

For discussion
on 20 January 2014

**Legislative Council Panel on Health Services
2014 Policy Address
Policy Initiatives of the Food and Health Bureau**

Hong Kong has a twin track healthcare system comprising of both public and private sector. The public healthcare system is the cornerstone of Hong Kong's healthcare system and the safety net for all. The Government will ensure that no one would be denied healthcare services because of lack of means. As an integral part of our twin track system, the private healthcare sector provides personalised and more accessible services for those who are willing and can afford to use private healthcare services.

2. Due to our aging population and the rising demand for healthcare services, our public healthcare system faces obvious pressures and challenges. For these, we strive to maintain the balance between the public and private healthcare sectors and to meet the long term healthcare needs of our population through various health policies and initiatives. We mapped out our policy objectives and measures in 2013, including the improvement and expansion of facilities under the Hospital Authority (HA). We have also converted the Elderly Health Care Voucher Pilot Scheme into a recurrent support programme and plan to further increase the annual voucher value to \$2,000. We are working on the Health Protection Scheme to enhance the use of private healthcare services. To lessen the long term burden on our healthcare services, we would strengthen the primary care and promote prevention and early identification of disease.

New Initiatives

(a) Increasing service capacity of the healthcare system

(i) Acute Hospital at Kai Tak Development Area

3. We are reviewing the healthcare facilities and services in the Kowloon region with a view to providing healthcare services that could better meet the long-term demand of residents in the region. We have reserved site in the Kai Tak Development Area (KTDA) and are actively planning the construction of a new acute hospital in the Area which will provide clinical services of major specialties, including accident and emergency (A&E) services. The (HA) is currently conducting strategic planning in respect of the proposal. To ensure that the planning work could better cater for the long-term healthcare services demand, HA will take into account various factors, including the rate of population growth and aging, changes in service models, new developments in medical technology and medical services, etc. in the process. We anticipate that the related service planning and technical feasibility study will be completed within this year. We will seek funding provision for the project in accordance with the established procedures in order to finalise the implementation programme for the construction of the hospital at KTDA as soon as possible.

(ii) Extension of Tin Shui Wai General Out-patient Clinic Public-Private Partnership Programme (TSW PPP)

4. In 2008, the HA launched the TSW PPP to allow GOPC patients with chronic diseases like diabetes or hypertension who are in stable conditions a choice to receive treatment from designated private clinics in the Tin Shui Wai district. To help relieve the pressure on the manpower of our public health system and promote the concept of family doctor, we will extend the partnership project to Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014, covering about 2 000 GOPC patients in each of these districts.

5. Under this partnership project, the HA will subsidize each GOPC patient to receive a maximum of 10 consultations provided by private medical practitioners, covering four treatments of chronic diseases and six

episodic consultations each year as well as the drugs required. The HA will review the feedback from patients and assess the cost-effectiveness of the partnership arrangement and consider whether the initiative should be further expanded in terms of patient numbers or extended to other districts.

(b) Measures for Prevention and Early Identification of Disease - Colorectal Cancer Screening

6. Due to an ageing population and lifestyle changes, incidence rate of colorectal cancer has continued to increase and has become the most common cancer in Hong Kong in 2011, with 4 450 newly registered cases and over 90% of these cases occurred in people aged 50 or above. In 2012, colorectal cancer was the second leading cause of cancer deaths for both males and females, involving a total of 1 903 deaths. In this connection, the Government will subsidise colorectal cancer screening for higher risk groups. The Department of Health (DH) is conducting a study with the HA and will start the preparatory work of a pilot programme this year.

(c) Healthcare services for the elderly

(i) Enhancements to Elderly Health Care Voucher Scheme

7. In 2009, we introduced the Elderly Health Care Voucher (EHV) Scheme on a pilot basis to subsidise local residents aged 70 or above to use primary care services in the private sector, including dental and other preventive care services. The annual voucher amount has increased from the initial sum of \$250 to \$500 in 2012, and to \$1,000 in 2013. As at end-December 2013, about 550 000 elders have made use of the vouchers at a cumulative expenditure of about \$647 million.

