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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 10 January 2011**

Primary care development strategy

Purpose

This paper gives an account of the past discussions by the Panel on Health Services ("the Panel") on the primary care development strategy.

Background

2. Primary care is the first point of contact for individuals and families in a continuous healthcare process. In Hong Kong, primary medical care, particularly out-patient curative care, is predominantly provided by the private sector. The Hospital Authority ("HA") also provides primary curative care through the general out-patient clinics ("GOPCs") targeting the low-income groups, the under-privileged, those who are chronically-ill and poor elders, whereas the Department of Health ("DH") is responsible for general health promotion and education, diseases prevention and control, as well as preventive healthcare services for certain targeted groups, such as pregnant women, infants and children, students and the elderly.

3. The Health and Medical Development Advisory Committee ("HMDAC") released a paper entitled "Building a Healthy Tomorrow" on 19 July 2005, in which a host of recommendations on the future service delivery model of the healthcare system was put forth for public consultation. The vision was to develop a healthcare system featuring a robust primary care system as its foundation. To this end, promoting family doctor concept which emphasized continuity of care, holistic care and preventive care; putting greater emphasis on prevention of diseases through public education and through family doctors; and encouraging and facilitating medical professionals to collaborate with other professionals to provide co-ordinated services, were recommended to improve

the primary care system.

4. Building on the recommendations of HDMAC, the Government put forward four service reform proposals in the First Stage Healthcare Reform Consultation Document entitled "Your Health Your Life" published on 13 March 2008 to reform the healthcare system. Emphasis was placed on enhancing primary care, and the following initiatives were proposed:-

- (a) developing basic models for primary care services;
- (b) establishing a family doctor register;
- (c) subsidizing patients for preventive care;
- (d) improving public primary care; and
- (e) strengthening public health functions.

5. The proposal to enhance primary care received broad support during the public consultation from March to June 2008. In recognition of the support, the Chief Executive announced in his 2008-2009 Policy Address that the Government would allocate resources to implement the proposal, and the Secretary for Food and Health would set up a Working Group on Primary Care ("WGPC") to take forward the initiatives.

6. In October 2008, WGPC was reconvened under HMDAC to advise on strategic directions for the development of primary care in Hong Kong. Three Task Forces were set up under WGPC to recommend strategies to strengthen primary care in three areas, namely, primary care conceptual models and preventive protocols; Primary Care Directory; and primary care service delivery models. A set of initial recommendations was formulated in 2009 for the development of better primary care services in Hong Kong through the following three main areas of work -

- (a) developing primary care conceptual models and clinical protocols, especially for the prevention and management of common chronic diseases, 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 adopting a multi-disciplinary approach; and
- (c) devising feasible service models to deliver enhanced primary care services in the community through pilot projects as appropriate, including the setting up of community health centre.

7. A Primary Care Office was set up under DH in September 2010 to support the strategic planning, implementation and overall co-ordination of the long-term development of primary care.

Deliberations of the Panel

8. On 12 July 2010, the Administration briefed the Panel on the latest working version of the strategy document on primary care development ("the document") drawn up based on the recommendations of WGPC. Members noted that the vision was to develop a future primary care system in which -

- (a) every citizen had access to a primary care doctor as his/her long-term health partner;
- (b) there was better availability of a comprehensive, continuing and co-ordinated care;
- (c) there was emphasis on preventing diseases and their deterioration by care provided by multi-disciplinary teams;
- (d) every person was supported in his/her efforts to improve and take care of his/her own health; and
- (e) care provided would be of high quality and evidence-based, provided by well trained professionals working with their patients, families and communities.

9. Members were further advised that the following eight major strategies had been formulated to strengthen primary care in Hong Kong, and a number of initiatives and pilot projects as set out in the **Appendix** were being or would be carried out to take forward these strategies -

- (a) developing comprehensive care by multi-disciplinary teams;
- (b) improving continuity of care of individuals;
- (c) improving co-ordination of care among healthcare professionals across different sectors;
- (d) strengthening preventive approach to tackle major disease burden;
- (e) enhancing inter-sectoral collaboration to improve the availability of quality care, especially care for chronic disease patients;

- (f) emphasizing person-centred care and patient empowerment;
- (g) supporting professional development and quality improvement;
and
- (h) strengthening organizational and infrastructural support for the changes.

10. Whilst expressing support for enhancing primary care, members considered that the Administration had not provided information on how the above primary care development strategies could truly benefit the public in the primary care setting. There were views that the benefits to be brought about by the territory-wide electronic health record ("eHR") sharing system, the primary care conceptual models and clinical protocols, as well as the Primary Care Directory to patients, if realized, were at best remote.

