

**For discussion on  
10 January 2011**

**Legislative Council Panel on Health Services  
Primary Care Development Strategy – Primary Care Campaign**

**PURPOSE**

This paper briefs Members on the “Primary Care Campaign”. We have just started the briefings and promotions with healthcare professionals and service providers and will launch a territory-wide campaign in March 2011 as part of the Government’s primary care development strategy. Members were briefed on the “Healthcare Service Reform – Primary Care Development Strategy” vide LC Paper No. CB(2)1995/09-10(01) on 12 July 2010.

**BACKGROUND**

2. Enhancing primary care is one of the proposals put forward in the Healthcare Reform Consultation Document “*Your Health, Your Life*” and it received broad public support during the first stage public consultation on healthcare reform conducted in March to June 2008. To develop a strategic plan to enhance and develop primary care in Hong Kong, the Secretary for Food and Health tasked the Working Group on Primary Care (WGPC) under the Health and Medical Development Advisory Committee (HMDAC) in October 2008 to make recommendations in this regard. WGPC consists of representatives from healthcare professionals from the public and private sectors, academia, patient groups and other relevant stakeholders. Three Task Forces were established under WGPC to deliberate on specific proposals set out in the Healthcare Reform Consultation Document and make recommendations to WGPC accordingly. The views collected during the first stage public consultation on healthcare reform were taken into account in the process of formulating the recommendations.

3. As explained to Members on 12 July 2010, there had been extensive discussions on proposals to strengthen primary care services at both

the Task Forces under WGPC and other informal forums. In 2009, WGPC drew up framework recommendations on enhancing primary care in Hong Kong in the following three major areas –

- (a) developing primary care conceptual models and reference frameworks to enhance primary care holistically. The models and frameworks should put emphasis on the prevention and management of common chronic diseases, starting from the two most common chronic diseases: diabetes mellitus (DM) and hypertension (HT);
- (b) setting up a Primary Care Directory so as to promote the family doctor concept and adopt a multi-disciplinary approach in enhancing primary care. The Directory will start with two sub-directories of doctors and dentists; and
- (c) drawing up feasible service models to deliver community-based primary care services through appropriate pilot projects, including the establishment of community health centres (CHCs) and networks.

The Government has started implementing initiatives to enhance primary care in the above three areas and the latest progress is set out at *Annex A*.

4. The Food and Health Bureau has formulated an overall primary care development strategy in Hong Kong based on the recommendations of WGPC, with the involvement of healthcare professionals and other relevant stakeholders. A web-based version of the Primary Care Development Strategy Document (“Strategy Document”), which sets out the benefits of good primary care and the major strategies and pathways of action which will help us deliver high quality primary care in Hong Kong, was published in December 2010. On the publication of the Strategy Document and in view of the implementation of a series of primary care initiatives, we are ready to launch a “Primary Care Campaign” which aims to raise public awareness of the benefits of primary care in disease prevention and management, encourage the public to make fuller use of primary care services, and adopt a preventive approach in improving health. To this end, the Primary Care Office (PCO) under the Department of Health (DH) would embark on a territory-wide campaign in partnership with healthcare

professionals starting from March 2011.

## **PRIMARY CARE DEVELOPMENT**

5. As stated in the Strategy Document, primary care is the first point of contact for individuals and families in a continuing healthcare process. The key attributes of good primary care entail the provision of accessible first contact care that is comprehensive, continuing, co-ordinated and person-centred in the context of family and community. Effective primary care can improve the health of individuals in the community, reduce their need for more expensive healthcare services especially specialist and hospital services, and contribute to the health of the population. Primary care covers a wide range of services which include the delivery and provision of –

- (a) health promotion;
- (b) prevention of acute and chronic diseases;
- (c) health risk assessment and disease identification;
- (d) treatment and care for acute and chronic diseases;
- (e) self-management support; and
- (f) rehabilitative, supportive and palliative care for disabilities or end-stage diseases.

6. Our vision is to develop a primary care system in which –

- every citizen has access to a primary care doctor as their long-term health partner;
- there is better availability of comprehensive, continuing and co-ordinated care;
- there is emphasis on preventing diseases and their deterioration by care provided by multi-disciplinary teams;
- every person is supported in their efforts to improve and take care of their own health; and
- care provided is of high quality and evidence-based, and is provided by well-trained professionals for patients in the context of family and

7. As mentioned to Members on 12 July 2010, development of primary care is a long-term and on-going process requiring co-ordinated strategies and actions. In this connection, the PCO has been established in DH in September 2010 to support and co-ordinate the development of primary care in Hong Kong, implement primary care development strategies and actions, and co-ordinate actions among DH, the Hospital Authority (HA), the private healthcare sector, non-governmental organisations and other healthcare providers.

