For discussion
on 16 July 2018

Legislative Council Panel on Health Services

District Health Centre in Kwai Tsing District

PURPOSE

At the Legislative Council Panel on Health Services meeting on 12 February 2018 (LC Paper No. CB(2)827/17-18(03)), the Government briefed Members on the progress of primary healthcare development in Hong Kong, as well as the plan to establish a pilot District Health Centre ("DHC") in the Kwai Tsing District.

2. On 26 March 2018, we heeded the advice of various groups and individuals attending the deputation meeting on the primary healthcare development of Hong Kong.

3. Having regard to feedback received to date, we have formulated proposals for the pilot Kwai Tsing DHC. This paper explains our considerations.

PRIMARY HEALTHCARE

4. A comprehensive and coordinated primary healthcare system that can attend to the healthcare needs of individuals more conveniently in a community setting is crucial to improving the overall health status of the population and reduce unwarranted admissions and re-admissions. For years, the Government has been developing the primary healthcare system in Hong Kong through strengthening the services of the Department of Health ("DH") and the Hospital Authority ("HA"), subsidizing non-government organisations in providing primary healthcare services, and launching public education, etc. We recognize nonetheless the need to promote individual and community involvement, enhance coordination among various medical and social sectors and strengthen district level primary healthcare services. There is also the need to establish a more systematic and coherent platform to incentivize

the community to manage their own health, to promote awareness of the importance of primary healthcare services and to improve service accessibility.

5. As announced in the Chief Executive's Policy Address 2017, the Food and Health Bureau ("FHB") will set up a pilot DHC in Kwai Tsing District in two years' time, with a view to further illustrating the effectiveness of medical-social collaboration in providing primary healthcare service.

THE PILOT KWAI TSING DHC

6. A Steering Committee on Primary Healthcare Development[1] ("the Steering Committee") was set up in November 2017 under the chairmanship of the Secretary for Food and Health ("SFH") to oversee the development of a primary health care blueprint. As an initial priority, the Steering Committee has advised that the objectives of establishing the pilot Kwai Tsing DHC are to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services.

HEALTH PRIORITIES FOR KWAI TSING

7. In determining the scope of services to be provided by the DHC, the Steering Committee examined the findings of four large-scale surveys/data sources to better understand the health profile of the Kwai Tsing population, namely -

(a) Chronic Disease Virtual Registry of HA[2];
(b) Population Health Survey ("PHS") conducted by DH[3];
(c) Thematic Household Survey conducted by the Census and Statistics Department ("THS")[4]; and

[1] FHB established the Steering Committee on Primary Healthcare Development and the underpinning Working Group on District Health Centre Pilot Project in Kwai Tsing District in November 2017 to advise on the service model and details of the DHC, as well as the direction of the primary healthcare development in Hong Kong.

[2] The data from the Chronic Disease Virtual Registry are limited to HA patients, basically an accumulation of patient cases over time and restricted to 13 chronic diseases so far.

[3] The PHS is a population based study on patterns of health behaviour and health-related conditions among the local population aged 15 and above. Conducted in 2003-04 and 2014-16, the surveys produced snapshots of population health status during the study periods which provided valuable reference for drawing up strategies for the prevention and control of non-communicable diseases.

(d) The collaborative project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society" ("FAMILY Project") conducted by the School of Public Health of The University of Hong Kong and funded by the Hong Kong Jockey Club[5].

Since item (d) above contains district-based health data most relevant to the DHC, we have consulted the Steering Committee and have agreed to adopt the data of the FAMILY Project as the baseline.

8. Based on the findings of the four surveys/data sources, the prevalence of chronic diseases among the Kwai Tsing population is broadly similar to that of the entire Hong Kong population. According to the FAMILY Project, on examining the physical health amongst the districts, the **top four** prevalent chronic diseases in both Hong Kong and Kwai Tsing were –

(a) "Obesity and overweight",

(b) "Hypertension",

(c) "Self-reported diabetes mellitus", and

(d) "Self-reported musculoskeletal diseases".

9. In particular, it was found that the prevalence of "undetected but measured hypertension" of the Kwai Tsing population was apparently higher than the overall population. In terms of lifestyle risk factors, it was found that the prevalence of "ever smoked" of Kwai Tsing population was higher than the overall Hong Kong population. Details are at **Annex A**.

10. The Steering Committee opined that the service of the DHC should direct resources to tackle the most prevalent chronic diseases that consume substantial medical resources and explore how to manage

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[4] The primary focus of the THS is to collect information on the utilisation and expenditure profiles on health services in the public and private sectors. Health status information is collected to facilitate sub-group analyses and only two questions were asked about chronic diseases. Respondents were encouraged to report all chronic diseases they ever had in both questions.

