

**For discussion on  
12 April 2010**

**Legislative Council Panel on Health Services  
Enhancing Primary Care – Establishment of Primary Care Office**

**PURPOSE**

This paper briefs Members on the Administration's proposal to establish a Primary Care Office (PCO) and seeks Members' support to submit the proposal to the Finance Committee (FC) and its Establishment Subcommittee (ESC) for funding and staffing resources so as to take forward the initiative.

**BACKGROUND**

2. Primary care is the first point of contact for individuals and families in a continuous healthcare process. Good primary care provides the public with access to comprehensive and holistic care, with an emphasis on disease prevention and betterment of health. The Government put forward the proposal to enhance primary care services in the first stage public consultation on healthcare reform conducted from March to June 2008, and this has received broad public support.

3. To enhance primary care services in Hong Kong, the Working Group on Primary Care (WGPC)<sup>1</sup> chaired by the Secretary for Food and Health has formulated a set of recommendations. These initiatives include –

- (i) developing primary care conceptual models and clinical protocols;

---

<sup>1</sup> The Working Group on Primary Care under the Health and Medical Development Advisory Committee was reconvened in October 2008 as announced by the Chief Executive in the 2008-09 Policy Address. It is chaired by the Secretary for Food and Health and its members include representatives from medical professionals, academia, patient groups and other stakeholders. It provides strategic recommendations on enhancing and developing primary care in Hong Kong. The Working Group has set up three Task Forces, which are responsible for studying primary care conceptual models and clinical protocols, Primary Care Directory and primary care service delivery models respectively. The Working Group and the Task Forces made initial recommendations on enhancing and developing primary care in 2009, including developing and promoting clinical protocols for managing individual chronic diseases, developing and promoting a Primary Care Directory, and formulating proposals to launch pilot projects in various districts to set up community health centres and networks under different service models to provide more comprehensive primary care services.

- (ii) setting up and promoting a Primary Care Directory; and
- (iii) designing feasible service delivery models, based on the primary care conceptual models and clinical protocols in (i) above, to enhance primary care services in the community.

4. Enhancing and developing primary care is a long-term and continuous task. Taking into account the views collected during the first stage healthcare reform public consultation and the recommendations of WGPC, the Government plans to publish, in the second half of 2010, a strategy document on the overall strategy for developing primary care in Hong Kong, with specific implementation measures, including promoting the strategy document to healthcare professionals and the public.

## **PROGRESS OF INITIATIVES TO ENHANCE PRIMARY CARE SERVICES**

5. After more than a year's effort by members and experts of the Task Force under WGPC, the primary care conceptual models and clinical protocols for diabetes mellitus and hypertension, the two most common chronic diseases in Hong Kong, are being finalised for use as common reference by healthcare professionals. The strategies for promoting the clinical protocols to the public and healthcare professionals are also being developed. WGPC will continue to develop conceptual models and clinical protocols for other common diseases or age/sex-specific health problems. It will also review and update continuously the developed conceptual models and clinical protocols based on latest medical development and research.

6. At the same time, we have started to establish the Primary Care Directory in phases. We plan to launch the first edition of the Directory in 2010-11. We will first establish the sub-directories of doctors and dentists, followed by those of Chinese medicine practitioners, nurses and other allied health professionals. The Directory is planned to be an easily accessible electronic database which would provide practising information, including qualifications and opening hours of primary care professionals of various disciplines, to help the public choose their primary care providers in the community, and to facilitate the co-ordination among different primary care providers functioning as multi-disciplinary teams. We are discussing with healthcare professionals the entry and maintenance requirements of the Directory in respect of their professional qualifications, experiences and training received; the long-term development of the Directory, including enhancing the related professional requirements for entering the Directory in the future; and other issues such as training and manpower development of primary care

providers. We are also developing strategies for promoting the Directory to healthcare professionals and the public.

