For discussion **EC(2014-15)12**
on 12 November 2014

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 140 – GOVERNMENT SECRETARIAT :
FOOD AND HEALTH BUREAU (HEALTH BRANCH)
Subhead 000 Operational expenses

Members are invited to recommend to Finance Committee the retention of the following supernumerary posts for five years in the Health Branch of the Food and Health Bureau –

1 Administrative Officer Staff Grade B
(D3) ($158,850 - $173,350)

1 Administrative Officer Staff Grade C
(D2) ($136,550 - $149,350)

PROBLEM

The Health Branch of the Food and Health Bureau (FHB (Health Branch)) needs continued dedicated support on a time-limited basis at the directorate level to provide steer and leadership over the various policy initiatives undertaken by the Healthcare Planning and Development Office (HPDO).

PROPOSAL

2. We propose to retain two supernumerary directorate posts, namely one Administrative Officer Staff Grade B (AOSGB) (D3) and one Administrative Officer Staff Grade C (AOSGC) (D2) for five years for providing continued steer and leadership to the HPDO in taking forward the various policy initiatives entrusted to the Office.

/JUSTIFICATION …..

JUSTIFICATION

Establishment of the HPDO

3. Following the conclusion of the Second Stage Public Consultation on Healthcare Reform conducted in 2010, we sought support from the Panel on Health Services, the Establishment Subcommittee of Finance Committee (FC) and FC for setting up a dedicated and time-limited (three-year) HPDO on 24 November 2011, 7 December 2011 and 6 January 2012 respectively. The HPDO was tasked to take forward, among others, the following major policy initiatives –

(a) to spearhead and co-ordinate the planning, development and implementation of the Health Protection Scheme (HPS);

(b) to oversee the regulation of private hospitals and to facilitate healthcare services development; and

(c) to review and assess manpower requirements for healthcare professionals and to formulate options for strengthening healthcare manpower supply and facilitating professional development.

4. The FC also approved on 6 January 2012 the creation of a supernumerary directorate post ((AOSGB)(D3)) designated as Head (Healthcare Planning and Development Office) (H(HPDO)) for three years to provide strategic leadership and steer for taking forward the various policy initiatives entrusted to the HPDO; and a supernumerary directorate post ((AOSGC)(D2)) designated as Deputy Head (Healthcare Planning and Development Office) (DH(HPDO)) for three years to underpin and support H(HPDO). DH(HPDO) was responsible for handling policy matters relating to the development and implementation of the HPS, overseeing the regulation of private hospitals and facilitating healthcare services development. An existing AOSGC (D2) officer in FHB (Health Branch), namely Principal Assistant Secretary (Health) 3 (PAS(H)3), was internally redeployed to support H(HPDO) in handling policy matters pertaining to manpower planning and professional development of healthcare professionals.

5. Since the setting up of the HPDO in January 2012, substantial progress has been made in taking forward the duties entrusted to the office. In view of the complexity and sensitivity of the wide range of issues involved, and the additional portfolio of mental health policy taken upon by the HPDO since 2013, we consider it necessary to retain the two supernumerary directorate posts for a period of five years in order to provide continued leadership for implementing the policy initiatives as described in the ensuing paragraphs.

/**Major** …..

Major Responsibilities of the HPDO

HPS

6. The HPS is a voluntary and government-regulated private health insurance scheme. The HPS was put forth for public consultation in the Second Stage Public Consultation on Healthcare Reform in 2010. Based on general public support for taking forward the HPS, the HPDO has been tasked to develop detailed proposals for implementing the HPS. A Working Group and a Consultative Group were set up under the Health and Medical Development Advisory Committee[1] to formulate detailed proposals for the HPS, including supervisory and institutional framework, key components of the HPS Standard Plan, and possible options of public subsidy and financial incentives to support the implementation of the HPS. A Consultant was also appointed to provide professional and technical support to the Working Group and Consultative Group.

7. Based on the deliberations of the Working Group, the Consultative Group and the recommendations by the Consultant, we plan to put forth the detailed proposals for implementing the HPS for public consultation by end 2014. The key proposals include, among others, the following –

(a) stipulate and enforce compliance with a comprehensive set of Minimum Requirements[2] for regulating individual hospital insurance products, so as to improve the accessibility, quality and transparency of individual hospital insurance and enhance consumer protection;

/(b) …..

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[1] Chaired by the Secretary for Food and Health and comprising mainly non-official members, the Health and Medical Development Advisory Committee was tasked to assist the Government in identifying solutions to challenges faced by our healthcare system, including an ageing population and escalating healthcare costs as a result of technology advancement. Its terms of reference included reviewing and developing service models for healthcare in both the public and private sectors; and proposing long-term healthcare financing options.

[2] Under the proposed HPS, insurers offering individual hospital insurance products are required to comply with 12 Minimum Requirements, including guaranteed acceptance, coverage of pre-existing conditions, guaranteed renewal, minimum benefit coverage and limits and standardised policy terms and conditions.