8. Given the increasing popularity of the EHV Scheme, we have converted the Pilot Scheme into a recurrent support programme this year. In addition, we plan to further increase the annual voucher value from \$1,000 to \$2,000 within this year. The financial ceiling on unspent voucher value for each EHV user will be adjusted from \$3,000 to \$4,000 accordingly. Apart from providing eligible elders with larger room and flexibility in choosing primary care services that best suit their needs, it is hoped that by tapping the resources and healthcare manpower in the

private sector, the enhanced EHV Scheme will help promote long term development of primary care and make more effective use of our community resources in meeting growing demands for medical services.

(ii) Outreach Dental Services for the Elderly

9. In 2011, we launched the three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) (Outreach Pilot Project). As at end-December 2013, a total of 24 outreach dental teams from 13 non-governmental organizations (NGOs) have been set up and provided basic dental care services to about 59 000 elders in more than 730 RCHEs and DEs.

10. Having regard to the experience gained and positive feedback from the NGOs, we will turn the Outreach Pilot Project into a recurrent programme in 2014 to continue to provide outreach dental services for elders in similar health conditions and physical environment. We will introduce the following enhancements to the dental outreach services -

- (a) increasing the block grant for each outreach dental team in the light of price increases in the past few years. This also helps the NGOs recruit more experienced dentists to undertake outreach dental work;
- (b) expanding the scope of treatments and services to cover fillings, extractions, dentures, etc.; and
- (c) strengthening the funding and logistical support for arranging escort services for elders to receive follow-up treatment at NGOs' clinics where necessary.

11. In addition, we will expand the pool of beneficiaries to cover elders in similar conditions, including those residing in infirmary units under the HA and nursing homes registered with the DH. We will also strengthen the publicity to encourage more RCHEs / DEs to join the programme and enhance the awareness of eligible elders and their families about the outreach services available. The DH will develop a kit to enhance the capabilities of caregivers of RCHEs and DEs in attending to

the daily oral care needs of these elders.

(iii) Integrated Elderly Centre

12. Together with the Labour and Welfare Bureau, we are actively exploring the feasibility of setting up an Integrated Elderly Centre on a pilot basis to provide one-stop, multi-disciplinary healthcare and social services for the elderly at the community level. We will consider making use of new community health facilities or expanding existing clinics or elderly services centres to try out the concept of promoting greater collaboration between medical and social services. This may include community elderly services centres receiving subvention from the Social Welfare Department (SWD), Elderly Health Centres under the DH and out-patients clinics under the HA.

(d) Development of Chinese medicine

13. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. After several years of efforts, we have strived to establish a sound regulatory regime for Chinese medicine. On this solid foundation, the Government is now actively examining the future development needs of the Chinese medicine sector, so that the widely accepted traditional Chinese medicine can play a more active role in promoting public health. The Chinese medicine sector also has high expectation on its development.

14. To this end, the Chief Executive has established the Chinese Medicine Development Committee in February 2013 to focus on the study of four major areas, namely the development of Chinese medicine services, personnel training and professional development, research and development and development of the Chinese medicines industry (including Chinese medicines testing). The Committee is chaired by the Secretary for Food and Health and comprised representatives from the Chinese medicine practice, Chinese medicines trade, academia, research and development, testing and healthcare sectors, as well as lay persons. The Chinese Medicine Practice Sub-committee and the Chinese Medicines Industry Sub-committee were formed under the Committee to focus deliberation on various aspects.

15. The Chinese medicine sector generally agrees that Hong Kong has the need and readiness to develop a Chinese medicine hospital to provide Chinese medicine in-patient services. This will also help

enhance the professional training and standards of Chinese medicine practitioners in Hong Kong. As such, the Government has accepted the Committee's recommendation and decided to reserve a site in Tseung Kwan O, which was originally earmarked for private hospital development, for setting up a Chinese medicine hospital. Considering that the healthcare system of Hong Kong is based on Western medicine, we agree with the Committee that it would not be feasible to set up a Chinese medicine hospital providing only Chinese medicine services. In this regard, a Chinese medicine hospital adopting integrated Chinese-Western medicine would be the most feasible mode of operation under the existing legal and administrative frameworks. We also support the Committee's recommendation to select, in a fair, just and open manner, an operating body to run the Chinese medicine hospital on a self-financing basis.

