For discussion on
17 October 2008

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

Purpose

This paper elaborates the new initiatives and progress of on-going initiatives in respect of health matters as set out in the 2008-09 Policy Agenda.

New Initiatives

In accordance with the direction of the healthcare reform, before the healthcare financing arrangements are finalised for implementation, make use of the increased government funding for healthcare to strengthen existing healthcare services and to start implementing various service reforms

2. The first-stage public consultation on healthcare reform as expounded in the Consultation Document entitled "Your Health Your Life" was completed in June 2008. There is a broad consensus in the community for implementing the healthcare reform without delay so as to enhance our healthcare services and ensure the sustainable development of our healthcare system. The public and the stakeholders generally agree with the various proposals put forward by the Government on service and market structure reforms, including enhancing primary care, promoting public-private-partnership, developing electronic health record (eHR) sharing and strengthening public healthcare safety net. Many are also of the view that the Government should accelerate implementing such service reforms and put in more effort. As pledged by the Chief Executive in the Policy Address, before finalizing the healthcare financing arrangement for implementation, we are committed to making the best use of the increased Government funding over the next few years to implement those service reforms for which there is clear public support.

3. The proposal to enhance primary care services as set out in the Healthcare Reform Consultation Document has received broad public support. As primary care is the first point of contact individuals and the family have in a continuing healthcare process, good primary care services can provide the public with access to comprehensive and holistic primary care, with an emphasis on disease prevention and betterment of health. A number of policy initiatives to

be implemented by the Food and Health Bureau (FHB) are aimed at enhancing primary care. These include setting up a Working Group on Primary Care, development of basic models for primary care services, promotion of Primary Care Registry based on the family doctor concept, exploration of the new concept of "community health centre", and the implementation of a number of pilot projects (see paragraphs 6-9, 17-18, and 23-27 below).

4. In addition, our policy initiatives also include a number of projects to promote public-private partnership (PPP) and measures to further facilitate the expansion of the private healthcare market (see paragraphs 10-13, 19 and 28-31 below). A consensus has also been reached with the private healthcare sector on the development of eHR sharing. An eHR Office is planned to be set up under the FHB to co-ordinate the efforts of the public and private sectors in the development of eHR sharing. The Office will be in charge of the development and management of the eHR sharing system for use by both the public and private sectors as a basic infrastructure for the whole healthcare system, providing a platform for the implementation of various healthcare reforms including those on primary care and PPP (see paragraphs 14-15 and 32 below). Measures will also be taken to enhance the existing public healthcare services to strengthen the public healthcare safety net (see paragraphs 16 and 33-34 below).

5. In the coming year, six new initiatives will be rolled out as outlined below.

(I) To enhance support for the management of chronic diseases

6. Chronic diseases such as diabetes, hypertension, renal disease, etc. can lead to severe complications if the patients cannot access appropriate care. The number of chronic patients is on the rise and there is also a tendency of early incidence, creating pressure on our hospital services. Therefore, prevention and treatment of chronic diseases will be a major challenge to our healthcare system in the foreseeable future. In line with the direction of healthcare reform to enhance primary care and put an emphasis on disease prevention, we plan to strengthen the medical care as well as care support provided for chronic patients so as to make our citizens healthier and lower the risk due to chronic diseases. To this end, we will implement on a pilot basis the following three new initiatives which are complementary to each other -

(i) To introduce a comprehensive multi-disciplinary risk assessment and targeted management programme to support the preventive care for chronic diseases by public clinics and private family doctors

7. To provide support to public clinics and private family doctors in following up chronic disease cases, the Hospital Authority (HA) will set up

multi-disciplinary teams comprising such allied health practitioners as nurses, dieticians, pharmacists etc. in the seven clusters in Hong Kong in the coming three years by phases. The multi-disciplinary teams will provide comprehensive health risk assessment to hypertension and diabetes patients attended by public clinics for appropriate preventive follow-up care. Private doctors can also refer individual chronic disease patients to these multi-disciplinary teams for assessment and devising an appropriate care plan for follow-up by private family doctors of these patients with a view to reducing the risk of complications.

(ii) To develop and launch a pilot patient empowerment programme in collaboration with non-government organisations (NGOs) to support the education of chronic disease patients under the care of either public clinics or private family doctors

8. In the next three years, HA will implement a pilot scheme in the seven clusters in Hong Kong to educate and encourage participating chronic disease patients, with the help of the district networks of participating NGOs, to enhance their self-care ability through self-management and improvement of lifestyle so as to become healthier. Chronic disease patients referred by both public and private doctors are allowed to join the scheme. Under the scheme, a multi-disciplinary team comprising allied health professionals from the HA will develop appropriate teaching materials or aids for each type of common chronic disease and provide training for the frontline staff of the participating organisations. The participating NGOs will run courses for patients according to the teaching materials and follow up on the patients' drug compliance, lifestyle changes, self-care situation, etc. If the patients' conditions show signs of deterioration, these organisations will inform the doctors or units that referred the patients to them for early follow-up actions.

