

**Progress Report on the Motion on
“Promoting medical check-up for the whole community”
Moved by Hon CHAN Kin-por as amended by Hon CHAN Hak-kan,
Hon WONG Kwok-hing and Dr Hon LEUNG Ka-lau
At the Legislative Council Meeting on 11 March 2009**

Purpose

This Report sets out the follow-up actions taken by the Administration on the captioned Motion.

Motion

2. At the Legislative Council Meeting on 11 March 2009, the following motion moved by Hon CHAN Kin-por as amended by Hon CHAN Hak-kan, Hon WONG Kwok-hing and Dr Hon LEUNG Ka-lau was carried:

“That, with the ageing of the Hong Kong population, which will exert even greater pressure on the healthcare system, yet the general public often neglect the importance of undergoing regular medical check-up and do not seek medical consultation until their clinical conditions have worsened, which will not only affect their chance of being cured, but also substantially increase the public healthcare expenditure; this Council urges the Government to comprehensively plan afresh policies on prevention of non-communicable diseases and health promotion, including:

- (a) expeditiously studying the provision of regular basic medical check-ups for Hong Kong residents systematically through such means as medical check-up vouchers or other financial incentives, and subsidising the poor to undergo medical check-ups, so as to prevent diseases through early diagnosis and treatment;
- (b) at the same time, formulating suitable medical check-up plans for different high-risk groups;
- (c) increasing the quotas at the elderly health centres to provide medical check-up, health assessment, counselling and health education services to more elderly persons at low fees, so that elderly patients can receive appropriate treatment expeditiously; and

- (d) promoting healthy living and health education to encourage the public on all fronts to do more exercise, so as to enable Hong Kong to develop into a genuinely healthy city; and
- (e) immediately launching a screening programme for common diseases, including high blood pressure, diabetic and cholesterol tests, fecal occult blood test, breast examination and Pap smear test, Hepatitis B test and optometry examination, and extending dental care to pre-school children, secondary students and the elderly.

Progress

Implementation of Health Checks (Parts (a), (b) and (e) of the Motion)

3. For disease prevention to be effective, the most basic and important way is to maintain personal and environmental hygiene, keep a balanced diet and do a moderate amount of exercise, so as to enhance one's immunity and reduce the risk of developing non-communicable diseases. From the perspective of public health, thorough body check-ups may not be completely effective given that the effectiveness of tests for different non-communicable diseases varies among different segments of the population, and that different groups have different health problems and risks. As such, in deciding whether to introduce a universal screening programme for a specific disease, we must consider the prevalence of the disease, the accuracy and safety of the test, the feasibility of universal screening, public acceptability as well as the effectiveness of the programme in reducing the mortality rate of that disease. On the other hand, the public should always communicate their health problems to their family doctors, who will then decide whether a body check-up is necessary having regard to their health records and family history etc.

4. We have always attached great importance to enhancing primary healthcare services and promoting the participation of private doctors in the provision of preventive healthcare. To enhance primary healthcare services, a Working Group on Primary Care was set up last October, under which a task force was established to develop basic models for primary care services with emphasis on preventive care for different age and gender groups for reference by healthcare practitioners and the public. The Working Group will first develop basic service models for common diseases, such as hypertension and diabetes, and expand the models to cover other diseases. The Working Group will actively explore ways to incorporate preventive care elements in the primary care services provided by the public sector, as well as to promote healthy lifestyle and strengthen the public health function of disease prevention.

5. In addition, the Department of Health (DH) has currently put in place a range of health services to cater for the needs of different population groups, with a broad spectrum of targeted programmes on health promotion and disease prevention for different age groups. These health services include physical examination for new-born babies and the elderly; health and developmental surveillance for children, as well as physical check-ups and appropriate screening tests for women (including clinical breast examination and the Cervical Screening Programme).

Elderly Health Services (Part (c) of the Motion)

6. The Elderly Health Centres (EHCs) under the DH provide a comprehensive primary health care programme encompassing health assessment, physical check-up and curative treatment to elders aged 65 or above. The objectives are to improve their ability to take care of themselves and encourage healthy living. The EHCs also provide individual counseling and health education for elders with health risk factors such as overweight, lack of physical exercise and unhealthy eating. The membership of the EHCs will be increased to 38 500 in 2009.

7. In addition, we have launched the Elderly Health Care Voucher Pilot Scheme for 3 years starting from 1 January 2009 to enable elders aged 70 or above to use private primary health care services with government subsidies.

Promoting Healthy Living and Health Education (Part (d) of the Motion)

8. To promote healthy living, the DH, in collaboration with the relevant sectors, is proactively launching a number of major territory-wide health promotion and publicity campaigns, which are in line with the "Global Strategy on Diet, Physical Activity and Health" advocated by the World Health Organisation. These activities include the "EatSmart@school.hk" Campaign and the "EatSmart@restaurant.hk" Campaign. The DH has also joined forces with the Leisure and Cultural Services Department in motivating people in different age groups to participate in the "Healthy Exercise for All Campaign" and encouraging students to join the School Sports Programme.

9. To further strengthen the promotion of health, the DH launched the document "Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non-communicable Diseases" in 2008. The framework illustrates the threat of non-communicable diseases, outlines the principles and key elements for prevention and control of non-communicable diseases, and summarises the key considerations in drawing up the strategy. In October 2008, the Food and Health Bureau set up a steering committee to

identify the priority public health issues relating to non-communicable diseases and monitor the development of the strategy and the overall progress of implementation. The steering committee also set up a working group on diet and physical activity at the end of 2008. The working group is studying in detail the issues concerned, and will make recommendations to the steering committee on priority actions, research projects and action plans.

Optometry Examination and Dental Services (Part (e) of the Motion)

10. The Health and Developmental Surveillance Programme implemented by the Maternal and Child Health Centres (MCHCs) already covers optometric surveillance and screening services for children aged 0-5 years to facilitate early identification and appropriate follow-up of children with severe visual impairment. Besides, the vision screening tests for pre-school children aged four years under the Programme aims at enabling early detection and referral of children with abnormal vision, including amblyopia, strabismus and more serious refractive errors. In addition, the student health services provided by the DH for primary one to form seven students also include optometric examination. Students found to have optometric problems can choose to go to optometrists of the Special Assessment Centres under the DH or private optometrists for a more thorough examination.

11. As to how to further improve public dental services, the Administration will carefully consider the views of all concerned. Our focus now is on primary care services, and additional resources will be provided in the next few years to develop a prevention-based model for primary care services. The Working Group on Primary Care, comprising representatives of the dental profession, service users and relevant sectors, has commenced work. The Working Group will focus its study on how to promote comprehensive primary care services and how to provide subsidies to the public for preventive care services. Once the Working Group comes up with the preliminary proposals, we will consult Members, the profession and the public and further listen to their views.

Food and Health Bureau
May 2009