

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 37 - DEPARTMENT OF HEALTH Subhead 000 Operational expenses

Members are invited to recommend to Finance Committee the creation of the following permanent posts to provide dedicated directorate support for the Primary Care Office in the Department of Health with effect from the third quarter of 2010 –

1 Assistant Director of Health
(D2) (\$116,100 - \$126,985)

1 Principal Medical and Health Officer
(D1) (\$97,840 - \$106,925)

PROBLEM

The Department of Health (DH) needs dedicated support at the directorate level to support the Food and Health Bureau (FHB) and the Working Group on Primary Care (WGPC) in planning, implementing and co-ordinating the long-term development of primary care in Hong Kong.

PROPOSAL

2. We propose to create two permanent directorate posts, namely one Assistant Director of Health (AD of Health) (D2) and one Principal Medical and Health Officer (PMHO) (D1), in DH in the third quarter of 2010 to staff a new Primary Care Office (PCO) to be established in DH to support FHB and WGPC in the strategic planning, implementation and overall co-ordination of the long-term development of primary care in Hong Kong.

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JUSTIFICATION

Importance of Primary Care

3. Primary care is the first point of contact for individuals and families in a continuous healthcare process. A good primary care system provides the public with access to comprehensive and holistic care, with an emphasis on disease prevention and betterment of health. International experiences show that healthcare systems with strong primary care infrastructures have healthier populations, fewer health-related disparities and lower overall costs for health care. Studies reveal that people who have regular primary care doctors providing comprehensive care have better health outcomes. There is also evidence which highlights the role of an effective primary care system in supporting modification of unhealthy behaviours, identification of high-risk groups, provision of early interventions and better management of chronic health problems.

4. In the healthcare reform consultation document “Your Health, Your Life” published in March 2008, the Government pointed out the shortcomings of the existing primary care system, and outlined a series of proposals to enhance primary care services in Hong Kong. In particular, it has been noted that there is at present insufficient emphasis by both patients and healthcare providers on holistic primary care, including preventive care and wellness promotion. Most people do not have the habit of seeking preventive care, and provision of comprehensive and effective preventive care is limited. Furthermore, the current primary care system also needs strengthening in its role as the gateway for health care. The proposals to enhance primary care services outlined in the consultation document received broad public support during the first stage public consultation on healthcare reform conducted between March and June 2008.

Encl. 1 5. Deliberations on reforming the primary care system and enhancing primary care services in Hong Kong are summarised at Enclosure 1.

Enhancing Primary Care Services

6. On the basis of the proposals set out in the healthcare reform consultation document and taking into account the views collected during the first

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stage public consultation on healthcare reform, WGPC¹ chaired by the Secretary for Food and Health has formulated a set of initial recommendations in 2009 to enhance primary care services in Hong Kong through the following –

- (a) developing primary care conceptual models and clinical protocols with a view to guiding the provision of enhanced primary care;
- (b) setting up a Primary Care Directory with a view to promoting enhanced primary care through the family doctor concept; and
- (c) devising feasible service models to deliver enhanced primary care services in the community through pilot projects as appropriate.

7. Developing primary care requires long-term and on-going commitment. Hitherto, primary care is mostly provided by the private sector and paid by individuals out-of-pocket focusing on general out-patient services, especially curative care for episodic illnesses. On the other hand, the public sector focuses on providing highly-subsidised primary care services with a strong emphasis on population health objectives (e.g. maternal and child health centres) and curative general out-patient services targeting the low-income and underprivileged groups. Enhancing primary care services thus requires substantive mobilisation of and seamless co-ordination between the public and private healthcare sectors in changing the ways that primary care services are being provided in the community. It also requires significant changes in the mind-set and behaviour of members of the public in seeking primary care, with greater emphasis on prevention and wellness.

8. The overall strategy for developing primary care in Hong Kong, based on the recommendations of WGPC, emphasises a step-by-step and consensus building approach to reform the primary care system, and a virtuous cycle of pilot, evaluation and adjustments for implementation of specific initiatives. This requires,

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¹ The WGPC under the Health and Medical Development Advisory Committee (HMDAC) was reconvened in October 2008 as announced by the Chief Executive in the 2008-09 Policy Address. It is chaired by the Secretary for Food and Health and its members include representatives from medical professionals, academia, patient groups and other stakeholders. It provides strategic recommendations on enhancing and developing primary care in Hong Kong. The Working Group has set up three Task Forces, which are responsible for studying primary care conceptual models and clinical protocols, Primary Care Directory and primary care service delivery models respectively. The Working Group and the Task Forces made initial recommendations on enhancing and developing primary care in 2009, including developing and promoting clinical protocols for managing individual chronic diseases, developing and promoting a Primary Care Directory, and formulating proposals to launch pilot projects in various districts to set up community health centres and networks under different service models to provide more comprehensive primary care services.

on an on-going basis, engaging relevant healthcare professions in devising appropriate primary care models, implementing a series of well co-ordinated pilot projects to enhance specific primary care services, raising public awareness and promoting to them holistic primary care services, evaluating the effectiveness and cost-benefit of primary care initiatives, and adjusting the delivery models for both the public and private healthcare sectors accordingly. To engage the professions and the public in this development cycle for primary care, a strategy document adopting this approach with specific implementation measures is planned to be published in the second half of 2010.

9. Making use of the occasion of publishing the strategy document on development of primary care, the Government will embark on a large-scale advocacy exercise targeting both healthcare professionals and the public in order to promote comprehensive and holistic primary care. The aims are to raise public awareness on the importance of primary care in disease prevention and management, encourage the public to adopt the primary care concept and embrace a proactive approach in disease prevention, and appeal to and engage the medical professional bodies to participate in the promotion of comprehensive and holistic primary care. The momentum generated by this advocacy exercise will need to be sustained through a continuous and well co-ordinated programme of health education and promotion initiatives in order to turn awareness into action, with a view to achieving the objective of behavioural change on the part of both individuals and healthcare providers.