(iii) To set up pilot multi-disciplinary teams comprising nurses and allied health practitioners at selected General Out-Patient Clinics (GOPCs), to co-ordinate delivery of integrated care for chronic patients

9. Starting from 2009-2010, HA will gradually set up multi-disciplinary teams comprising nurses and allied health practitioners at selected GOPCs in the seven clusters in Hong Kong to follow up on high-risk chronically ill cases on a pilot basis. The targets include newly discharged patients, and high-risk chronic patients who are referred by GOPCs and private doctors and require specific care services or are suffering from certain complications. The multi-disciplinary teams will provide special care and support services for individual chronic patients according to their situation. These care services aim to provide assistance to the follow-up work of the doctors of the patients in a

number of areas, such as prevention of fall, handling of respiratory problems, treatment of wounds, mental health, etc.

(II) To enhance healthcare services for specified groups of patients through public-private-partnership

10. The provision of healthcare services through PPP is an important direction of healthcare reform. The aim is to make better use of the private healthcare sector for provision of more cost-effective healthcare services which meet the required quality standard, offer additional choices for patients in their use of subsidised public healthcare services and shorten waiting time for public healthcare services. This serves to achieve optimal utilisation of the human and hardware resources of both the public and private healthcare sectors. To this end, we will implement the following new initiatives on a pilot basis.

(i) To purchase services from private practitioners as additional choice for patients currently under the care of public Specialist Out-patient Clinics

11. In the coming five years, we will launch a pilot project in two clusters under which partial subsidy will be provided to chronic patients currently waiting for public specialist out-patient services (SOPC) to have their diseases followed up by participating private doctors in the local community chosen by the patients, as an addition choice apart from the public healthcare service. HA will continue to provide the required drugs on the Drug Formulary. If specialist assessment is required due to occurrence of disease complications or other problems, private doctors may refer the patients back to the public SOPC for timely follow-up as appropriate. The pilot project will help strengthen the care for the chronic patients and provide them with more choices of service. The existing healthcare resources in the community can also be better utilised and the private healthcare sector can play a bigger role in the provision of care for chronic illnesses.

(ii) To purchase Haemodialysis service from centres managed by private practitioners for end stage renal disease patients being treated in the public hospitals.

12. Currently, end stage renal disease (ESRD) patients followed up by HA are usually treated by peritoneal dialysis (PD). However, a small number of them need to receive haemodialysis (HD) services because of the undesirable effect of PD. We will launch a 3-year pilot project in all HA clusters in Hong Kong under which ESRD patients followed up by the HA will be given a subsidy to receive HD services provided by private practitioners or NGOs. HA will continue to provide specialist out-patient services, drugs and laboratory

services to patients participating in the project. They can also keep their place on HA's organ transplant waiting list.

(iii) To expand the pilot project to purchase primary care services from the private sector for certain patient groups under the care of the General Out-patient Clinics (GOPCs)

13. HA launched a 3-year pilot project in Tin Shui Wai (TSW) in June this year, allowing chronic patients in stable conditions and being followed-up at GOPCs on a long-term basis to voluntarily participate in the pilot project and receive treatment from participating doctors practising in the district. HA will pay fees to participating doctors in accordance with the service contract while participating patients are only required to pay the same fee as charged by GOPCs. The project aims to strengthen the public general out-patient services in order to address the increasing service demand and enhance the medical care rendered to the chronic disease patients. As at the end of September, six practising private doctors in TSW North (over one-third of the private clinics in TSW North) and about 580 patients have participated in the pilot project. We will further expand similar projects to other districts where such services are needed in the coming three years. It is expected that some 10 000 chronic disease patients will be benefited, and with the relief of the pressure on general out-patient services, the low-income families and the under-privileged in need of such services will also be benefited.

