programme, public hospital patients will be offered a subsidy for turning to private doctors for cataract surgeries. The number of cataract surgeries to be conducted in public hospitals will also be increased. Details of this programme are being worked out by the HA.

12. We are also planning for the construction of a hospital in North Lantau to meet the medical needs of residents and to facilitate the long-term development of the area. The Administration has already earmarked a site of about 5 hectares in Tung Chung for this purpose. The project will be taken forward by phases, with Phase 1 of the project expected to be completed by 2011-12. Meanwhile, we will explore the feasibility of introducing public-private partnership in Phase 2 of the project.

Ongoing Initiatives

Amending the Quarantine and Prevention of Disease Ordinance and seeking continuous improvement to our infectious disease surveillance, control and notification system

13. We have completed a review of the Quarantine and Prevention of Disease Ordinance and its subsidiary legislation. The Legislative Council Panel on Health Services expressed their support when their views were sought early this year. We plan to introduce an Amendment Bill to the Legislative Council within the 2007-08 legislative session. This is to fulfill the requirements under the International Health Regulations (2005) of the World Health Organization (WHO) to enhance our regulatory system for the prevention and control of infectious diseases, and ensure the effectiveness of our disease control system in managing infectious diseases and public health emergencies.

14. The Centre for Health Protection (CHP) of DH has kept a close watch on the latest disease control strategies and directives issued by the WHO and updated its contingency plan, investigation protocols and disease control guidelines where necessary. We also attach great importance to maintaining close liaison and collaboration with our neighbouring regions. A channel for regular exchange of information on infectious diseases between the Food and Health Bureau, the Ministry of Health, the Department of Heath of Guangdong Province and the Health Bureau of Macao has been in operation and a point-to-point communication mechanism will be activated in the event of an outbreak of communicable diseases of public health importance. We also signed a "Co-operation Agreement on Response Mechanism for Public Health Emergencies" in October 2005. A joint drill codenamed "Great Wall" involving the participation of the health authorities of the Mainland and Macao was carried out in November 2006 to test out the communication and emergency response mechanism of the three places. These communication channels have all along been operating effectively.

Minimising the risk of avian influenza outbreaks

15. We have put in place a comprehensive preventive, surveillance and health promotion plan to guard against avian influenza outbreak. The Government's Preparedness Plan for Influenza Pandemic, which adopts an inter-disciplinary, cross-sectoral and population based approach, was considered to be comprehensive and effective by many organisations, including the WHO. To ensure that various government departments and relevant organisations are adequately prepared, we will continue to carry out regular inter-departmental drills. A large-scale inter-departmental drill codenamed "Exercise Chestnut" was successfully organised on 21 September 2007, to try out the communication and coordination among departments in isolating and removing close contacts of avian influenza patients.

Continuing our efforts in tobacco control through the multi-pronged approach of publicity, promotion, education, legislation and taxation, and introducing a draft legislation to provide for a fixed penalty system to strengthen enforcement of the smoking prohibition under the Smoking (Public Health) Ordinance

16. Since the coming into force of the enlarged smoking ban on 1 January 2007, the Tobacco Control Office (TCO) of DH has taken vigorous enforcement actions against contraventions of the law. In the first eight months of 2007, TCO has arranged to issue about 1,750 summonses for

prosecution of offenders of the smoking ban. About 13,000 complaints were received in the same period and over 90% of them have been followed up. In addition, DH has conducted investigations into complaints about a number of qualified establishments [1] not complying with the statutory requirements. This has led to the removal of the names and addresses of seven establishments from the list of qualified establishments. Enforcement actions have also been taken against illegal tobacco advertisements and the sale of tobacco products to persons under the age of 18. We are also preparing draft legislation and the back-end supporting systems for a fixed-penalty system to be introduced in respect of the offence of violating the smoking ban. Our target is to introduce the draft legislation into the Legislative Council by early 2008.

17. Since the enactment of the new legislation providing for the enlarged smoking ban, DH has stepped up its efforts in education and publicity to enhance the public's understanding of the new legislation. We will also keep under review if there is a need for adjustment in tobacco duty to tie in with our overall strategy of stepping up tobacco control efforts.

Promoting healthy eating habit among school children to protect the public from life-style diseases

18. DH formally launched the EatSmart@school.hk Campaign and implemented a number of major publicity and promotional programmes in the 2006-07 school year. The campaign is mounted to promote a healthy eating habit among school children, raise public awareness of childhood obesity and encourage children to develop a healthy eating habit. In addition, DH has also organised briefing sessions for various stakeholders, including among others, school head associations, Federation of Parent-Teacher Association, nutritional professionals, District Councils, food suppliers and non-government organisations, urging them to help school children develop a healthy eating habit and adopt a balanced diet. In the 2007-08 school year, we will focus our efforts on encouraging the adoption of healthy eating policy in schools and strengthen training on nutritional knowledge for parents and lunch suppliers.