[5] The FAMILY Project covers a territory-wide household survey and a series of family support project and public education activities, promoting the message of health, happiness, and harmonious family. The said household survey tracked the data of around 1% of Hong Kong households with reference to district-based data collected over six years.

their conditions through risk management and early intervention, thereby reducing the unwarranted use of hospital services. For patients suffering from the top four chronic diseases, community care could generally help them reduce reliance on hospital services. Furthermore, chronic disease management for hypertensives (through the whole spectrum of those who are unaware of their condition through to those who are suboptimally managed) seems to be a key focus of service.

11. On the advice of the Steering Committee, the Kwai Tsing DHC will accord priority to handling the following chronic diseases and health risk factors -

(a) Hypertension;
(b) Diabetes mellitus;
(c) Overweight / obesity;
(d) Fall risk; and
(e) Lifestyle risk factors, such as smoking, alcohol consumption, physical inactivity, unhealthy diet, etc.

12. The FAMILY Project also collected data on the modifiable health risk behaviours of respondents. The prevalence of health risk behaviours among the Kwai Tsing population was broadly similar to that of the entire Hong Kong population, with the exception of smoking status. Details are in **Annex B**.

13. The highlighted health risk behaviours are identifiable and manageable through life-style assessment and intervention. Accordingly, the Kwai Tsing DHC will seek to promote lifestyle changes to prevent non-communicable diseases.

A NETWORKING APPROACH

14. The pilot Kwai Tsing DHC seeks to incentivize targeted citizens to identify health issues at an early stage, manage designated chronic diseases, and/or continue with their rehabilitation process in the community with the assistance of healthcare service providers in their localities.

15. There is already a good mix of family doctors, allied health professionals and primary healthcare programmes at district level. But

their services are not necessarily co-ordinated and accessibility may be limited.

16. The DHC we have in mind is a hub with **multiple access points**, preferably at convenient locations, and should offer a good range of **co-ordinated** care and support services that can be convenient alternatives to frequenting a hospital. The concept of **a network** – whether in terms of physical venues, service providers, and IT support, is fundamental for the DHC to function properly. At a later stage, the DHC should seek to better co-ordinate with other district-based primary healthcare services and facilities.

17. The services offered in the DHC will focus on primary, secondary and tertiary prevention. Health management advice and rehabilitation services are all integral parts of the healthcare eco-system. Collaboration between the health and welfare sectors is also a needed trend to cope with an ageing population.

18. We intend to identify a non-government entity to operate the DHC by way of tender. The DHC Operator would be required, amongst other things, to operate a Core Centre and five Satellite Centres, employ a Core Team and develop a DHC Network of Service Providers. It should also work with NGOs in the community as partners to enhance the local support network.

Core Centre and Satellite Centres

19. The DHC has to be easily accessible. To provide a network with multiple access and service points, the pilot DHC will have a Core Centre serving as the DHC headquarters, supplemented by five Satellite Centres, one in each of the Kwai Tsing sub-districts -

(a) Kwai Chung (West)[6];
(b) Kwai Chung (North East)[7];
(c) Kwai Chung (Central and South)[8];
(d) Tsing Yi (North East)[9]; and
(e) Tsing Yi (South West)[10].

[6] Covering Kwai Hing, Kwai Shing East Estate, Upper Tai Wo Hau, Lower Tai Wo Hau, Kwai Chung Estate North, Kwai Chung Estate South and Kwai Shing Estate West.
[7] Covering Shek Yam, On Yam, Shek Lei South, Shek Lei North, Tai Pak Tin.
[8] Covering Kwai Fong, Wah Lai, Lai Wah, Cho Yiu, Hing Fong, Lai King.
[9] Covering On Ho, Wai Ying, Tsing Yi Estate, Cheung Hang, Ching Fat and Cheung On.
[10] Covering Greenfield, Cheung Ching, Cheung Hong, Shing Hong, Tsing Yi South.

20. The Core Centre will house a team of nurse, pharmacist, allied health professional, social worker and support staff, and can arrange health assessments or other services. Each Satellite Centre would be led by a registered nurse and will have an activity room for organizing activities or providing services according to the needs of the sub-districts concerned.

DHC Core Team and Network Service Providers

21. In terms of manpower support, the DHC Operator would need to have a Core Team of staff, including an executive director, a team of registered nurses, a pharmacist, a physiotherapist, an occupational therapist, a couple of social workers, and administration, IT and finance support. But this alone would not suffice.

22. The DHC Operator would be expected to develop and manage a DHC Network of Service Providers. This network may include doctors, nurses, pharmacists, allied health professionals (such as physiotherapists, occupational therapists, dietitians), and Chinese Medicine Practitioners. For greater consumer choice and easier accessibility, we allow the Network Service Providers to be practising either in the Kwai Tsing District, or in the three districts immediately adjoining Kwai Tsing (namely, Tsuen Wan, Shatin, Sham Shui Po).

