

Motion on
“Improving primary health care”
at the meeting of the Legislative Council on 19 January 2011

Progress Report

Background

At its meeting of 19 January 2011, the Legislative Council passed the motion on “Improving primary health care”, moved by Hon LEE Wing-tat as amended by Dr Hon Joseph LEE Kok-long, Hon CHAN Hak-kan, Dr Hon PAN Pey-chyou, Hon Miriam LAU Kin-ye, Hon Alan LEONG Kah-kit, Hon CHAN Kin-por, Dr Hon LEUNG Ka-lau and Hon WONG Kwok-hing. The wording of the motion is at *Annex*. This information note provides Members with an update on the progress made in relation to the motion.

Enhancing Primary Care

2. Enhancing primary care is one of the top priorities in the Government’s healthcare service reform proposals. Primary care is an indispensable component of primary health service. To enable the promotion of health for all and provision of person-centred care, the Government has been taking actions in accordance with the “Strategic Framework for Prevention and Control of Non-communicable Diseases” and the “Primary Care Development in Hong Kong: Strategy Document”. The latest progress and the next steps of the related areas are set out in the ensuing paragraphs.

Prevention and Control of Non-communicable Diseases

3. Research findings reveal that non-communicable diseases (NCDs) account for about 60% of deaths worldwide. With a lifestyle embracing healthy diet, physical activity and avoidance of tobacco smoke, heart diseases, diabetes mellitus and cancer can be prevented.

4. The Government has formulated a comprehensive strategy for the prevention and control of NCDs, in accordance with the Chief Executive's Policy Agenda 2007-08. The Department of Health also published the

"Strategic Framework for Prevention and Control of Non-communicable Diseases" (http://www.dh.gov.hk/english/pub_rec/pub_rec_ar/pdf/ncd/ENG%20whole%20DOC%2016-10-08.pdf) in October 2008 to tackle major risk factors which can be prevented or ameliorated.

5. In order to promote collaboration among various parties in this respect, the Government has set up a Steering Committee on Prevention and Control of NCDs in October 2008, comprising representatives from the Government, public and private sectors, academia and professional bodies, related industries and other key partners.

6. We will continue to promote healthy lifestyles and raise the standard of living for the community through the reduction of NCD risk factors.

Primary Care Development Strategy

7. The Government has formulated the "Primary Care Development in Hong Kong: Strategy Document" (http://www.fhb.gov.hk/download/press_and_publications/otherinfo/101231_primary_care/e_strategy_doc.pdf) for the development of better primary care services in Hong Kong, following the recommendations made by the Working Group on Primary Care (WGPC) chaired by the Secretary for Food and Health. As part of the healthcare reform, the Government will enhance primary care services in Hong Kong through the following three main areas of work.

Primary Care Conceptual Models and Reference Frameworks

8. With the support of healthcare professionals and major stakeholders, a web-based version of the core document of the reference frameworks for diabetes and hypertension care in primary care settings was published in early January 2011. A series of modules under the two frameworks to supplement the core documents were published in May 2011. The reference frameworks provide common reference to healthcare professionals across different sectors for the provision of continuing, comprehensive and evidence-based care for patients with the two chronic diseases in the community.

9. We have also edited patient versions of the reference frameworks, and published them in January 2011. By specifically designing the more

user-friendly and jargon-free patient versions, we aim to promote understanding among patients of the content of the reference frameworks and how the two chronic diseases could best be managed.

10. The WGPC and the relevant Task Forces have started developing age group-specific models and protocols. The development of primary care conceptual models and reference frameworks for the children and older adults in the next phase has started in March 2011.

Primary Care Directory

11. The Primary Care Directory (“PCD”) is a web-based directory containing personal and practice-based information of different primary care providers to help the public find their own primary care providers. The Directory is being developed in phases, and the doctor and dentist sub-directories were launched on 10 April 2011 together with the Primary Care Campaign (“Campaign”).

12. Registered doctors and dentists who declare commitment to the provision of directly accessible, comprehensive, continuing, co-ordinated and person-centred primary care services are eligible for enrolment in the Directory. As at end of June 2011, there were over 1100 doctors and dentists enrolled in the Directory.