8. The Government has been providing and will continue to provide financial support to the long-term development of primary care having regard to the overall progress of healthcare reform including supplementary healthcare financing arrangements and the resources available for healthcare. As stated in the Strategy Document, an additional funding of more than \$4.1 billion has been allocated and earmarked for primary care and public-private partnership in healthcare since 2008-09, including, amongst other things, a series of pilot projects to enhance support for chronic disease patients in primary care settings, the Elderly Health Care Voucher Pilot Scheme (HCVS), various vaccination subsidy schemes, establishment of CHCs and networks, and enhancement of primary dental care and oral health promotion.

9. The primary care development strategy outlined in the Strategy Document calls for a step-by-step and consensus building approach to reforming the healthcare system and a virtuous cycle of pilot-evaluation-adjustment in taking forward specific initiatives. To this end, the Government will continue to implement pilot projects to enhance primary care, including those which involve public-private partnership.

## **PRIMARY CARE CAMPAIGN**

10. Promotion and education are of paramount importance in the development of primary care. In order to enhance public understanding and awareness of the importance of primary care, drive attitude change, and foster public participation and action, we consider it necessary to promote the Government's primary care development strategy and initiatives. This would

be achieved through a territory-wide “Primary Care Campaign” to be undertaken by PCO starting from March 2011.

### Objectives

11. The objectives of the campaign are –
  - (a) For healthcare professionals, the campaign aims to engage them and solicit their support in the promotion of primary care.
  - (b) For the general public, the campaign aims to –
    - (i) raise public awareness of the benefits of having a family doctor as the first point of contact in the healthcare system in order to have continuing, co-ordinated and person-centred care;
    - (ii) reinforce actions of the public to always consult their family doctors as the first point of contact for healthcare services; and
    - (iii) encourage the public to improve their own health and that of their family members through establishing partnership with their family doctors and adopting a preventive approach in improving health.

### Implementation schedule

12. We have started engaging healthcare professionals since end 2010 as a precursor to the territory-wide campaign so that they would become our partners in promoting primary care to the general public. In this connection, a web-based version of the Strategy Document was published in December 2010, followed by the publication of the web-based version of the reference frameworks for DM and HT care in primary care settings in early January 2011.

13. With the support of healthcare professionals, we will launch a territory-wide “Primary Care Campaign” in March 2011 in order to introduce the Government’s primary care development strategy and initiatives to the general public. In the first few months after launching the territory-wide campaign, we will make use of mass media channels and organise publicity

activities to promote the family doctor concept to the general public. The publicity activities will tie in with the development of various primary care initiatives, including –

- (a) the reference frameworks for DM and HT care which will provide common reference to healthcare professionals across different sectors for the provision of continuing, comprehensive and evidence-based care for the two chronic diseases in the community, empower patients and their carers, and raise public awareness of the importance of preventing and properly managing chronic diseases;
- (b) the Primary Care Directory which will provide personal and practice-based information of individual doctors and dentists (including services provided and the price range), help the public identify primary care practitioners who can cater for their individual needs and facilitate the public to partner with their family doctors and dentists who act as co-ordinators of healthcare services;
- (c) the Risk Assessment and Management Programme which is implemented by HA at designated general out-patient clinics (GOPCs) and will provide multi-disciplinary and comprehensive health risk assessment for more than 167 100 DM and HT patients by 2011-12;
- (d) the Nurse and Allied Health Clinics comprising HA nurses and allied health professionals at designated GOPCs which provide more focused care for high-risk chronic disease patients, including fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness for individual patients, with a total number of more than 224 500 attendances by 2011-12;
- (e) the first purpose-built CHC in Tin Shui Wai which will be established in the first half of 2012, providing one-stop, better co-ordinated, more comprehensive and multi-disciplinary primary care services to the public;
- (f) the HCVS which enables the elderly to choose to receive private primary care services in the community that best suit their needs, including services provided by family doctors of individual elders;

- (g) the Elderly Vaccination Subsidy Scheme in which elders aged 65 years or above can receive subsidised seasonal influenza and pneumococcal vaccinations provided by private doctors, including family doctors of the elders; and
- (h) the Childhood Influenza Vaccination Subsidy Scheme in which the Government provides subsidy for children aged 6 months to 6 years to receive seasonal influenza vaccinations from private doctors, including family doctors of the children.