16. Since the development of a Chinese medicine hospital requires detailed and thorough study and planning, we therefore agree to the Committee's recommendation to carry out some practical research projects before the establishment of the Chinese medicine hospital, such as the provision of Chinese medicine services and Chinese medicine in-patient services in public hospitals. This will help gather experiences in the operation and regulation of integrated Chinese-Western medicine and Chinese medicine in-patient services. Such experiences will also serve as the basis for formulating the mode of operation of a Chinese medicine hospital. The Government will continue to work with the Committee to carry out studies on setting up the Chinese medicine hospital and make announcements at appropriate time

On-going initiatives

17. We would implement a series of measures to improve and strengthen our public healthcare services as well as the collaboration and co-operation between the public and private healthcare sectors.

(a) Strengthening Medical Services

(i) One-off Grant to HA for Minor Works Projects

18. As many of the facilities of HA have been ageing, there is a need to implement more intensive programmes to improve the condition and environment of the facilities and enhance their service capacity. In December 2013, a one-off grant of \$13 billion to HA was approved by the

Finance Committee of the Legislative Council for carrying out minor works projects, including rejuvenating hospitals and clinics for improving their environment; providing about 800 additional beds in hospitals; expanding clinics and providing other treatment and diagnostic facilities; upgrading the major electrical and mechanical engineering installations in hospitals; enhancing universal accessibility; and carrying out regular maintenance and preparatory works for major capital works projects.

19. The new funding arrangement will help provide sufficient resources for HA, in the coming 10 years or so, to plan and implement with greater flexibility improvement works involving decanting and renovation in phases. Whilst developing new hospitals and redeveloping/renovating hospitals, the facilities of existing hospitals and clinics could be upgraded to meet the increasing needs of medical services and optimize the service quality.

(ii) Strengthening the Services of North Lantau Hospital

20. The North Lantau Hospital (NLTH) has commenced services in phases since September 2013, including providing eight-hour A&E service a day in the initial phase. NLTH has extended the A&E service hours to 16 hours a day since early January 2014. When the manpower supply improves following the graduation of medical students in July this year, we expect that the A&E services could be extended to 24 hours in the third quarter this year. In addition, the medicine and psychiatric specialist outpatient services have commenced. Physical therapy and occupational therapy services have also started upon the commissioning of the NLTH to serve cases referred from A&E department, general outpatient clinics and specialist outpatient clinics as well as residents in Tung Chung. NLTH will gradually develop other specialist services such as surgery, orthopedics and traumatology, pediatric and gynecology having regard to the service demand and operational situation.

(iii) Healthcare Services of Other Hospitals

21. In order to strengthen healthcare services, HA will, in 2014-15, increase a total of 160 beds in hospitals with high demand (including Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Queen Elizabeth Hospital (QEH) and Pamela Youde Nethersole Eastern Hospital).

It will also increase a total of three intensive care beds in the QEH and United Christian Hospital, as well as four high dependency beds in QEH.

22. Moreover, with the completion of the new Ambulatory and Rehabilitation Block of the Caritas Medical Centre in late 2013, and the expected completion of the Community Health and Wellness Centre of the Yan Chai Hospital in mid-2014, HA will gradually launch new ambulatory/rehabilitation services and community services in these two hospitals.

(iv) Improve Waiting Time for Various Healthcare Services

23. HA will launch, in 2014-15, a series of measures to improve the waiting time for various healthcare services. In A&E services, HA will continue to strengthen the services by providing special honorarium for healthcare personnel to work overtime to provide additional consultation sessions during peak hours.

24. For specialist outpatient services, HA will provide additional sessions to manage 4,700 new cases in 2014-15. It will set up Hong Kong's third Joint Replacement Centre in the New Territories West Cluster¹, for performing 250 additional operations per year in the long run. HA will also enhance CT scan and ultrasound services to serve a total of 11,500 additional cases.

(v) Public-private Partnership (PPP)

25. Enhancing public healthcare services through strengthening public-private partnership can help increase service volume, reduce waiting time, offer additional choices for patients, and enhance cost-effectiveness. 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 TSW PPP, EHV 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, Pilot Project on Enhancing Radiological

¹ The other two existing Joint Replacement Centres are located at the Buddhist Hospital and Yan Chai Hospital.

Investigation Services through Collaboration with the Private Sector, etc. The HA will continue to look into the case for further outsourcing its services using the PPP approach.

(vi) Expansion of the Drug Formulary

26. In 2011-12 and 2012-13, HA has incorporated four drugs and expanded the clinical applications of 17 drugs. In 2013-14, HA has incorporated two additional drugs and further expanded the clinical applications of two drugs. In 2014-15, 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.