13. The Government will continue to work with the healthcare professions, academia and relevant stakeholders to explore the enhancement in professional requirements for entering and remaining in the Directory in the future, and other issues such as training and manpower development of primary care providers. The sub-directories of other healthcare professionals (e.g. Chinese medicine practitioners) will be developed next.

Primary Care Delivery Models

14. With regard to the primary care service delivery models, the Government is exploring various Community Health Centre or Network (CHC) pilot projects based on different models in consultation with healthcare professionals and providers from the public and private sectors, non-governmental organizations (NGOs) and the universities. Located in the

community, CHCs aim to offer the public with more comprehensive, multi-disciplinary, better co-ordinated, and more person-centred primary care services. The first purpose-built CHC, located in Tin Shui Wai North, is expected to start commencing operations in Q1 2012 to provide the residents in the area with enhanced primary care services.

15. Besides, the Government has implemented a series of pilot projects through the Hospital Authority (HA) to strengthen chronic disease management in the primary care setting, some of which involve partnership between the public sector and the private sector and NGOs. These projects include Multi-Disciplinary Risk Factor Assessment and Management Programme (RAMP), Nurse and Allied Health Clinic (NAHC), Patient Empowerment Programme (PEP), Tin Shui Wai Primary Care Partnership Project and Public-Private Chronic Disease Management Shared Care Programme.

16. These pilot projects aim at trying out different service models for enhancing primary care both within the public healthcare system and through partnership with NGOs and the private sector. Building on the experience gained and the infrastructure established for taking forward the above primary care and public-private partnership initiatives, the Government will continue to plan various pilot projects to foster the provision of CHC-type services or formation of CHC networks, and explore different models of service provision in consultation with the relevant stakeholders.

Primary Care Campaign

17. To promote the concepts of primary care and family doctor, as well as the components of enhancing primary care as outlined above, the Primary Care Office under the Department of Health has launched a one-year Primary Care Campaign (“Campaign”) on 10 April 2011. The Campaign is making use of various channels and methods to promote the importance of primary care to the general public.

18. Announcement of Public Interest (API) was screened on television and radio since April 2011. A new series of APIs will be released starting from July 2011. Various publicity activities have been carried out through different channels including advertising via mass transport media and the Internet, and promotion on printed media (e.g. media interview and feature articles).

19. Furthermore, we will solicit support from and collaborate with important stakeholders such as Education Bureau, parent-teacher associations, and NGOs to reach out to different population groups in the community and sustain the momentum of the Campaign.

20. We will also continue to organize briefing sessions and continuing medical education (CME)/continuing professional development (CPD) programmes to healthcare professionals to introduce the “Primary Care Development in Hong Kong: Strategy Document”, reference frameworks, and the PCD with a view to soliciting their support in the promotion of primary care.

Other Initiatives to Enhance Primary Care

Elderly Health Care Voucher Pilot Scheme

21. The Government launched the three-year Elderly Health Care Voucher Pilot Scheme (the Pilot Scheme) in January 2009 with a view to enhancing primary healthcare services for the elderly. The Scheme aim to provide partial subsidies for elderly people aged 70 or above to seek private primary healthcare services in their neighbourhood community that suit their needs.

22. The Government conducted an interim review in the second half of 2010 to examine and review different aspects of the Pilot Scheme. Having regard to the findings of the interim review, the Government will extend the Pilot Scheme on a pilot basis for another three years, from 1 January 2012 to 31 December 2014, after the current three-year pilot period draws to a close by year end. During the extended pilot period, the Government will increase the annual voucher amount per eligible elderly person from \$250 to \$500. To extend the service coverage, Optometrists (Part I registration) would be included as eligible healthcare providers under the Pilot Scheme. To further promote the use of preventive care services by the elderly, we would enhance efforts to promote health check for elderly people, in collaboration with interested and qualified healthcare service providers. The necessary funding was approved by the Finance Committee on 24 June 2011.