(III) To set up a dedicated office to coordinate the development of a territory-wide patient-oriented electronic health records sharing system

14. We proposed in the Healthcare Reform Consultation Document to develop a territory-wide eHR sharing system for healthcare professionals in both public and private healthcare sectors to enter, store and retrieve patients' medical records, subject to authorization of the patients. The system can enhance the continuity of care and the integration of healthcare services as well as facilitate the implementation of various reforms, including enhancing primary care and promoting public-private-partnership for the benefit of patients. In support of this proposal, the Steering Committee on Electronic Health Record Sharing led by FHB and comprised representatives of healthcare professionals in the public and private sectors has reached a consensus. We will set up an Electronic Health Record Office (the eHR Office) under FHB in the coming year for the Government to coordinate the development of the eHR System in the public and private sectors. The eHR office will be responsible for the following -

(i) to formulate policies and strategies on the development of a territory-wide eHR sharing system in both the public and private sectors, and to

examine relevant issues including legal implications, privacy and security, as well as the long-term legal framework;

(ii) to develop and maintain the technical standards of eHR system, so as to ensure the interoperability of electronic health records systems and the overall system is in compliance with applicable requirements on security and privacy protection;

(iii) to facilitate the development of electronic patient record system in the private sector, including providing assistance to private hospitals, private practitioners and clinics, and other paramedical organizations for development of their own eHR systems; and

(iv) to develop and manage the eHR sharing infrastructure for access by individual healthcare institutions in both the public and private sectors for sharing of records with patients' authorisation, and to promote eHR sharing to the public.

15. The development of electronic health records system is an enormous and complex task which involves multiple healthcare institutions and professions in both the public and private sectors. As an infrastructure of the healthcare system, it will provide an electronic platform for implementing healthcare reform to bring immense benefits to the healthcare for patients in the territory. For this reason, healthcare professions in both the public and private sectors have reached a consensus that the system development programme should be carried out in a government-led approach with participation and collaboration from the private sector. At the present stage, we have, in accordance with the initial recommendations of the Steering Committee, proceeded to formulate the overall eHR development blueprint in the next decade. The eHR Office will take forward the system development in a phased and orderly approach, and engage relevant healthcare professionals from both the public and private sectors in the entire process. Our preliminary target is to connect public and private hospitals to the eHR sharing system for sharing of patients' records, and to provide a platform for private doctors, clinics and allied health service providers to connect to the electronic health records system by 2013-14.

(IV) Tin Shui Wai Hospital

16. To strength the healthcare services in Tin Shui Wai, we are planning to build a hospital in Tin Shui Wai. We are carrying out the preliminary planning work on site selection and project planning in conjunction with other Government departments and the Hospital Authority (HA). It is expected that the site selection work will be completed by the end of 2008 and we will consult

the Yuen Long District Council on the project and site selection in 2009. Upon completion of the established planning process, we will consult the Legislative Council on the project, seek funding approval and conduct tender exercise. The whole project is expected to commence in 2011 for completion in 2015. The Government and HA will expedite the planning and construction of Tin Shui Wai Hospital subject to compliance with the relevant statutory and administrative procedures.

(V) Inclusion of pneumococcal conjugate vaccine in the Childhood Immunisation Programme

17. The Childhood Immunisation Programme (CIP) in Hong Kong has been operating effectively in reducing the incidence of many childhood infectious diseases in the territory to a low level. The current CIP comprises vaccines against hepatitis B, mumps, rubella, poliomyelitis, diphtheria, pertussis, tetanus, measles and tuberculosis. To ensure that the CIP is in step with latest developments, the Scientific Committee on Vaccine Preventable Diseases (SCVPD) under the Centre for Health Protection of the Department of Health (DH) has recommended the inclusion of pneumococcal conjugate vaccine in the CIP, having regard to the latest scientific evidence.

18. Based on the recommendation of the SCVPD and taking into account a number of factors including the epidemiology, disease burden, the safety, efficacy, side effects, cost-effectiveness and supply of the vaccine, as well as the acceptance of the vaccine among the public, we have decided to include the pneumococcal conjugate vaccine in our local CIP to enhance primary healthcare and disease prevention. DH is now carrying out the preparatory work and it is expected that the pneumococcal conjugate vaccine will be introduced to newborn babies under the CIP starting from the third quarter of 2009.

(VI) Promoting the development of private healthcare

19. The development of private healthcare services is important to the consolidation and development of Hong Kong's position as a prime medical centre in the region. It can also help to redress the existing imbalance between the public and private sectors in our healthcare system. We will encourage and facilitate the development of private hospitals and the Government is now identifying suitable sites (initially in areas such as Wong Chuk Hang, Tseung Kwan O, Tai Po and North Lantau) for the development of private hospitals. We will invite expressions of interest and proposals on hospital development from the private sector. We will formulate suitable land policies to ensure that the premium charged for the use of the land is fair to both the private hospitals and the community, enabling the private hospital development to further raise the standard of healthcare services in Hong Kong and benefit the general public

and fostering the development of the healthcare industry. Apart from hardware facilities, we will also need to create favourable conditions in terms of software by attracting a pool of talents, strengthening the training for healthcare professionals and facilitating their exchange of expertise to enhance the professional standard of the healthcare sector.