Progress of Initiatives to Enhance Primary Care Services

10. After more than a year's efforts by members and experts of the Task Forces under WGPC, the primary care conceptual models and clinical protocols for diabetes mellitus and hypertension, the two most common chronic diseases in Hong Kong, are being finalised for use as common reference by healthcare professionals. The strategies for promoting the clinical protocols to the public and healthcare professionals are also being developed. WGPC, with the support of the proposed PCO, will continue to develop conceptual models and clinical protocols for other common diseases or age/sex-specific health problems. It will also review and update continuously the developed conceptual models and clinical protocols based on the latest medical development and research. These models and protocols will form the basis to guide all initiatives to enhance primary care.

11. At the same time, we have started to establish the Primary Care Directory in phases. We plan to launch the first edition of the Directory in 2010-11. We will first establish the sub-directories of doctors and dentists, followed by those of Chinese medicine practitioners, nurses and other allied health professionals. The

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Directory is planned to be an easily accessible electronic database which would provide practising information, including qualifications and opening hours of primary care professionals of various disciplines, to help the public choose their primary care providers in the community, and to facilitate the co-ordination among different primary care providers functioning as multi-disciplinary teams. We are discussing with healthcare professionals the entry and maintenance requirements of the Directory in respect of their professional qualifications, experiences and training received; the long-term development of the Directory, including enhancing the related professional requirements for entering the Directory in the future; and other issues such as training and manpower development of primary care providers. We are also developing strategies for promoting the Directory to healthcare professionals and the public. The Primary Care Directory, developed and maintained by the proposed PCO on an on-going basis, will be a tool supporting primary care professionals providing comprehensive primary care in the community through collaborative network and enhancing the professional training of primary care practitioners.

12. In addition, the Government has taken forward, through DH and the Hospital Authority (HA), a series of pilot projects to enhance primary care. These include, for example, the various healthcare voucher and vaccination subsidisation schemes aimed at testing the enhancement of primary and preventive care through subsidisation and public-private partnership, the chronic disease management shared care pilot programme aimed at testing the chronic disease management protocols developed by WGPC, and various other pilot projects aimed at enhancing primary care in the public healthcare system. Based on WGPC's recommendations, the Government plans to launch pilot projects in various districts to set up community health centres or networks under different models of participation and partnership between the public and private healthcare sectors and/or non-governmental organisations (NGOs). The initiative is to provide more comprehensive one-stop primary care services to the public according to the new primary care conceptual models and clinical protocols.

13. Having regard to WGPC's recommendations, the Government has earmarked about \$864 million for the period 2009-10 to 2012-13, including –

- (a) \$719 million for implementing a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings as part of the healthcare service reform²;

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² The Government has already launched the pilot projects through HA starting from August 2009. These pilot projects include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, and helping chronic disease patients improve their self-care skills through enhanced education, etc.

- (b) \$65 million for setting up community health centres or networks; and
- (c) \$80 million for enhancing primary dental services and oral health promotion programmes, particularly those for the elderly in need, in collaboration with the dental profession.

14. The Government has further earmarked about \$194 million for the proposed PCO for the period 2010-11 to 2012-13 for implementing specific tasks relating to primary care development, including –

- (a) \$100 million for implementing pilot projects based on the new primary care service delivery models with the use of appropriate incentives;
- (b) \$40 million for improving training and capacity building related to primary care in collaboration with healthcare professionals;
- (c) \$25 million for conducting research projects on primary care to identify population needs and service gaps as well as evaluating the pilot projects on primary care; and
- (d) \$17 million for supporting the overall promotion of primary care, including the development and promotion of primary care conceptual models and clinical protocols and the Primary Care Directory.

15. With the long-term primary care strategy continues to develop on the basis of the recommendations of WGPC supported by the proposed PCO, the Government will continue to provide financial support to the long-term task of developing primary care, where necessary, having regard to the overall progress of healthcare reform including supplementary healthcare financing arrangements and the resources available for health care.

Dedicated PCO

16. Developing primary care is a long-term and on-going commitment. The implementation strategy for enhancing primary care services outlined above requires on-going attention and accumulation of relevant expertise through long-term and dedicated staffing support. To foster the development of primary care in Hong Kong and co-ordinate the implementation of various projects to enhance primary care, we propose to set up a dedicated PCO in the third quarter of 2010 to support FHB and WGPC in the strategic planning, implementation and overall co-ordination of the long-term development of primary care. The dedicated PCO will provide both the necessary staffing support to undertake the various implementation tasks arising from the primary care strategy, as well as the

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repository of necessary expertise and experience that would be crucial for the successful implementation of the primary care strategy.

17. As an interim arrangement, the tasks of supporting WGPC and implementing and supervising various pilot projects are now taken up by only a few staff³ in FHB. As the development and planning of primary care services is a huge task in terms of its scale and complexity and involves a host of stakeholders including the public and private healthcare sectors, NGOs, academia, patient groups, etc., the existing staffing arrangement is unable to cope with the heavy workload as we take forward all these initiatives on a territory-wide basis. In particular, the two directorate officers in FHB who are currently responsible for primary care development in Hong Kong are also overseeing policy matters in other subject areas. With the continuous development of primary care in Hong Kong, we consider it necessary to have additional staff with the required professional expertise to implement specific initiatives relating to primary care mentioned in paragraph 14 above as well as dedicated directorate staff to oversee the implementation of various initiatives.

18. We propose setting up PCO under DH since it is the health authority of Hong Kong and one of the major public primary care providers. The consultation document for the first stage public consultation on healthcare reform also proposes to strengthen the role of DH in setting appropriate standards and quality requirements for various primary care services. Moreover, PCO has to collaborate with the public and private healthcare sectors, NGOs, as well as other relevant stakeholders when implementing various initiatives to enhance primary care services (e.g. formulating primary care conceptual models and clinical protocols, establishing and promoting a Primary Care Directory, establishing community health centres or networks, implementing pilot projects to enhance support for chronic disease patients, etc.), and DH has been maintaining close links with these stakeholders. To ensure better co-ordination, we propose that PCO should comprise staff with relevant expertise from FHB, DH and HA.

