For discussion
On 21 January 2013

Legislative Council Panel on Health Services
2013 Policy Address
Policy Initiatives of the Food and Health Bureau

Vision

The healthcare system of Hong Kong runs on a dual-track basis encompassing both public and private elements. It has served us well over the years with proven track record of success. We will ensure that the dual-track system remains strong and robust, and develops in a balanced and sustainable manner. The public healthcare system is the cornerstone of Hong Kong's healthcare system and the safety net for all. The Government will uphold its firm commitment to the public healthcare sector and ensure that no one would be denied healthcare service because of lack of means. As an integral part of our twin-track healthcare system, the private healthcare sector can provide personalised and more accessible services for those who are willing and can afford to use private healthcare services.

2. There is a balance to be struck between public and private healthcare services in the light of social development and healthcare service needs of the public. We would suitably adjust it through various healthcare polices and measures, including increasing the supply of public healthcare services and facilities, setting the target areas of public healthcare services, facilitating information sharing between different healthcare service providers in the public and private sectors, implementing public-private partnership programmes, and enhancing the utilisation of private healthcare services through introducing the Health Protection Scheme (HPS).

New Initiatives

(a) Enhancing the services of the Hospital Authority

3. We are making continuous efforts in improving the services of the Hospital Authority (HA) to provide members of the public with quality public

healthcare services. In the coming year, we will enhance the treatment of critical illnesses, elderly services, infirmary and nursing care, as well as improving the waiting arrangements for specialist out-patient services and accident and emergency services.

(i) Treatment of critical illnesses

4. To meet the increasing demand for services arising from various kinds of critical illnesses, HA has all along allocated resources to enhance its service capacity and quality. Amongst other things, to improve the provision of emergency percutaneous coronary intervention operation service, HA has extended the operating hours of this service in four public hospitals (namely Pamela Youde Nethersole Eastern Hospital, Queen Mary Hospital, Ruttonjee Hospital and Queen Elizabeth Hospital) and plans to gradually extend the service to other hospitals.

5. HA has also made proactive efforts in enhancing the quality of treatment for stroke patients. The Queen Elizabeth Hospital and the Prince of Wales Hospital have run a pilot scheme to provide 24-hour emergency intravenous thrombolytic therapy for acute ischaemic stroke patients, and HA plans to extend such service to other hospital clusters in phases. Meanwhile, HA has set up the "Transient Ischaemic Attack Priority Clinic" to provide timely and appropriate treatment for mild stroke patients through multi-disciplinary collaboration to reduce the risk of neurological events.

6. To cater for the needs of patients with end-stage renal disease, HA has made significant efforts to develop the renal replacement therapy service, providing treatment to more than 8 000 patients at present. In the case of hemodialysis service, for example, apart from increasing the service capacity of renal centres of public hospitals, HA also purchases haemodialysis service from eligible centres in the community through public-private-partnership, and introduces haemodialysis treatment at home to enhance the effectiveness of the treatment and improve the living quality for those renal patients suitable for using this service.

(ii) Elderly services

7. To meet the challenges arising from increasing service demand due to

ageing population, ensure the quality and safety of its services and maintain adequate manpower with experience in elderly care, HA has devised the Strategic Service Framework for Elderly Patients to provide guidelines for development of elderly healthcare services in 2012-17.

8. In line with the international trend of greater focus on the development of ambulatory and community care programmes, HA provides community-based outreach services through the Community Nursing Services, Community Geriatric Assessment Teams, Community Psychiatric Services and Community Allied Health Services to support discharged patients for continued rehabilitation in the community in an effort to reduce reliance on in-patient services and facilitate patients' rehabilitation in the community.

9. HA will enhance the healthcare services for the elderly in the coming year, especially the treatment of degenerative diseases. Measures to be implemented include provision of more drugs for the treatment of Age-Related Macular Degeneration, enhancing the prevention of osteoporotic fracture and the use of drugs, operation and rehabilitation for treatment of such illness, etc. As for the treatment of advanced Parkinson's disease, HA will conduct minimally invasive brain surgeries for suitable patients in order to enhance their mobility.

(iii) Infirmary and nursing Care

10. The need of longer-term infirmary and rehabilitative nursing care for the relatively large number of elderly people with chronic illnesses poses pressure on the utilisation of rehabilitation beds and infirmary beds in public hospitals. To meet the growing demand in this area, HA will provide an additional 130 convalescent beds in the coming year.