(vii) Strengthen Mental Health Services

27. The Government attaches great importance to the mental well-being of the public and has been providing comprehensive mental health services for persons in need covering prevention, early identification, timely intervention, treatment and rehabilitation. We seek to provide multi-disciplinary and cross-sectoral services to persons with mental health problems through a number of policy bureaux and departments, including the Food and Health Bureau, the Labour and Welfare Bureau, the Education Bureau, the HA and the SWD. From time to time we also review the service delivery models for mental health and introduce new initiatives and services at the clinical and community levels as appropriate having regard to changing social needs and international development.

28. To further promote mental health and strengthen support for persons with mental problems, the Government set up a Review Committee on Mental Health in May 2013. The committee is chaired by the Secretary for Food and Health and comprises stakeholders including healthcare professionals, service providers, academics, members of the Legislative Council, and representatives from the Equal Opportunities Commission, the Hong Kong Council of Social Service and patient and carer groups as members. The committee will study the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong.

29. Meanwhile, in the coming year the Government will continue to increase funding for the HA to provide second-generation drugs to more patients in need and to strengthen staffing support for enhancement of in-patient and out-patient services as well as the expansion of the case management programme for the severe mentally ill to 18 districts.

(viii) Long-term development of primary care

30. Having regard to an ageing population and the increasing demand for healthcare services, we will continue to plan and implement initiatives to promote the development of primary care, including establishment of community health centres, formulation of reference frameworks for specific population groups and chronic diseases, development of the Primary Care Directory, etc. In 2013, we promulgated additional modules on health assessment and immunisation under the reference frameworks for preventive care for older adults and children in primary care settings. We also launched mobile applications for the reference frameworks for diabetes and hypertension care and the Primary Care Directory to facilitate access by the public and healthcare professionals.

(ix) Elderly Health Assessment Pilot Programme

31. In July 2013, we launched the two-year Elderly Health Assessment Pilot Programme to subsidize about 10 000 elders aged 70 or above to receive basic health check, which comprises a baseline health assessment, one to two follow-up consultations and health counseling in light of their health and risk assessment results. Under this pilot programme, elders can receive health checks from 19 service centres operated by nine NGOs throughout the territory. With a Government subsidy of \$1,200, an eligible elder is required to make a co-payment of \$100 for the health check. The co-payment can be met from elders' EHV accounts or waived in the case of CSSA recipients and those covered by the medical fee waiver mechanism of public hospital/clinics, or the Integrated Family Service Centres or Family & Child Protective Service Unit of the SWD.

32. In their initial months of implementation, the NGOs have been giving priority to elderly people who live alone or have not had health assessment. As at end-December 2013, over 500 elders have received

health checks under the pilot programme. Upon completion of the two-year pilot programme, we will assess the feedback from the NGOs and elders receiving health checks and consider the way forward.

(b) Medical services development and infrastructure

(i) *Increase/renew public healthcare facilities*

33. Construction of the Tin Shui Wai Hospital (TSWH) has commenced in February 2013 for completion in 2016. The new hospital will provide A&E services, in-patient services and ambulatory and community care services for residents in Tin Shui Wai District. Upon completion and commissioning of TSWH, the overall service capacity of the New Territories West Cluster will be enhanced. The TSWH will also create synergies with other hospitals in the Cluster to provide better quality and more comprehensive medical services to residents of the New Territories West.

34. The construction of the Centre of Excellence in Pediatric (CEP) at KTDA started in August 2013. Apart from providing tertiary pediatric services, the CEP will also take emergency transfer cases and provide some secondary services so as to render a comprehensive range of sub-specialty services. The overall design objective of the CEP is to create a non-institutional, home-like, child-friendly, comfortable and cozy environment that provides the best clinical practice under a patient-centred approach and facilitates multi-disciplinary and cross-specialty collaboration. In addition to inpatient services and ambulatory care facilities, the CEP also has an integrated rehabilitation centre, main operating theatres, clinical laboratories, research laboratories, hospital data centre, and education and training facilities. Construction of the CEP is expected to complete in 2017 for phased commissioning of the Hospital starting from mid-2018.