7. In addition, based on WGPC's recommendations, we plan to launch pilot projects in various districts to set up community health centres or networks under different models of participation and partnership between the public and private healthcare sectors and/or non-governmental organisations (NGOs). The initiative is to provide more comprehensive one-stop primary care services to the public according to the new primary care conceptual models and clinical protocols.

8. As regard resources, the Government has already earmarked about \$465 million for the period 2009-10 to 2011-12 to implement a series of pilot projects under the policy initiative announced by the Chief Executive in his 2008-09 Policy Address to enhance support for chronic disease patients in the primary care settings as part of the healthcare service reform. The Government has already launched the pilot projects through the Hospital Authority (HA) starting from August 2009. These pilot projects include promoting the prevention and treatment of chronic diseases in both the public and private sectors in local communities, conducting health risk assessments and drawing up management plans for high-risk groups, and helping chronic disease patients improve their self-care skills through enhanced education, etc.

9. Having regard to WGPC's recommendations, the Government has further earmarked an additional funding of about \$600 million for the period 2010-11 to 2012-13 (of which about \$169 million will be allocated in 2010-11). The funding will be primarily used for implementing a series of pilot projects to enhance primary care:

- (i) \$254 million for strengthening the support for chronic disease patients;
- (ii) \$65 million for setting up community health centres or networks; and
- (iii) \$80 million for enhancing primary dental services and oral health promotion programmes, particularly those for the elderly in need, in collaboration with the dental profession.

10. As mentioned in paragraph 4 above, developing primary care is a long-term task. The Government will continue to provide financial support, where necessary, depending on the work progress and recommendations of WGPC, as well as the progress of reforming supplementary healthcare financing arrangements.

11. As an interim arrangement, the tasks of supporting WGPC and implementing and supervising various pilot projects are now taken up by only a few staff<sup>2</sup> in the Food and Health Bureau (FHB). As the development and planning of primary care services is a huge task in terms of its scale and complexity and involves a host of stakeholders including the public and private healthcare sectors, NGOs, academia, patient groups, etc., the existing staffing arrangement is unable to cope with the heavy workload as we take forward all these initiatives.

## **ESTABLISHING A DEDICATED PRIMARY CARE OFFICE**

12. To foster the development of primary care in Hong Kong and co-ordinate the implementation of various projects to enhance primary care, we propose to set up a dedicated Primary Care Office (PCO) in 2010-11 to support WGPC in the strategic planning, implementation and overall co-ordination of the long-term development of primary care. As the Department of Health (DH) is one of the major public primary care providers in Hong Kong and the consultation document for the first stage public consultation on healthcare reform also proposes to strengthen the role of DH in setting appropriate standards and quality requirements for various primary care services, we propose setting up the PCO under DH. To ensure better co-ordination, we propose that PCO should comprise staff with relevant expertise from FHB, DH and HA.

13. With the setting up of PCO, WGPC, FHB, PCO, the public and private healthcare sectors and other healthcare providers will play their respective roles in primary care as follows –

- (a) WGPC (chaired by the Secretary for Food and Health) – to provide strategic direction on enhancing and developing primary care in Hong Kong;
- (b) FHB – to formulate policies on primary care and consider resources requirement based on WGPC's direction;
- (c) PCO – to provide support to FHB on policy formulation and strategy development on primary care, as well as to co-ordinate DH, HA, private

---

<sup>2</sup> Currently in FHB, an Administrative Officer Staff Grade B (D3) and an Administrative Officer Staff Grade C (D2) are overseeing policy matters relating to the development of primary care among other policy matters. They are supported on work related to primary care by two Senior Medical and Health Officers and one Medical and Health Officer temporarily seconded from the Department of Health as well as two Administrative Officers in FHB. After the establishment of PCO, the AOSGB and AOSGC will continue to be responsible for overseeing policy matters on primary care. Their workload will not be diminished.

healthcare providers and other relevant stakeholders for the implementation of policies and initiatives to enhance primary care; and

- (d) DH, HA, the private healthcare sector and other healthcare providers – to provide primary care services to the public.

