For discussion on
13 October 2006

Legislative Council Panel on Health Services
Policy Initiatives of
Health Welfare and Food Bureau

Purpose

This paper elaborates the new initiatives and progress of on-going initiatives in respect of health matters as set out in the 2006-07 Policy Agenda.

Mission

2. Our mission is to enhance the well being of every member of the community to build a healthy and caring society. We seek to ensure quality, equitable, efficient, cost-effective and accessible health care systems and to organize the infrastructure for coordinated health care delivery through an interface of public and private systems.

3. In the coming year, we will pursue new initiatives and continue to work on our on-going initiatives, including the important tasks of strengthening our infectious disease emergency responsiveness and promoting primary health care.

New Initiatives

To develop an organ donation computer database in consultation with relevant organizations

4. At present, a person who wishes to donate his/her organ(s) after death for transplant purposes may record the wish by either signing and carrying an organ donation card or making the wish known to his/her family members. In addition, the Hong Kong Medical Association (HKMA) has developed a

computer database for recording the wish of potential organ donors, and has registered the wish of about 40,000 persons. Access to this database is, however, limited to a small number of hospitals and there is little publicity about the database. The Government and the HKMA agreed that if an improved computer database could be developed, more potential donors would be attracted to record their wishes and the number of cadaveric organs available for transplant could be increased. The improved database should be –

- easily accessible by potential donors to register their wishes;
- able to safekeep proof of the donor's wish (such as the donor's signature) for showing to the latter's family members after his / her death where necessary;
- accessible by organ transplant co-ordinators of the HA while having sufficient security safeguards against unauthorized entry to protect personal data privacy.

It is estimated that development of this improved database would be completed by end of 2007. Suitable publicity will be given to the database regularly. The database will not replace organ donation cards. This is to enable those who prefer not to register their wish with a third party to keep their wish in a written form with themselves. The Government will also enhance general publicity on organ donation.

Regulation of Medical Device

5. At present, there is no specific legislation regulating the import, distribution, sale or use of medical devices in Hong Kong.[1] A voluntary Medical Device Administrative Control System (the Administrative Control System) has been in place since 2004. In accordance with international standards and base on risks to patients and users, medical devices are classified into four classes[2]. Under the Administrative Control System, manufacturers, importers and wholesalers of class II to IV medical devices can apply for listing

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1 Devices which contain pharmaceutical products or emit ionizing radiation are regulated under the Pharmacy and Poisons Ordinance (Cap. 138) and the Radiation Ordinance (Cap. 303) respectively.

2 Based on their risk to patients and users, medical devices are classified into four classes as recommended by the Global Harmonization Task Force (representatives from regulatory authorities and medical device industries) with Class I being the groups of devices with lowest risks and Class IV the highest. The levels of control of the devices are based on their classification. Examples of Class IV devices include heart valve and implantable pacemaker. Examples of Class I devices include tongue depressor and walking aid.

in a register for their medical devices that meet specific safety, efficacy and quality standards. This System facilitates the Administration in monitoring the uses of medical devices and enables product recalls when necessary.

6. At the same time, a post-market surveillance system and an adverse incident reporting system are now in place to enable remedial measures, for example, the voluntary recall of problematic devices (such as contact lens disinfectant) and the issuance of health warnings, to be taken on problematic devices.

7. The full scope of the Administrative Control System covers pre-market control, post-market surveillance, adverse incident reporting and the control on use of specific high-risk devices. It comprises listing of medium and high risk devices, importers and local manufacturers; and designation of conformity assessment bodies.

8. This Administrative Control System serves to raise public awareness of the use of safe medical devices; provides the opportunity for the Department of Health to collect useful information and feedback from the industry to pave the way for implementing a full-fledged statutory control system; and enables the traders to familiarize themselves with the listing requirements that would form part of the future mandatory requirements.

9. Recently, we have seen increasing public concern over improper use of medical device which has caused considerable health risk to both users and customers. In the light of such concerns, we undertook to expedite the migration from the Administrative Control System to a statutory registration system. Recognising that a statutory regulatory system might impact upon users, health care professionals, suppliers and manufacturers of medical devices, and that it is important to ensure that the system would facilitate the timely access to new and safe devices, we would first consult stakeholders in the coming year on the statutory regulatory framework. The Department of Health would also conduct a regulatory impact assessment. This assessment would help us identify and analyse the impact of different regulatory options. We aim to consult the Panel on Health Services on the statutory regulatory framework in the second quarter of 2007.

