

For discussion
on 18 January 2016

**Legislative Council Panel on Health Services
2016 Policy Address
Policy Initiatives of the Food and Health Bureau**

Hong Kong has a twin track healthcare system comprising 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 will continue to increase investment in public healthcare facilities and make improvements to them through redevelopment of existing hospitals and construction of new ones. We are also committed to implementing a series of reform measures, including the promotion of long-term development of primary care and Chinese medicine, taking forward in phases the recommendations of the Strategic Review on Healthcare Manpower Planning and Professional Development, proposed introduction of the Voluntary Health Insurance Scheme, revamp of the regulatory regime for private healthcare facilities and implementation of electronic health record sharing.

New Initiatives

(a) Healthcare Service Development and Infrastructure

3. Development and construction of healthcare facilities is a long process and requires a lot of planning. Given the crowded situation in Hong Kong,

in-situ redevelopment and renovation of facilities while maintaining the existing services is the norm and poses huge challenges. To ensure early and better planning of hospital projects to cope with the rising demand, we formulate the hospital development plan for the coming 10 years with a view to addressing the long-term healthcare needs of the population. The construction of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital are expected to be completed this year and next year respectively. In addition to the redevelopment projects of the Kwong Wah Hospital, the Queen Mary Hospital and the United Christian Hospital which have already commenced, and Phase 1 development of the acute general hospital in the Kai Tak Development Area, the hospital development plan for the coming ten years includes Phase 2 development of the acute general hospital in the Kai Tak Development Area, the redevelopment or expansion of the Tuen Mun Hospital Operating Theatre Block, the Haven of Hope Hospital, the Prince of Wales Hospital, the Kwai Chung Hospital, the North District Hospital, Lai King Building of the Princess Margaret Hospital, the Grantham Hospital and Our Lady of Maryknoll Hospital, etc. The number of public hospital beds will increase by about 20% from around 27 000 at present to around 32 000. More than 90 additional operating theatres will also be provided. The estimated total project cost will reach \$200 billion.

4. We would commence the development of the second stage of the electronic health record programme, which tentatively includes addition of other sharable data, sharing of radiological images, enhancement of patients' control/selection of data, development of a patient portal etc.

(b) Enhancing Healthcare Services Provision

5. To meet the growing demand, we would enhance healthcare services for the elderly by setting up the 5th joint replacement centre in the territory, extending the coverage of visits by the Community Geriatric Assessment Teams to residential care homes for the elderly, and strengthening the support for terminally ill patients in residential care homes.

6. We have completed the review on the Hospital Authority (HA) and will implement the recommendations of the Steering Committee on Review of HA through measures like refining the cluster boundary, shortening waiting time and adopting a refined population-based resource allocation model, etc to enable HA to better meet the challenges of an ageing population, increasing

prevalence of chronic diseases and increasing healthcare cost due to advance in medical technology.

7. We would also strengthen the services for critical illness and chronic diseases through, for example, increasing the service capacity of echocardiogram for cardiac service, enhancing the service quota of haemodialysis for renal service, and extending the service hours of radiotherapy for cancer service.

(c) Enhance the service capacity of the Child Assessment Centres (CACs)

8. We understand the importance of early assessment and professional diagnosis to children with developmental problems, so as to refer the children in need to appropriate institutions for treatment and/or training as soon as practicable. Currently, the Health and Developmental Surveillance Programme offered by the Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) can effectively identify suspected cases of developmental problems among children from birth to five years old. Separately, under the Comprehensive Child Development Service jointly launched by Education Bureau, DH, HA, Social Welfare Department, and non-governmental organisations, pre-primary institution teachers can directly refer children in need to MCHCs of their respective districts for preliminary assessment. Subject to the assessment result, MCHCs will refer the children concerned to the Child Assessment Service (CAS) of DH or other HA specialists for further actions if necessary. At its six CACs, CAS provides comprehensive multi-disciplinary assessment and diagnosis, as well as devising rehabilitation plans for children aged below 12 suspected of having developmental problems.

9. In order to efficiently address different developmental problems, CAS has already introduced a triage system for newly registered cases. As the service demand and the number of referral to CAS continue to rise, we will therefore allocate additional resources to DH to kick start in 2016/17 the preparatory work on setting up a new CAC to provide early assessment and professional diagnosis for children with developmental problems in the face of the increasing demand.