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³ Currently in FHB, an Administrative Officer Staff Grade B (AOSGB) (D3) and an Administrative Officer Staff Grade C (AOSGC) (D2) oversee policy matters relating to the development of primary care among other policy matters. They are supported on work related to primary care by two Senior Medical and Health Officers and one Medical and Health Officer temporarily seconded from DH, as well as two Administrative Officers in FHB among their other duties. The AOSGB is currently responsible for policy matters relating to the overall healthcare reform, development of primary health care services, service delivery models, healthcare financing, anti-smoking, tobacco control, human organ donation and transplant, human reproductive technology, advance directives, euthanasia, and health policy research. He also provides strategic support to HMDAC. The AOSGC is currently responsible for the long-term health care service delivery models and financing arrangements, primary health care including the management and development of general out-patient clinics and community-based services, policies on new medical technologies and research including human reproductive technology and human organ transplant and donation, policies on euthanasia and advance directives and providing secretariat support for HMDAC. He is also heavily involved in the implementation of other service reform initiatives such as the Elderly Health Care Voucher Scheme and various pilot public-private partnership projects.

19. With the setting up of PCO, WGPC, FHB, PCO, the public and private healthcare sectors and other healthcare providers will play their respective roles in primary care as follows –

- (a) WGPC (chaired by the Secretary for Food and Health) – to provide strategic direction on enhancing and developing primary care in Hong Kong;
- (b) FHB – to formulate policies on primary care and consider resources requirement based on WGPC’s direction⁴;
- (c) PCO – to provide support to FHB on policy formulation and strategy development on primary care, as well as to co-ordinate DH, HA, private healthcare providers and other relevant stakeholders for the implementation of policies and initiatives to enhance primary care; and
- (d) DH, HA, the private healthcare sector and other healthcare providers – to provide primary care services to the public.

Functions

20. The proposed PCO will perform the following major functions –

- (a) to co-ordinate the development of primary care in Hong Kong;
- (b) to develop and promote primary care conceptual models and clinical protocols for managing individual diseases and appropriate for specific age groups;
- (c) to develop preventive and health promoting protocols based on the needs and health risks of people of different age groups;
- (d) to establish and maintain the Primary Care Directory to promote the “family doctor” concept and foster multi-disciplinary collaboration;
- (e) to explore, plan and implement different primary care service delivery models, including the provision of comprehensive primary care services in local communities by setting up community health centres or networks through collaboration with the public and private healthcare sectors and/or NGOs;

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⁴ After the establishment of PCO, the AOSGB and AOSGC in FHB who currently oversee policy matters relating to the development of primary care will continue to be responsible for such matters among other policy matters. Given the increasing scale and complexity of the development of primary care in Hong Kong, the workload of the two directorate officers will not be diminished.

- (f) to co-ordinate and monitor the progress of various pilot projects to enhance primary care, work with independent assessment bodies to continuously evaluate the projects and the effectiveness of the primary care conceptual models and services delivery models during the pilot period, and formulate plans for further development of primary care services;
- (g) to conduct research on primary care in different areas, including, for example, assessing the healthcare needs of different population groups and identifying service gaps, reviewing local and international evidence on effective and efficient strategies to fill the service gaps, and exploring and evaluating strategies for the promotion of self-management, patient empowerment and patient-centred care in the primary care settings;
- (h) to plan and provide primary care-based training for healthcare professionals of various disciplines and to further develop the basic competencies in the delivery of health services, such as patient-centred care, partnering with patients and other healthcare providers, quality improvement, information and communication technology, and public health perspectives;
- (i) to plan and oversee the work of public education for continuous promotion of primary care; and
- (j) to manage and allocate resources to support various pilot projects and initiatives to enhance primary care.

21. The staff of the proposed PCO will be divided into three groups based on their duties, namely (a) policy and strategy development; (b) professional and technical support; and (c) administration support. The duties of the three groups of PCO staff are set out at Enclosure 2.

Encl. 2

Directorate Support for the PCO

Need for the Permanent AD of Health (D2) Post

22. In view of the significant scale and complexity of supporting FHB and WGPC in planning and developing primary care in Hong Kong and the importance of co-ordinating and collaborating with a host of stakeholders, we consider that it would be appropriate for PCO to be headed by a dedicated directorate officer ranked at AD of Health (D2) level. Designated as Head/Primary Care Office (Head/PCO), the proposed post will plan and oversee the development of primary care in Hong Kong following the policy steer of FHB, spearhead the implementation of strategies and initiatives related to primary care, and co-ordinate the participation of various sectors in providing primary care services.

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23. The development of primary care in Hong Kong is a large scale on-going initiative demanding continuous strong leadership and co-ordination. We therefore envisage that there is a permanent need for a directorate officer to lead PCO. The job description of the proposed Head/PCO post is at Enclosure 3.

Encl. 3

Need for the Permanent PMHO (D1) Post

24. We also propose to create a permanent post of PMHO designated as Principal Medical and Health Officer/Primary Care Office (PMHO/PCO) to assist Head/PCO in planning and overseeing the development of primary care in Hong Kong following the policy steer of FHB. Specifically, the incumbent will assist Head/PCO in overseeing and co-ordinating the implementation of various primary care initiatives, including the development of primary care conceptual models and clinical protocols, development of Primary Care Directory, planning and evaluation of pilot projects based on the new primary care service delivery models, implementation of research projects to identify the public's needs for primary care services, and arrangement of primary care-related training for healthcare professionals of different disciplines. Moreover, the incumbent will provide professional input in the implementation of specific tasks related to primary care. All the duties and responsibilities require the dedicated input of a directorate post at PMHO level. The post will be needed on a permanent basis as we would need to sustain the development of primary care in Hong Kong with continued expansion of the initiatives to enhance primary care. The job description of the proposed PMHO/PCO post is at Enclosure 4.