(b) set up a High Risk Pool[3] with Government injection to enable high-risk individuals to have access to individual hospital insurance;

(c) stipulate the arrangements for existing policyholders to migrate to HPS plans within a one-year migration window upon the implementation of the HPS; and

(d) establish a regulatory agency under FHB to oversee the implementation, enforcement and operation of the HPS, to investigate cases of non-compliance, to handle complaints concerning the HPS, etc..

8. Subject to community support, a new legislation would need to be enacted for implementing the above proposals. In parallel with the formulation of legislative proposal, it is necessary for the HPDO to draw up operational details and technical guidelines in each of the abovementioned areas, such that the HPS will be readily implementable upon passage of the legislation. Various stakeholders will need to be closely consulted in the process, including the insurance industry, private healthcare service providers, consumer groups, patient groups, the civil society, etc.. It is also necessary to maintain a close dialogue with relevant regulatory bodies to ensure effective coordination of regulatory duties. These challenging tasks must be conducted in a delicate manner with skillful management of the process. Committees/working groups comprising key stakeholders would be set up for consensus building and incorporating comments and suggestions as appropriate.

Regulation of Private Healthcare Facilities (PHFs)

9. PHFs, including private hospitals, ambulatory medical centres and clinics, embrace a wide range of privately-owned premises providing medical diagnosis and treatment. While the scale of operation, complexity in management and range of services vary significantly across PHFs, there are common threads of issues and concerns broadly applicable to them all. There is, however, no single regulatory regime overseeing the regulation of all PHFs in Hong Kong.

/Regulation …..

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[3] Under the proposed HPS, insurers must provide to all consumers an HPS Standard Plan with guaranteed acceptance with premium loading, if any, capped at 200% (applicable to subscribers of all ages in the first year of implementation of the HPS, and to subscribers aged 40 or below starting from the second year onwards). However, without proper mitigating measures, this would translate into higher premiums for all policyholders, which would in turn discourage potential customers from taking out hospital insurance. A separate High Risk Pool is therefore proposed to be set up to accept policies of Standard Plan of high-risk individuals whom insurers would otherwise have to charge a premium loading at or more than 200% of standard premium. The High Risk Pool will be financed by premiums collected and Government funding. Its operation will be monitored by the HPS regulatory agency to be established under FHB.

Regulation of PHFs is currently limited to a narrow set of premises drawn up in 1960s mainly covering private hospitals and non-profit-making medical clinics. The Hospital, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes (Cap. 165 CoP) set out the regulatory framework for private hospitals, nursing homes and maternity homes. The Medical Clinics Ordinance (Cap. 343) and the Code of Practice for Clinics Registered under Medical Clinics Ordinance (Cap. 343 CoP), on the other hand, set out the regulatory framework for non-profit-making medical clinics. Other PHFs, such as ambulatory medical centres and clinics operated by medical groups or individual (or jointly by several) medical practitioners, are not subject to any statutory control for being premises providing medical or related services.

10. Both Cap. 165 and Cap. 343 are outdated and ineffective in fulfilling their objectives in providing adequate regulation for PHFs. Major revamping is required to better regulate private healthcare services amid the evolving landscape of healthcare services. With the advancement in medical technology and rapid changes in medical practices, high-risk medical procedures/practices once confined to hospitals are increasingly performed in ambulatory setting. The practice hitherto of relying solely on the ethics and self-discipline of doctors coupled with sanctions against those breaching professional conduct via the Medical Council under the Medical Registration Ordinance (Cap. 161) has been found wanting as any registered doctor with a valid practice certificate could offer and undergo high-risk medical procedures in ambulatory setting in whatever way and form he/she deems appropriate. There are calls to tighten regulatory oversight through premises-based regulation in line with international common practices. The need for such a change is made ever more urgent and necessary following medical incidents causing a number of casualties resulting from high-risk medical procedures performed in ambulatory setting. The HPDO has been tasked to conduct a holistic review of PHFs regulation to modernise the regulatory regime so as to better safeguard patient safety and consumer rights.

11. In October 2012, the Steering Committee on Review of Regulation of Private Healthcare Facilities was established to conduct a root-and-branch review on the regulation of PHFs. The Steering Committee set up four working groups to conduct reviews on four priority areas, namely –

(a) Differentiation between High-risk Medical Procedures and Beauty Services;

/(b) …..

(b) Defining High-risk Medical Procedures/Practices Performed in Ambulatory Setting;

(c) Regulation of Premises Processing Health Products for Advanced Therapy; and

(d) Regulation of Private Hospitals.

The reviews of the working groups have been completed and their recommendations have been endorsed by the Steering Committee.