35. We will expand the United Christian Hospital (UCH) to meet the rising demand for ambulatory and inpatient services arising from population growth and aging demographics in the Kwun Tong district. The expansion project will be implemented in two phases. The phase 1 preparatory works started in August 2012 and will later proceed with the outline sketch design and detailed design for the main works. Subject to

funding approval by the Finance Committee, we plan to proceed with the main works in 2014-15 for completion of the whole expansion project in 2021. Upon completion of the expansion project, not only the service capacity of UCH will be increased, the various clinical and support services will also be improved, expanded and rationalized.

36. The redevelopment of Kwong Wah Hospital (KWH) will adopt the patient-oriented healthcare model with focus on the provision of ambulatory care services. The redevelopment project will at the same time 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 service. The KWH redevelopment project will also be carried out in two phases, namely, preparatory works and main works. The preparatory works has started in March 2013. Our plan is to commence the main works in 2016 for completion of the whole redevelopment project in 2022.

37. We will renew the Queen Mary Hospital (QMH) into a modern medical centre to cater for the community's healthcare services need and to ensure the delivery of new and safe services to the general public. The redevelopment plan will provide the Hospital with larger floor plates and additional space to meet operational needs, complement service developments and at the same time promote integrated medical research and education. The phase one redevelopment of QMH involves the demolition of three existing blocks at the northern part of the Hospital site for the construction of a new block to accommodate key clinical services. We plan to convert the existing Senior Staff Quarters into pathology laboratories and other facilities for decanting the existing facilities of the three buildings. A second access point from Pok Fu Lam Road will also be created to enhance accessibility to the Hospital. Subject to funding approval, we plan to proceed with the decanting and other preparatory works in mid-2014 for completion of the phase one redevelopment of QMH in 2023.

38. As part of the modernization of mental health services in Hong Kong, we will proceed with a complete redevelopment of Kwai Chung Hospital (KCH) to strengthen care and support for mental patients. The redevelopment plan will enhance the capability of the KCH in the

provision of quality services in order to be in line with the prevailing international trend of increasing focus on community and ambulatory services in treating mental illnesses. All except Block J of the existing hospital buildings will be demolished for the construction of a new hospital complex to accommodate inpatient, rehabilitation and ambulatory care facilities, patient resource and social centres, as well as therapeutic leisure areas for the provision of mental health services. Subject to funding approval, we tentatively plan to carry out the redevelopment project in three phases starting from early 2016 for completion of the whole project in 2023.

39. HA is undertaking a strategic review on a new acute hospital at Kai Tak Development, and we would consider the establishment of a neuroscience centre in the planned Kai Tak Hospital Development.

(ii) Private Hospitals Development

40. The Chief Executive has mentioned in the Policy Agenda that the Government will facilitate the further development of private hospitals to ensure a balanced and healthy growth of the dual-track healthcare system. To complement the public healthcare system, our policy is to facilitate private hospital development to help increase the overall capacity of the healthcare system in Hong Kong. This can address the increasing demand for healthcare services and provide the public with more choices of high quality private hospital services.

41. To facilitate private hospital development, the Government has in March 2013 disposed of a site at Wong Chuk Hang through open tender for the development of a new private hospital. The new hospital is expected to commission by January 2017. Apart from the successful disposal of the Wong Chuk Hang site, we are also considering various proposals from different organizations to develop or expand private hospitals. We will assess the needs of the community in formulating the overall direction of the development of private hospitals.

(iii) Review on the Regulation of Private Healthcare Facilities

42. 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 DH under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343). These two ordinances have undergone no substantive amendments since 1960s. They have outlived their usefulness in regulating private healthcare services amid the changing landscape of the healthcare market. With rather limited regulatory scope, these ordinances confine the regulatory standards to a few aspects, namely accommodation, staffing or equipment, leaving out essential facets such as corporate and clinical governance and price transparency. Director of Audit expressed concerns on these issues in November 2012, and recommended the regulatory authority to improve the regulatory regime for private hospitals. Furthermore, ambulatory medical centres where outpatient surgeries or high-risk medical services are performed, gaining prevalence in healthcare markets worldwide, are not yet subject to any specific regulatory control in Hong Kong. In this connection, it is necessary for the Administration to review the regulation of private healthcare facilities in order to better safeguard patient safety and consumer rights.

43. The Administration 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 with a view to strengthening the regulatory standards. Four working groups have been set up under the Steering Committee to work on four priority areas :

- (a) differentiation of medical procedures/ practices and beauty services;
- (b) defining high-risk medical procedures/ practices performed in ambulatory setting;
- (c) regulation of premises processing health products for advanced therapies; and
- (d) regulation of private hospitals.

