



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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Ms Maisie LAM  
Clerk to Panel  
Panel on Health Services  
Legislative Council Secretariat  
Legislative Council Complex  
1, Legislative Council Road  
Central

Dear Ms LAM,

**Panel on Health Services  
Follow-up Action**

I refer to item 2 “Consultation Report on Voluntary Health Insurance Scheme” of the LC Paper No. CB(2)1608/16-17(02). The Administration was requested to provide information on –

- “(a) a breakdown of the use of the \$50 billion earmarked for healthcare reform. It was understood that \$10 billion of which has been used for setting up the Hospital Authority Public-Private Partnership Fund, and part of which might be used for injecting funds into the High Risk Pool if, after the re-examination of the relevant proposal, it would be established under VHIS in the future; and
- (b) a breakdown of the expenditure involved on programmes aimed at helping to relieve the pressure on the public healthcare system, such as public-private partnership, and

*promotion of preventive care and primary care in order to reduce hospital admissions.”*

Our response is set out in ensuing paragraphs.

### **Resources to Support Healthcare Reform**

Since the initial pledge in the 2008-09 Budget for the Government to earmark \$50 billion from the fiscal reserves to support healthcare reform, we have secured the approval of Finance Committee to set up a \$10 billion endowment fund for Hospital Authority (HA) to pursue public-private partnership initiatives, and to offer a loan of \$4.03 billion to the Chinese University of Hong Kong for developing a non-profit making private teaching hospital. Government will provide further resources for the development of the Voluntary Health Insurance Scheme, and will provide tax deductions for the purchase of regulated health insurance products, details of which are being examined.

Funding for measures in support of healthcare reform has been and will continue to be provided on a need basis – through increasing expenditure and/or forgoing revenue.

### **Expenditure Involved on Programmes Aimed at Helping to Relieve the Pressure on the Public Healthcare System**

The Government has implemented various schemes to relieve the pressure on the public healthcare system, including enhancing preventive care (such as vaccination programmes/schemes, Colorectal Cancer Screening Pilot Programme) and primary care, implementing the Elderly Health Care Voucher (EHV) Scheme, strengthening HA services for managing chronic diseases, etc.

#### **Enhancing Preventive Care**

##### *(1) Seasonal Influenza (SI) Vaccination and Pneumococcal Vaccination*

The Department of Health (DH) has been administering various vaccination programmes/schemes to provide free/subsidised SI and pneumococcal vaccination to eligible persons. They include –

##### (a) SI vaccination

- (i) The Government Vaccination Programme (GVP) - provides free SI vaccination to the following eligible groups of Hong Kong residents –

- pregnant women who are Comprehensive Social Security Assistance (CSSA) recipients or Certificate for Waiver of Medical Charges (Certificate) holders;
  - children aged 6 months to under 12 years receiving CSSA or holding the Certificate;
  - community-living elderly aged 65 or above;
  - eligible persons with intellectual disabilities and community-living persons receiving Disability Allowance (PDAs), elderly aged 65 or above attending public clinics, CSSA recipients or the Certificate holders aged 50 to under 65 and those aged below 50 with chronic medical problems, eligible in-patients (including paediatric patients) of the Hospital Authority and eligible paediatric out-patients; and
  - Residents of homes for the elderly and the disabled, public/institutional healthcare workers, poultry workers and pig farmers; and
- (ii) The Vaccination Subsidy Scheme (VSS) - provides subsidised SI vaccination to targeted groups, which include elders aged 65 or above, children between 6 months to under 12 years old, persons with intellectual disabilities, PDAs and pregnant women.

(b) Pneumococcal vaccination

- (i) The GVP - provides free pneumococcal vaccination to eligible elders aged 65 or above;
- (ii) The VSS - provides subsidised pneumococcal vaccination to elders aged 65 or above; and
- (iii) The Hong Kong Childhood Immunisation Programme - which includes provision of pneumococcal conjugate vaccine (PCV) to eligible children at 2, 4 and 6 months of age followed by a booster dose at 12 months at Maternal and Child Health Centres of the DH.