11. In addition, we will consider converting the Wong Chuk Hang Hospital, which is now mainly providing extended care as well as rehabilitation and convalescent services, into an institution providing services which embrace the elements of infirmary and nursing care in order to make available more places to take care of persons who are in stable conditions but require long term infirmary and nursing care services. This will enable persons awaiting central medical infirmary placement to receive the necessary service earlier and reduce their need of using acute beds for the time being due to insufficient infirmary

beds. This will help achieve a more effective use of public resources. On the other hand, the supply of nursing places will also be increased so that elders on the waiting list can receive the service early.

(iv) Waiting time for specialist out-patient services

12. We understand the public concerns on the waiting time for specialist out-patient services. HA has made sustained efforts to improve the services. Measures already implemented include establishing family medicine specialist clinics to follow up patients triaged as routine cases; strengthening collaboration with private practitioners and non-governmental organisations to follow up medically stable patients; and piloting the use of e-platform for specialist out-patient referrals etc.

13. HA has launched a cross-cluster referral arrangement for specialist out-patient services on a pilot basis to provide choices for patients and reduce the waiting time through a central coordination and matching system. The system has first been put on pilot run in the Ear, Nose and Throat Departments of the Kowloon East Cluster and the Kowloon Central Cluster, and a review of the system will be conducted later. HA will also explore the provision of similar referral arrangement for other specialist departments such as gynaecology.

14. In addition, HA will also provide information on the waiting time for specialist out-patient services on the internet in phases for access by the public, so as to enhance transparency and overall accountability.

(v) Accident and emergency services

15. To ensure that patients in serious conditions will receive timely treatment, a triage system has been put in place in the Accident and Emergency (A&E) Departments of the public hospitals under HA. Patients are triaged into five categories, namely critical, emergency, urgent, semi-urgent and non-urgent according to their clinical conditions. In handling critical, emergency and urgent cases, HA is able to meet its performance pledge of meeting the target waiting time. In order to reduce the waiting time for other categories of A&E services, HA has since last year strengthened the manpower in the A&E Departments, enhanced the support for nurses and other paramedical staff (e.g.

phlebotomists) in the A&E Departments with reference to overseas model of nursing practices, and improved support from auxiliary medical services during the influenza season. Starting from the first quarter of 2013, HA will provide healthcare staff with a special overtime honorarium with a view to increasing the number of consultation sessions during peak hours to further improve A&E services.

(vi) Drug Formulary

16. In 2010-11 and 2011-12, HA has incorporated nine drugs and expanded the clinical applications of 17 drugs. In 2012-13, HA has incorporated three additional drugs and further expanded the clinical applications of nine drugs. In 2013-14, HA will continue to expand the coverage of the Drug Formulary to cover more new drugs, with a view to providing effective medication to more patients.

(b) Review of HA's Operation

17. While we have put in place numerous measures to improve HA's services, we will not be complacent. Public healthcare services have been and will continue to be the cornerstone of our healthcare system, acting as the healthcare safety net for all and remaining strong and robust through continued investment and commitment from the Government. With a history of over two decades, HA has played an important role in the public healthcare sector. Its world-acclaimed healthcare services account for about 90% of the in-patient hospital services in Hong Kong. Our ageing population is set to bring about changes in the demand for healthcare services. To meet the challenges arising from such changes, we will review the role and positioning of HA under the twin-track system of public and private healthcare.

18. We will set up a steering committee for this review to examine the role and positioning of HA in Hong Kong's healthcare system, and to conduct an overall review with recommendations on HA's cluster management and staff systems, cost effectiveness and service levels so as to ensure that HA is able to provide quality and effective service under the twin-track system of public and private healthcare.

(c) Review on the Regulation of Private Healthcare Facilities

19. Some of the private healthcare facilities in Hong Kong, for example, private hospitals, nursing homes, non-profit-making medical clinics and so forth, are required to register with the Department of Health under the Hospital, Nursing Homes and Maternity Homes Registration Ordinance and the Medical Clinics Ordinance. These two ordinances were last amended in a substantive manner in the 1960s. They have outlived their usefulness in regulating private healthcare services amid the changing landscape of the healthcare market. The Director of Audit, via its Report No. 59 released in November 2012, has made recommendations on how to improve the regulatory control of private hospitals. Furthermore, a recent incident causing casualties resulting from the performance of high-risk medical procedures offered by a beauty service company has aroused public concern over the regulation of high-risk medical procedures advertised as "medical beauty services".