On-going Initiatives

Based on the views received during the first stage public consultation on healthcare reform, formulating proposals for service reform and supplementary financing

20. As mentioned earlier, in overall there is a broad consensus in the community that the need for healthcare reform is imminent and the Government will implement as far as possible the various service reforms on which a clear consensus has been reached in the community. However, the issue of healthcare financing still needs to be addressed in order to ensure the sustainable development of our healthcare system. We understand that there are diverse views in the community on this issue. There are views subscribing to the need to address the issue. The community is also generally supportive of the Government's pledge to increase its expenditure on healthcare from 15% to 17% of the total recurrent expenditure and earmark $50 billion from the fiscal reserve to support the healthcare reform. The community, however, has yet to reach a mainstream consensus on the introduction of supplementary financing and the option to be adopted for such.

21. Members of the public and different sectors of the community have put forward insightful views on a number of important issues that warrant our further reflection. These issues include the future sustainability of healthcare services development and financing, the Government's commitment to public healthcare and the funding capability of public finance, medical protection for the community and affordability of our people in overall, freedom of choice to individuals and their responsibility for their own health, etc. We are studying the views collected during the public consultation exercise and will analyse the issues concerned based on the views received. We will further examine the supplementary financing arrangement, taking into full consideration the need to strike a balance between different social values.

22. During the first stage consultation, members of the public have raised reasonable queries on issues like whether the existing public healthcare services are cost-effective, how can private healthcare service be ensured to be value for money, and whether there are sufficient infrastructure and manpower in the healthcare system to meet the needs of future development, particularly the implementation of various healthcare reform proposals. We need to properly

address these concerns in the next stage of consultation. The Government plans to draw up detailed proposals for service reform and supplementary financing with the aim to initiate the second stage public consultation in the first half of 2009.

Exploring with the healthcare professions the introduction of a primary care register and the basic primary care service model

23. One of the major proposals in the healthcare reform is the enhancement of primary care, with emphasis on preventive care to promote public health and contain the growth of overall healthcare demand and expenditure in the long run. This reform proposal particularly has the broad support of the public and healthcare professions. In the next few years, we will provide additional resources to actively implement this proposal, including developing the basic primary care service models with emphasis on preventive care, promoting the primary care register based on the family doctor concept, and exploring the new concept of "community health centre". We will soon convene a Working Group on Primary Care (Working Group) comprising representatives of healthcare professions, patients and service users to take forward the primary care reform.

24. We have already explained in the Healthcare Reform Consultation Document the objectives and directions of the proposals in relation to the formulation of the basic primary care service models with emphasis on preventive care and promotion of the primary care register based on the family-doctor concept. We will study ways to implement these proposals through the Working Group. With a view to providing the public with holistic primary care services in the community and to address in particular the healthcare needs of the elderly and the vulnerable groups, we will also explore a new primary care service delivery model to co-ordinate the provision of primary care services by different service providers under the concept of "community health centre". Depending on the different needs of communities, the services provided in these service units could include general out-patient services, outreach community healthcare services, nurse clinic services, allied health services and specialty services for relatively simple cases. The Working Group will also explore the feasibility of delivering services under the community health centre model through a tri-partite collaboration among the public sector, private sector and NGOs, with the public sector responsible for service coordination. Under the new service delivery model, low-income families and the under-privileged will continue to be taken care of by subsidised public healthcare services.

Elderly Healthcare Voucher Pilot Scheme

25. The Elderly Healthcare Voucher Pilot Scheme will be launched on 1 January 2009 for three years up to the end of 2011. The Scheme, through the provision of partial subsidy, aims at implementing the "money-follow-patient" concept on a trial basis. This will enable elderly persons to choose within their local communities the private primary care services that best suit their needs, thereby enhancing the primary care services for the elderly and piloting a new model for subdising primary care services in the future. We will make the issue and use of healthcare vouchers as convenient as possible for the elderly. Elderly persons can open their individual healthcare voucher accounts at any clinics enrolled in the Scheme by simply showing their HKIDs, signing the consent forms and, with the assistance of the healthcare personnel, undergoing a simple registration process. They can then use the vouchers after opening the accounts. We will conduct an interim review after the Scheme has been implemented for a year. A comprehensive review will be carried out upon the completion of the three-year pilot period. The reviews will cover the effectiveness and scope of the Scheme, amount of subsidy, etc.