14. The momentum of the campaign generated in March 2011 needs to be sustained by a continuing and well co-ordinated programme of health education and promotion activities. While we will continue to make use of the mass media channels to reinforce actions of the general public to consult their family doctors as the first point of contact for healthcare services, we will work with and solicit the support of various parties, such as the District Councils, the Elderly Commission, the Women's Commission and the Family Council, starting from April 2011 to sustain the momentum of the campaign in the community and reach out to different population groups. We will engage relevant stakeholders, including professional organisations and patient groups, to be our partners in planning and taking forward the territory-wide campaign.

15. The implementation schedule of the "Primary Care Campaign" from December 2010 to December 2011, collaborators of various activities, target groups as well as the expected impact on healthcare professionals and the general public are set out at *Annex B*.

#### Publicity materials

16. Publicity materials targeting at the general public will be produced as we launch the territory-wide campaign in March 2011. As we roll out the Primary Care Directory to the public in March 2011, we will distribute stickers and posters to doctors and dentists who have enrolled in the Primary Care Directory so that the public can easily identify doctors and dentists who are committed to the provision of directly accessible, comprehensive, continuing, co-ordinated and person-centred primary care services. Patients will also know from the posters the Government primary care programmes enrolled by the doctors and dentists (e.g. HCVS and various vaccination subsidy schemes).

17. In order to encourage patients to continuously partner with their family doctors and receive comprehensive and co-ordinated services from them, we will produce a primary care handbook for the general public in March 2011, which includes the following information –

- the family doctor concept which emphasises continuing, comprehensive and holistic care;
- how to make use of the Primary Care Directory to find personal and practice-based information of the family doctors and dentists;
- partnership between patients and their family doctors;
- Government primary care programmes enrolled by individual family doctors and dentists (HCVS and various vaccination subsidy schemes); and
- empowerment information for DM and HT patients based on the reference frameworks.

### Evaluation

18. We plan to conduct an interim evaluation of the campaign at end 2011 after the activities for healthcare professionals, members of the public in general and individual population groups have been implemented for some time. We will suitably fine-tune our plans and tactics for the activities in 2012 having regard to the results of evaluation and feedback from healthcare professionals and the general public.

### **ADVICE SOUGHT**

19. Members are invited to note and comment on the “Primary Care Campaign”.

**Food and Health Bureau  
Primary Care Office, Department of Health  
January 2011**

### Latest progress of primary care initiatives based on the recommendations of the Working Group on Primary Care

| Areas of work  | Latest progress  |
|--|--|
| (a) Development of primary care conceptual models and reference frameworks | <p>A web-based version of the reference frameworks for diabetes mellitus and hypertension care in primary care settings was published in early January 2011 for use as common reference by healthcare professionals. Promulgation of the reference frameworks to the public and healthcare professionals will tie in with publicity activities of the territory-wide campaign.</p> <p>As the next step, we will develop primary care conceptual models and reference frameworks for the elderly and children.</p>  |
| (b) Development of a Primary Care Directory                                | <p>Enrolment of doctors and dentists started in December 2010. We plan to roll out the first edition of the Doctor and Dentist sub-directories to the public in March 2011 to help them identify primary care practitioners who can cater for their individual needs. Doctors and dentists who have enrolled in the Directory can voluntarily provide personal and practice-based information, including the services provided and the price range of each service. Publicity of the Directory will tie in with activities of the territory-wide campaign.</p> <p>As the next step, we will develop a sub-directory of Chinese medicine practitioners. The sub-directories of nurses</p> |

| <b>Areas of work</b>                                    | <b>Latest progress</b>  |
|---|---|
|   | and other allied health professionals will be developed at a later stage.   |
| (c) Development of primary care service delivery models | The Government is exploring various Community Health Centre (CHC)-type models with healthcare professionals and providers from the public sector, private sector, non-governmental organisations and universities. We will continue to plan various CHC pilot projects that aim to foster the provision of more comprehensive one-stop primary care services in consultation with the relevant stakeholders. A purpose-built CHC in Tin Shui Wai will be established in the first half of 2012. |

## Implementation schedule of the “Primary Care Campaign”

| Period        | Initiatives / Activities   | Collaborators                                       | Target groups            | Expected impact on healthcare professionals and the general public   |
|---------------|--|---|--------------------------|--|
| December 2010 | <ul style="list-style-type: none"> <li>● Brief healthcare professionals on the Strategy Document, reference frameworks and the Primary Care Directory</li> <li>● Publish a web-based version of the Strategy Document</li> <li>● Commence enrolment of doctors and dentists in the Doctor and Dentist sub-directories of the Primary Care Directory</li> </ul> | Professional organisations in the healthcare sector | Healthcare professionals | Engage healthcare professionals so that they will become our partners in the promotion of primary care to the general public |
| January 2011  | <ul style="list-style-type: none"> <li>● Publish a web-based version of the reference frameworks for diabetes mellitus and</li> </ul>  | Professional organisations in the healthcare sector | Healthcare professionals | Engage healthcare professionals so that they will become our partners in   |