12. A new regulatory regime for PHFs is recommended to be introduced by the Steering Committee and its working groups. The new regime includes a list of regulatory requirements for enhancing corporate governance, clinical governance, standard of premises and price transparency of private healthcare services. More specifically, with regard to price transparency, private hospitals would be required to disclose price information and statistics of historical bill sizes for common procedures/treatments, implement a uniform quotation system, and to encourage private hospitals to adopt "Recognized Service Packages" (identically and clearly defined standard services provided at packaged charge) for common operations/procedures. We plan to consult the public on the detailed proposals by end 2014.

13. To implement the recommendations, we plan to repeal the two existing ordinances (i.e. Cap. 165 and Cap. 343) and replace them by a new single legislation. Subject to the outcome of the public consultation, the HPDO will proceed with the legislative work.

Healthcare Manpower Planning and Professional Development

14. As part of the Government's measures to reform the healthcare system to keep pace with the changing expectations and demands from the community on a sustainable basis, we have in the context of healthcare reform committed to formulating a healthcare manpower planning strategy which covers means and measures for ensuring an adequate supply of healthcare professionals and an overall plan for strengthening professional standards and qualities of healthcare professionals.

15. After the establishment of the HPDO in 2012, the Government set up a high-level Steering Committee for the above purpose, comprising renowned overseas experts and local members of the professions, to conduct a strategic

/review …..

review on healthcare manpower planning and professional development in Hong Kong. The review primarily covers 13 healthcare professions which are subject to statutory regulation. The Steering Committee is tasked to assess manpower needs in the various professions and 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. Upon completion of the review which is now progressing in full swing, the HPDO will proceed to examine and take forward those recommendations as appropriate. It is envisaged that implementation of the Steering Committee's recommendations would involve a substantial amount of work, including extensive engagement with a wide range of stakeholders within and outside the healthcare sector and taking forward necessary legislative proposals/amendments to modernise the regulatory regimes for healthcare professions and put in place profession-specific reform proposals.

Mental Health Policy

16. Since 2013, the HPDO has taken on the extra portfolio of mental health policy. In 2013-14 (up to 31 December 2013), public hospitals and psychiatric specialist out-patient clinics of the HA provided treatment and support services to more than 205 400 persons with mental health problems. With a growing and ageing population, there is an increasing demand for public healthcare services, including mental health services.

17. Confronted by the challenge, the Government has embarked on a major review of the mental health policy under the auspices of a Review Committee on Mental Health chaired by the Secretary for Food and Health. The HPDO has been supporting the Review Committee on Mental Health established with the aim of –

(a) reviewing existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong;

(b) considering means and measures to strengthen the provision of mental health services in Hong Kong having regard to the changing needs of the community and resource availability; and

(c) examining the need and feasibility of introducing community treatment orders in Hong Kong and consider any other changes to the Mental Health Ordinance (Cap. 136) as necessary.

/18. …..

18. Pending completion of the review, the HPDO will follow up on its recommendations and take forth enhancement measures to promote the mental well-being of the population and strengthen the provision of mental health services to those in need.

Major Responsibilities of H(HPDO) and DH(HPDO)

19. To ensure that the HPDO is led by a sufficiently senior directorate officer who possesses the necessary leadership skills, administrative experience, strategic vision and political acumen to steer through the complicated tasks outlined above, we propose to retain the supernumerary post of H(HPDO) for five years. H(HPDO) will provide an overall strategic direction to members of the office and oversee all aspects of work of the HPDO in the coming five years, including steering the formulation and passage of legislative proposals, as well as putting in place institutional and regulatory arrangements for implementing the HPS and introduction of a revamped regulatory regime for private healthcare facilities; overseeing the conduct of the strategic review on healthcare manpower and professional development and the implementation of relevant recommendations; and providing strategic steer for policy matters relating to the mental health. He will be heavily involved in engaging and consulting stakeholders concerned, which requires sufficient stature, strategic perspective and consensus-building capability. In view of the importance of the various policy initiatives to enhancing the long-term development of our healthcare system, as well as the complexity and sensitivity of the wide range of issues involved, we consider it necessary to retain the supernumerary post of H(HPDO) pitched at AOSGB (D3) rank to steer through the work of the HPDO. The job description of H(HPDO) is set out at Enclosure 1.

Encl. 1

20. DH(HPDO) will mainly assist H(HPDO) in carrying out duties relating to the implemention of the HPS and introduction of a revamped regulatory regime for PHFs (see paragraphs 6 to 13 above) in the coming five years. He will oversee the consultation exercises on the proposed way forward for the HPS and regulation of PHFs, the subsequent drafting work for the two major pieces of legislation, devise the legislative frameworks, examine the legal issues relating to the two initiatives, as well as set up and provide support to consultative platforms for engaging stakeholders. Upon the passage of the relevant legislation, DH(HPDO) will assist H(HPDO) in implementing the HPS and introducing the revamped regulatory regime for PHFs through putting in place relevant institutional and regulatory arrangements. Given that the effective discharge of these duties will require dedicated policy input at a directorate level and sufficient management experience, we consider it necessary to retain the supernumerary post of DH(HPDO) pitched at AOSGC (D2) rank. The job description of DH(HPDO) is set out at Enclosure 2.