Enhancing community mental health support and outreach services

26. In the treatment of mental illness, it is the international trend to shift the focus from inpatient care to community and ambulatory services. In order to enhance the community services, HA has introduced pilot schemes in 2008-09, including the provision of post-discharge community support in the Kowloon West Cluster and New Territories East Cluster for the frequently re-admitted mental patients to reduce their unnecessary admissions and enhance the support for them. In addition, HA also piloted psychiatric consultation liaison service on a trial basis at Accident and Emergency Departments (A&E Depts) under the Kowloon East Cluster and Kowloon Central Cluster, to provide psychiatric consultation service to patients with acute psychiatric problems to relieve their conditions and avoid unnecessary admissions. At the same time, the HA will continue to enhance the psychogeriatric outreach services provided for the private residential care homes for the elderly (RCHEs).

27. In 2009-2010, HA will seek to further enhance the community rehabilitation support service for the discharged mental patients and strengthen the service for new patients in its psychiatric specialist outpatient clinics so as to provide timely treatment to patients in less severe condition and shorten their waiting time.

Preparing for the establishment of multi-partite medical centres of excellence in paediatrics and neuroscience

28. Early this year, the FHB has set up steering committees to prepare for the establishment of multi-partite medical centres of excellence in paediatrics and neuroscience respectively. The Steering Committees, chaired by the Permanent Secretary for Food and Health (Health), comprise experts in paediatrics and neuroscience from both the public and private medical sectors and the academia, as well as representatives from relevant professional medical organisations, allied health groups and patients' groups.

29. The Steering Committees initially agreed that the two medical centres of excellence should be tasked to improve the quality of specialist clinical services to patients suffering from complex and serious illnesses as well as enhance the standards of research and training in the two respective medical disciplines. To contribute to the long-term development of paediatrics and neuroscience, the two centres will bring together medical professionals in the public, private and academic sectors from both within and outside Hong Kong, and partner with major international medical centres in professional collaborations, research and training. The Steering Committees are now discussing the detailed arrangements of the two centres, such as the implementation and co-ordination of the health services, research activities and training plans; mode of cooperation among the public and private sectors, universities and other relevant organisations; and facilities required for the centres. We plan to seek funding support from the Finance Committee of the Legislative Council in the coming financial year.

Continuing to explore other Public-Private-Partnership (PPP) initiatives to facilitate collaboration of the public and private services

30. We have been promoting PPP to facilitate collaborative development between the two sectors. In February 2008, HA introduced a programme whereby eligible patients can choose to receive cataract surgeries either in public hospitals or in the private sector. Under this programme, a fixed amount of subsidy is provided to patients who choose to receive surgeries in the private sector while the number of surgeries conducted in public hospitals has been increased so as to reduce the waiting time for cataract surgeries in public hospitals. So far, more than 1 300 patients have successfully received surgeries and restored their eyesight. Apart from this cataract surgeries programme, HA also introduced a project in June this year to purchase primary healthcare services in Tin Shui Wai North as mentioned in paragraph 13. We will consolidate the experience from these two projects and continue to explore the feasibility of implementing PPP initiatives in other areas.

31. Apart from improving existing services, we will also study the possibility of introducing PPP in the planning of new healthcare facilities. For example, we will study the possibility of introducing a PPP model in the phase two development of the North Lantau Hospital project. The North Lantau Hospital project will be carried out in two phases. Phase One is a public hospital to be built by the Government and the relevant preparatory work is actively underway. HA will commission a consultant at the end of this year to carry out a study on the phase two development of the hospital.

Further expanding the HA's "Electronic Patient Record Sharing Pilot Project"

32. In collaboration with HA, we have been gradually expanding the "Electronic Patient Record Sharing Pilot Project" (PPI-ePR). This project allows healthcare practitioners to have access to patients' records kept at HA with the patients' consent and is well received. The number of participating private healthcare professionals has expanded from the initial target number of 500 to about 1 000 while the number of participating patients has also increased to about 40 000. To further develop and promote electronic patient record sharing, HA will extend the PPI-ePR to all the 12 private hospitals and allow more private doctors and their patients, organsations providing care to elderly patients, and partnering healthcare providers providing care to chronic diseases patients to participate in the project. Meanwhile, HA has been implementing a two-way sharing of patient records on a trial basis to allow private healthcare providers participating in PPP projects to enter clinical information of their patients through the electronic patient record system. To tie in with the development of an integrated electronic patient record system, the development of PPI-ePR will be under the co-ordination of the eHR Office of the Food and Health Bureau (see paragraphs 14-15 above).