#### Functions of PCO

- 14. The proposed PCO will perform the following major functions –
  - (a) to co-ordinate the development of primary care in Hong Kong;
  - (b) to develop and promote primary care conceptual models and clinical protocols for managing individual diseases and appropriate for specific age groups;
  - (c) to develop preventive and health promoting protocols based on the needs and health risks of people of different age groups;
  - (d) to establish and maintain the Primary Care Directory to promote the “family doctor” concept and foster multi-disciplinary collaboration;
  - (e) to explore, plan and implement different primary care service delivery models, including the provision of comprehensive primary care services in local communities by setting up community health centres or networks through collaboration with the public and private healthcare sectors and/or NGOs;
  - (f) to co-ordinate and monitor the progress of various pilot projects to enhance primary care, work with independent assessment bodies to continuously evaluate the projects and the effectiveness of the primary care conceptual models and services delivery models during the pilot period, and formulate plans for further development of primary care services;
  - (g) to conduct research on the needs for primary care services in Hong Kong and the effectiveness of primary care reforms in other places;
  - (h) to build up the capacity of primary care providers and to plan and provide primary care-based training for healthcare professionals of various disciplines;
  - (i) to plan and oversee the work of public education for continuous promotion of primary care; and

- (j) to manage and allocate resources to support various pilot projects and initiatives to enhance primary care.

15. For effective functioning, the staff of the proposed PCO will be divided into three categories based on their duties, namely: (a) policy and strategy development; (b) professional and technical support; and (c) administration support.

#### Proposed Staffing Arrangements of PCO

16. To ensure the appropriate level of management input and overview of the various projects to enhance primary care and to oversee the implementation of various pilot projects and evaluate their effectiveness, we propose to create in PCO two directorate posts, including one permanent post of Assistant Director of Health (AD of Health) (D2), designated as Head/PCO, and one permanent post of Principal Medical and Health Officer (PMHO) (D1) to assist Head/PCO in planning and overseeing the development of primary care in Hong Kong. The job descriptions of the proposed permanent posts of AD of Health and PMHO are set out at **Annex A** and **Annex B** respectively.

17. We also propose that the two directorate officers be supported by 17 non-directorate civil service posts (including two existing posts in FHB). They include Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, Administrative Officer, Executive Officers and supporting clerical and secretarial staff. These posts cut across different disciplines in order to provide the necessary support for implementing the projects to enhance primary care. The proposed civil service staffing of PCO is set out at **Annex C**. DH will create the non-directorate civil service posts in accordance with the established mechanism.

18. Apart from the civil service posts mentioned above, we also plan to have seconded staff from HA with relevant expertise in the provision and development of primary care services and other related tasks (such as development of clinical protocols). They include Medical and Health Officers, Scientific Officers (Medical), Nursing Officers, etc. and the details are set out at **Annex D**.

19. The proposed organisation chart of PCO is at **Annex E**. The organisation chart of DH after establishment of the proposed PCO is at **Annex F**.

## **ALTERNATIVES CONSIDERED**

20. We have critically examined the possible redeployment of the other existing directorate officers under the Director of Health to take on the work of the proposed directorate posts. We conclude that it is not operationally feasible without affecting the quality of their work as all of them are fully engaged in their respective duties. Detailed job descriptions of the existing posts of AD of Health and the staffing of supporting PMHOs are set out at **Annex G**.

## **FINANCIAL IMPLICATIONS**

21. The Government has earmarked \$226 million for PCO for the period 2010-11 to 2012-13 (included in the funding of \$600 million mentioned in paragraph 9 above), of which about \$194 million will be used for implementing specific tasks relating to primary care development, including developing primary care conceptual models and clinical protocols, establishing and maintaining the Primary Care Directory, implementing and evaluating new primary care service delivery models, supporting research on primary care, improving primary care-related training and capacity building in collaboration with healthcare professionals, etc.