Encl. 4

Non-directorate Support for the PCO

25. We propose that the two directorate officers be supported by 17 non-directorate civil service posts (including two existing posts in FHB). They include Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff. These posts cut across different disciplines in order to provide the necessary support for implementing the projects to enhance primary care. The proposed civil service staffing of PCO is set out at Enclosure 5. DH will create the non-directorate civil service posts in accordance with the established mechanism.

Encl. 5

26. Apart from the civil service posts mentioned above, we also plan to have seconded staff from HA with relevant expertise in the provision and development of primary care services and other related tasks (such as development of clinical protocols). They include Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, etc. and the details are set out at Enclosure 6.

Encl. 6

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Organisational Set-up

- Encl. 7 27. The organisation chart of the proposed PCO is at Enclosure 7. The
Encl. 8 organisation chart of DH after establishment of the proposed PCO is at Enclosure 8.

Alternatives Considered

- Encl. 9 28. We have critically examined the possible redeployment of the other existing directorate officers under the Director of Health to take on the work of the proposed directorate posts. The directorate officers are fully committed to duties on different subject areas, such as tobacco control, registration of healthcare institutions, Elderly Health Care Voucher Scheme, electronic Health Record Management System, health promotion initiatives, and other subject matters related to public health. We consider that redeployment is not operationally feasible without affecting the quality of their work as all of them are fully engaged in their respective duties and pressing priorities of work. Enclosure 9 sets out the job descriptions of the existing posts of AD of Health, with their supporting staff at PMHO level.

FINANCIAL IMPLICATIONS

29. The proposed creation of two directorate posts will incur an additional notional annual salary cost at mid-point of \$2,725,080 as follows –

	Notional annual salary cost at mid-point \$	No. of posts
Permanent posts		
AD of Health (D2)	1,479,480	1
PMHO (D1)	1,245,600	1
Total	2,725,080	2

The additional full annual average staff cost, including salaries and staff on-cost, is \$3,703,000.

30. Based on the proposed set-up of the dedicated PCO in paragraph 25 above, the additional notional annual salary cost at mid-point for the proposed 15 non-directorate civil service posts (excluding the two existing posts in FHB) is \$8,564,460 and the full annual average staff cost, including salaries and staff on-cost, is \$11,924,000.

31. We have included the necessary provision in the 2010-11 Estimates to meet the cost of this proposal.

PUBLIC CONSULTATION

32. We consulted the Legislative Council Panel on Health Services on 12 April 2010. Members in general supported the direction of primary care reform. However, some Members were concerned about whether PCO would be greatly expanded in the future and whether PCO could effectively co-ordinate the primary care service providers in both the public and private sectors. While we cannot rule out the possibility of increasing the number of supporting staff in PCO as the primary care reform progresses, the proposed directorate posts in PCO should be able to provide sufficient management steer to support FHB and WGPC in the planning and implementation of primary care initiatives in Hong Kong. At present, we do not envisage a need to create additional directorate posts in PCO in the near future. PCO will utilise the existing networks with the public and private healthcare sectors as well as the NGOs that have been built up through the work of the WGPC and its Task Forces to take forward various initiatives to enhance primary care.

33. Members also requested further information on the benefits of enhancing primary care, research projects and training related to primary care, and job descriptions of the staff of PCO. The requested information is provided in paragraphs 3, 4 and 20 as well as Enclosures 1 and 2 of this paper.

ESTABLISHMENT CHANGES

34. The establishment changes under Head 37 – DH for the last two years are as follows –

Establishment (Note)	Number of posts			
	Existing (As at 1 May 2010)	As at 1 April 2010	As at 1 April 2009	As at 1 April 2008
A [#]	57 [@]	57	57	57
B*	951	950	850	773
C*	4 388	4 384	4 272	4 088
Total*	5 396	5 391	5 179	4 918

/Note

Note:

- A – ranks in the directorate pay scale or equivalent.
- B – non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent.
- C – non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent.
- # excluding supernumerary posts created under delegated authority.
- @ as at 1 May 2010, there was no unfilled directorate post in DH.
- * excluding posts created to accommodate general grades officers working in general out-patient clinics of HA.

CIVIL SERVICE BUREAU COMMENTS

35. The Civil Service Bureau supports the proposed creation of two permanent posts of one AD of Health and one PMHO to provide dedicated directorate support for PCO. The grading and ranking of the proposed posts are considered appropriate having regard to the level and scope of the responsibilities required.

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

36. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the posts would be appropriate if the proposal were to be implemented.

Food and Health Bureau
May 2010

Deliberations on Reforming the Primary Care System in Hong Kong

Importance of Primary Care

Primary healthcare is an integral part both of an economy's health system and of the overall social and economic development of the community. While no uniform and universally applicable definition of primary healthcare exists, primary healthcare is usually taken to mean the first point of contact individuals and families with a continuing healthcare process and constitutes the first level of care in the context of the healthcare system. It is the base upon which the rest of the healthcare system is organised. Primary medical care (or primary care in short) refers to the medical part of primary healthcare which is the first contact of patients with their consulting doctors. Good primary care provides the public with access to comprehensive and holistic care, with an emphasis on disease prevention and betterment of health.

2. Studies including those in advanced Organisation for Economic Co-operation and Development economies have shown that stronger primary healthcare results in better health of the population at lower cost and greater user satisfaction. Evidence also suggests that enhanced primary care can reduce the demand for expensive, specialist-led hospital care, thereby reducing healthcare cost and increasing efficiency of the healthcare system. By providing continuous and comprehensive care as well as serving as a gateway to other parts of the healthcare system, primary care has other benefits such as less hospitalisation, less utilisation of specialist and emergency services, and less chance of being subjected to inappropriate health interventions. In contrast, frequent direct access to specialists without first using primary care doctors often reduces the appropriateness of care and increases healthcare costs.