20. To address public concerns as well as enhance the safety, quality and transparency of private healthcare services, we established a Steering Committee on Review of the Regulation of Private Healthcare Facilities ("Steering Committee") in October 2012 to conduct a review into the regulatory regime for private healthcare facilities. The review aims at strengthening the regulation of the facilities, especially private hospitals, by enhancing the regulatory role of the Department of Health in order to safeguard public heath and consumer rights.

21. Four working groups have been set up under the Steering Committee with a view to conducting focused study on four priority areas :

(i) differentiation of medical procedures/ practices and beauty services;
(ii) defining high-risk medical procedures/practices performed in ambulatory setting;
(iii) regulation of premises processing health products for advanced therapies; and
(iv) regulation of private hospitals.

22. The first working group is expected to submit recommendations to the Steering Committee for public consultation in the second quarter of 2013, while the remaining three working groups are expected to complete review in

the second half of the year. The review as a whole is expected to complete in the fourth quarter of 2013. We would then consult the public on the proposals put forward by the Steering Committee and make preparations for the ensuing legislative process.

(d) Elderly Health Assessment Pilot Programme

23. We will launch an Elderly Health Assessment Pilot Programme in collaboration with non-governmental organizations (NGOs) this year to subsidize about 10 000 elders to receive basic health check. The NGOs will provide follow-up consultations and health counseling to individual elders in light of their health and risk assessments, thereby raising the overall health level of the elderly. We have earmarked a sum of $12 million for the pilot programme. We are discussing with potential NGOs on programme details and plan to launch the programme in mid-2013.

(e) Chinese Medicine Development Committee

24. The Government has all along been committed to promoting the development of Chinese medicines in Hong Kong. In the past few years, we have strived to establish and build up a sound regulatory regime for Chinese medicines. On this solid foundation, the Government is now proactively examining the future development needs of the Chinese medicine sector, so that traditional Chinese medicine, which has been widely recognized by the public, can play a more active role in promoting the health of the general public. The Chinese medicine sector also has high expectation on its development.

25. In this regard, the Chief Executive will set up a Chinese Medicine Development Committee. Representatives from the sector will be invited to join the Committee to study the policies and measures to further the development of the Chinese medicine industry. The Preparatory Task Force set up to prepare for the establishment of the Committee has put forth recommendations on the terms of reference and composition of the Committee. The Committee to be established at the end of this month will be chaired by the Secretary for Food and Health, comprising representatives from the Chinese medicine practitioners, the Chinese medicine trade, academia, the research and healthcare sector, as well as lay persons. Upon establishment, the Committee will focus on a number of key areas and explore specific measures for the

development of Chinese medicine in Hong Kong. The key study areas of the Committee include enhancing the professional standards and status of Chinese medicine practitioners; strengthening research and development of Chinese medicine; promoting treatment with integrated Chinese and Western medicine; expanding the role of Chinese medicine practitioners and Chinese medicine in the public healthcare system; and introducing Chinese medicine in-patient services.

Ongoing Initiatives

(a) A dual track system and public-private partnership (PPP)

26. To enhance a balanced and sustainable dual track public and private health care system, we would continue to implement the following measures.

(i) Health Protection Scheme

27. We are currently taking forward the HPS based on the outcome of the Second Stage Public Consultation on Healthcare Reform. The HPS is meant to complement the public healthcare system by providing more choices, better protection as well as an alternative to those who may afford and are willing to purchase private health insurance and make use of private healthcare services. By better enabling the public system to focus on serving its target areas, the HPS indirectly provides relief to the public system and helps enhance the long-term sustainability of the healthcare system.

28. We have set up a Working Group and a Consultative Group on the HPS under the Health and Medical Development Advisory Committee (HMDAC). The Working Group will make recommendations on matters concerning the implementation of the HPS, including supervisory and institutional frameworks, key components of the HPS standard plan(s), rules and mechanism in support of the operation of the HPS as well as possible options for the provision of public subsidies or financial incentives to facilitate HPS implementation. The Working Group is supported by the Consultative Group, which will collect views and suggestions from the wider community and pass them to the Working Group for reference and consideration. The Working Group is expected to complete its work and tender detailed recommendations on the HPS to the HMDAC by 2013.