44. The Working Group on Differentiation between Medical Procedures and Beauty Services has recommended a list of high-risk

cosmetic procedures that should be performed by registered medical practitioners/ dentists and sought the Steering Committee's endorsement in November 2013. The remaining three working groups are concluding their reviews and will submit recommendations to the Steering Committee later this year. The Administration will proceed to consult the public on the regulatory proposals and prepare for the necessary legislative procedures in accordance with the results of the consultation.

(iv) Regulation of Medical Devices

45. A voluntary Medical Device Administrative Control System has been established by the DH since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing the long-term statutory control. To prepare for the establishment of a statutory regulation framework, a Regulatory Impact Assessment (RIA) was conducted from 2007 to 2008 to examine the implications of the possible options for the proposed statutory regulation of medical devices. We also briefed the Business Facilitation Advisory Committee (BFAC) on the proposed legislative framework in March 2010. The BFAC was in general supportive of the proposed regulatory framework and recommended the Administration to conduct a Business Impact Assessment (BIA) at the detailed design stage. Subsequently, we briefed the Panel on Health Services (the Panel) in November 2010 on the findings of the aforementioned RIA and the proposed regulatory framework. Afterwards, we conducted the relevant BIA from May 2011 to January 2013. We plan to report to the Panel in the first half of 2014 on the BIA findings and the way forward of the legislative exercise.

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

46. 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, nurses, midwives, pharmacists, chiropractors 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, with a view to ensuring the healthy and sustainable development of the healthcare system in Hong Kong.

47. To assist the steering committee in making informed recommendations, 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 progressing in full swing and we aim to complete the review in 2014.

48. To address the current shortfall of medical doctors, the Food and Health Bureau has been actively exploring with the Hong Kong Medical Council ways to facilitate qualified, overseas-trained doctors to practise in Hong Kong. It has been agreed that the Licensing Examination will be increased to twice a year and considerations will be given to introduce more flexibility in the internship arrangements for overseas-trained doctors. Meanwhile, the HA will continue to recruit doctors from overseas by way of limited registration and operate nurse training programmes.

(vi) Review of HA's Operation

49. 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 with the continued investment and commitment from the Government. 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. In view of the challenges for healthcare services demand arising from Hong Kong's ageing population, the Government set up the Steering Committee on Review of HA last year to conduct an overall review on the operation of HA in order to meet the social changes brought about by the ageing population and increasing demand for healthcare services. The scope of the review covers aspects like HA's management and cluster system, resource management, service levels and the overall cost-effectiveness. The review aims to ensure that HA will continue to

provide quality and effective service under the twin-track system of public and private healthcare.

50. The Committee has met twice and Members have discussed HA's existing structure, cluster and resource management systems and the challenges it faces. The Committee will, starting from early 2014, meet with various stakeholders through meetings and forums. It will also appoint an independent consultant to learn the views of the community on HA's operation.

(vii) Health Protection Scheme

51. The Health Protection Scheme (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. The HPS is not designed as a total solution to the challenges of our healthcare system, but one of the turning knobs for adjusting the balance of the public-private healthcare sectors, together with other turning knobs such as public-private partnerships, the electronic health record sharing, and development of public and private healthcare facilities, etc. By facilitating more people to make use of private healthcare services, the public system can better focus on serving its target areas, thereby indirectly relieving the pressure on the public system and enhancing the long-term sustainable development of the healthcare system.

52. We are formulating relevant implementation recommendations with reference to the consultant's advice, overseas experience and local circumstances. Thorough discussions have been made on the details of the HPS by the Working Group and Consultative Group on the HPS under the Health and Medical Development Advisory Committee. The consultant would also make recommendations on various matters concerning the implementation of the HPS in its report, including the introduction of minimum requirements (e.g. guaranteed renewal, guaranteed acceptance, coverage of pre-existing conditions, minimum benefit coverage and benefit limits) for all individual-based indemnity hospital insurance products in order to enhance consumer protection; key components of the HPS Standard Plan; supervisory and institutional frameworks for governing the HPS; as well as possible options of

providing public subsidies or financial incentives such as tax incentive to facilitate the implementation of the HPS.