Working Party on Primary Health Care

3. Deliberations of reforming the primary care system and enhancing primary health and primary care services are not new. As early as in 1989, the Working Party on Primary Health Care was appointed by the then Governor to examine the primary care system with a view to making recommendations for its improvement. The need for an on-going strategy and supporting agency to develop primary care was recognised, though not all the recommendations by the Working Party were subsequently taken forward. Both the priority of reform and resources at that time were dedicated mostly to improving the public hospital system.

“Building a Healthy Tomorrow”

4. The healthcare reform agenda was reinitiated by the Health and Medical Development Advisory Committee reconstituted and appointed by the Chief Executive in 2005, starting by an examination of the health care service delivery model in both the public and private sectors for both hospital and primary care. The aim was to examine the structural and systemic problems of the healthcare system as a whole, with a view to formulating comprehensive reform proposals that would be able to address the problems in a holistic manner, rather than to tackle individual areas of health care in isolation. The outcome of this is the publication of the discussion document “Building a Healthy Tomorrow” in July 2005, which provided a thorough diagnosis of the current state of play of different segments of the healthcare systems and the strengths and weaknesses.

5. Two structural weaknesses have been identified in the current healthcare system in Hong Kong with respect to primary care. The first one is that holistic primary care, especially preventive care and wellness promotion, is not sufficiently emphasised at present. Most patients seek and private doctors provide mainly curative care on an episodic basis. Few private practitioners offer comprehensive primary care including preventive care based on the family-doctor model. The concept of preventive care and wellness promotion such as assessment of health risks, screening and surveillance of health problems, health education and healthy lifestyle promotion are left to individuals and private doctors to pursue and are not extensively practised in the community. The current culture has impeded the development of an effective primary care system that can help to improve the overall health of the population, contain its curative healthcare needs, reduce reliance on hospital care, and improve the efficiency of the healthcare system as a whole.

6. The second weakness is that there is limited continuity and integration of care. Health care is a continuous process. The continuity of a long-term relationship between patients and their primary care doctors is essential to ensuring and improving the quality of care offered to patients. Interface and integration of health care at different levels of care, i.e. between primary care and hospital care, as well as communication of the primary care doctor with care-providing specialists and hospitals in both the public and private healthcare sectors, are crucial in ensuring timely, appropriate and efficient care for their patients. However, little emphasis is currently placed on the continuity of relationship between the primary care doctor and the patient, and also on the interface and integration of different levels of health care. This is mainly because of the current culture of over-emphasising quick cure for illness and the tendency of patients to switch between doctors. There is much room for improving the interface, collaboration and integration between different parts of the healthcare system, which are essential for providing better quality of care.

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“Your Health, Your Life”

7. The advice received in “Building a Healthy Tomorrow” and the views collated subsequent to the publication of the discussion document have culminated in the healthcare reform consultation document “Your Health, Your Life” in March 2008, which outlined a package of proposals targeting different aspects of the healthcare system with a view to addressing the shortcomings identified in the existing system. In order to achieve a healthcare system that improves the state of health and quality of life of our people, and provides healthcare protection for every member of the community, there is a need to reform our current healthcare system to ensure its sustainable development and respond to the increasing healthcare needs of the community. Apart from enhancing primary care services, the proposals outlined in the document include promoting public-private partnership in developing healthcare, developing electronic health record sharing, strengthening public healthcare safety net, and reforming healthcare financing arrangements.

8. On enhancing primary care services, the proposals aim to put greater emphasis on preventive care, reduce the need for hospital care, improve health of our community, and contain the overall healthcare needs and expenditure of our community in the long run. These proposals include developing primary care models to establish the benchmark for primary care services, establishing family doctor register (or “Primary Care Directory”) as a means of upgrading professional expertise in primary care and fostering family doctor practice, enhancing preventive care in both the public and private sectors through incentives and support, and strengthening public health functions that are in support of primary care development.

9. Results of the first stage healthcare reform public consultation revealed that the public in general supported the proposals to improve existing primary care services and put greater emphasis on preventive care, including developing primary care service basic models (or “primary care conceptual models”), establishing family doctor register (or “Primary Care Directory”), subsidising preventive care services, improving public primary care services, and strengthening public health education. Many respondents also supported a stronger role by the Government in primary care, especially in ensuring the standard and quality of services. In concluding the first stage public consultation, the Government is committed to taking forward reform initiatives that have reached broad consensus in the community and have the wide support of the professions and the public. Proposals for enhancing primary care services are among those supported most in the consultation.

Proposed Duties of Staff of the Primary Care Office by Groups

The staff of the proposed Primary Care Office (PCO) will be divided into three groups based on their duties, namely (a) policy and strategy development; (b) professional and technical support; and (c) administration support.

- (a) Duties of staff responsible for policy and strategy development (including Assistant Director of Health, Principal Medical and Health Officer, Consultant, Senior Medical and Health Officers and Administrative Officer)
- to support Food and Health Bureau in providing strategic direction for the development of primary care services, and to support the formulation of policies by evaluating the public's needs for primary care services and the effectiveness of primary care reforms in other places, as well as collecting the views from public and private healthcare sectors and other relevant stakeholders;
 - to allocate resources for various pilot projects and initiatives to enhance primary care;
 - to assist in overseeing the implementation of the primary care reform and related initiatives; and
 - to explore international evidence on primary care strategies and implement research projects.
- (b) Duties of staff responsible for professional and technical support (divided into three groups comprising Senior Medical and Health Officers, Medical and Health Officers, Nursing Officers and Scientific Officers (Medical))
- (i) *Clinical protocols and promotional strategies*
- to co-ordinate the development of primary care conceptual models and clinical protocols for managing individual diseases and appropriate for specific age groups as well as to assist in setting primary care service standards;
 - to develop overall strategies for promoting primary care and various initiatives to enhance primary care;
 - to formulate and implement strategies for promoting primary care clinical protocols to the public and healthcare professionals as well as to evaluate the effectiveness of the strategies;

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- to oversee and implement research projects to identify the public's needs for primary care services so as to map out the future development direction of primary care; and
- to support the work of and provide secretariat services to the Task Force on Conceptual Model and Preventive Protocols under Working Group on Primary Care (WGPC).