Enhancing professional training for medical and healthcare practitioners

33. HA has all along attached great importance to the professional training and development of the healthcare practitioners. In recent years, a series of measures have been implemented to enhance the training for healthcare practitioners and improve their working arrangements, including the establishment of the Institute of Advanced Allied Health Studies to provide structured training for allied health professionals; sponsoring HA nurses to take part in the Registered Nurse Conversion Programme; implementation of new career development models in the medical officer and nurse grades respectively to enhance training and development opportunities for healthcare practitioners; and continued implementation of pilot programmes relating to the Doctor Work Reform and improvement of working arrangements for nurses. To cope with the service demand, HA will re-run certain nurse training schools or increase the

number of places in the existing nursing schools to train more nurses. We will also from time to time review the medium and long term manpower requirements of healthcare practitioners to ensure that our public healthcare system can cope with the future needs.

Working out a three-year interim funding arrangement for HA pending the development of a sustainable long-term funding arrangement in the light of the outcome of public consultation on the healthcare reform

34. With a growing and ageing population and an increase in overall healthcare needs in Hong Kong as well as rapid advancement in medical technology, HA is under pressure caused by its ever-increasing operating costs. To help HA cope with its service and operational needs, we are now exploring a three-year funding arrangement for HA for the coming three financial years (from 2009-10 to 2011-12) so as to determine the amount of additional subvention to be granted by the Government to HA each year within the above period. In working out the funding arrangement, we will take into account such relevant factors as changes in healthcare needs arising from our growing and ageing population as well as advancement in medical technology. We will further work out a long-term and sustainable funding arrangement having regard to the outcome of the public consultation on the healthcare reform to ensure that HA can continue to provide quality public healthcare services.

Strengthening the regulation of Chinese medicine

35. The Chinese Medicine Ordinance gives statutory recognition to the professional status of Chinese medicine practitioners and is designed to ensure the professional standard and conduct of practitioners and those who are in the Chinese medicine industry. This will, in turn, enhance public confidence in Chinese medicine. We will continue to strengthen the regulation of Chinese medicine to foster its continuous development in Hong Kong. On the registration of proprietary Chinese medicines, the Chinese Medicines Board has issued the first batch of "notices of confirmation of transitional registration of proprietary Chinese medicine" in early 2008. We plan to complete the transitional registration of all proprietary Chinese medicines in 2008-09. In the meantime, we will strengthen the efforts in inspection and regulation of Chinese medicines traders. When any violation of the Chinese Medicine Ordinance or the practising guidelines for Chinese medicines traders is found, the Department of Health will take enforcement actions and refer the case to the statutory Chinese Medicines Board under the Chinese Medicine Council of Hong Kong for disciplinary actions. The Chinese medicines traders concerned may also be prosecuted.

Enhancing Chinese medicine service in our public healthcare system

36. There are eleven public Chinese medicine clinics at present. They are established in the Central & Western District, the Eastern District, Wan Chai, Kwun Tong, Tseung Kwan O, Tai Po, Tsuen Wan, Kwai Tsing, the North District, Tuen Mun and Yuen Long. Three more public Chinese Medicine clinics will be set up in Wong Tai Sin, Sham Shui Po and Sha Tin. We estimate that the clinics in Wong Tai Sin will come into operation in late 2008, with the remaining two in Sham Shui Po and Sha Tin in early 2009.

Implementing the Prevention and Control of Disease Ordinance and continuing to improve our infectious disease surveillance, control and notification system

37. The Prevention and Control of Disease Ordinance and its subsidiary legislation, namely the Prevention and Control of Disease Regulation came into effect on 14 July 2008 to replace the former Quarantine and Prevention of Disease Ordinance. The new Ordinance and Regulation can ensure that the legislative basis for measures to prevent and control diseases is up-to-date and in line with the requirements of the International Health Regulations (2005) of the World Health Organization (WHO). The implementation of the Ordinance and Regulation will strengthen Hong Kong's capability of preventing and controlling infectious diseases.

38. The Centre for Health Protection (CHP) of DH has long kept a close watch on the latest disease control strategies and directives issued by the WHO and updated its contingency plan, investigation protocols and disease control guidelines where necessary. We have increased the number of statutory notifiable diseases from 32 to 45 under the Prevention and Control of Disease Ordinance to strengthen the communicable disease surveillance system. To enhance the sentinel surveillance community networks, the CHP has developed an electronic platform for childcare centres participating in the sentinel surveillance system. The CHP is also planning to extend it to other sentinel surveillance sites. Besides, in line with the international trend, the CHP is planning to incorporate more information and communication technologies to process surveillance information more efficiently and to perform more powerful and advanced analysis.