29. To facilitate the work of the Working Group and Consultative Group, we have commissioned a consultancy study on the HPS in order to provide professional and technical support to the Working Group and the Consultative Group. The consultant would conduct a comprehensive and detailed review, survey and analysis on the current state of private health insurance in Hong Kong by collecting relevant information and data from private health insurers and private healthcare service providers. Based on the findings of the analysis and after considering the experience of overseas jurisdictions, the consultant will propose a feasible and sound design for implementing the HPS, including relevant operational rules and mechanisms, such as the high-risk pool, portability arrangements for HPS standard plan(s), transparency and certainty of charging of fees, etc. Findings from the consultancy study will be published for public information as part and parcel of the work of the Working Group on the HPS.

(ii) To enhance public healthcare services through public-private partnership (PPP)

30. Strengthening public-private partnership in the healthcare sector could provide members of the public with wider choice of services, fosters healthy competition and collaboration among healthcare service providers, and ensures better use of resources in the public and private sectors. It also helps to relieve pressure on the demand for public healthcare services and manpower resources, and facilitate cross-fertilization of expertise and experience among healthcare professionals.

31. Over the past few years, the Government has implemented a number of pilot projects to promote PPP in the provision of healthcare services, including the Tin Shui Wai Primary Care Partnership Project, Elderly Health Care Voucher Pilot Scheme, Elderly Vaccination Subsidy Scheme, Childhood Influenza Vaccination Subsidy Scheme, Human Swine Influenza Vaccination Subsidy Scheme, Cataract Surgeries Programme, the subsidy scheme for renal patients to receive haemodialysis services, etc. In addition, HA has launched in the second quarter of 2012 a three-year Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector which facilitates eligible patients from selected cancer groups to receive diagnostic radiological services from designated radiological investigation

service providers in the private sector. In the first six months of the Pilot Project, about 1 000 patients have received private diagnostic radiological services. HA will study the feasibility of further outsourcing its services, including scaling up the Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector to benefit more cancer patients and exploring the case for patients suffering from specific chronic diseases with stable medical conditions to receive treatment in the private sector.

(iii) Elderly Health Care Voucher Scheme

32. We have launched the Elderly Health Care Voucher Pilot Scheme since 1 January 2009 to subsidise eligible elders aged 70 or above in using primary care services in the private sector, including preventive care services. At present, about 460 000 elders have made use of the vouchers, with a cumulative expenditure exceeding $327 million. Starting from 1 January 2013, the annual voucher amount for each eligible elder has been doubled from $500 to $1,000. We will also convert the voucher scheme from a pilot project into a recurrent support programme for the elderly in 2014. After converting the scheme into a recurrent programme and accumulating experiences, we will conduct a further review on its operation.

(iv) Continue to Establish and Develop a Territority-wide Electronic Health Record Sharing System

33. To enhance collaboration between healthcare providers in the public and private sectors and enable patients to receive quality healthcare services with continuity, we rolled out the 10-year Electronic Health Record (eHR) Programme in 2009. The first stage of the Programme has since been in good progress. The eHR Office completed the public consultation on the Legal, Privacy and Security Framework for eHR Sharing in 2012 and a total of 111 responses were received.

34. To address the personal data privacy issues arising from the development of the eHR Sharing System, the eHR Office is commissioning the first and second phases of Privacy Impact Assessment. In addition, we intend to commence a Privacy Compliance Audit after the eHR Sharing System comes into operation by the end of 2014. During mid-2013 to mid-2014, we will also

conduct a Security Risk Assessment and a Security Audit in respect of the entire eHR Programme and individual development projects and designs.

35. The development of various components of the eHR Sharing system is also on track. We have developed the prototype of some of the Clinical Management System (CMS) adaptation modules for use by private healthcare institutions. We are discussing with a number of private hospitals the arrangements for conducting trial runs. The development of prototype of CMS On-ramp applications for use by private solo or group practice healthcare providers has also been completed. We are liaising with 11 private clinics on pilot run of the applications. We will enhance and improve relevant system components in the light of the experience obtained from the trial runs.

36. We are currently in preparation for drafting of the legislation on the eHR Sharing System. We expect that the Bill will be introduced to the Legislative Council in 2013-14. We plan to launch the System by the end of 2014 to enable the sharing of patients' eHRs between healthcare providers in the public and private sectors with patients' consent.

37. After completion of the first stage of the Programme, we will closely monitor the operation of the System and take reference from relevant overseas experience for formulation of specific targets of further system enhancement and functions upgrade. We will initiate the tasks relating to the second stage of the Programme in 2014-15.