22. The proposed creation of two directorate posts will bring about an additional notional annual salary cost at mid-point of \$2,725,080. The additional full annual average staff cost for implementing this proposal, including salaries and staff on-cost, is \$3,703,392.

23. The proposed creation of 15 non-directorate civil service posts in PCO (excluding the two existing posts in FHB) will incur an additional notional annual salary cost of \$8,564,460. The additional full annual average staff cost, including salaries and staff on-cost, is \$11,923,512.

## **ADVICE SOUGHT**

24. Members are invited to comment on the establishment of PCO and the proposed staffing arrangements. We plan to seek the necessary approval from the Legislative Council's ESC on 26 May 2010 and FC on 11 June 2010 on the creation of the two proposed directorate posts. Subject to FC's approval, we plan to establish PCO in the third quarter of 2010.

**Food and Health Bureau  
Department of Health  
March 2010**



**Proposed Job Description for the Post of  
Head/Primary Care Office**

**Rank** : Assistant Director of Health (D2)

**Responsible to** : Deputy Director of Health (D3)

**Major duties and responsibilities –**

1. To plan and oversee the development of primary care in Hong Kong following the policy steer of FHB.
  2. To oversee the development of primary care conceptual models and clinical protocols for managing individual diseases and appropriate for specific age groups.
  3. To oversee the design, implementation, evaluation and funding arrangements of primary care service delivery models, including the establishment of community health centres or networks.
  4. To oversee the establishment of the Primary Care Directory in phases.
  5. To oversee training programmes related to primary care for healthcare professionals of various disciplines and their funding arrangements.
-

**Proposed Job Description for the Post of  
Principal Medical and Health Officer (Primary Care Office)**

**Rank** : Principal Medical and Health Officer (D1)

**Responsible to** : Head/Primary Care Office

**Major duties and responsibilities –**

1. To assist Head/PCO in planning and overseeing the development of primary care in Hong Kong following the policy steer of FHB.
2. To provide professional input in the development of primary care conceptual models and clinical protocols and the setting of service standards.
3. To assist Head/PCO in overseeing and co-ordinating the planning and design of new primary care service delivery models so as to enhance collaboration among the public and private healthcare sectors and/or NGOs.
4. To assist Head/PCO in overseeing the implementation of research projects to identify the public's needs for primary care services, evaluating the effectiveness and efficiency of various primary care service delivery models (including community health centres or networks) and mapping out the future development direction of primary care.
5. To assist Head/PCO in arranging primary care-related training for healthcare professionals of various disciplines and setting up the Primary Care Directory.

-----

### Proposed Civil Service Staffing for the Primary Care Office

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Assistant Director of Health (AD of H)#	1
Principal Medical & Health Officer (PMHO)#	1
Senior Medical & Health Officer (SMHO)#	2
Medical & Health Officer (MHO)	2
Nursing Officer (NO)	2
Scientific Officer (Medical) (SO(Medical))	2
<u>Administration support</u>	
Senior Executive Officer (SEO)	2
Executive Officer I (EO I)*	1
Executive Officer II (EO II)	1
Clerical Officer (CO)	1
Assistant Clerical Officer (ACO)	2
Personal Secretary I (PS I)	1
<u>Policy and strategy development</u>	
Administrative Officer (AO)*	1
<b>Total</b>	<b>19</b>

\* Existing posts in FHB. All other posts are new posts to be created under DH.