39. We also attach great importance to maintaining close liaison and collaboration with our neighbouring regions. A channel for regular exchange of information on infectious diseases with the Ministry of Health, the Department of Health of Guangdong Province and the Health Bureau of Macao has been in operation and a point-to-point communication mechanism will be activated in the event of an outbreak of communicable disease of public health

importance. We also signed a "Co-operation Agreement on Response Mechanism for Public Health Emergencies" in October 2005 with the Mainland and Macao to further consolidate cooperation on notification and emergency response. Since 2006, a joint drill involving the participation of the health authorities of the Mainland and Macao has been carried out annually to test out the communication and emergency response mechanism of the three places. We will continue to maintain close liaison and collaboration with our neighbouring regions to ensure that the latest information on infectious diseases can be obtained.

Prevention and Control of Non-communicable Diseases

40. Non-communicable diseases (NCD) are major causes of ill-health, disability and deaths. In 2007, five major NCD, namely cancer, heart diseases, stroke, chronic lower respiratory diseases and diabetes, accounted for around two-thirds of all registered deaths in Hong Kong. Many NCD are the result of how we live our lives and our living habits, such as smoking, unhealthy diet, physical inactivity and excessive drinking.

41. To improve the population's health profile and reduce the burden of NCD, the Department of Health, in collaboration with experts in different sectors and disciplines, has drawn up the "Strategic Framework for Prevention and Control of Non-communicable Diseases" (the Framework), drawing references from overseas experiences in health promotion and the combat against NCD as well as recommendations of the WHO. This Framework sets out directions for controlling NCD and calls for concerted efforts in the control and prevention of NCD, which will help shape an environment that is conducive to the promotion of Hong Kong people's health and well-being. We will soon set up a steering committee comprising representatives from the Government, public and private sectors, academia, professional bodies, relevant industries and other key partners to deliberate on and oversee the implementation of the overall strategy.

Enhancing cancer surveillance

42. Cancer is the number one killer disease in Hong Kong. To prevent and control the incidence of cancer, we have set up a cancer surveillance regime. At present, the Hong Kong Cancer Registry (the Registry) of HA is the first web-based enquiry system in Asia with comprehensive cancer data. The Registry has further shortened the reporting lag-time between the confirmation of a new case and reporting from 27 months to 23 months, which is broadly on a par with the international standard. In addition, DH has set up a Behavioural Risk Factor Surveillance System which collects information on health-related behaviours of the Hong Kong adult population through telephone surveys every

year. The information is useful for monitoring the trend of cancer-related behavioural risk factors, which is important for providing evidence to support and evaluate health promotion and cancer prevention programmes.

Strengthening enforcement of the smoking ban

43. Since the expansion of smoking ban on 1 January 2007, the Tobacco Control Office (TCO) of the Department of Health (DH) has stepped up enforcement against non-compliance of the smoking ban. As at August this year, the TCO has issued about 4 641 summonses to smoking offenders while some 10 200 complaints were received during the same period. Site inspections have been carried out for over 95% of the complaint cases.

44. The Legislative Council enacted the Fixed Penalty (Smoking Offences) Ordinance in July this year to introduce a fixed penalty system for smoking offences and strengthen enforcement of smoking ban. Under the Ordinance, anyone who smokes in a no-smoking area is liable to a fixed penalty of $1,500. Apart from Tobacco Control Inspectors of the TCO and police officers who can carry out enforcement actions, the Ordinance also empowers officers of the Leisure and Cultural Services Department, Food and Environmental Hygiene Department and Housing Department to issue fixed penalty notices for smoking offences in respect of those statutory no-smoking areas in public venues under their management. DH is taking steps in collaboration with the departments concerned to put in place an administrative mechanism and information system for implementing the fixed penalty system. It is expected that this will be completed in the second quarter of next year and submitted to the Legislative Council before implementation. We are also making subsidiary legislation to deal with the technical details of the fixed penalty system. After the implementation of the system, we will proceed to designate public transport interchanges as statutory no-smoking areas.

45. Since the enactment of the new legislation providing for the enlarged smoking ban, DH has stepped up its efforts in education and publicity to enhance the public's understanding of the new legislation. Adequate publicity will be carried out by DH before the Fixed Penalty (Smoking Offences) Ordinance comes into force so that the public can be fully aware of the legislation before the fixed penalty system comes into operation. In the meantime, starting from 1 January 2009, DH will work in partnership with non-governmental organisations to set up more smoking cessation clinics with extended service hours to offer convenience to smokers who wish to quit smoking. Moreover, we will continue to promote smoking cessation through the Council of Smoking and Health and at the district level.