(b) Increase the service capacity of the healthcare system

38. On the front of increasing service capacity of the healthcare system, we will continue to implement the following initiatives:

(i) Increase/renew public healthcare facilities

39. We will carry out an expansion project for the United Christian Hospital to cater for the rising demand for ambulatory and in-patient services following the rapid population growth in Kwun Tong district. The expansion project involves the demolition of four existing hospital building blocks and an annex for the construction of two new blocks, namely an ambulatory cum pathology block and a staff block. The project will also convert and renovate

the other hospital blocks to improve, expand and rationalize the existing departments/services. The project will be implemented in two phases, namely phase one preparatory works and phase 2 main works. The preparatory works involve site investigations, building survey and preparation of outline sketch design, detailed design, tender documentation and tender assessment for the main works. Following the funding approval by the Legislative Council Finance Committee in July 2012, we have immediately kicked start the preparatory works in August 2012 with an aim to proceeding to the phase 2 main works stage in 2014 for completion of the whole expansion project in 2021.

40. We will implement the Tin Shui Wai Hospital construction project. We have completed the tender assessment for the design and construction of the hospital and obtained support from the Legislative Council Panel on Health Services for the project in November 2012. We will proceed to seek funding approval from the Legislative Council Finance Committee in February 2013. If funding is approved, construction works for the hospital will commence immediately. We anticipate all construction works will be completed in the second quarter of 2016. Upon completion, the new hospital will provide accident and emergency services, in-patient services and ambulatory and community care services for its catchment population.

41. We plan to redevelop Kwong Wah Hospital to enhance its healthcare facilities and service quality. The redevelopment project will improve the existing architectural design of the hospital and resolve the problem of over-congested environment and inadequate space provision. The operation flow will also be restructured to tie in with service requirement. In future, Kwong Wah Hospital will adopt the new patient-oriented healthcare model with focus on the provision of ambulatory care services. The ambulatory care centre will be the principal structure of the redeveloped hospital. The redevelopment proposal will also expand the Chinese medicine services to provide cross-specialties (Chinese and western medicine) out-patient services and enhanced integration of Chinese and western medicine as well as Chinese medicine in-patient accommodation.

42. The Kwong Wah Hospital redevelopment project will be implemented in two phases, including the preparatory works and the main works. We will seek funding approval from the Legislative Council Finance

Committee in February 2013 for carrying out the preparatory works. If funding approval is obtained, the preparatory works will start immediately. We plan to commence the main works in early 2016 for completion of the whole redevelopment project in 2022.

43. We plan to renew Queen Mary Hospital into a modern medical centre to cater for the community's future healthcare services need and to ensure the delivery of new and safe services to the general public. The proposed redevelopment project will provide additional space and larger floor plates to meet operational needs, complement service developments and at the same time promote integrated medical research and education. The new Queen Mary Hospital will adopt a patient-oriented design to enhance the operational efficiency, service level and cost-effectiveness so as to equip the hospital with adequate capacity and capability to meet the long-term needs of the community.

44. We have reserved a site in the Kai Tak Development Area for the establishment of a new Centre of Excellence in Paediatrics (CEP), with the aim to enhance the quality of clinical services, research and training in the discipline of paediatrics. The Architectural Services Department has commenced the tender process. We plan to seek funding approval from the Finance Committee of the Legislative Council in mid-2013. The construction works are expected to commence in the second half of 2013 for completion by late 2017, with the Centre targeted to commence services by phases from mid-2018.

45. We will review the demand for healthcare facilities in the Kowloon region. If necessary, we will expedite the development of the reserved hospital site at the Kai Tak Development Area to address the needs of the Kowloon region, particularly the long term needs for public healthcare facilities in East Kowloon, and provide better healthcare services to the community. We also plan to redevelop the Kwai Chung Hospital to strengthen care and support for mental patients.

(ii) Developing private hospitals

46. To complement the public system, it is our policy to facilitate private hospital development to address the imbalance between the public and private sectors in hospital services in Hong Kong. This also helps to increase the overall capacity of the healthcare system in Hong Kong so as to enable the

public to have more choices and have access to affordable high quality private hospital services, and to address the increasing demand for healthcare services. The Chief Executive also stated in his manifesto that we would undertake a study on the allocation of land to encourage non-profit-making organisations to establish hospitals and operate them on a self-financing basis.

