The Hong Kong Society of Child Neurology and Developmental Paediatrics and The Hong Kong Paediatric Foundation

Joint Submission to the Panel on Welfare Services of the Legislative Council on "The Comprehensive Child Development Service (CCDS)" by Dr. CHAN Chok-wan, 12th April 2007

We at the Hong Kong Society of Child Neurology and Developmental Paediatrics and the Hong Kong Paediatric Foundation applaud the Hong Kong SAR Government headed by Dr. York Chow, Secretary for Health, Welfare and Food in launching the Comprehensive Child Development Service (CCDS) for intensive surveillance of child health and early development. With the dedicated effort of members of the Steering Committee for the Task Force on CCDS, the government officials, administrators, service-providers, professionals and NGO's, we are very pleased to witness convincing success of the project in achieving its vision, mission, deliverables and outcomes results. This indeed sets a good prototype for combined effort between all key stakeholders for a good vision and we look forward to continual effort of all parties concerned to finally bring maximal benefit to our children in the community.

Having said that, our Foundation has the following concerns about the further implementation of the Project as follows:

1) We have concern that services implementation being limited by the initial scope of design of CCDS Components. As the initial design of component one responsible by HA is mainly focused on "Identification and support of at-risk pregnant women and family" starting at the antenatal period, there were opinions from DH/HWBW that only the cases identified during antenatal period should be recruited. However, there is a definite need for referral and care of infants and children identified during postnatal period and as paediatrician, it would be rather uncomfortable if this does not include postnatal cases (not recruited into our program during pregnancy) of similar at risk groups (substance abuse, maternal mental illness, teenage pregnancy, other risk groups) into our service just due to retrain of the initial design. We have followed up the above at-risk cases identified both antenatal and postnatal (referred by social workers, MCHC staff, paediatric colleagues, etc) currently but there are voices of disagreement about that.

2) Assessment, monitoring and Follow-up of those children of high-risk families need enthusiasms (commitment), clinical expertise and good experience which are not easy to acquire through guidelines. The current achievements in outcome from the high-risk families actually are not easy and require intensive work of very competent physicians. Hence support on seeing and following high-risk children in MCHC and community settings would be very important. There are opinions on reducing paediatric consultation sessions in MCHC or shifting of follow-up duties to MCHC MO instead. We regard such notion as being retrogressive and outdated because we strongly believe that paediatricians, being specialized in child health, are the best professionals to provide optimum and quality care for our children. Moreover we are adequately supplied with such expertise in Hong Kong.

3) Cases referred by pre-school teachers for developmental and physical problems to MCHC could be considered to be assessed by visiting paediatrician in MCHC, who could actually save up client's time, encourage more referrals and mild problems could be handled and counseled directly.

4) Many of these families are at risk of domestic violence or child abuse. Staff in CCDS should have practical experience in child protection.

5) Many of the families were referred after the delivery of the babies, which should not affect their eligibilities to be recruited into the programme.

6) There are different programme offered at different hospital clusters (Hospital Authority) with diversifying targets, which might be confusing to the other service providers or service recipients.

7) There should be clearer division of labour between the Department of Health (DH) and the Hospital Authority (HA). To us, the former should be on surveillance and early identification while the latter for management, follow-up and prevention of complications. The roles of paediatricians from HA and those from the DH are overlapping and ambiguous. This should be clearly delineated.

8) There is no specific mechanism to keep track of the defaulters from the programme who might be more vulnerable than those engaged by the programme.

9) There exists a vacuum period during the kindergarten era, i.e. the period between CCDS (which is up to 5 years) and the Student Health Service (which starts at around

6 to 7-year old). A mechanism should be established to bridge up this gap to ensure seamless and effective service delivery.

10) We need to have clear outcome measures to ensure effectiveness, efficacy and clear monitor of success of this project prospectively.

Please be assured of readiness to offer our services and thank you for your attention. Once again our appreciation for a very effective Project achieved!

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