Promoting healthy eating habits in schools and restaurants

46. Choices of food are growing apace with social and economic developments, though many people tend to consume food with a high content of fat, salt and sugar. In the long run, consumption of an imbalanced diet will not only lead to obesity but also pose risks to health. To encourage children to develop healthy eating habits, DH will continue the EatSmart@school.hk Campaign in all local primary schools to promote healthy eating among school children and raise public awareness of the problem of children obesity. In addition, DH launched the EatSmart@restaurant.hk Campaign in early 2008 to encourage and assist restaurants to make available on their menus more dishes with fruit and vegetables and contain less oil, salt and sugar. This would provide more healthy choices for the public and enable them to maintain a balanced diet. DH will monitor the development of the Campaign and evaluate its effectiveness, and continue to promote the importance of healthy eating.

Developing a statutory regulatory proposal on medical devices

47. At present, the Government has a statutory mechanism to regulate medical devices which contain pharmaceutical products or emit ionizing radiation. In order to strengthen the protection of public health, we have put in place a Medical Device Administrative Control System since 2004, which allows the Government to monitor the use of medical devices, enables medical device industry to familiarize itself with the listing requirements and paves the way for the implementation of a statutory regulatory system in future.

48. DH has commissioned a consultant to conduct a regulatory impact assessment for the proposed statutory regulation. The Government will take into account the findings of the regulatory impact assessment, the views of stakeholders and the general public, and experience gained from the operation of the Medical Device Administrative Control System in drawing up a proposal for statutory regulation of medical devices and will consult the Legislative Council Panel on Health Services.

Launching a Central Organ Donation Register

49. It is expected that the Central Organ Donation Register (CODR), established and managed by the Department of Health, will come into operation in November this year. The CODR will provide another channel for prospective organ donors to voluntarily register their details apart from filling in organ donation card. Through the highly secured computer system, authorised transplant coordinators of HA are able to access information of organ donors who have just passed away and arrange for organ transplantation. This will benefit more patients on the waiting list for organ transplantation. Supported

by the Hong Kong Medical Association, the Association is now seeking consent from some 40 000 registered donors in its existing organ donation register for transferring their data in the register to the CODR. With the setting up of the CODR, we will step up the promotion of organ donation jointly with the relevant organisations, promoting broader public awareness of the importance of organ donation, and nurture a social culture which embraces the notion of voluntary organ donation.

Recent incident: presence of melamine in milk powder and dairy products

50. In light of the melamine incidents in the Mainland, the Government has been closely monitoring the situation and taken proactive actions to safeguard public health.

51. On health services, the Government understands that parents are worried about whether their children have became a victim in this incident because of having consumed the milk products in question. Since 23 September, the HA has set up 18 designated clinics and 7 special assessment centres (increased to 9 since 26 September) to provide free assessment to eligible persons aged 12 or below, in particular those who have consumed the milk products in questions and suspect themselves to have relevant symptoms. As at 15 October, the designated clinics and special assessment centres have provided assessment and follow-up treatment services to 39 453 and 11 011 children respectively. They will stay in operation for at least 6 months until all service demands are met.

52. The Government has set up an Expert Group on Melamine Incident, which convened its first meeting on 26 September, to follow up matters arising from the incident. The Expert Group brought together different academics, clinical, public health and food safety experts, from both the public and private sectors, to assess the health and food safety effects of melamine exposure in the medium to longer term and make recommendations on the appropriate follow up and surveillance of those who have been affected. The terms of reference of the Expert Group include: to ensure that the manpower and supporting facilities of the public healthcare system can provide appropriate medical assessment and treatment for those citizens affected by the melamine incident, to formulate effective procedures and methods for medical assessment and treatment and to propose follow-up measures on medical and health services; to assess the impact of the incident and ensure effective monitoring and inspection on dairy products and related food in order to protect the health of citizens; to make proposals on the practical and expeditious means to legislate to prohibit import and sale, and order recall of problem food; to consider the most effective method, timing and content, etc. to disseminate information to the public; and to closely monitor the situation and development of the incident, including the situation regarding Hong Kong children residing in the Mainland coming to Hong Kong to seek

medical services, and to put in place effective response measures at schools, border control points and private medical service organisations, etc.

53. Three sub-groups, namely the Health Services Sub-group, the Treatment Sub-group and the Food Safety, Supply and Control Sub-group, have been formed under the Expert Group to look into different issues. From 28 September to 30 September, the Government sent experts of the Hospital Authority to Beijing and Shijiazhuang in Hebei to study the cases with renal problems suspected to be related to the consumption of tainted milk products and have an exchange with the Mainland experts on the treatment protocols and experience. The Expert Group will shortly complete a preliminary report for submission to the Chief Secretary for Administration.

Food and Health Bureau
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