Encl. 2

/21. …..

21. We envisage that H(HPDO) will require more than the support of DH(HPDO) in carrying out the full range of responsibilities entrusted to the HPDO. The strategic review over healthcare manpower planning and professional development and mental health policy (see paragraphs 14 to 18 above) are complex and sensitive tasks that require the dedicated input of a directorate officer. We propose to continue to internally redeploy PAS(H)3 to HPDO to support H(HPDO) in handling policy matters pertaining to the above tasks. The job description of PAS(H)3 is set out at Enclosure 3.

Encl. 3

Non-directorate Support

22. The HPDO will be supported by a multi-disciplinary team of 20 non-directorate civil service posts. We will create/retain the non-directorate posts in accordance with the established mechanism. The organisation chart of the HPDO is at Enclosure 4.

Encl. 4

ALTERNATIVES CONSIDERED

23. FHB (Health Branch) oversees the health portfolio and is responsible for the formulation of medical and health policies and related monitoring and legislative work. It is headed by an Administrative Officer Staff Grade A1 (D8) officer, designated as Permanent Secretary for Food and Health (Health). The existing organisation chart of FHB (Health Branch) is at Enclosure 5.

Encl. 5

24. We have carefully considered whether there is scope for internal redeployment for discharging the tasks of H(HPDO) and DH(HPDO). As mentioned in paragraphs 4 and 21 above, PAS(H)3 has already been redeployed to assist H(HPDO) in handling policy matters pertaining to manpower planning and professional development, as well as mental health policy matters. We have critically examined the feasibility of further redeployment of other existing directorate officers in FHB (Health Branch) to take on the work of H(HPDO) and DH(HPDO). Having regard to the portfolio and workload of other directorate officers in FHB (Health Branch)(details of the work schedule of these posts are set out at Enclosure 6), we consider this not operationally feasible without affecting the quality of their work as all of these officers are fully engaged in their respective duties.

Encl. 6

FINANCIAL IMPLICATIONS

25. The proposed retention of the two supernumerary directorate posts will bring about a notional annual salary cost at mid-point of $3,758,400 as follows –

	Notional annual salary cost at mid-point $	No. of posts
AOSGB (D3)	2,019,000	1
AOSGC (D2)	1,739,400	1
Total:	**3,758,400**	**2**

The full annual average staff cost, including salaries and staff on-cost, is $5,428,000.

26. Based on the setup of the HPDO in paragraph 22 above, the notional annual salary cost at mid-point for the 20 non-directorate civil service posts is estimated to be $12,399,100 in a full year and the full annual average staff cost, including salaries and staff on-cost, is estimated to be $17,905,000. We have included the necessary provision in the 2014-15 Estimates to meet the requirements of this proposal.

PUBLIC CONSULTATION

27. We consulted the Legislative Council Panel on Health Services on 20 October 2014. While the majority of Members had no objection to the related directorate staffing proposal, Members had expressed concern mainly over the proposed duration of the two supernumerary posts. We had undertaken to review the need for continued retention of these posts after three years, taking into account the work progress of the HPDO.

ESTABLISHMENT CHANGES

28. The establishment changes under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch) for the last two years are as follows –

/Number …..

Establishment (Note)	Number of posts			
	Existing (as at 1 November 2014)	**As at 1 April 2014**	**As at 1 April 2013**	**As at 1 April 2012**
A*	8 + (4) #	8 + (4)	8 + (4)	8 + (4)
B	40	40	41	37
C	63	62	58	51
Total	**111 + (4)**	**110 + (4)**	**107 + (4)**	**96 + (4)**

Note:
A – ranks in the directorate pay scale or equivalent
B – non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent
C – non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent
* – excluding supernumerary post created under delegated authority
( ) – number of supernumerary directorate posts
– as at 1 November 2014, there were no unfilled directorate posts in Health Branch of the FHB

CIVIL SERVICE BUREAU COMMENTS

29. The Civil Service Bureau supports the proposed retention of the two supernumerary posts of one AOSGB and one AOSGC for five years to provide continued directorate support to the HPDO. The grading and ranking of the proposed posts are considered appropriate having regard to the level and scope of the responsibilities required.

ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

30. As the two directorate posts are proposed on a supernumerary basis, their retention, if approved, will be reported to the Standing Committee on Directorate Salaries and Conditions of Service in accordance with the agreed procedure.

Food and Health Bureau
November 2014

Enclosure 1 to EC(2014-15)12

Job Description for the Post of
Head (Healthcare Planning and Development Office)

Rank : Administrative Officer Staff Grade B (D3)

Responsible to : Permanent Secretary for Food and Health (Health)

Main Duties and Responsibilities –

1. To oversee the formulation of legislative proposals and implementation of the Health Protection Scheme in consultation with relevant stakeholders.