(d) Chinese Medicine

10. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. The Chief Executive 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 as well as development of the Chinese medicines industry (including Chinese medicines testing). The Government in early 2014 and early 2015 accepted a number of recommendations put forth by the Committee, including the development of Chinese medicine hospital, development of the integrated Chinese-Western medicine, the expansion of the Hong Kong Chinese Materia Medica Standards (HKCMMS) Project as well as the setting up of a testing centre for Chinese medicines. We have been implementing the recommendations in phases. The latest developments include the issuance of invitations as soon as possible to non-profit-making organisations which are interested in developing and operating a Chinese medicine hospital at the reserved site in Tseung Kwan O to submit expression of interest to the Government, as well as the launching of a pilot study on the reference standard setting for Chinese medicines decoction pieces under the HKCMMS Project.

(e) Ensuring Long-term Sustainability of Healthcare System

11. We would take steps to establish a new regulatory regime for private healthcare facilities through consultation with stakeholders on technical details, with a view to introducing the relevant Bill to the Legislative Council in the 2016/17 legislative session.

(f) Disease Prevention and Control

12. The problem of antimicrobial resistance is now a burning concern among the public health authorities around the world. To address the issue, actions taken by the healthcare sector alone is not enough. Concerted efforts from different stakeholders including the general public are imperative to the success of the control. In this regard, we shall set up a high-level steering committee to be chaired by the Secretary for Food and Health to tackle the threat of antimicrobial resistance to public health. The committee will comprise representatives from various sectors which include the relevant

government departments, public and private hospitals, healthcare facilities and relevant professional bodies (will not be confined to medical sector). With a concerted effort of its members, the committee will adopt the “One-Health Concept” in the formulation and implementation of strategies and action plans against antimicrobial resistance from various aspects.

13. The seasonal influenza poses a recurrent challenge to our people’s health and the healthcare system. To relieve the pressure of seasonal influenza and its complications on the public healthcare system, we have conducted a pilot project to expand the scope of free/subsidised vaccination in 2015/16:

- (i) to expand the scope of the Government Vaccination Programme to provide free seasonal influenza vaccination for all elders aged 65 or above and eligible persons with intellectual disability; and
- (ii) to expand the scope of the Vaccination Subsidy Schemes to cover persons with intellectual disability.

The above measures will be regularised starting from 2016/17.

14. We would invite the Community Care Fund (CCF) to consider implementing a pilot scheme to provide teenage girls from eligible low-income families with free cervical cancer vaccination.

(g) Healthcare Manpower Planning and Professional Development

15. In response to the challenges of an ageing population and increasing demand for healthcare services with higher expectations, in 2012, the Government set up a steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review). The Review covers 13 healthcare professions which are subject to statutory regulation, including doctors, dentists and dental hygienists, Chinese medicine practitioners, nurses, midwives, pharmacists, chiropractors and healthcare professions covered by the Supplementary Medical Professions Ordinance i.e. medical laboratory technologists, occupational therapists, optometrists, physiotherapists and radiographers. The Review aims to make recommendations that would better enable us to meet the projected demand for healthcare professionals as well as

foster professional development with a view to ensuring healthy and sustainable development of our healthcare system and the continued provision of quality healthcare services to the public.

16. To assist the Steering Committee in making informed recommendations, we commissioned the University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) to provide professional input and technical support to the Review. We also set up six consultative sub-groups under the Steering Committee to hear and consolidate views from the healthcare professions.

17. On manpower projection, the HKU has developed a generic forecasting model that suits the local circumstances and is adaptable to changing parameters to cater for utilisation parameters peculiar to individual professions in forecasting manpower demand and supply of the 13 healthcare professions. The HKU is finalising the manpower projections for all professions under the Review.

18. The Steering Committee is reviewing the regulatory regimes for healthcare professionals, and will make recommendations on the way forward based on the findings of the CUHK including the prevalent international practices which gear towards more transparency and accountability as well as greater public participation, local circumstances of Hong Kong including public aspirations and concerns, as well as the history and development of statutory regulatory bodies. Key areas that would be looked into include –

- (i) functions of the statutory regulatory bodies;
- (ii) membership of the statutory regulatory bodies, in particular, the number and proportion of lay members;
- (iii) admission of non-locally trained healthcare professionals;
- (iv) complaint handling and disciplinary inquiries mechanisms; and
- (v) training and development, in particular, mandatory continuous professional education and development.