Enhancing the cancer surveillance regime

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[1] A "qualified establishment" is a bar, a club, a nightclub, a commercial bathhouse, a massage establishment or a mahjong-tin kau parlour that satisfies the requirements set out in Part 2 of Schedule 6 to the Smoking (Public Health) Ordinance (Cap 371). The implementation of the smoking ban in qualified establishments is deferred to 1 July 2009.

19. Cancer is the number one killer disease in Hong Kong. As our population grows and ages, it is expected that the number of cancer cases will continue to rise. To prevent and control the incidence of cancer, we have set up a cancer surveillance regime. At present, cancer data of the overall population in Hong Kong are collected by the Hong Kong Cancer Registry (the Registry) of HA. The Registry now collects data not only from public hospitals, but also from private hospitals. The lead time between the detection of a new case and the confirmation and release of its relevant data by the Registry has also been reduced from 27 months to 24 months. In addition, DH has set up a Behavioural Risk Factor Surveillance System which contains information on health-related behaviours of the Hong Kong adult population collected through telephone surveys. The information will be useful for monitoring the trend of cancer-related behavioural risk factors, which is important for supporting and evaluating health promotion and cancer prevention programmes.

Further to the consultation after issuing the discussion paper "Building a Healthy Tomorrow" in 2005, planning to further consult the public on proposals for health care reform including financing arrangements in late 2007. These proposals include enhancing primary health care; address the present imbalance in the public and private health sectors; explore public-private partnership both in care services and in the development of medical centres of excellence; develop a territory-wide patient-oriented electronic health record; propose supplementary financing arrangements such as medical savings and medical insurance in addition to Government's commitments to increase health care spending to ensure the sustainable development of our health care system

20. The Health and Medical Development Advisory Committee (HMDAC) outlined broad directions on health care reform in the consultation document Building A Healthy Tomorrow in 2005. These included strengthening primary care in Hong Kong especially the family doctor approach and preventive care, redressing the imbalance between the public and private sectors, and the development of a territory-wide electronic health record information system. These directions were supported by the public and health care professionals and the HMDAC has given in-depth consideration to how best to develop them. The HMDAC has also formed a Working Group on Health Care Financing to carry out research and analysis on health care financing problems and options. The Working Group recommended that Government funding should continue to be the primary source of health care financing, but supplementary financing arrangements would be necessary to sustain the health care system in meeting the challenges of an ageing population and rising medical costs due to

advancement in medical technology. A number of options for the supplementary financing arrangements including medical savings and medical insurance have been analyzed. The HMDAC and its Working Group on Health Care Financing have also taken into consideration the need for the financing arrangements to complement the service reform proposals and to create incentives for stakeholders to follow the directions of the reforms.

21. We are finalizing the recommendations on how to take forward the reforms and on the supplementary financing arrangements. We will publish our recommendations in a public consultation paper before the end of the year to initiate public consultations.

Working out a sustainable long-term funding arrangement for the Hospital Authority (HA) to ensure the continual provision of quality public health care services

22. Meeting the medical needs of the aging population, increasing medical costs and community expectation have presented challenges to our public healthcare system. The HA's funding arrangement has been a concern for the Government and the public. To provide relief to the HA for the pressure of increasing operating costs, the Administration is providing the HA with additional recurrent funding of around $300 million per year for the three years commencing 2006-07, i.e. the additional recurrent funding for the HA will amount to around $900 million in 2008-09. This provides more certainty to the HA in the amount of Government subvention and will help strengthen HA's financial position and support the initiatives it undertakes. We will strive to work out the funding arrangements for the HA beyond 2008-09 that are most cost effective.

Further expanding HA's "Electronic Patient Record Sharing Pilot Project" to allow more private hospitals, practitioners, residential care homes for the elderly and other relevant institutions to view their patients' medical records kept at HA upon the patients' consent, with a view to promoting sharing of patients' records

23. HA has been gradually expanding the "Electronic Patient Record Sharing Pilot Project" ("PPI-ePR"). The number of participating private sector health care professionals has expanded from the initial target number of 500 to about 800 at present. Feedback from participants has been positive. The HA is planning to extend the PPI-ePR to all the 12 private hospitals and all other private practitioners who wish to join the project. Further

expansion of the pilot will also focus on elderly patient care providers and shared-care partners for management of patients with chronic disease.

24. Meanwhile, the Secretary for Food and Health has appointed the Steering Committee on eHealth Record Sharing comprising health care professionals from both the public and private sectors, with a view to taking forward the initiative of developing a territory-wide electronic health record sharing infrastructure, leveraging upon the existing system and experience of the HA.