53. The Government plans to consult the public on the detailed recommendations on the HPS in the first half of 2014.

(viii) Continue to Establish and Develop a Territory-wide Electronic Health Record Sharing System

54. To promote collaboration between healthcare providers in the public and private sectors and enhance continuity of quality healthcare for patients, we rolled out the 10-year Electronic Health Record (eHR) Programme in 2009. The first stage of the Programme is in good progress. The eHR Office of Food and Health Bureau is drafting the eHR Sharing System Bill, with a view to introducing the Bill to the Legislative Council in the first quarter of 2014. Our plan is to launch the System by the end of 2014 to enable the sharing of eHRs between healthcare providers in the public and private sectors with patients' consent.

55. The development of various components of the eHR Sharing System is also on track. The development of the prototype of the Clinical Management System (CMS) adaptation modules for use by private hospitals has been completed. To prepare for the connection of private hospitals to the eHR Sharing System, we have started conducting preparatory meetings with a number of private hospitals. As for the prototype of CMS On-ramp applications for use by private solo or group practice healthcare providers, the development has also been completed. We are conducting pilot run of the applications in 11 private clinics. We will provide relevant technical services training in 2014 to prepare for the system rollout.

56. The setup of eHR data centres is near completion. IT infrastructure and application software installation are in progress and will be completed by the first quarter of 2014. We are conducting testing of various system components.

57. To ensure the protection of personal data privacy in the eHR Sharing System, the eHR Office has completed the first and second phases

of Privacy Impact Assessment. The third phase of Privacy Impact Assessment is expected to commence in the first quarter of 2014. We will also conduct Security Risk Assessment and Security Audit in respect of the entire System and individual development projects in 2014. In addition, we intend to commence a Privacy Compliance Audit after the eHR Sharing System comes into operation in late 2014.

58. After completion of the first stage of the eHR Programme, we will closely monitor the operation of the System and take reference from relevant overseas experience. We will formulate targets of further system enhancement and functions upgrade, and gradually initiate the preparatory work for the second stage of the Programme.

(c) Surveillance, control and notification of communicable diseases

59. 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 DH 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.

60. We will continue to implement a multi-pronged strategy to minimise the risk of an influenza pandemic and to enhance Hong Kong's capacity in responding to an influenza pandemic. 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. These will strengthen primary healthcare services and our work in disease prevention. HA will also adopt measures to assist in the vaccination of target groups which include healthcare workers. As regards the prevention of avian influenza, we have implemented comprehensive surveillance, prevention and control measures to minimise the risk of avian influenza outbreaks and human infections. We will continue to maintain vigilance and review the relevant policies as appropriate.

(d) Tobacco control

61. To safeguard public health, our policy seeks to discourage smoking, contain the proliferation of tobacco use and protect the public from passive smoking. In doing so, the Government adopts multi-pronged approach comprising publicity, promotion, education, legislation, enforcement, taxation and smoking cessation. After years of sustained and progressive efforts, the prevalence of daily smokers aged 15 and above in Hong Kong had been reduced steadily from 23.3% in early 1980s to 10.7% in 2012. We will closely monitor the effectiveness of our tobacco control work on different fronts, strengthen or introduce further measures as appropriate.

(e) Development of Chinese Medicine

62. Since 2003, we have been actively taking forward the commitment to establish 18 public Chinese medicine clinics (CMCs) in the territory under a tripartite model involving the HA, NGOs and local universities. Up to now, we have set up public CMCs in 17 districts with the number of consultations exceeding 980 000 in 2013. The remaining CMC in the Islands District will be commissioned in 2014. Since April 2013, we have increased the annual subsidy for each public CMC from \$2.21 million to \$3.25 million.

63. The Chinese Medicine Development Committee has studied and endorsed the views submitted by its two sub-committees regarding the development of Chinese medicine hospital, integrated Chinese-Western medicine and the Hong Kong Chinese Materia Medica Standards project, and has given its recommendations to the Government. The Committee will continue to carry out more in-depth studies to follow up on the above recommendations, and will embark on the deliberation of other subjects, such as strengthening the training for Chinese medicine practitioners and promoting the testing of Chinese medicines.

Conclusion

64. The Food and Health Bureau's policy objective is to safeguard

public health and ensure our medical and healthcare system maintain its high quality services and a sustainable development. To this end, we work strenuously to implement various measures outlined in the paper to meet the challenges of our aging population.

Food and Health Bureau
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