The quantities and contract price of SI vaccine, 13-valent pneumococcal conjugate vaccine (PCV13) and 23-valent pneumococcal polysaccharide vaccine (23vPPV) procured under the GVP are as follows –

<b><u>Vaccine</u></b>	<b><u>Number of doses</u></b>	<b><u>Total vaccine cost</u> <u>\$ million</u></b>
SI vaccine for 2016-17 season	430 000	23.3 (revised estimate)
PCV13 (current contract)	243 000	90.4
23vPPV (current contract)	15 000	1.6

As announced in the 2017 Policy Address, the Government will provide free/subsidised PCV13 to eligible high risk elders under the GVP and the VSS respectively. The aim is to provide them with better protection against invasive pneumococcal diseases in accordance with the latest recommendations of Scientific Committee on Vaccine Preventable Diseases. The above new initiative will be implemented later this year. And by then eligible high risk elders will receive one dose of free/subsidised PCV13 on top of one dose of free/subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV), the latter has already been offered to eligible elders under current vaccination programmes. In 2017-18, a provision of \$77.2 million is earmarked for implementing the above new initiative.

*(2) Colorectal Cancer Screening Pilot Programme*

The three-year Colorectal Cancer Screening Pilot Programme (the Pilot Programme), which is being conducted in phases, provides subsidised screening tests to asymptomatic Hong Kong residents born from 1946 to 1955. The first phase was launched on 28 September 2016 to target those born in the years 1946 to 1948. On 27 February 2017, the second phase commenced and extended to those born in the years 1946 to 1951. DH will monitor the overall response rate and the implementation with a view to further extending the Pilot Programme to those born in the years 1952 to 1955 as early as practicable. Findings from the evaluation of the Pilot Programme will form the basis for further consideration regarding whether and how colorectal cancer screening service could be provided to the wider population. The revised estimate for the Pilot Programme in 2016-17 is \$51.7 million. The provision for 2017-18 is \$98.7 million and that for 2018-19 will be \$134.7 million.

## Enhancing Primary Care

The provision of primary care involves a wide range of services and activities by different multi-disciplinary teams in the DH and the HA. The annual expenditure on primary care services cannot be separately identified.

The Primary Care Office (PCO) was established in September 2010 under DH to support and co-ordinate the implementation of primary care development strategies and actions. The latest progress and work plan of the major primary care initiatives are as follows –

### (1) Primary Care Conceptual Models and Reference Frameworks

Reference Frameworks for diabetes care, hypertension care and preventive care in children as well as older adults have been developed. A mobile application of these reference frameworks has also been launched. Development of new modules under these reference frameworks (e.g. module on visual impairment for older adults, module on cognitive impairment for older adults, module on development for children, module on lipid management in hypertensive patients under the reference framework for hypertension, and module on smoking cessation in primary care settings under the reference frameworks for hypertension and diabetes) is in progress while the promulgation of the existing reference frameworks to healthcare professionals through Continuous Medical Education seminars continues. Public seminars are also conducted to deliver child health messages.

### (2) Primary Care Directory (PCD)

The website and mobile website of the sub-directories for doctors, dentists and Chinese medicine practitioners have been launched. We will continue to promote the PCD to the public for searching primary care providers as well as to primary care service providers for enrolment.

### (3) Community Health Centres (CHCs)

Three CHCs operated by HA have commenced operation. The Tin Shui Wai (Tin Yip Road) CHC, the first of its kind to be designed based on the primary care development strategy

and service model, commenced service in February 2012 to provide integrated and comprehensive primary care services for chronic disease management and patient empowerment programme. The North Lantau CHC and Kwun Tong CHC commenced services in September 2013 and March 2015 respectively. Allied health services have been strengthened in CHCs. The Government is exploring the feasibility of developing CHC projects in other districts and will consider the scope of services and modus operandi that suit district needs most.

#### (4) Publicity Activities

A variety of publicity activities are being conducted through various channels to enhance public understanding and awareness of the importance of primary care, drive attitude change and foster public participation and action.