47. To facilitate private hospital development, we invited tenders for the development of private hospitals at two sites at Wong Chuk Hang and Tai Po between April and July last year. We are assessing the tenders based on the marking scheme published in the tender documents in accordance with the established government procurement and tendering procedures. We expect to announce the tender results in the first quarter of this year. Upon completion of this tendering exercise, we will review the market response and assess the needs of the community in formulating specific arrangements for the future development of private hospitals.

(iii) Enhancing manpower and training for medical and healthcare practitioners

48. In the past few years, HA has been allocating additional resources to address manpower issues. HA has implemented a series of measures, including recruitment, the creation of additional promotion posts and strengthening of professional training, with a view to improving staff retention and boosting staff morale. HA has also been endeavouring to relieve the workload of its frontline healthcare workers by re-engineering work processes, streamlining work procedures and recruiting additional supporting staff. With a view to strengthening doctor manpower in the short run, HA has enhanced the employment scheme of part-time doctors and has continued to recruit non-local doctors with limited registration. Following the implementation of a basket of measures, as at end October 2012, the numbers of doctors and nurses show a net increase of 9% and 10% respectively as compared to 2009.

49. HA has all along attached great importance to the training and development of its medical and healthcare practitioners. HA has, in recent years, implemented a series of initiatives to enhance the training opportunities for its staff, such as enhancing training provided by the Institute of Advanced Allied Health Studies to provide systematic training to allied health practitioners; increasing the number of training places to train more nurses to meet service

demand; and providing medical and healthcare practitioners with specialist training and short-term overseas training scholarships so as to enhance their professional competence. HA will continue to strengthen the training and development for its medical and healthcare practitioners with a view to improving the professionalism and competency of its workforce.

50. On training of healthcare professionals, with the approval of the Finance Committee of the Legislative Council we have allocated an additional $200 million to increase the number of first-year first-degree places in medicine by 100 to 420, nursing by 40 to 630 and allied health professions by 146 for the triennial cycle starting from 2012/13. Meanwhile, training places for nurses offered by self-financing post-secondary institutions are also on the rise.

(iv) Strategic Review on Healthcare Manpower Planning and Professional Development

51. In 2012, the Government set up a high-level steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development. The review covers 13 healthcare professions which are subject to statutory regulation, including doctors, dentists, Chinese medicine practitioners, chiropractors, nurses, midwives, pharmacists, and other healthcare professions covered by the Supplementary Medical Professions Ordinance. The steering committee will formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development having regard to the findings of the review, with a view to ensuring the healthy and sustainable development of the healthcare system in Hong Kong.

52. To assist the steering committee in making informed recommendations to the Government on the means and measures to ensure an adequate supply of healthcare professionals and strengthen professional development of the healthcare professions concerned, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. We have also set up six consultative sub-groups under the steering committee to hear and consolidate views from the healthcare professions. The review is now underway and we aim to complete the review in 2013.

(c) Other Services Programmes

(i) Continuing to refine the surveillance, control and notification mechanisms of communicable diseases

53. Since the Prevention and Control of Disease Ordinance (Cap. 599) and its subsidiary legislation came to effect in 2008, the laws of Hong Kong have been brought in line with the requirements of the International Health Regulations (2005) of the World Health Organization, allowing us to handle communicable diseases and respond to public health emergencies effectively. The Centre for Health Protection under the Department of Health will continue to maintain close liaison and cooperation with neighbouring regions, conduct exercises on public health emergencies from time to time, and continue to refine the surveillance, control and notification mechanisms of communicable diseases in Hong Kong in order to minimise the spread of communicable diseases in the local community.

54. This year, the Government will continue to implement the Government Vaccination Programme which provides free vaccination to eligible persons, as well as Vaccination Subsidy Schemes which subsidise children and elders to receive seasonal influenza and pneumococcal vaccinations at private clinics. The Government has increased the subsidy level for childhood influenza vaccination, bringing it in line with the subsidy level for elderly influenza vaccination, with a view to encouraging more parents to bring their children to receive influenza vaccination. HA also adopted measures to assist in the vaccination of target groups which include healthcare workers.