(ii) *Primary Care Directory, primary care workforce and community health centres*

- to co-ordinate the establishment of the Primary Care Directory in phases and promote healthcare professionals' entry into the Directory and the public's utilisation of the Directory through collaboration with the public and private healthcare sectors, non-governmental organisations (NGOs) and other stakeholders;
- to assist in arranging primary care-related training for healthcare professionals of various disciplines;
- to design, implement and evaluate the effectiveness and efficiency of various primary care service delivery models in collaboration with the public and private healthcare sectors, NGOs and other stakeholders, including the planning of community health centres or networks according to the public's needs for primary care services in the community; and
- to support the work of and provide secretariat services to the Task Force on Primary Care Directory under WGPC.

(iii) *Primary care service models, pilot projects and evaluation*

- to assist in planning, overseeing and co-ordinating the implementation of various primary care service delivery models and the development of associated clinical services;
- to assist in planning, co-ordinating and implementing primary care pilot projects involving public-private partnership;
- to provide clinical and professional support for the development of primary care conceptual models and clinical protocols;

- to oversee and co-ordinate the implementation of research projects for evaluating the effectiveness and efficiency of various primary care service delivery models (including service delivery models that involve public-private partnership), and to generate relevant information for mapping out the future development direction of primary care; and
 - to support the work of and provide secretariat services to the Task Force on Primary Care Delivery Models under WGPC.
- (c) Duties of staff responsible for administration support (including Senior Executive Officers, Executive Officer I, Executive Officer II, Clerical Officer, Assistant Clerical Officers and Personal Secretary I)
- to assist in managing and allocating resources to support various pilot projects and initiatives to enhance primary care, and to formulate the administrative arrangements of funding for training programmes related to primary care;
 - to undertake the administrative work required for establishing and maintaining the Primary Care Directory;
 - to explore and implement projects on different primary care service delivery models, including the administrative work required for setting up community health centres or networks;
 - to undertake the administrative work required for implementing research projects related to primary care;
 - to provide administrative and clerical support for meetings held by PCO with different stakeholders; and
 - to support the daily operation of PCO.

**Proposed Job Description for the Post of
Head/Primary Care Office**

Rank : Assistant Director of Health (D2)

Responsible to : Deputy Director of Health (D3)

Major duties and responsibilities –

1. To plan and oversee the development of primary care in Hong Kong following the policy steer of Food and Health Bureau.
2. To oversee the development of primary care conceptual models and clinical protocols for managing individual diseases and appropriate for specific age groups.
3. To oversee the design, implementation, evaluation and funding arrangements of primary care service delivery models, including the establishment of community health centres or networks.
4. To oversee the establishment of the Primary Care Directory in phases.
5. To oversee training programmes related to primary care for healthcare professionals of various disciplines and their funding arrangements.

**Proposed Job Description for the Post of
Principal Medical and Health Officer/Primary Care Office**

Rank : Principal Medical and Health Officer (D1)

Responsible to : Head/Primary Care Office (Head/PCO)

Major duties and responsibilities –

1. To assist Head/PCO in planning and overseeing the development of primary care in Hong Kong following the policy steer of Food and Health Bureau.
2. To provide professional input in the development of primary care conceptual models and clinical protocols and the setting of service standards.
3. To assist Head/PCO in overseeing and co-ordinating the planning and design of new primary care service delivery models so as to enhance collaboration among the public and private healthcare sectors and/or non-governmental organisations.
4. To assist Head/PCO in overseeing the implementation of research projects to identify the public's needs for primary care services, evaluating the effectiveness and efficiency of various primary care service delivery models (including community health centres or networks) and mapping out the future development direction of primary care.
5. To assist Head/PCO in arranging primary care-related training for healthcare professionals of various disciplines and setting up the Primary Care Directory.

Proposed Civil Service Staffing for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health #	1
Principal Medical and Health Officer #	1
Senior Medical and Health Officer #	2
Medical and Health Officer	2
Nursing Officer	2
Scientific Officer (Medical)	2
<u>Administration support</u>	
Senior Executive Officer	2
Executive Officer I *	1
Executive Officer II	1
Clerical Officer	1
Assistant Clerical Officer	2
Personal Secretary I	1
<u>Policy and strategy development</u>	
Administrative Officer *	1
Total	19

* Existing posts in Food and Health Bureau. All other posts are new posts to be created under Department of Health.