Enhancing primary medical care for the public through the introduction of family medicine in public general out-patient clinics and the promotion of the family-doctor concept in the community

25. The number of doctors serving in GOPCs with family medicine background or undergoing family medicine training has grown to 214 (amongst a total of 314). They offer holistic care to patients, especially stable chronic patients for whom the GOPC is the chief manager of their health. In addition, the 24 Family Medicine Specialist Clinics are expected to take care of more than 80 000 patients in 2007, playing an active role in gatekeeping for Specialist Out-patient Departments and hospitals and reducing patients' reliance for such service. In 2007, HA has offered family medicine specialty training to 23 new recruits and all will serve in GOPCs or Family Medicine Specialist Clinics for at least seven years in the course of their training.

26. HMDAC has considered how best to promote the family doctor concept in the community with a view to enhancing primary health care and will put forward recommendations in this respect in the public consultation paper to be published later this year.

Preparing for the establishment of five more public Chinese Medicine clinics before early 2009

27. There are nine public Chinese medicine clinics at present. They are established in Central & Western, Wan Chai, Kwun Tong, Tseung Kwan O, Tai Po, Tsuen Wan, Kwai Tsing, Tuen Mun and Yuen Long. We successfully sought funding from the Legislative Council Finance Committee for the establishment of five more public Chinese Medicine clinics. These clinics will be set up in the Eastern District, Sham Shui Po, Wong Tai Sin, Sha Tin and the North District. We estimate that the clinics in the Eastern District and the North District will come into operation in

early 2008, the one in Wong Tai Sin in late 2008 and the remaining two in Sham Shui Po and Sha Tin in early 2009.

Enhancing community mental health support and outreach to raise general awareness of mental health and to promote early intervention of mental health problems

28. The Government has set up a Working Group on Mental Health Services to review the existing mental health services as well as the communication and collaboration mechanism among the relevant departments with a view to strengthening the development of mental health services in the community.

29. Early identification and intervention are crucial elements in handling mental health issues. To strengthen efforts in this respect, the HA is collaborating with the Social Welfare Department, non-government organisations and community organizations to launch a new community outreach service. The aim of the service is to facilitate early identification of persons with potential mental health problems in the community and make available early intervention and appropriate assistance to them and their family members before the problems get worse.

Launching a Central Organ Donation Register (a centralised and computerised database for voluntary registration by organ donors of their wish to donate organs after death) and promoting registration for organ donation among the public through collaboration with relevant organisations

30. We plan to set up a centralised organ donation register (CODR) for prospective organ donors to voluntarily register their organ donation details. It will be a computerised register accessible over network by authorised persons, specifically Transplant Co-ordinators of HA. The register will be set up and maintained by DH

31. The CODR project is scheduled to be completed in the first quarter of next year. A computer database will then be set up in DH to facilitate the migration of the existing database of Hong Kong Medical Association, and provide secured network links for Transplant Co-ordinators to access the database through terminals in HA hospitals or through mobile devices. With CODR in place, more channels will also be provided for registration as organ donors, including electronic means such as online registration over the Internet.

Conducting a study on the setting up of the statutory framework in respect of regulating medical devices

32. Currently, medical devices containing pharmaceutical products or emitting ionising radiation are already subject to statutory regulation. To further safeguard public health, we have put in place a Medical Device Administrative Control System since 2004. This System facilitates the monitoring of the use of medical devices by the Government and enables product recalls when necessary, while making the trades familiarise themselves with the listing requirements to pave the way for implementing a statutory control framework in future.

33. In recent years, there has been heightened public concern about the health risks to users and customers in relation to the improper use of medical device. We will expedite the conversion of the Medical Device Administration Control System into a statutory registration system. To this end, we have already commissioned a consultancy firm to conduct a regulatory impact assessment study with an aim to collect stakeholders' views on statutory regulatory framework and evaluate the feasible options for the regulation of medical devices. The recommendations of the assessment study together with the views collected will serve as an important source of reference in the bill drafting process to be carried out in the next stage. Upon the receipt of the report by the consultancy firm at the end of this year, we will consult the Panel on Health Services on the proposed statutory regulatory framework.

Exploring the establishment of multi-partite medical centres of excellence in paediatrics and neuroscience, which would raise professional standards and enhance patient care through cross-fertilisation of expertise, enhanced research and training

34. Ageing population, technology advancement and rising public expectations are factors contributing to an increasing demand for tertiary and specialised medical services. At present, tertiary and specialised medical services in Hong Kong are mainly provided by the public sector and concentrated in specific designated HA hospitals including the two Universities' teaching hospitals and other major hospitals. We will examine how Hong Kong could build on our strengths in tertiary and specialised services, including the feasibility of setting up multi-partite medical centres with the participation of the public and private sectors, the universities and overseas experts. Such multi-partite collaboration will facilitate cross-fertilisation of expertise and attract the participation of overseas

professionals. This will in turn enhance professional standards, provide valuable training opportunities for young health care professionals in both the public and private sectors, and offer medical services of higher quality to the public. In the coming year, we will give priority to the examination of the feasibility of establishing multi-partite medical centres of excellence in paediatrics and neuroscience and to the exploration of their future mode of operation.

Food and Health Bureau
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