

**Chinese University of Hong Kong
Department of Nursing**

**Legislative Council Panel on Health Services-Special meeting Tuesday, 20th July.
Hong Kong's Health Care System and Direction of Future Reform.**

**Summary paper from Department of Nursing, The Chinese University of Hong Kong.
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Introduction.

The government's initiative in improving health care in Hong Kong is welcomed by the Department of Nursing. The Harvard report has addressed some of the important issues for health care in Hong Kong.

Disease patterns and demographic trends are indicative of the need for a comprehensive approach to health care which this report does not reflect. Rather it concentrates on medical care and as a result gives an unbalanced view of health care provision.

Non-medical health care providers such as nurses are not included and health promotion and prevention are not emphasised. This may be the result of taking a disease oriented approach and a patient centered (ill people) approach which is likely to ignore health as a product of health care. Using the health needs of the population as a starting point would have been more appropriate. Evidence for some of the findings is lacking and there are some inconsistencies between the strengths and weaknesses and recommendations.

This report has great implications for nursing and to a lesser degree for nurse midwives and we are surprised that the Harvard team have made little comment about nurses given that they and nurse midwives are major providers of health care and are major consumers of health care financing.

Nurses greatly influence the quality and effectiveness of health care and are value for money if used to their full potential. They are the only group of health professionals who are in contact with patients over a 24 hour period in hospital and who also play a major role in the community in promoting patient and family health.

This summary paper draws on the expertise of the Department of Nursing in nursing and midwifery practice across both community and hospital settings, in Hong Kong and overseas. Contributions by nurses to the improvement of the health care system and suggestions for change are addressed under the two headings for this meeting-Service Quality and Coordination. Brief recommendations are made by way of conclusion.

1. Service quality.

- 1.1 Quality should aim for the improved health of the population. Specific health gains, equitable access to service and an informed public, participating in their own health are integral to this aim.
- 1.2 A health care policy that identifies priorities and targets for health care within the social and cultural context of Hong Kong is the starting point. Such a policy would

inform both the public and providers, of the government expectations and intentions about funding. The proposed Institute of Health Policy and Economics would provide evidence on health needs and identify proposed priorities. In any health care system priorities have to be made, in conjunction with financing.

- 1.3 Accreditation of both public and private hospitals and all residential aged care facilities as part of continuous quality improvement should incorporate quality assurance programmes which are already set up in the HA. Quality should be the remit of each provider and service and it does not seem appropriate to locate this responsibility to one group such as the DoH.
- 1.4 Quality of staff, including nurses is an important indicator of quality. The Nursing Council of Hong Kong as the central body for registration and should be properly funded so that it can act effectively and carry out its responsibilities in line with contemporary practice. At the very least 2 full-time professional officers with full time secretarial and clerical support should be funded by the government. Council members should have specific terms of office, eg 3 years, and be drawn from a range of areas of education and practice including representation from tertiary institutions.
- 1.5 Stating the major responsibilities of public, private and voluntary sectors is the first step in monitoring and improving cost-effectiveness of health care services.
- 1.6 Ensuring that properly qualified staff are employed in both the public and private sector would improve the cost effectiveness of the service. In some private and public clinics registered nurses are not used to their full potential rather acting as clerks or on basic duties. Using the potential of nurses will contribute to a cost effective service and increased value for money. A baccalaureate degree must be the requirement for registration and additional post graduate qualifications for advanced practice. Nurse led interventions can prevent complications by early diagnosis of health problems, and save resources by appropriate medical referrals and patient education.
- 1.7 While there is lack of understanding and resistance from some doctors to use the nurse as an independent practitioner, there is also reluctance on the part of some nurses to take up advanced roles. Nurses need to be well qualified and have good role models in order to demonstrate their effectiveness. Systems also need to be in place to allow some innovative working to take place in public and private sectors.
- 1.8 Given our earlier remarks about health, the choices for patients are more appropriately about promoting their health rather than about physicians and hospitals. Patients should be encouraged to participate more in their health care decisions. Consumers should be encouraged to gain their own information and therefore up to date information technology should be used to inform patients about health care options, resources, treatment and health education.

2 Coordination between different health care structures.

- 2.1 Improving coordination between health care structures needs immediate attention. We strongly support the development of primary health care but it needs to be defined so that all consumers and providers know the boundaries. At least it should provide

continuity of care, be comprehensive and responsive to individual and community health needs.

- 2.2 Good primary health care can prevent expensive use of hospital services and benefit the consumer but is not a cheap option and will require resources. The family is the major support of elderly and those with long term care needs. The government's role in terms of the family and family carers should be stated in its health policy, taking account of changing family composition and cultural values.
- 2.3 There are already good practices established by nurses which need developing in community nursing, public health nursing and nurse midwifery. All these practitioners have the potential to extend their practice in health promotion, treatment and rehabilitation and work more closely with other care providers.
- 2.4 More resources must be put into community nursing by increasing numbers and providing opportunities for postgraduate qualification if these providers are to meet the new demands of future services.

Main recommendations for the future.

- 1 The government should make public a clear health policy and determine priorities and targets within the social and cultural context of Hong Kong.
- 2 Primary health care should be defined in broad terms including public health, health promotion and rehabilitation and not just be synonymous with community medicine.
- 3 Resources must be made available in order to expand primary health care by enabling health care providers to work together, developing professional roles, making use of information technology and responding to individual and community health needs.
- 4 Initiate and build on current practices that will overcome compartmentalisation between hospital and community and between private and public services.
- 5 A 4 year full-time degree should be the entry requirement for registration as a nurse in Hong Kong as soon as possible. Extra degree places should be funded in the next triennium.
- 6 A comprehensive career ladder that offers progression to nurses in clinical settings of hospital and community should be established to maintain well qualified nurses in the workforce.
- 7 Resources should be made available to enable nurses to gain appropriate postgraduate qualifications for practice at advanced levels in hospital and community settings.
- 8 Resources should be made available in hospital and community to support new specialist roles. For instance support for diabetic specialists to carry out nursing research.
- 9 Funding should be made available to establish nurse led services in both hospital and community settings and to research their effectiveness and efficiency.
- 10 Pilot schemes should be funded to establish new ways of working among nurses, doctors and other health providers in the community and across the interface with hospital. Research for evaluation should be made available for three years.

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