2. To oversee the formulation of legislative proposals and introduction of a revamped regulatory regime for private healthcare facilities in consultation with relevant stakeholders.

3. To oversee the conduct of the strategic review on healthcare manpower and professional development, including the engagement process of the relevant healthcare professionals and regulatory bodies; and the formulation of possible measures to address areas requiring improvement.

4. To oversee the development of mental health policy and to take forward recommendations by the Review Committee on Mental Health.

5. To provide strategic direction in engaging various stakeholders and the community in carrying out the above duties.

Job Description for the Post of
Deputy Head (Healthcare Planning and Development Office)

Rank **:** Administrative Officer Staff Grade C (D2)

Responsible to **:** Head (Healthcare Planning and Development Office)

Main Duties and Responsibilities –

1. To develop legislative proposals and oversee the implementation of the Health Protection Scheme (HPS), including, amongst others, the 12 Minimum Requirements for regulating individual hospital insurance; setting up of a High Risk Pool to enable high-risk individuals to have access to hospital insurance; arrangements for existing policyholders to migrate to HPS policies; and powers, functions and composition of the HPS regulatory agency.

2. To develop legislative proposals and oversee the introduction of a revamped regulatory regime for private healthcare facilities (PHFs), including regulatory requirements for enhancing corporate governance, standard of premises, clinical quality, price transparency and sanctions.

3. To oversee the establishment of and provide support to committees/working groups for consulting key stakeholders (e.g. the insurance industry, private healthcare service providers, consumer groups, patient groups, the civil society, relevant regulatory authorities, etc.) on issues concerning the HPS and regulation of PHFs.

4. To oversee consultancy studies, resources planning and management of the Healthcare Planning and Development Office, and to co-ordinate professional input within the Administration in the formulation of proposals on the HPS and regulation of PHFs.

Enclosure 3 to EC(2014-15)12

Job Description for the Post of
Principal Assistant Secretary (Health) 3

Rank : Administrative Officer Staff Grade C (D2)

Responsible to : Head (Healthcare Planning and Development Office)

Main Duties and Responsibilities –

1. To oversee policy matters relating to the regulation, manpower planning and professional development of healthcare professions, including the conduct of a strategic review on the future manpower needs in the various healthcare professions and the regulatory regimes governing healthcare professions in Hong Kong, as well as the formulation of recommendations to ensure an adequate supply of quality professionals for meeting the future healthcare needs of the community.

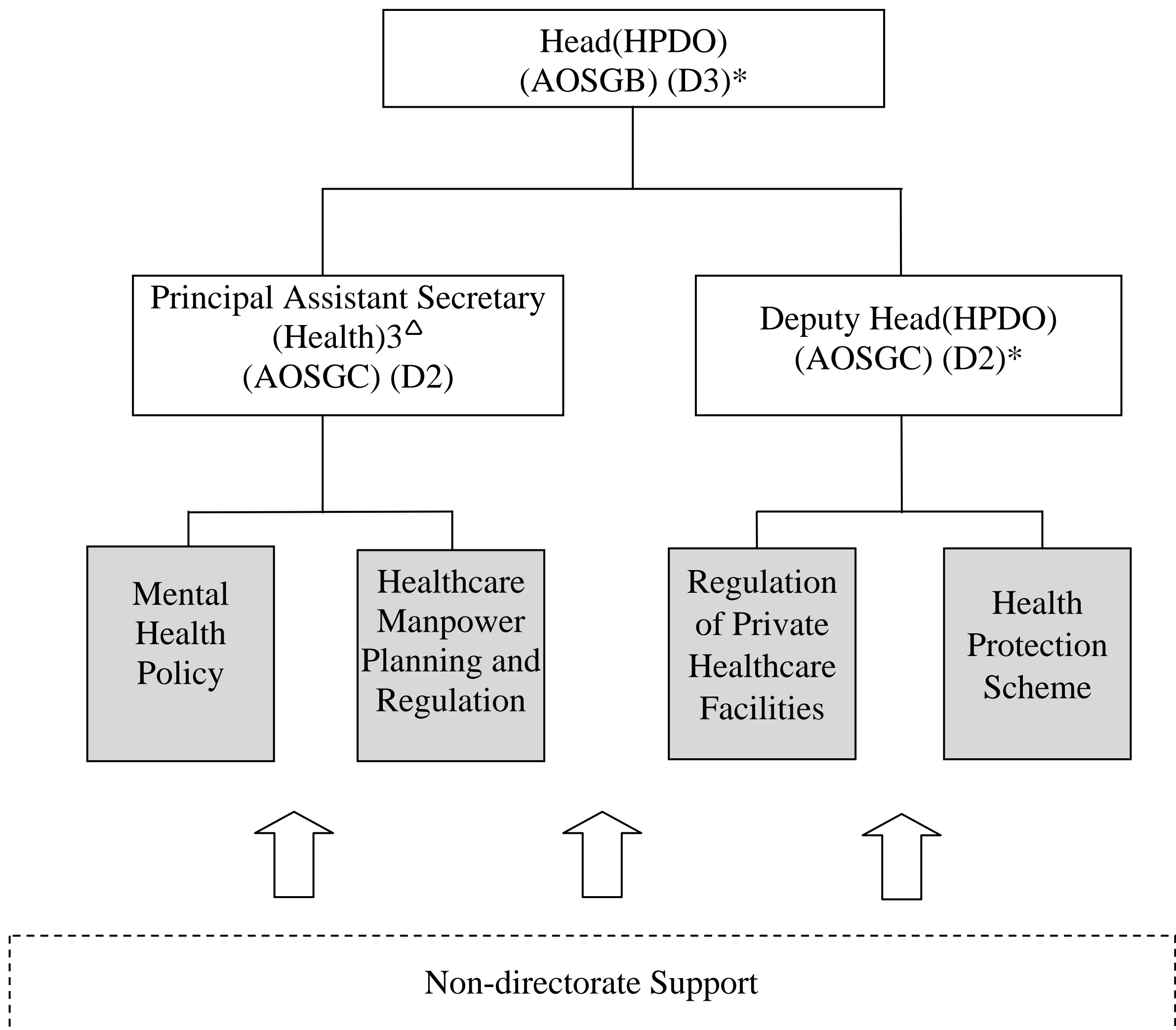
2. To oversee policy matters relating to mental health, including the conduct of a review on the existing mental health policy with a view to mapping out the future direction for development of mental health services in Hong Kong and taking forward enhancement measures to strengthen the provision of mental health services to the public.