19. We expect that the Review will be completed in the first half of 2016. The public is most concerned about proposals related to doctors to which we will accord first priority. In response to the mounting public concerns over the efficiency of the Medical Council of Hong Kong (MCHK) in complaint

investigation and disciplinary inquiries as well as its lack of flexibility for the admission of non-locally trained doctors, pending the completion of the Review and in advance of the implementation of the full recommendations of the Review, the Government plans to introduce a bill into the Legislative Council in the first quarter of 2016 to amend the Medical Registration Ordinance. The Amendment Bill seeks to increase the number of lay members in the MCHK from four to eight, improve the MCHK's complaint investigation and disciplinary inquiry mechanism; and enhance its administrative flexibility in admitting non-locally trained doctors to meet local demand.

20. To meet the anticipated demand for healthcare manpower, the Government will, based on the preliminary findings of the Review, increase the number of publicly-funded degree places in medicine, dentistry and other healthcare disciplines by 50, 20 and 68 respectively in the 2016/17-2018/19 triennium. To facilitate more non-locally trained doctors to practise in Hong Kong, the MCHK has introduced more flexibility to the relevant internship requirement since 2016. Under the new arrangement, any person who has passed the Licensing Examination can apply for exemption from a specialty of internship training if he/she has a comparable specialist experience. The internship period could be shortened from one year to six months. The Dental Council of Hong Kong and the Nursing Council of Hong Kong will also increase the frequency of the Licensing Examination from once to twice a year since 2016 to facilitate more non-locally trained dentists and nurses to practise in Hong Kong.

21. To alleviate the doctor manpower shortage problem, the HA will continue to recruit non-locally trained doctors by way of limited registration. The HA has also extended the retirement age of new recruits whose employment commencement date is on or after 1 June 2015 from 60 to 65. In addition, the HA launched a time-limited rehiring scheme in 2015/16 to re-employ suitable retirees of those grades and disciplines which are facing a severe staff shortage problem.

22. The Government will also launch a voluntary accredited registers scheme for healthcare personnel who are currently not subject to statutory regulation.

(h) Mental Health Policy

23. We would implement a three-year territory-wide public education and promotion campaign in the light of the recommendations of the Review Committee on Mental Health chaired by the Secretary for Food and Health to promote to the public the importance of mental health.

24. We would, in collaboration with the HA and the Social Welfare Department, invite the CCF to consider implementing a two-year pilot scheme based on a medical-social collaboration model to provide dementia care services to the elderly persons with mild or mild to moderate dementia in the community through the District Elderly Community Centres with a view to shortening the waiting time of patients for diagnosis and specialist services of the HA and enhancing dementia care services in the community.

(i) Tobacco Control

25. We would strengthen the enforcement actions in statutory no-smoking areas by the Tobacco Control Office of the DH, including designation of new no-smoking areas at bus interchanges located at the tunnel portal areas, and enhance smoking cessation services.

26. In view of the emergence of electronic cigarettes, we formulate legislative proposal in respect of the regulation of electronic cigarettes.

On-going initiatives

27. Apart from the above, 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. These on-going initiatives and the progress are set out in the ensuing paragraphs.

(a) Enhancing Healthcare Service Provision

28. In order to increase capacity of our healthcare services to meet rising demand, HA will increase the number of public hospital beds, the number of operating theatre sessions and the quota for endoscopy examination so as to

enhance the service capacity for addressing the ever rising healthcare needs.

29. HA will increase the quota for general out-patient consultation and provide additional quota for emergency medicine wards to improve the waiting time for out-patient and emergency services.

30. We are planning and implementing initiatives to promote the development of primary care, formulating reference frameworks for specific population groups and chronic diseases, promoting the Primary Care Directory, and co-ordinating and planning the works projects for the establishment of community health centres in various districts.