23. The Government will pay the DHC Operator a service fee and will offer subsidies for the provision of these DHC network services. The DHC Operator will need to contract separately with the network service providers.

24. We will require the DHC Operator to provide, over time, language services to enable ethnic minorities or patients with sensory disabilities to receive designated services at the DHC Core Centre and the Satellite Centres. We will request those bidding for the DHC tender to consider conducting outreach activities to enhance their contacts with the general public, particularly the “hard-to-reach” population.

PROPOSED SERVICE PACKAGES

25. Details of the proposed services for addressing the designated chronic diseases and health risk factors are set out below-

(a) Health Promotion

26. The DHC would serve as a resource hub and strive to maximize reach, through physical or electronic channels, to offer personalized health information for the community. It would offer programmes to facilitate lifestyle changes for prevention of chronic diseases for targeted participants. It would offer health advisory and counselling services by multi-disciplinary healthcare professionals. Examples of health promotion activities include smoking cessation counselling, alcohol prevention advice, exercise classes, fall prevention advice, talks on healthy diets, advice on management of diabetic and hypertension risks, etc. These activities are open for enrolment for all patients and referral/prior diagnosis are not required.

27. The DHC would also serve as a resource centre for providing healthcare services information to the visitors. For example, patients in need of individualized smoking cessation services would be referred to Service Providers or other community partners in the DHC network that provide smoking cessation programmes.

28. Services provided by the DHC nurses under this category would largely be free of charge.

(b) Health Assessment

29. The DHC would offer basic health risk assessment to facilitate early identification of the target chronic diseases and health risk factors.

30. Clients with health risk factors identified may be referred to a DHC network doctor for further examination and diagnosis as needed. They may also be referred to other professional services including diet advice, drug counselling and/other services as required.

31. Patients may enter the programme through referral by DHC Service Providers, support network of community partners or by DHC Satellite Centres, walk-in, or as identified in the course of outreach activities by DHC staff.

(c) Chronic Disease Management

32. Patients diagnosed by the DHC network doctors with hypertension, diabetes mellitus, or musculoskeletal problems (with an emphasis on fall prevention) would be offered service packages based on reference clinical protocols to be developed by the Government.

33. While nursing advice by the DHC Core Team would be free, the service packages covering health assessment cum doctor consultation, diagnosis, etc. will be subsidized by Government

(d) Community Rehabilitation

34. This service category targets at patients who have suffered from stroke, hip/bone fracture, and/or acute myocardial infarction and are in need of step-down care and rehabilitation services in the community. Patients would be referred to receive this package by HA or private sector, though it is expected that vast majority of cases would be referred by HA.

35. The referring doctor would prescribe the rehabilitation treatment plan, including the duration of rehabilitation programme (normally up to six months but may be renewed upon doctor's assessment) and the treatment goal to be achieved when making the referral to the DHC. Services by Chinese Medicine Practitioners would also be covered. During the course of the programme, the referring doctor would review the programme duration and content from time to time to facilitate the attainment of rehabilitation goal.

36. Patients who have already completed a programme package would be introduced to classes or activities for maintenance of their conditions held at the premises of the DHC or at its community partners. Patients whose recovery fall behind schedule may opt for extension of rehabilitation programme at DHC by seeking new referral from their referring doctors.

FINANCIAL SUPPORT FROM GOVERNMENT

37. For each DHC approved medical consultation, Government intends to offer a flat rate of subsidy for the patient. We would defer the DHC Network Doctors to decide whether an extra charge should be imposed, having regard to the conditions of individual patients and the medication that may be required, which can vary a lot.

38. For other DHC services, like treatments offered by physiotherapists, occupational therapists, etc., the Government would impose a cap on the fee levels which the DHC Operator or its Network Service Providers may charge DHC clients. The fee caps would have regard to the service fee levels charged by NGOs. The rest of the service cost – which the DHC Operator would seek from the Government as part of its contract fee, would be the de facto government subsidy for the defined DHC services.

39. The use of Health Care Vouchers would be allowed at DHC. For patients who are on Comprehensive Social Security Assistance, we intend to allow them to seek full reimbursement from the Social Welfare Department for DHC service fees. The medical fee waiver for public healthcare services is applicable to Higher Old Age Living Allowance[11] ("OALA") recipients aged 75 or above.

40. The indicative recurrent resources needed to operate the DHC are being worked out. Adequate resources would be sought in line with the established mechanisms.