Exploring the feasibility of setting up multi-partite medical centres of excellence

10. Over the years, Hong Kong has developed a public healthcare system which provides accessible and quality healthcare services to our citizens. The professionalism and transparency of our public healthcare system are well recognized. We also take pride in our pool of outstanding healthcare professionals, in the public and private sectors and in the academia, who are ready to impart their knowledge and share their valuable experience with other members of the profession.

11. Building on these strong fundamentals, we consider it timely to explore the feasibility of setting up multi-partite medical centres in Hong Kong. Specifically, we see advantages in capitalizing on our healthcare professionals' expertise in tertiary and specialized services, i.e., services requiring highly complex and specialized care, usually through the application of advanced technology and specialized multi-disciplinary expertise. These services are usually required by patients with complicated but relatively less common diseases, or diseases that have developed uncommon complications, or what is described as catastrophic illnesses.

12. At present, almost all tertiary and specialized medical services in Hong Kong are provided by the public sector and are concentrated in specific designated Hospital Authority hospitals including the two Universities' teaching hospitals and other major hospitals. Locally, the aging population, technology advancement and rising public expectation are contributing to an increasing demand for tertiary and specialized services. We will also study the demand for such services in the Region.

13. In the coming year, we will examine how Hong Kong could build on our strengths in the tertiary and specialized services, including the feasibility of setting up multi-partite medical centres with the participation of the public, private sectors and the Universities. Such multi-partite collaboration will facilitate cross-fertilization of expertise thereby raising professional standards and provide valuable training opportunities for up and coming healthcare professionals in both the public and private sectors. Patient care would be enhanced and doctors and other healthcare professionals would enjoy new training opportunities and broaden their professional knowledge.

On-going Initiatives

Amending the Quarantine and Prevention of Disease Ordinance

14. In the light of the requirements of the new International Health Regulations (IHR) adopted by the World Health Organisation (WHO) and to strengthen our ability in tackling outbreaks of infectious diseases, we have conducted a review on the Quarantine and Prevention of Disease Ordinance (Cap.141), and aims to introduce amendments to the Ordinance in 2006-07. The amendments will seek to bring the legislative provisions in line with the requirements promulgated under the IHR and to update our legal framework in respect of the performance of our disease prevention and control functions and duties. This will further enhance Hong Kong's capacity and preparedness against current and emerging infectious diseases. The Administration is now formulating details of the proposed amendments and will consult the Health Services Panel in the next few months.

Further enhancing our infectious disease emergency responsiveness

15. We have put in place a comprehensive preventive, surveillance and health promotion programme to guard against the occurrence of avian influenza outbreaks. The Centre for Health Protection (CHP) of DH is closely monitoring new disease control strategies and directives issued by WHO and will update our preparedness plans, investigation protocols and control guidelines accordingly. Government's Preparedness Plan for Influenza Pandemic which adopts a inter-disciplinary, cross-sectoral and population based approach was considered to be comprehensive and effective by many, including the WHO. The Lancet, a renowned medical journal, recently published an article on Influenza Pandemic Preparedness and it noted that Hong Kong's Preparedness Plan compared favourably with that of European countries. Nonetheless, with the threat of avian influenza causing a pandemic outbreak in a global context looming large, it is imperative that we continue with our efforts in getting Hong Kong fully-equipped and well-prepared.

16. We are keenly aware of the need to maintain effective communication and cooperation with our neighboring places. We have established regular infectious disease data exchange channels with Mainland's Ministry of Health, the Health Department of Guangdong Province and Macao Health Bureau, as well as point-to-point communication channels when there are infectious

disease incidents of public health significance. To further systematize our collaboration with the Mainland, we signed a Cooperation Agreement on Response Mechanism for Public Health Emergencies with the Mainland Ministry of Health and Macao in November 2005 to strengthen the cooperation and communication mechanism in the fight against infectious diseases. We also signed a Cooperation Agreement on Emergency Response Mechanism for Public Heath Emergencies with the Guangdong and Macao health authorities in June 2006 to facilitate sharing of intelligence and expertise with a view to ensure prompt response against infectious disease outbreaks.