#### Implementing the EHV Scheme

In 2009, the Government launched the EHV Pilot Scheme to subsidise Hong Kong elders aged 70 or above to use private primary care services, including preventive care. In January 2014, the EHV Scheme was converted from a pilot project into a recurrent programme. Since June 2014, the annual voucher amount for an eligible elder has been increased to \$2,000. In the 2017 Policy Address, the Government proposed to lower the eligibility age for the EHV Scheme from 70 to 65. This enhancement will be launched on 1 July 2017. It is expected that about 400 000 more elders will benefit in the first year of implementation.

#### Strengthening HA Services for Managing Chronic Diseases

In addition to the CHCs, HA provides community-based primary care services through a wide range of services and activities delivered by general outpatient clinics (GOPCs). Patients under the care of GOPCs can be broadly divided into two main categories, namely chronic disease patients with stable conditions (e.g. diabetes mellitus, hypertension) and episodic disease patients with relatively mild symptoms (e.g. influenza, colds).

GOPCs are primarily targeted at serving the elderly, the low-income group and the chronically ill. At present, HA operates a total of 73 GOPCs, including the three CHCs, throughout the territory. The

GOPC service is of high volume and the utilisation is over 95%. To improve patients' access to GOPC service, HA plans to increase GOPC quotas in two clusters (New Territories East Cluster and New Territories West Cluster) by 27 500 attendances in 2017-18.

HA has also implemented various initiatives to enhance chronic disease management since 2008-09. The latest position of these programmes is as follows –

<b>Programme</b>	<b>Implementation schedule</b>
<p><b>Risk Factor Assessment and Management Programme</b></p> <p>Multi-disciplinary teams are set up at selected GOPCs and specialist outpatient clinics of HA to provide targeted health risk assessment for diabetes mellitus and hypertension patients.</p>	<p>Launched in 2009-10 and extended to all seven clusters in 2011-12. Funding has been allocated for covering some 201 600 patients under the programme annually starting from 2012-13.</p>
<p><b>Patient Empowerment Programme</b></p> <p>Collaborating with non-governmental organisations to improve chronic disease patients' knowledge of their own disease conditions, enhance their self-management skills and promote partnership with the community.</p>	<p>Launched in March 2010 and extended to all seven clusters in 2011-12. Over 110 000 patients are expected to benefit from the programme by the end of 2016-17. An additional 14 000 patients are expected to be enrolled in 2017-18.</p>

<b>Programme</b>	<b>Implementation schedule</b>
<p><b>Nurse and Allied Health Clinics</b></p> <p>Nurses and allied health professionals of HA to provide more focused care for high-risk chronic disease patients. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness.</p>	<p>Launched in selected GOPCs in all seven clusters in August 2009, and extended to over 40 GOPCs by the end of 2011. Over 83 000 attendances are planned annually starting from 2012-13.</p>
<p><b>Tin Shui Wai Primary Care Partnership Project</b></p> <p>To test the use of public-private partnership model and supplement the provision of public GOPC services in Tin Shui Wai for stable chronic disease patients.</p>	<p>Launched in Tin Shui Wai North in June 2008, and extended to the whole Tin Shui Wai area in June 2010. As at end-April 2017, more than 1 600 patients participated in the programme. This programme has been extended up to end-March 2018 and will be migrated to the General Outpatient Clinic Public-Private Partnership Programme.</p>
<p><b>General Outpatient Clinic Public-Private Partnership Programme</b></p> <p>Under the programme, patients with specific chronic diseases and in stable clinical condition would be given a choice to receive treatment provided by private doctors.</p>	<p>Launched in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014. The programme has since been rolled out to 13 additional districts. It is aimed to cover all 18 districts in 2018-19. As at end-April 2017, over 12 700 patients were participating in the programme.</p>

The above chronic disease management programmes involve doctors, nurses, dietitians, dispensers, optometrists, podiatrists, physiotherapists, pharmacists, social workers, clinical psychologists, occupational therapists, executive officers, technical services assistants,



general service assistants, etc. The staff works in a multi-disciplinary manner, across different service programmes and in multiple clinic sites.

Yours sincerely,

A handwritten signature in black ink, consisting of a stylized, cursive 'L' followed by a 'I', with a small loop at the top of the 'I'.

( Bill LI )  
for Secretary for Food and Health