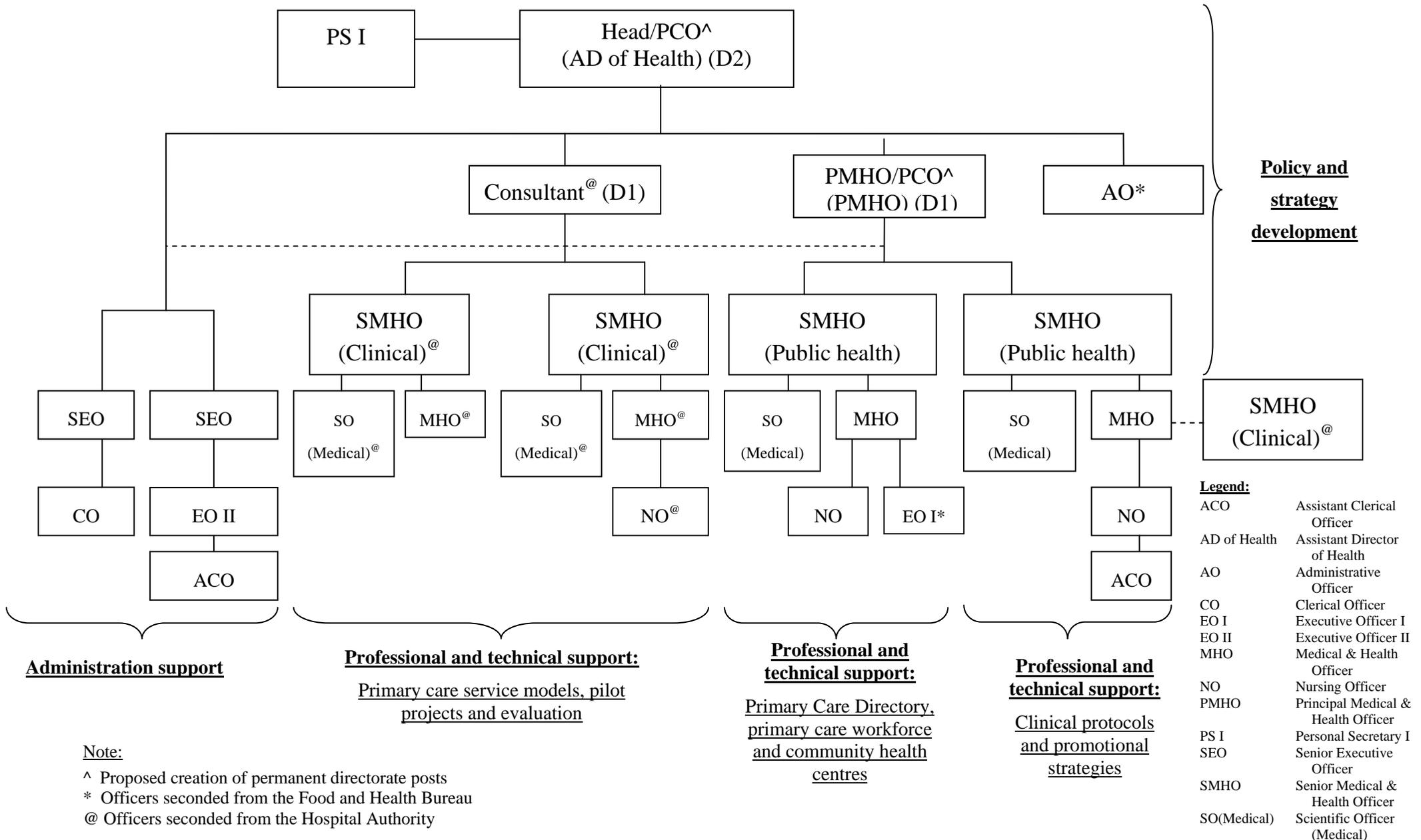
The staff concerned will also be responsible for policy and strategy development.

**Proposed Staff to be Seconded
from the Hospital Authority to the Primary Care Office**

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Consultant#	1
Senior Medical and Health Officer#	3
Medical and Health Officer	2
Nursing Officer	1
Scientific Officer (Medical)	2
Total	9

The staff concerned will also be responsible for policy and strategy development.