17. These communication channels have operated effectively as demonstrated by the H5N1 incidents occurring in Mainland China and the Guangdong Province in the first half of 2006 when Hong Kong delegates were invited to join the investigation teams for major infectious diseases (e.g. H5N1 cases in Guangzhou and Shenzhen), as well as expert meetings and seminars in Mainland China to share our experience of avian influenza control.

18. We have been actively participating in international conferences on avian influenza control. We were also invited to give technical advice to assist WHO in formulation of avian influenza control guidelines. In June, Hong Kong participated in the Asia Pacific Economic Cooperation (APEC) Pandemic Response Exercise 2006, to test out the emergency response for avian influenza in the Asia Pacific region and communication channels among APEC members.

19. Locally, we conducted a large scale inter-departmental exercise codenamed, Exercise Poplar in November 2005, to test the preparedness of relevant departments and agencies in the face of infectious disease outbreaks. Another exercise, codenamed Exercise Cypress, focusing on contact tracing as well as triaging and handling of avian influenza patients at HA hospitals was conducted at the end of September 2006. We also plan to conduct a joint drill in late 2006 with the Mainland Ministry of Health, Guangdong's Department of Health and the Health Bureau of Macao SARG to review the communication and emergency response system for managing public health emergencies.

20. We have been maintaining good working relationship with different professional and community associations. CHP is committed to provide timely risk communication to our stakeholders through various channels, including consultation forums, meetings, training workshops and lectures.

Continuing our efforts in tobacco control

21. The Bills Committee of the Legislative Council set up to scrutinize the Smoking (Public Health) (Amendment) Bill 2005 had completed its work. Resumption reading of the Bill will take place on 18 October. If the Bill is passed, most indoor public places and work places as well as some outdoor areas will become smokefree on 1 January 2007. The DH has designed a rigorous publicity programme to ensure that the public and the affected trades are conversant with the provision of the Bill. The Department is also mapping out an enforcement strategy. After the Bill is enacted, we will begin to prepare subsidiary legislation for a fixed penalty system for enforcing the offence of smoking in statutory no smoking areas and will consult the Panel on Health Services on the proposed system next year.

Promoting healthy eating among school children

22. For the 2006/07 school year, DH embarked on a territory-wide campaign to promote healthy eating habits among primary school students. The campaign involves the collaborative efforts of the government, education sector, professional bodies, business sector and the community in promoting healthy eating among youngsters, with special emphasis on key stakeholders including school personnel, parents and food traders. In order to maximize the impact, comprehensive strategies have been employed focusing on publicity and advocacy, education and empowerment as well as creating a supportive environment.

23. To create a supportive environment, schools need to make healthy choices easier for children. In this connection, DH has issued nutritional guidelines on healthy lunch and snacks as well as a guidebook for lunch suppliers. These facilitate schools to incorporate the requirements into new contracts signed for the 2006/07 school year. DH will continue to visit schools and lunch suppliers to reinforce good practices and support positive changes and liaise closely with parent groups and other stakeholders including school lunch suppliers to assess the progress of the campaign.

24. On publicity and advocacy, a series of media activities covering both electronic and printed media were launched to complement the release of the

new guidelines and other year-long activities. Opportunities were taken to raise community awareness to the rising trend and medical and social implications of childhood obesity. In addition, since March 2006, DH has been holding briefing sessions to various stakeholder groups including nutritionists and dietitians, members of the Federation of Parent-Teacher Associations, NGOs operating schools, District Councils and their committees to familiarize them with the initiatives and solicit their support. Community response so far has been positive and encouraging.

25. On the educational aspect, a series of briefings/public lectures have been arranged targeting at parents, school teachers, and chefs of school lunch suppliers to launch educational materials on food nutrition and to cultivate a close working relationship with them. For the school community, a comprehensive set of educational tools is available for use in the new school year. Noting that empowerment is as important as education, DH will roll out a School NutriAgent Project (SNAP) to train teachers and parents who in turn will help introduce changes in the school policy and practice to support school children's healthy eating behaviour.