31. We would enhance public healthcare services through public-private partnership to increase service volume and offer more choices to patients. HA is implementing the following projects:

- (i) procuring additional haemodialysis places for eligible end-stage renal disease patients to receive treatment at the private community haemodialysis centres;
- (ii) enhancing radiological investigation services for selected groups of cancer patients;
- (iii) subsidising patients to receive cataract surgeries by private ophthalmologists; and
- (iv) referring eligible patients to non-governmental organisations (NGOs) to receive structural empowerment sessions.

32. We would widen the scope of the HA Drug Formulary to enhance the efficacy of treating various diseases.

33. On mental health services, we would strengthen the manpower of the psychiatric healthcare team and introducing a peer support element to the Case Management Programme for patients with severe mental illness based on the recommendations of the Review Committee on Mental Health.

34. We would increase the number of psychiatric beds in Siu Lam

Hospital based on the recommendations of the Review Committee on Mental Health, with a view to clearing up cases of severe intellectual disabilities on the waiting list in phases in the coming three years.

35. Prevention is better than cure. The Government announced in the 2014 Policy Address the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups. Relevant works are being conducted. We are planning for the launch of the Colorectal Cancer Screening Pilot Programme in mid-2016 the earliest to provide subsidised colorectal cancer screening in phases for eligible Hong Kong residents aged 61 to 70 within three years.

36. In light of the latest development of medical technology, DH and HA set up a Task Force in March 2015 to plan and prepare for implementation of the Pilot Study of Newborn Screening for Inborn Errors of Metabolism (IEM). The Pilot Study, lasting for 18 months, was launched in two public hospitals (i.e. Queen Elizabeth Hospital and Queen Mary Hospital) in October 2015. The first phase of the Pilot Study (from 1 October 2015 to 31 March 2016) covers 21 IEM. In the second phase (from 1 April 2016 to 31 March 2017), the Pilot Study will be extended to cover 24 IEM in total. The IEM selected to be included in the Pilot Study satisfied the four criteria of screening capability, clinical significance, availability of treatment and favourable outcome after early treatment. It is estimated that about 10 000 babies can be screened for IEM each year in the Pilot Study.

37. We also plan to expand the scope of the pilot General Out-patient Clinic Public-Private Partnership Programme in Kwun Tong, Wong Tai Sin and Tuen Mun districts to cover more chronic diseases and patients, in the light of the result of the interim review of the programme. We will extend the programme to all 18 districts of the territory in phases in the coming three years.

(b) Healthcare Service Development and Infrastructure

38. We have been working hard to improve our healthcare infrastructure. The construction of the Tin Shui Wai Hospital and the Hong Kong Children's Hospital at Kai Tak are expected to be completed this year and next year respectively. We have also commenced the expansion works of the United Christian Hospital and actively pursue the redevelopment of the Kwong Wah

Hospital, the Queen Mary Hospital and the Kwai Chung Hospital and the extension of the Operating Theatre Block of the Tuen Mun Hospital.

39. We would continue with the minor works projects to improve facilities in public hospitals and clinics by utilising the one-off grant of \$13 billion allocated to the HA in 2014.

40. We commission the first stage of the electronic health record sharing system which will facilitate the sharing of the electronic health records of voluntary participants between public and private healthcare providers.

41. We would facilitate the further development of private hospitals with a view to ensuring the healthy development of a twin-track healthcare system in Hong Kong.

(c) Regulation of Medical Devices

42. To prepare for the establishment of a statutory regulation framework on medical device safety in the long run, we briefed the Panel on Health Services in June 2014 on the findings of the relevant Business Impact Assessment. The DH subsequently commissioned an external consultant to conduct a detailed study on the use control of selected medical devices. Subject to the findings and recommendations of the study, we will develop proposals for statutory regulation on the use of medical devices and report to the Panel on the outcome of the consultancy study and the details of the legislative proposal.

(d) Chinese Medicine

43. We would continue with the Integrated Chinese-Western Medicine Pilot Project launched in September 2014 in seven hospitals of the HA in order to gather experience in the operation of integrated Chinese-Western medicine and Chinese medicine in-patient services, which will serve as the basis for formulating the mode of operation of the Chinese medicine hospital. Implemented in two phases, the pilot project provides treatment with integrated Chinese-Western medicine for three disease areas, namely stroke rehabilitation treatment, low back pain care and palliative care for cancer.