3. To provide strategic support to the operation of the Steering Committee on Manpower Planning and Professional Development and its sub-committees, and the Review Committee on Mental Health and its expert groups.

4. To oversee consultancy studies pertaining to healthcare manpower planning and engagement processes for consulting stakeholders and the wider community on the above reviews.

Enclosure 4 to EC(2014-15)12

Organisation Chart of the Healthcare Planning and Development Office (HPDO)



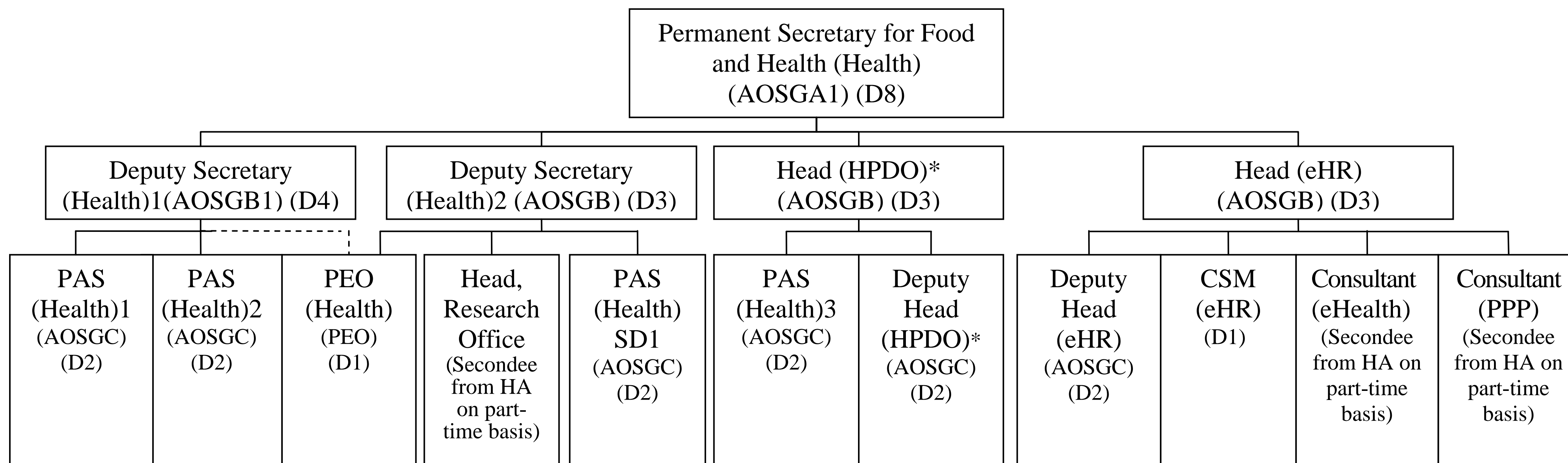
Remarks
- * Supernumerary directorate posts proposed to be retained.
- △ Existing post redeployed from Health Branch, Food and Health Bureau.