26. DH will continue to intensify and deepen its efforts in enhancing involvement of parents, teachers, lunch box suppliers and the media in support of nutritional education and healthy eating practices in the community.

Adopting a proactive and coordinated approach in poisoning prevention and control

27. Noting a rising trend of mortality due to poisoning, the Administration has adopted a proactive approach in poison prevention and control last year. In 2005-06, progress has been made in enhancing and coordinating the poison prevention and control efforts of relevant parties including the HA, DH and academic institutions in respect of clinical service, laboratory analytical service, poison information service, and toxicovigilance.

28. Availability of updated local toxicological information is essential to ensure optimal clinical care to poisoned patients. The Hong Kong Poison Information Centre (HKPIC) continues to provide clinicians with poison information essential for the provision of timely treatment. During the year, the HKPIC has strengthened collaboration with related overseas bodies in providing training courses for local health care professionals.

29. The first designated centre for the management of patients with acute poisoning, the Poison Treatment Centre (PTC), was established in November 2005. PTC, jointly set up by the HA and CUHK, is under a multi-disciplinary team led by consultant physicians/clinical toxicologists to provide specialist care for patients with poisoning. The Centre cooperates with the HKPIC and functions as a training centre in clinical toxicology for health care professionals to meet the increasing demands for such specialist service.

30. An accurate laboratory diagnosis is essential for clinical management of poisoning cases and poisoning surveillance, and it is also the foundation for building local database and communicating experience for training and education. The Toxicology Reference Laboratory (TRL) was established to provide tertiary analytical service to tackle the more difficult toxicology problems, and to provide consultation services on laboratory investigation of poisoned patients. Diagnostic capacity of the TRL has been further enhanced in 2005. New and more efficient analytical methods have been developed to test and detect frequently encountered and important toxins and this facilitates patient management in poisoning cases. Examples include cases involving erroneous consumption of western drugs or herbal medicines, were frequently referred by public hospitals to TRL for diagnosis.

31. Effective surveillance of poisoning situation in the community (i.e. toxicovigilance) is important for the enhancement of poisoning prevention work. During the past year, efforts have been made to systematically collect data of poisoned patients seeking medical assistance at selected HA hospitals, and to keep track of novel poisonous substances and the epidemiology of new forms of poisoning, such as poisoning due to inappropriate use and mixing of household products such as pesticides. This would help identify serious poisoning risks in our community. To enhance risk communication, an online quarterly publication, Poisoning.Comm was launched in January 2006 to raise the awareness of poisoning amongst local health care professionals. In this connection, press briefings have been conducted quarterly since January 2006 to communicate health risks to the public so as to facilitate a positive and timely response to potential hazards.

32. DH's Working Group on Toxicology Service Development has been tasked to coordinate the different facets of poisoning prevention works. The Working Group is working out an infrastructure to better integrate the relevant clinical and public health services so that the various efforts can be carried out in a more synergistic manner to achieve the best impact. It is expected that the proposed framework and new services, including strengthening the surveillance system, enhancing the capacity of public health and clinical diagnostic laboratory services, providing quality clinical services for poisoned patients, etc. could significantly improve the capacity of public health and public hospital services in the prevention, diagnosis and management of poisoning, and their preparedness and capacity in tackling major poisoning incidents.

Enhancing the cancer surveillance regime

33. Cancer is the leading cause of death in Hong Kong. Liver cancer, one of the most common cancers, is associated with hepatitis B infection which is highly prevalent in Hong Kong. Although nasopharyngeal cancer (NPC) is the seventh most common cancer in Hong Kong with around 1,000 new cases detected each year, it is a disease special to our locality with promising treatment regimes that could improve survival.

34. About 85% of cancer patients attend HA services at some point during their disease treatment and progression. HA maintains a Cancer Registry which provides a profile of its cancer patients and enables clinicians and public health professionals to monitor the trend of cancer incidence and deaths in Hong Kong. Such information may identify areas for study with a view to mapping out management strategies. In the past year, HA enhanced the Cancer Registry through shortening its processing time and improving data accuracy. The cancer data collection is now linked with the HA data warehouse as well as its Clinical Data Analysis and Reporting System which can provide timely information for consolidation. With these improvements, HA aims to release the report on cancer cases handled by HA for 2004 by end of 2006. Meanwhile, HA will continue to work on information sources, especially the private sector, in order to shorten the time required for consolidating population-based figures.