PROPOSED INFORMATION TECHNOLOGY (IT) INFRASTRUCTURE

41. The DHC network with multiple access and service points will not function well unless the flow of service and client data is all linked through an efficient IT infrastructure. Other than basic linkage with the Electronic Health Record Sharing System ("eHRSS"), we expect the Kwai Tsing DHC to embrace the use of new technologies to promote health management. We will encourage the display /trial of new IT products in the DHC as far as practicable.

[11] OALA recipients with more financial needs (i.e., aged 75 or above with assets not exceeding $144,000 for elderly singletons or $218,000 for elderly couples).

PROPOSED GOVERNANCE STRUCTURE AND MONITORING

42. To ensure accountability, efficiency and cost effectiveness in the use of public funds for the provision of healthcare services under the DHC (and its service network), we will set up a Management Committee, to be chaired by a directorate officer of FHB and with the participation of Kwai Tsing locals, to provide guidance and oversight to the DHC Operator.

43. The Management Committee would report to SFH and may seek advice and strategic directives from the Steering Committee on Primary Healthcare Development.

44. The DHC Operator has to comply with guidelines imposed by FHB for the effective administrative and financial management of the DHC, and report to FHB on its performance and financial status regularly and whenever requested. Guidelines would be drawn up regarding the reporting and handling of medical incidents involving injury and complaints. A formal evaluation of the process, output, outcome and impact of the DHC will also be conducted.

STAKEHOLDER ENGAGEMENT

45. FHB, with the support of the Steering Committee, has since March 2018 been meeting with stakeholders from Kwai Tsing District, including doctors, allied health professionals, non-governmental organisations and patient groups. We consulted the Kwai Tsing District Council at its special meeting on 20 April 2018. The schedule of the engagement meetings held is set out in **Annex C**.

46. FHB has begun the second round of stakeholder engagement meetings which would be completed in August 2018. A meeting with Kwai Tsing District Council was held on 12 July. Two public consultation meetings would be held tentatively on 28 July and 4 August in Kwai Tsing. Meetings with various healthcare professionals and non-governmental organisations are being lined up.

TENDER EXERCISE

47. FHB is planning to launch a tendering exercise for the DHC Operator in the third quarter of 2018. Tenderers would be invited to

submit a proposal on the operation of the DHC system and the provision of the designated services. The evaluation would be based on the quality (70% of the total score) and pricing offers (30% of the total score). FHB will observe the established Stores and Procurement Regulations of the Government and is consulting the Independent Commission Against Corruption on probity angles.

WAY FORWARD

48. Upon completion of the second round of stakeholders engagement exercise, FHB would consolidate the views collected and finalize the tendering proposal. We aim to identify the DHC Operator by the first quarter of 2019 and commission the DHC Core Centre by the third quarter of 2019.

ADVICE SOUGHT

49. Members are invited to offer views on the proposals for establishing the pilot DHC in Kwai Tsing.

Food and Health Bureau
July 2018

Annex A

Prevalence of Chronic Diseases (Extract)

Chronic Disease	**Hong Kong population**	**Kwai Tsing population**
Obesity and overweight	54.8%	54.3%
Hypertension	29.4%	31.9%
Undetected but measured hypertension	*13.1%*	*15.2%*
Diabetes Mellitus	6.6%	6.4%
Musculoskeletal diseases	4.0%	3.9%
Coronary heart diseases	2.5%	2.4%
Stroke	1.0%	0.8%

Source: "FAMILY: A Jockey Club Initiative for a Harmonious Society" conducted by the School of Public Health of The University of Hong Kong and funded by the Hong Kong Jockey Club

Note: The School of Public Health of The University of Hong Kong has conducted further analysis of the data of the report of the FAMILY Project.

Annex B

Health Risk Behaviours

Health Risk Behaviour	Hong Kong population	Kwai Tsing population
Low consumption of fruit and vegetables	24.5%	22.5%
Physical inactivity	11.8%	13.1%
Alcohol consumption (occasionally and regularly)	25.0%	27.4%
Ever smoked	16.5%	20.9%
Daily smoking	10.7%	12.5%

Source: "FAMILY: A Jockey Club Initiative for a Harmonious Society" conducted by the School of Public Health of The University of Hong Kong and funded by the Hong Kong Jockey Club

Note: The School of Public Health of The University of Hong Kong has conducted further analysis of the data of the report of the FAMILY Project.

Annex C

Schedule of First Round of Engagement Meetings on DHC in Kwai Tsing District

Target audience	Date
1. Kwai Tsing District Private Doctors	22 March 2018 10 April 2018 23 April 2018
2. Non-governmental organisations and allied health professionals	18 April 2018
3. Kwai Tsing District Council (Meeting of the Signature and other Community Healthcare Projects Steering Committee)	20 April 2018
4. Members of the Kwai Tsing community	28 April 2018
5. Patient groups	15 May 2018