44. We would continue to conduct review of the development of the Chinese medicine sector through the Chinese Medicine Development Committee to formulate strategies to raise the professional standard and status of Chinese medicine practitioners, support research and development of Chinese medicine, promote treatment with integrated Chinese-Western medicine, expand the role of Chinese medicine in the Hong Kong healthcare system, and examine the feasible mode of operation of a Chinese medicine hospital.

45. We would continue to subsidise and monitor the 18 public Chinese medicine clinics to enhance Chinese medicine service in our public healthcare system.

46. As announced in the 2015 Policy Address, the Government has accepted the recommendation of the Chinese Medicine Development Committee to set up a testing centre for Chinese medicines to be managed by the DH. The testing centre will specialise in the testing of, and scientific research on, Chinese medicines, with a view to setting reference standards for the safety, quality and testing methods of Chinese medicines. The DH is planning and developing the testing centre. Before the establishment of a permanent testing centre for Chinese medicines, the DH will set up a temporary testing centre for Chinese medicines which is expected to start operating in phases from 2017.

47. The HKCMMS project was first launched in 2002 to develop reference standards for commonly used Chinese materia medica in phases to ensure the safe use and the quality of Chinese materia medica. We would continue with the research work after completing the compilation of HKCMMS for 236 Chinese materia medica commonly used in Hong Kong. Our target is to set reference standards for around 28 Chinese materia medica each year.

(e) Ensuring Long-term Sustainability of Healthcare System

48. We would implement the Voluntary Health Insurance Scheme to provide more choices and better protection for users of private healthcare services.

(f) Disease Prevention and Control

49. We would keep up our effort in disease prevention and control. We have implemented the Prevention and Control of Disease Ordinance and improved our infectious disease surveillance, control and notification system in order to minimise the spread of communicable diseases in the local community. The Centre for Health Protection under the DH will continue to maintain close liaison and cooperation with neighbouring regions and conduct exercises on public health emergencies from time to time. As regards other novel infectious diseases, we announced the “Preparedness Plan for the Middle East Respiratory Syndrome” and the “Preparedness Plan for Ebola Virus Disease”, and activated the “Alert” response levels under the respective plans on the day of announcement after risk assessment. We will continue to closely monitor the situation of novel infectious diseases and review the relevant policies as appropriate.

50. We are implementing a multi-pronged strategy under the “Preparedness Plan for Influenza Pandemic” to minimise the risk of and enhance Hong Kong’s preparedness for influenza pandemic. Besides, we will continue to implement and improve the subsidy schemes for eligible children, persons with intellectual disability and elderly people to receive seasonal influenza and pneumococcal vaccinations, as applicable, to enhance primary care and disease prevention.

51. We would continue to adopt a comprehensive preventive and surveillance programme to reduce the risk of avian influenza outbreaks and human infections in Hong Kong. We will keep the situation under review and update the relevant policies in a timely manner.

52. With ageing population and socioeconomic changes, the burden of non-communicable diseases (NCD) is expected to rise in the decades ahead. We would continue implementing the Strategic Framework for Prevention and Control of Non-communicable Diseases to promote cross-sectoral co-operation in the prevention and control of NCD. The overall goal of the Strategy Framework is to improve the health and quality of life of people in Hong Kong, which will in turn increase Hong Kong’s productivity and competitiveness.

(g) Health Promotion

53. We make progressive efforts in tobacco control through the multi-pronged approach of publicity, promotion, education, legislation, enforcement, taxation and smoking cessation service.

54. We would continue to promote registration on the Centralised Organ Donation Register to the public through collaboration with relevant organisations.

(h) Elderly Healthcare Services

55. We would continue to promote the Elderly Health Care Voucher Scheme, which subsidises elderly people aged 70 or above to use private primary care services, including curative, rehabilitative and preventive care services provided by medical practitioners, Chinese medicine practitioners, dentists, and various other healthcare professionals.

56. We would continue to implement the Outreach Dental Care Programme for the Elderly to provide dental care and treatment for elderly people in residential care homes and similar facilities.

57. The CCF expanded the Elderly Dental Assistance Programme in September 2015 to cover elders who are Old Age Living Allowance recipients in phases, starting with those aged 80 or above in the first phase.

Conclusion

58. 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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