| <b>Period</b>                  | <b>Initiatives / Activities</b>  | <b>Collaborators</b>   | <b>Target groups</b>                     | <b>Expected impact on healthcare professionals and the general public</b>  |
|--------------------------------|--|--|--|--|
|                                | hypertension care in primary care settings for use as common reference by healthcare professionals   |  |  | the promotion of primary care to the general public  |
| December 2010 to February 2011 | <ul style="list-style-type: none"> <li>Organise briefing sessions and continuing medical education/continuing professional development programmes to introduce the Strategy Document, reference frameworks and the Primary Care Directory</li> </ul> | Relevant colleges of the Hong Kong Academy of Medicine and professional organisations in the healthcare sector | Healthcare professionals                 | Engage healthcare professionals so that they will become our partners in the promotion of primary care to the general public as well as enhance healthcare professionals' understanding of the Strategy Document and promote wider use of the reference frameworks |
| January and February 2011      | <ul style="list-style-type: none"> <li>Organise media activities to promote the family doctor concept</li> </ul>   | Professional organisations in the healthcare sector and  | Healthcare professionals and the general | Raise public awareness of the family doctor concept  |

| <b>Period</b>     | <b>Initiatives / Activities</b>   | <b>Collaborators</b>   | <b>Target groups</b> | <b>Expected impact on healthcare professionals and the general public</b>   |
|-------------------|---|--|----------------------|---|
|                   |   | patient groups   | public               |   |
| March 2011        | <ul style="list-style-type: none"> <li>• Launch a territory-wide campaign</li> <li>• Roll out the first edition of the Doctor and Dentist sub-directories of the Primary Care Directory to the public with a view to facilitating the public to identify primary care practitioners who can cater for their individual needs</li> </ul> | Professional organisations in the healthcare sector and patient groups                       | General public       | Raise public awareness of the family doctor concept as well as the Government's primary care development strategy and primary care initiatives            |
| March to May 2011 | <ul style="list-style-type: none"> <li>• Arrange publicity activities through mass media channels, including TV and radio Announcements of Public Interest, advertisements via mass</li> </ul>  | Relevant colleges of the Hong Kong Academy of Medicine and professional organisations in the | General public       | Encourage the public to identify their family doctors using the Primary Care Directory and consult their family doctors as the first point of contact for |

| <b>Period</b>          | <b>Initiatives / Activities</b>   | <b>Collaborators</b>   | <b>Target groups</b>               | <b>Expected impact on healthcare professionals and the general public</b>  |
|------------------------|---|--|------------------------------------|--|
|                        | <p>transport media, advertisements on the Internet, etc.</p> <ul style="list-style-type: none"> <li>Organise health promotional activities for the public in partnership with healthcare professionals</li> </ul>   | healthcare sector  |                                    | healthcare services  |
| March to May, 2011     | <ul style="list-style-type: none"> <li>Continue to organise briefing sessions and continuing medical education/continuing professional development programmes to introduce the Strategy Document, reference frameworks, and the Primary Care Directory</li> </ul> | Relevant colleges of the Hong Kong Academy of Medicine and professional organisations in the healthcare sector | Healthcare professionals           | Continue to engage more healthcare professionals to become our partners and solicit their support for promoting primary care to the general public |
| April to December 2011 | <ul style="list-style-type: none"> <li>Organise briefing sessions to solicit support and collaboration of important</li> </ul>  | District Councils and various organisations depending on the   | Different population groups in the | Reach out to different population groups to sustain the momentum of the  |

| <b>Period</b>          | <b>Initiatives / Activities</b>   | <b>Collaborators</b>   | <b>Target groups</b>  | <b>Expected impact on healthcare professionals and the general public</b>  |
|------------------------|---|--|---|--|
|                        | stakeholders so as to reach out to different population groups in the community   | target population groups (e.g. the Hong Kong Federation of Youth Groups, the Women's Commission, the Elderly Commission, the Family Council, the Consumer Council, etc.) | community (e.g. the young, the elderly, women, consumers, etc.) | campaign   |
| April to December 2011 | <ul style="list-style-type: none"> <li>Organise publicity activities on stories of patients partnering with their family doctors (e.g. Announcements of Public Interest, feature articles)</li> </ul> | Patients and their partnering family doctors   | General public  | Encourage members of the public who have not yet identified their family doctors to do so and reinforce actions of the public to always consult their family doctors for healthcare services |