Legend

AOSGB Administrative Officer Staff Grade B
AOSGC Administrative Officer Staff Grade C

Enclosure 5 to EC(2014-15)12

Organisation Chart of Health Branch of Food and Health Bureau



Legend

AOSGA1	Administrative Officer Staff Grade A1	HA	Hospital Authority
AOSGB1	Administrative Officer Staff Grade B1	HPDO	Healthcare Planning and Development Office
AOSGB	Administrative Officer Staff Grade B	PAS	Principal Assistant Secretary
AOSGC	Administrative Officer Staff Grade C	PEO	Principal Executive Officer
CSM	Chief Systems Manager	PPP	Public-Private-Partnership
eHR	eHealth Record	SD	Special Duties

* Supernumerary directorate posts proposed to be retained.

Enclosure 6 to EC(2014-15)12

Duty Schedules and Work Priorities of Directorate Officers under the Permanent Secretary for Food and Health (Health)

Deputy Secretary for Food and Health (Health) 1 (DS(H)1) (D4)

DS(H)1 is responsible for policy matters relating to medical and health services, including hospital development and provision of public hospital services; fees and charges of public medical and health services; housekeeping and monitoring the performances of the Hospital Authority (HA) and Department of Health (DH); overseeing the capital works projects in HA; development of Chinese Medicine; health promotion and prevention of communicable and non-communicable diseases; and contingency planning relating to communicable disease outbreak. She is also responsible for overseeing the housekeeping and resource management matters of the Prince Philip Dental Hospital (PPDH); coordinating the reconstruction work in the areas of medical and rehabilitation services for the Sichuan earthquake stricken areas; and enhancing cooperation with the Mainland authorities in health and medical areas. With the wide range of responsibilities and the frequent need to tackle many medical-related incidents that are of concern to the public, she does not have any spare capacity to take up any substantial new policy work areas.

Deputy Secretary for Food and Health (Health) 2 (DS(H)2) (D3)

DS(H)2 is responsible for policy matters relating to the development of primary healthcare services, including public general out-patient services, public Chinese medicine clinics and primary care initiatives, development of primary care projects and public-private partnership initiatives, planning and development of community health centres; overseeing the development, implementation and evaluation of various initiatives in healthcare delivery involving non-government organisations and private sector; dental care for the elderly; overseeing tobacco control policies, human organ donation and transplant, human reproductive technology, healthcare for transgender persons, advance directives/advance care planning and euthanasia. He also provides strategic support for the Health and Medical Development Advisory Committee and oversees the operation of the Research Office under the Bureau. Given the wide range of responsibilities of DS(H)2 and in particular the need to take forward various initiatives related to enhancing primary care, DS(H)2 does not have any spare capacity to steer and coordinate the wide array of tasks of the Healthcare Planning and Development Office (HPDO).

Head (eHealth Record) (H(eHR)) (D3)

H(eHR) is responsible for overseeing the development and implementation of the eHR sharing programme and the preparation of the eHR Sharing System (eHRSS) Bill; leading a dedicated team in the Health Branch to oversee and co-ordinate efforts to develop and implement the eHR sharing infrastructure; formulating policies, development plans and work targets for the eHR development; overseeing the services provided by the HA which serves as the technical agency to develop and implement the eHR infrastructure; promoting and engaging private sector participation in the development and adoption of eHR in the community; overseeing and providing steer on the financial management for the eHR; as well as formulating policy on the funding of public-private eHR partnership projects. He is also responsible for overseeing the successful launch of Stage 1 eHRSS. Upon the passage of the future eHRSS Ordinance, he will assume the role of Commissioner for Electronic Health Record and perform the statutory functions in accordance with the Ordinance. These include, among others, to establish, operate, maintain and develop the eHRSS, to regulate and supervise the sharing and using of data and information contained in the eHRSS, and to supervise compliance with the Ordinance. The development and implementation of eHR sharing infrastructure is a major initiative of the Government and requires full support of a dedicated team. H(eHR) would not have any extra capacity to undertake any additional duties of the HPDO.

Principal Assistant Secretary for Food and Health (Health) 1 (PAS(H)1) (D2)

PAS(H)1 is responsible for policy matters in respect of the prevention and control of communicable and non-communicable diseases; contingency planning regarding communicable disease outbreaks; regulation of medical devices, pharmaceutical products (including Chinese medicines) and related health claims, undesirable medical advertisements and radiation matters; Chinese medicine development; clinical services provided by DH and its preventive care programme; policies on oral health; provision of health-related support for the medical and rehabilitation projects undertaken in Sichuan; policy matters on prevention and control of HIV/AIDS; promotion of breast feeding; cross-boundary patient transfer service; co-ordination of health advice on environmental issues; issues related to Mainland women giving birth in Hong Kong as well as health-related matters under the Mainland and Hong Kong Closer Economic Partnership Arrangement. The officer has already been heavily engaged on the abovementioned policy work which involves a wide spectrum of subjects, not to mention that the officer has to, on top of her policy work, assist in crisis management in times of major communicable disease outbreaks. There is hardly any extra capacity for absorbing the additional duties of the HPDO.