Primary Out-Reach Dental Care Services for the Elderly

23. We have launched a Pilot Project, in partnership with NGOs for a period of three years starting from April 2011, to provide elderly people residing in residential care homes (RCHEs) or receiving services in day care centres (DEs) with outreach primary dental care and oral health care services free of charge, including dental check-up, scaling, polishing and any other necessary pain relief and emergency dental treatments.

24. Some 14 NGOs has participated in the Pilot Project providing a total of 25 dental care out-reach teams, and are expected to serve more than 100,000 attendances benefiting some 80,000 elderly people in RCHEs and DEs over the three-year pilot period. The Government will monitor the implementation of the Pilot Project, and conduct an interim review on its effectiveness after we have gained enough experience from the operation of the Pilot Project.

Mental Health Services

25. The Government is committed to promoting mental health, and has in recent years allocated additional resources to enhance the community support services for mental patients. On primary mental health services, HA has set up common mental disorder clinics at the psychiatric specialist outpatient clinics to provide more timely assessment and treatment services for patients with common mental disorders. In addition, HA has since October 2010 launched an Integrated Mental Health Programme in five clusters to provide timely treatment in the primary care settings to patients with mild mood disorders and other common mental disorders who are in stable conditions.

26. In 2011-12, HA will expand the Integrated Mental Health Programme to cover all clusters to tackle cases of mild mental illness in the community more effectively. The Working Group on Mental Health Services, which is chaired by the Secretary for Food and Health, will continue to coordinate the service programmes of relevant parties and assist the Government in reviewing our mental health policy and services on an ongoing basis.

Healthcare Manpower

27. As the Chief Executive stated in his 2010-11 Policy Address, the Government will ensure an adequate supply of healthcare personnel for the

provision of services through various measures, which include encouraging tertiary institutions to increase student places for these disciplines and strengthening training programmes provided by the Hospital Authority. In 2012-13, the number of nursing graduates from various institutions will increase from the past figure of 1,000 to 2,000. Graduates from the medical undergraduate degree course will also increase from 250 in the past to 320 in 2013-14. The increase in healthcare manpower would provide the public with better healthcare services, support the healthcare reform and development of primary care services.

Continued Development of Primary Health and Primary Care

28. With an ageing population, the public demand for both quantity and quality of healthcare services will continue to increase. The Government will ensure the overall healthcare system can continue to develop to meet the needs of the community. The Government will continue to implement various measures through multi-disciplinary collaboration, case management and patient empowerment to enhance support for chronic disease patients, having regard to various stages of social development and health needs of the community. The Government will also continue to enhance primary care services by developing the CHC model of care and promoting the concepts and practices of family doctor and holistic healthcare.

Food and Health Bureau
July 2011

(Translation)

**Motion on
“Improving primary health care”
moved by Hon LEE Wing-tat
at the Legislative Council meeting
of Wednesday, 19 January 2011**

Motion as amended by Dr Hon Joseph LEE Kok-long, Hon CHAN Hak-kan, Dr Hon PAN Pey-chyou, Hon Miriam LAU Kin-ye, Hon Alan LEONG Kah-kit, Hon CHAN Kin-por, Dr Hon LEUNG Ka-lau and Hon WONG Kwok-hing

That, as the World Health Organization affirms in the Declaration of Alma-Ata on primary health care published in 1978 that the definition of health is not merely about the absence of diseases, but also refers to the state of complete physical, mental and social well-being, and primary health care seeks to attain the target of health for all, and the World Health Report 2008 emphasizes once again that primary health care should be positioned to attach equal importance to both prevention and treatment as well as the development of comprehensive health care; however, the health care system in Hong Kong at present is still based mainly on disease treatment and prevention, with a serious shortage of resources for primary health care work, and primary health care work is mainly confined to primary medical care, thereby failing to attain the target of promoting health for all; in this connection, this Council urges the Government to take measures to give effect to the Declaration of Alma-Ata, including:

- (a) to comprehensively improve primary health care and allocate additional resources for primary health care;
- (b) to set up a fund for promoting primary health care reform;
- (c) to formulate a co-ordination mechanism to facilitate full co-operation between relevant government departments and local organizations in making improvements in areas such as labour, education, housing, public facilities and food safety, etc., so as to promote public health;
- (d) focusing on various areas of health, to set ‘Healthy People 10-year Indicators’ and formulate work plans for individual health indicators;
- (e) to promote a campaign on healthy community and, through community organizations and government departments, mobilize community members to take part in planning and improving primary medical care in their communities, and fully utilize community resources to promote residents’ health;

- (f) having regard to the health problems and needs of different population groups, such as elderly persons, women, men, working people, youth and children, to devise various strategies and services and increase resources allocation, with a view to enhancing health education and services for disease prevention and control;
- (g) to make estimates on the resources and manpower required for the provision of primary health care, so as to establish its way forward and related details;
- (h) to enhance the communication, co-operation and co-ordination among medical professionals in the public sector and private sector, with a view to more comprehensively finding out and meeting people's needs;
- (i) to expand health services teams for enhancing health care in schools, residential care homes for the elderly, etc., with a view to further implementing community-based health care and promoting holistic health; and
- (j) to encourage the general public to take part in caring for their own health, so as to strengthen their initiative and self-management in caring for their own health;
- (k) to improve the modes of provision of primary medical care, with a view to providing person-centred and community-based multi-disciplinary team services;
- (l) to improve public primary medical care and provide adequate resources to ensure that the socially disadvantaged and the elderly can more easily receive comprehensive primary medical care and nursing care;
- (m) to increase the amount of Elderly Healthcare Vouchers to \$1,000 and lower the eligibility age to 65;
- (n) to provide elderly persons with public dental services;
- (o) to introduce a cervical cancer vaccination programme and a breast cancer screening programme for the suitable women;
- (p) to provide adequate services to attain the goal of early detection and early intervention, thereby assisting children with learner diversity problems; and
- (q) to launch a colon cancer screening programme for people from age groups with higher risks;

- (r) to promote territory-wide participation so as to forge a consensus on formulating a strategy and direction for promoting health for all;
- (s) to establish a database, and through scientific surveys, to find out the health conditions of people in various districts and groups;
- (t) to conduct exchanges with other cities on the Mainland and overseas, with a view to learning and drawing lessons from their experience in promoting health for all;
- (u) to negotiate and collaborate with neighbouring places to establish a regional framework, so as to resolve the health problems of public concern; and
- (v) to extend the School Dental Care Service to secondary school students, so as to strengthen students' dental health care;
- (w) to explore the provision of appropriate assistance to encourage all people to undergo physical check-up, thereby achieving the targets of upgrading public health and lessening health care expenditure in the long run; and
- (x) to increase allocation of resources to shorten elderly persons' waiting time for day surgery on diseases such as cataract and hernia;
- (y) to make the social environment much healthier through efforts in different policy areas, such as expediting air quality improvement, strengthening the promotion of sports for all and setting maximum working hours, etc.;
- (z) to establish additional health centres for men, elderly health centres and woman health centres, etc., so as to reduce the present waiting time of more than 24 months for elderly health centre services, explore the provision of regular physical check-up for grassroots, and provide a greater variety of vaccination programmes, such as 13-valent pneumococcal conjugate vaccination; and
- (aa) to more actively promote and advocate the importance of mental health among members of the public, increase funding for psychiatric service and set up a mental health council with members comprising medical workers, patients, patients' family members and other stakeholders, and expeditiously formulate a mental health policy, so as to co-ordinate primary mental health services and provide patients with basic, comprehensive, sustained and co-ordinated treatment and nursing care; and

- (ab) to allocate additional resources for members of the public to undergo health risk assessments and distribute health check vouchers to those aged 50 or above, so as to enable them to find out the changes in their physical health and seek early treatment, or to improve their health through physical exercises;
- (ac) to promote public-private partnership and expand the existing health care voucher scheme, so as to assist the elderly and low-income earners in receiving better primary medical care; and
- (ad) to promote health screening programmes which have been medically proven to be effective, such as fecal occult blood test, etc.