(ii) Enhancing Mental Health Services

55. The Government is committed to promoting mental health and has been providing a comprehensive range of mental health services for persons in need covering prevention, early identification, medical treatment and rehabilitation. With the increasing importance of mental health services in community settings, we have in recent years introduced various initiatives to enhance community support for mental patients with a view to facilitating their recovery and re-integration into the community. Such initiatives include the setting up of Crisis Intervention Teams to provide outreach intervention services

for patients with very high risks, implementing the Integrated Mental Health Programme to provide assessment and treatment services in primary care setting for patients with common mental disorders, strengthening psychogeriatric outreach service to provide consultation for elders in residential care homes for the elderly, and extending the Early Assessment and Detection of Young Persons with Psychosis programme to adults so as to provide timely treatment to more patients with psychotic disorders.

56. To enhance community support for patients with severe mental illness, HA launched the Case Management Programme in April 2010. With an initial coverage of three districts, the Programme has now been rolled out to 12 districts (namely, Eastern, Wan Chai, Southern, Central and Western, Islands, Kwun Tong, Sham Shui Po, Kowloon City, Kwai Tsing, Sha Tin, Tuen Mun and Yuen Long), providing intensive and personalised community support to over 11 000 patients by the end of September 2012. HA will continue to deploy manpower flexibly and adjust service plans as appropriate having regard to the development needs of mental health services, and actively consider extending the Programme to all districts in the territory in the coming two years.

(iii) Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes and Day Care Centres

57. In April 2011, we launched a three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes for the Elderly (RCHEs) and Day Care Centres for the Elderly (DEs) (the Pilot Project) in collaboration with NGOs to provide outreach dental care services. It is estimated that the Pilot Project will provide for about 100 000 attendances.

58. Under the Pilot Project, the following primary dental care and oral health care services are provided free to RCHEs and DEs through 13 NGOs totaling 24 outreach dental teams -

(1) primary dental care services, including dental check-up, scaling and polishing and any other necessary pain relief and emergency dental treatments to the elderly concerned;

(2) oral care training to caregivers of RCHEs and DEs; and

(3) oral health education activities to the concerned elders, their family members and caregivers in RCHEs and DEs.

As at end-December 2012, the Pilot Project had undertaken over 52 000 attendances.

(iv) Long-term strategy for development of primary care

59. Having regard to an ageing population and the increasing demand for healthcare services, we have mapped out a long-term development strategy for primary care and implemented a number of measures and pilot projects in the past few years including –

(1) development of conceptual models and reference frameworks in primary care settings for chronic illnesses like diabetes and hypertension for reference by healthcare professionals. We have also started to develop similar reference frameworks for age-specific groups like elders adults and children. We will continue to promote the use of these reference frameworks among healthcare professionals;

(2) development and promotion of a Primary Care Directory to provide the public with practice-based information of primary care providers in various districts. Following the issue of the sub-directories for doctors and dentists in 2011, a sub-directory for Chinese medicine practitioners was launched in October last year; and

(3) establishment of a community health centre in Tin Shui Wai in mid-2012 to provide comprehensive and co-ordinated primary care services through cross-sectoral collaboration. We will continue to take forward various projects to enhance primary care services at the district level, including planning for community health centres, exploring different models for delivery of primary care services through pilot projects, and encouraging participation of the private healthcare sector.

(v) Medical support in the Mainland

60. In order to facilitate the senior citizens to settle in the Mainland, the Government has been actively negotiating with the Mainland liberalisation measures for the medical sector under the Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA). It allows Hong Kong medical practitioners to practise or set up clinics or hospitals in the Mainland. In this way, senior citizens residing there may also receive Hong Kong-style medical services. We will continue to discuss with the Mainland measures to further facilitate Hong Kong healthcare professionals in setting up clinics and hospitals there. We are also exploring with Guangdong the cross-boundary patient transfer arrangements between Shenzhen and Hong Kong to make it more convenient for Hong Kong patients residing in the Mainland to return to Hong Kong for medical treatment.

(vi) Tobacco Control

61. To safeguard public health, the Government has been adopting a multi-pronged approach comprising legislation, taxation, publicity, education, enforcement and provision of smoking cessation services to reduce smoking and public exposure to second-hand smoke. After our sustained and continuous efforts in tobacco control, the prevalence of daily smokers aged 15 and above in Hong Kong had been reduced steadily from 23.3% in early 1980s to 11.1% in 2010. We will closely monitor the effectiveness of our tobacco control measures, including the trend of smoking prevalence, sale figures of cigarettes, demand for smoking cessation services, enforcement of tobacco control legislation, public acceptability and expectations regarding tobacco control, recommendations and guidelines of the World Health Organisation, etc. and formulate appropriate tobacco control policies and measures.

Food and Health Bureau
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