Principal Assistant Secretary for Food and Health (Health) 2 (PAS(H)2) (D2)

PAS(H)2 is responsible for policy matters relating to the development of hospitals (both public and private) and other public medical services; regulating the statutory, administrative and contractual relationship with the HA; resources allocation and budgetary control for HA and monitoring HA's financial performance; capital works of HA including resource bidding, allocation and monitoring of public hospital development programme; HA's human resource management and manpower development plans; matters relating to HA's fees and charges and management of the Samaritan Fund. The post holder also handles complaints against HA and necessary follow-up on medical incidents. PAS(H)2 is fully occupied by the present work schedule and there is no scope for the officer to take up extra duties of the HPDO.

Principal Assistant Secretary for Food and Health (Health) 3 (PAS(H)3) (D2)

PAS(H)3 is redeployed to the HPDO for handling policy matters relating to the regulation, manpower planning and professional development of healthcare professions, including the conduct of a strategic review on healthcare manpower planning and professional development. PAS(H)3 also oversees the mental health policy, including the conduct of a major review to map out the future development of mental health services in Hong Kong. In carrying out the two reviews, the officer also provides policy and secretariat support to the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development, the Review Committee on Mental Health and their underpinning expert groups as well as the engagement processes for stakeholders.

Principal Assistant Secretary for Food and Health (Health) Special Duties 1 (PAS(H)SD1) (D2)

PAS(H)SD1 is responsible for coordinating primary care initiatives of the DH and the HA; handling anti-smoking and tobacco control policies and legislation; overseeing the implementation of the Elderly Health Care Voucher Scheme and health assessment programme for the elderly; overseeing policies on new medical technologies including human reproductive technology, and human organ transplant and donation; as well as overseeing policies on euthanasia and advance directives. It is noteworthy that this directorate post is on loan from DH due to a significant surge in the workload of the Health Branch of the Food and Health Bureau over the past few years. There is hardly any scope for the officer to take up the additional duties of the HPDO. In fact, the workload of the officer will have to be shared among other Principal Assistant Secretaries in the Health Branch upon return of the post to the DH.

Deputy Head (eHealth Record)(DH(eHR)) (D2)

DH(eHR) is responsible for assisting in examining the relevant legal issues relating to eHR sharing; overseeing the development and successful launch of the Stage 1 eHRSS. Upon the launch of the Stage 1 eHRSS, the incumbent will assist in the performance of the statutory functions of the eHRC in accordance with the future eHRSS Ordinance; commissioning a Privacy Compliance Audit to review whether the technical system and operational workflow of Stage 1 eHRSS are compliant with privacy requirements; reviewing the institutional arrangements and governance structure for the effective development and implementation of eHR sharing; managing the financial resources provided for the operation of Stage 1 eHRSS and development of Stage 2 eHRSS; liaising with the HA on policy aspects of the eHR and to devise detailed implementation programme, and to supervise the office in performing its functions; identifying public-private partnership projects to facilitate the implementation of eHR in the private sector and devising publicity strategy to promote adoption by the community; and providing secretariat service to the eHR Steering Committee and its Working Groups. All the duties and responsibilities require the dedicated input of DH(eHR) and it is not feasible for her to undertake any additional duties of the HPDO.

Principal Executive Officer (Health) (PEO(H)) (D1)

PEO(H) is responsible for the development of public Chinese medicine clinics; overseeing the financial and human resource management and other housekeeping matters of the PPDH and the DH; fees and charges in the DH; appointment matters in respect of health-related Councils and Boards; overseeing the implementation of the Outreach Dental Care Programme for the Elderly at bureau level; providing secretariat services and logistical support to the Health and Medical Development Advisory Committee and the Task Force on Primary Dental Care and Oral Health; and logistical support for health-related matters arising from the Community Care Fund and overseeing the implementation of assistance programmes. PEO(H) is fully occupied in his present duties and there is no scope for the officer to take on the responsibilities of the HPDO.

Chief Systems Manager (eHealth Record) (CSM(eHR)) (D1)

CSM(eHR) is responsible for providing professional advice and steer to the overall development and maintenance of the eHR sharing infrastructure, architecture and standards; overseeing and monitoring the development of the major system components and target projects for eHR development to ensure progress in accordance with schedule; formulating and reviewing IT security policies to safeguard the security and integrity of sensitive personal data stored in the eHR Sharing System; monitoring the implementation and observance of the relevant standards, specifications and protocols in eHR sharing by private healthcare providers; monitoring the system operation of the eHR sharing infrastructure; promoting public awareness of the importance of eHR security; and overseeing the

IT policies relating to DH's development of Communicable Disease Information System. CSM(eHR) is fully occupied in providing the professional and technical support to the eHR Office. It is neither suitable nor practical to redeploy the officer to take up extra duties of the HPDO.