11. The Administration advised that the eHR sharing system would provide the essential infrastructural support on sharing patients' consent between different levels of care and between the public and private sectors. This would facilitate the provision of comprehensive, continuing and co-ordinated healthcare services. The Administration also considered that the benefits to be brought about by the primary care conceptual models and clinical protocols for chronic diseases and age-specific/sex-specific health problems were considerable. The benefits included providing the public as well as the healthcare professionals with a framework on what a comprehensive range of primary care services should cover, and providing common reference to guide and co-ordinate the efforts of healthcare professionals across different sectors for the provision of continuing, comprehensive and evidence-based care for managing common chronic diseases in the primary care setting. The primary care conceptual models and clinical protocols would also raise the awareness of patients and their carers about the importance of preventing and properly managing the major chronic diseases. As regards the Primary Care Directory which would contain practice-based information of primary care professionals of various disciplines, it would provide patients with adequate information to help them choose their primary care providers in the community on the one hand, and on the other hand facilitate the co-ordination among different primary care providers functioning as multi-disciplinary teams.

12. On the scope of the overall strategy for primary care development, the Administration advised that the document mainly referred to the provision of first contact healthcare services by doctors and other healthcare professionals.

13. Noting that there would be an additional funding of more than \$2.9 billion earmarked for the period 2009-2010 to 2010-2013 to implement

various initiatives in line with the primary care development strategy, concern was raised as to whether a considerable portion of the additional funding would be used on the development of eHR sharing system and staff cost of the Primary Care Office, whilst little would be left for improving primary care services that directly benefit patients.

14. The Administration advised that the budget for implementing the First Stage eHR Programme (from 2009-2010 to 2013-2014) was covered by separate funding. About \$32 million would be used on staff cost of the Primary Care Office for the period 2010-2011 to 2012-2013, amounting to less than 1% of the additional funding.

15. Members urged the Administration to further enhance the primary care services for the elderly. The Administration pointed out that a pilot project in the pipeline to take forward the strategies for primary care development was to improve dental care services of the needy elderly. The Administration was in discussion with the dental professionals, including the Hong Kong Dental Association, to work out suitable programmes to enhance primary dental care. Details of the programmes would be announced by end of 2010.

16. As regards how mental health services in the primary care setting would be enhanced, the Administration advised that HA had set up Common Mental Disorder Clinics to provide patients with common mental disorders with more timely assessment and consultation services. A pilot Integrated Mental Health Programme at the Family Medicine Specialist Clinics ("FMSCs") and GOPCs would be introduced in the second half of 2010-2011. Under the Programme, HA patients with stabilized and milder mental health conditions would be referred to FMSCs and GOPCs for further management by family medicine specialists and general practitioners working in multi-disciplinary teams.

17. There was a view that the Administration should set down the timetable, the priority accorded and resources allocated for the implementation of each of the eight major strategies to enhance primary care in Hong Kong.

18. The Administration advised that while it would be practically difficult to specify the timeframe, priority accorded to and resources allocated for the implementation of each strategy, the initiatives/pilot projects that were being or would be carried out were the specific measures in the pipeline to take forward these strategies to enhance primary care in Hong Kong.

19. On the suggestion of providing performance indicators/targets to measure the effectiveness of the initiatives, the Administration advised that it would work with independent assessment bodies to measure the effectiveness of the reform initiatives. In addition, some macro indicators, such as life expectancy,

could also be used to indirectly reflect the effectiveness of the development of primary care.

Recent developments

20. At the special meeting of the Panel on 15 October 2010 to receive a briefing from the Secretary for Food and Health on the 2010-2011 Policy Agenda in relation to health matters, members were advised, amongst others, that the Administration planned to publish a strategy document on primary care development at the end of 2010. At the same time, the Primary Care Office would embark on a two-year "health" advocacy programme starting from 2010 in partnership with healthcare professionals 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 service, and adopt a preventive approach in improving health.

21. The Primary Care Development in Hong Kong: Strategy Document ("the Strategy Document") was published on 31 December 2010. According to the Strategy Document, a cycle of four to five years will be adopted for a holistic review of the overall primary care development strategy based on the experience learnt and evaluation of the pilot projects.

Relevant papers

22. Members are invited to access the Legislative Council website (<http://www.legco.gov.hk>) for details of the paper and minutes of the meeting.

(Extract of the working version of the strategy document on primary care development in Hong Kong as at 5 July 2010)

Table 1. Strategies for Developing Primary Care in Hong Kong and Initiatives and Pilot Projects Being or Would Be Carried Out

Initiatives and Pilot Projects to Enhance Primary Care	Strategies to Enhance Primary Care in Hong Kong							
	Develop Multi-disciplinary & Comprehensive Primary Care	Improve Community Care	Improve Co-ordination of Care	Strengthen Preventive Approach to Tackle Major Disease Burden, Especially Chronic Disease	Further Enhance the Availability of Care for Chronic Disease Patients	Enhance Person-centred Care & Patient Empowerment	Support Professional Development & Quality Improvement	Strengthen Organisational & Infrastructural Support
Development of Conceptual Models and Protocols	X	X	X	X		X	X	
Primary Care Directory	X		X		X		X	X
Pilot Projects to Improve Chronic Disease Management	X	X	X	X	X	X	X	
Community Health Centres/Networks	X	X	X	X	X	X		X
Primary Dental Care				X	X	X		
Community Mental Healthcare	X		X	X	X			
Electronic Health Record (eHK) Sharing System	X	X	X		X	X	X	X
Strengthen Primary Care-related Research							X	
Establishment of the Primary Care Office	X	X	X				X	X