35. In September 2006, the HA has just embarked on clinical trials on

NPC for the management of late stage disease. The HA is also in the process of forming a Committee on liver disease which will identify the best strategy for prevention, early detection and treatment before embarking on the clinical trial.

36. On the prevention side, DH will continue with its health promotion campaign to advocate a healthy lifestyle to the community through tobacco control activities, healthy eating campaigns, exercise promotion, and other health awareness programmes through its Central Health Education Unit, as well as other services.

Conducting studies into various health care financing options and mapping out a strategy for health care services reforms

37. A working group under the Health and Medical Development Advisory Committee (HMDAC) has been set up to carry out research and analysis on health care financing options. A number of options are being analysed at the moment. We have also visited other economies to study other forms of health care financing arrangements. These economies included Australia (which strongly encourages the uptake of private health insurance), Switzerland (where the uptake of private health insurance is compulsory), and New Zealand (where public health care services are largely funded by tax but where access to specialist service is rigorously gate-kept by a primary health system). The questions involved are complicated and more time is needed to explore the options thoroughly.

38. The majority of the recommendations put forth in "Building A Healthy Tomorrow" were supported by the public and health care professionals. As a strong primary care system is vital to the success of the recommendations, we are planning to strengthen primary care in the direction set out in "Building A Healthy Tomorrow". An advisory committee comprising health care professionals from the public and private sectors will be set up in the fourth quarter of 2006 to consider how to take forward the recommendations relating to primary care.

Working out a sustainable long-term funding arrangement for the Hospital Authority

39. Meeting the medical needs of the aging population, increasing medical

costs and community expectation have presented challenges to our public healthcare system. The funding arrangement for the HA has been a concern for the Government and the community. To relieve the financial pressure faced by the HA, we have made recurrent the hitherto one-off funding of $650 million and provided an additional recurrent funds of about $300 million to the HA in 2006-07. Noting its increasing operating cost pressures, the additional $300 million per annual would continue to be provided to HA for the three years from 2006-07 to 2008-09 i.e. the additional recurrent provision will reach about $900 million in 2008-09. This provides more certainty and will help to strengthen the HA's financial position and support the initiatives it undertakes. In the coming year, we will continue our efforts in working out the long term funding arrangement for HA.

Conducting an Electronic Patient Record Sharing Pilot Project

40. The pilot project whereby Hospital Authority permits participating private medical institutions and doctors, with patients' consent, to obtain through the internet, their patients' records kept by the Hospital Authority, was launched in April 2006. This facilitates timely follow up treatment. So far 2 700 patients have consented to participate, involving about 500 private medical institutions and doctors. The HA will continue to recruit more patients to join the pilot and aims at reviewing the scheme in the third quarter of 2007.

Enhancing primary medical care for the public through the introduction of family medicine in public General Out-patient clinics

41. The enhancement of family medicine in the public health care sector has progressed from introducing family medicine in General Out-patient clinics to the establishment of 20 Family Medicine Specialist Clinics. Applying family medicine practice, these Family Medicine Specialist Clinics play an active role in gatekeeping for SOPCs, accepting stable patients with chronic illness, reducing reliance of those patients for specialist outpatient and inpatient services, facilitating multi-specialty and multi-disciplinary collaboration, and providing a platform for training of primary care professionals.

42. In addition, primary care service provided by the GOPCs has improved with the completion of clinic computerization and other changes, such

as better information sharing with users on service access, improvement of appointment systems for scheduled appointments and episodic illness, and longer prescription periods to improve patient convenience.

Preparing for the establishment of at least two more public Chinese Medicine clinics in 2007

43. There are six public Chinese Medicine clinics at present. They are established in Wan Chai, Central & Western, Tsuen Wan, Tai Po, Tseung Kwan O and Yuen Long. Three more will begin operation in the fourth quarter of 2006 in Tuen Mun, Kwai Tsing and Kwun Tong. We are planning for the establishment of public Chinese Medicine clinics in at least two more districts and aim at consulting the Panel and seeking capital works funding support from the Legislative Council Finance Committee in the second quarter of 2007.

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