Proposed Organisation Chart of the Primary Care Office

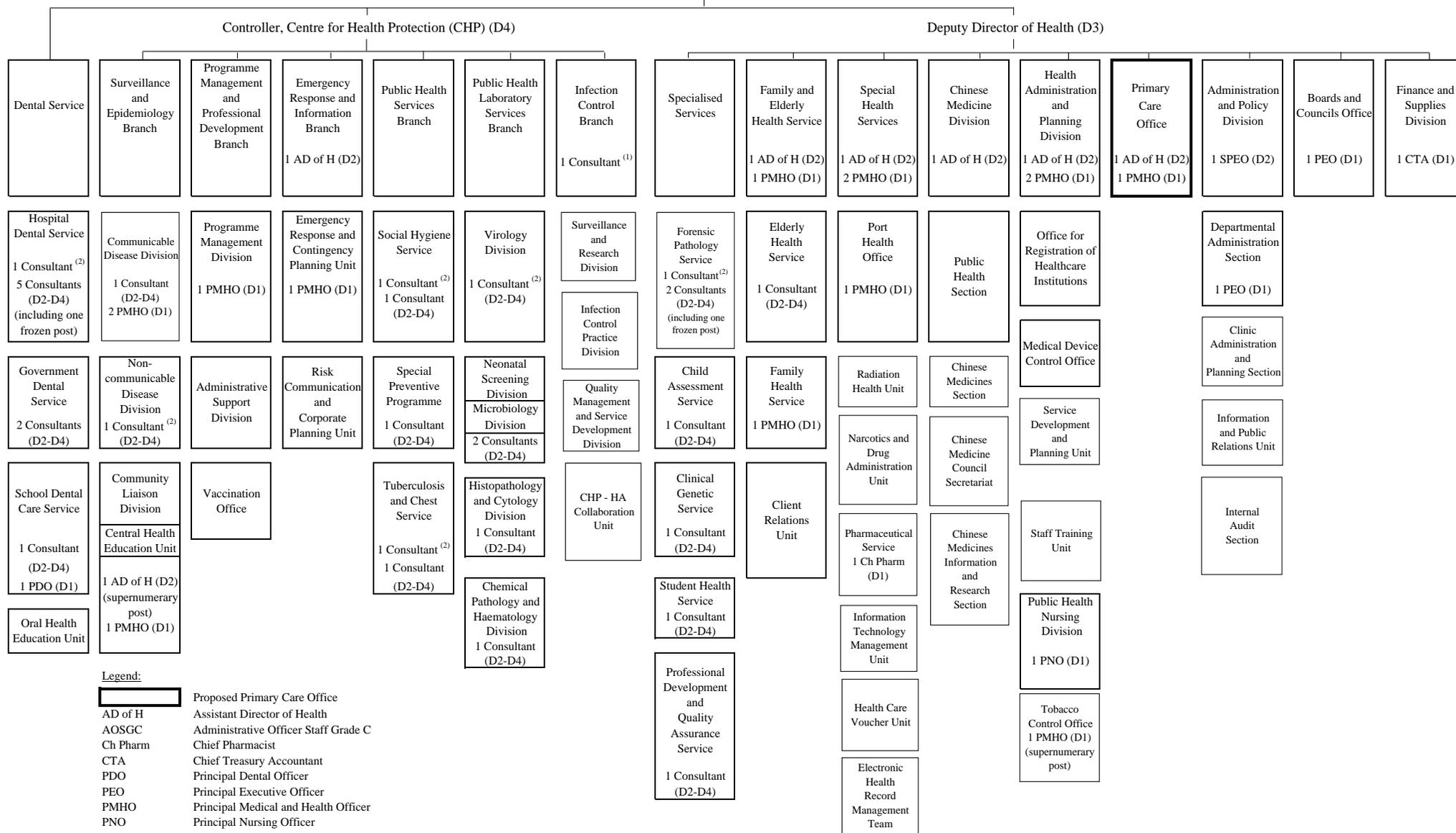


Note:

- ^ Proposed creation of permanent directorate posts
- * Officers seconded from the Food and Health Bureau
- @ Officers seconded from the Hospital Authority

Organisation Chart of the Department of Health after the Establishment of the Proposed Primary Care Office

Director of Health (D6)



Legend:

- Proposed Primary Care Office
- AD of H Assistant Director of Health
- AOSGC Administrative Officer Staff Grade C
- Ch Pharm Chief Pharmacist
- CTA Chief Treasury Accountant
- PDO Principal Dental Officer
- PEO Principal Executive Officer
- PMHO Principal Medical and Health Officer
- PNO Principal Nursing Officer
- SPEO Senior Principal Executive Officer

Notes:

- (1) Officers seconded from the Hospital Authority (HA)
- (2) Also undertaking the duty as Consultant in-charge to take care of the overall administration and management of the Service/Branch.

**Job Descriptions of Existing Assistant Directors of Health
in the Department of Health**

Assistant Director of Health (Health Administration and Planning)

Assistant Director of Health (Health Administration and Planning) is responsible for overseeing tobacco control, registration of healthcare institutions, medical device control, Public Health Nursing Division, medical officer grade management, service development and planning, as well as departmental health administration, including co-ordination on issues relating to Legislative Council, other bureaux/departments, World Health Organization, international and Mainland China relation. He is underpinned by three Principal Medical and Health Officers (PMHOs), viz. PMHO(1), PMHO(2) and Head (Tobacco Control Office).

Assistant Director of Health (Special Health Services)

Assistant Director of Health (Special Health Services) is responsible for overseeing the control on port health and radiation health, regulation of pharmaceutical products, operation of methadone clinics, licensing of human reproductive technology centres, information technology development and management in DH, administration of the Elderly Health Care Voucher Scheme and planning and development of the electronic Health Record Management System. He is underpinned by three PMHOs, viz. Chief Port Health Officer, PMHO(3) and PMHO(5).

Assistant Director of Health (Traditional Chinese Medicine)

Assistant Director of Health (Traditional Chinese Medicine) (AD(TCM)) is responsible for overseeing the implementation and enforcement of the Chinese Medicine Ordinance (CMO), through overseeing the professional and executive support to the Chinese Medicine Council of Hong Kong, a statutory regulatory body set up under the CMO, and the work of the Chinese Medicine Division. The CMO provides for the regulation of Chinese medicine practitioners, as well as the use, manufacture and trading of Chinese medicines through the registration of proprietary Chinese medicines and licensing of Chinese medicines traders. In addition, AD(TCM) is tasked to oversee the project on the development of the standards of about 200 commonly used Chinese herbal medicines in collaboration with local and overseas institutes, and institutes in the Mainland; to provide steer on the conduct of public health promotion programmes and institute investigations into the adverse drug reaction incidents related to Chinese medicine. AD(TCM) also acts as the focal contact person with relevant authorities in the Mainland and overseas on investigation, information exchange and capacity building in Chinese medicine.

/Assistant

Assistant Director of Health (Health Promotion)

Assistant Director of Health (Health Promotion) is responsible for formulating, steering and reviewing departmental strategy in health promotion; planning and implementing health promotion initiatives; mobilising and co-ordinating intra-departmental, inter-departmental and inter-sectoral actions; promoting community capacity and raising health literacy; maintaining links with local, national, regional and international health promotion authorities, communities and networks; promoting and undertaking research and evaluation of evidence-based practices in health promotion; advocating for healthy lifestyle practices and promoting best practices for health improvement based on local evidence of effective health promotion; providing professional advice on good practices of health promotion to departmental colleagues, governmental agencies and community partners to strengthen the ability to maximise population health; and advocating, promoting and advising on the application of health promotion settings including healthy schools, healthy cities and healthy workplaces. He is underpinned by one PMHO, viz. Community Physician.

Head, Emergency Response and Information Branch

Head, Emergency Response and Information Branch is responsible for developing and updating contingency plans; planning and co-ordinating exercises and drills to facilitate emergency preparedness and management of public health crisis; formulating risk communication strategy and arranging training for key staff; and co-ordinating the formulation of objectives and strategies of the Centre for Health Protection (CHP). He is underpinned by one PMHO, viz. PMHO(Emergency Response and Information Branch).

Assistant Director of Health (Family & Elderly Health Services)

Assistant Director of Health (Family & Elderly Health Services) is responsible for developing, implementing and reviewing strategies and programmes for the effective delivery of elderly health service; providing professional input to FHB, Labour and Welfare Bureau, relevant government departments and the Elderly Commission on elderly health and primary health care issues; collaborating and maintaining an effective network with the welfare sectors, community groups, HA and relevant departments to promote inter-sectoral co-ordination and continuous rapport; overseeing health data collection, analysis and dissemination as well as research projects with regard to elderly and primary health care service; and steering the development of quality assurance programmes and customer focused improvements; and overseeing the Client Relations Unit. He is underpinned by two PMHOs, viz. PMHO(4) and PMHO(Family Health Service).