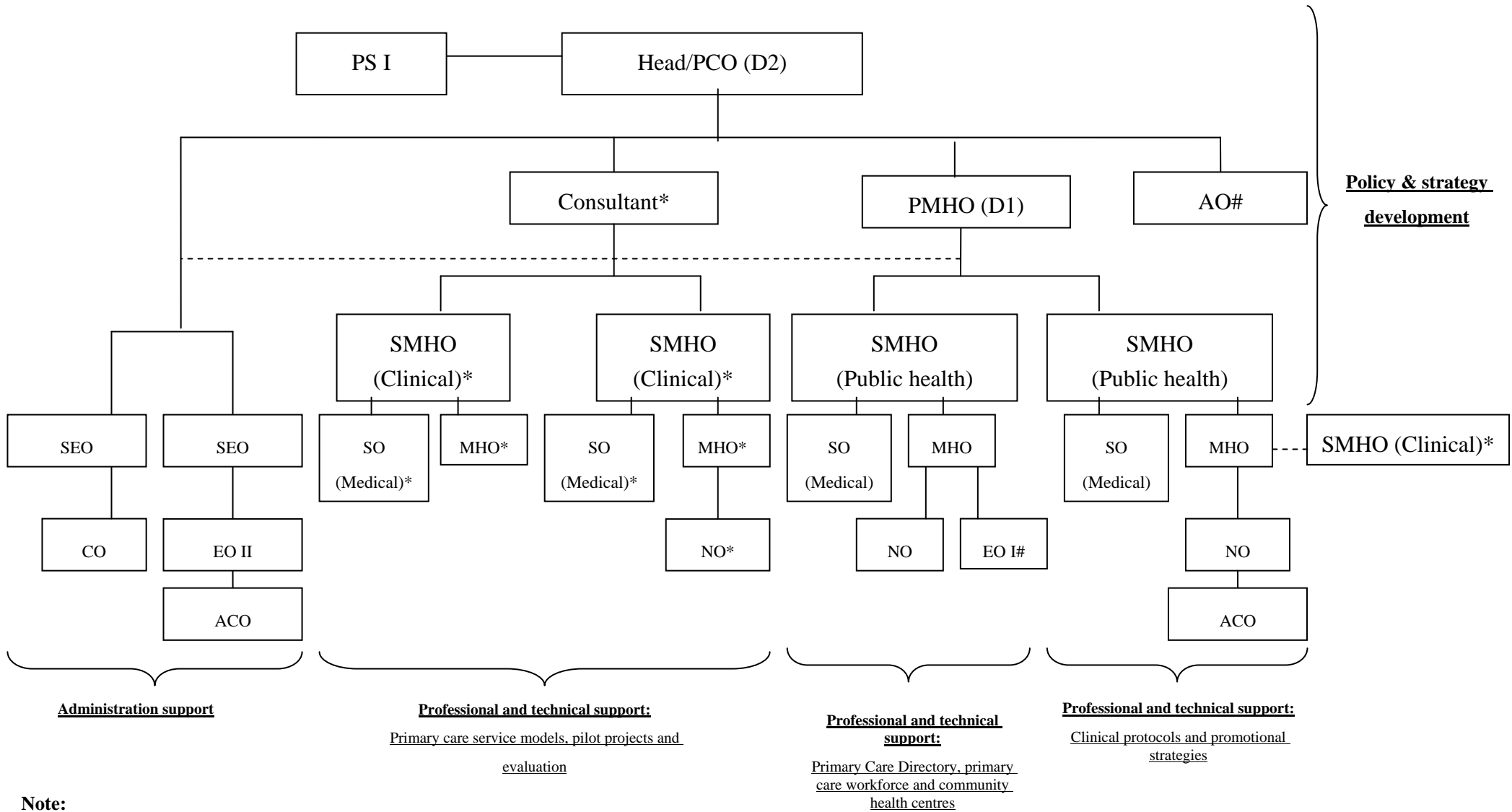
# The staff concerned will also be responsible for policy and strategy development.

**Proposed Staff to be Seconded  
from the Hospital Authority to the Primary Care Office**

<u>Major scope of responsibilities / Rank</u>	<u>Number</u>
<u>Professional and technical support</u>	
Consultant#	1
Senior Medical & Health Officer#	3
Medical & Health Officer	2
Nursing Officer	1
Scientific Officer (Medical)	2
<b>Total</b>	<b>9</b>

# The staff concerned will also be responsible for policy and strategy development.

**Proposed Organisation Chart of the Primary Care Office**

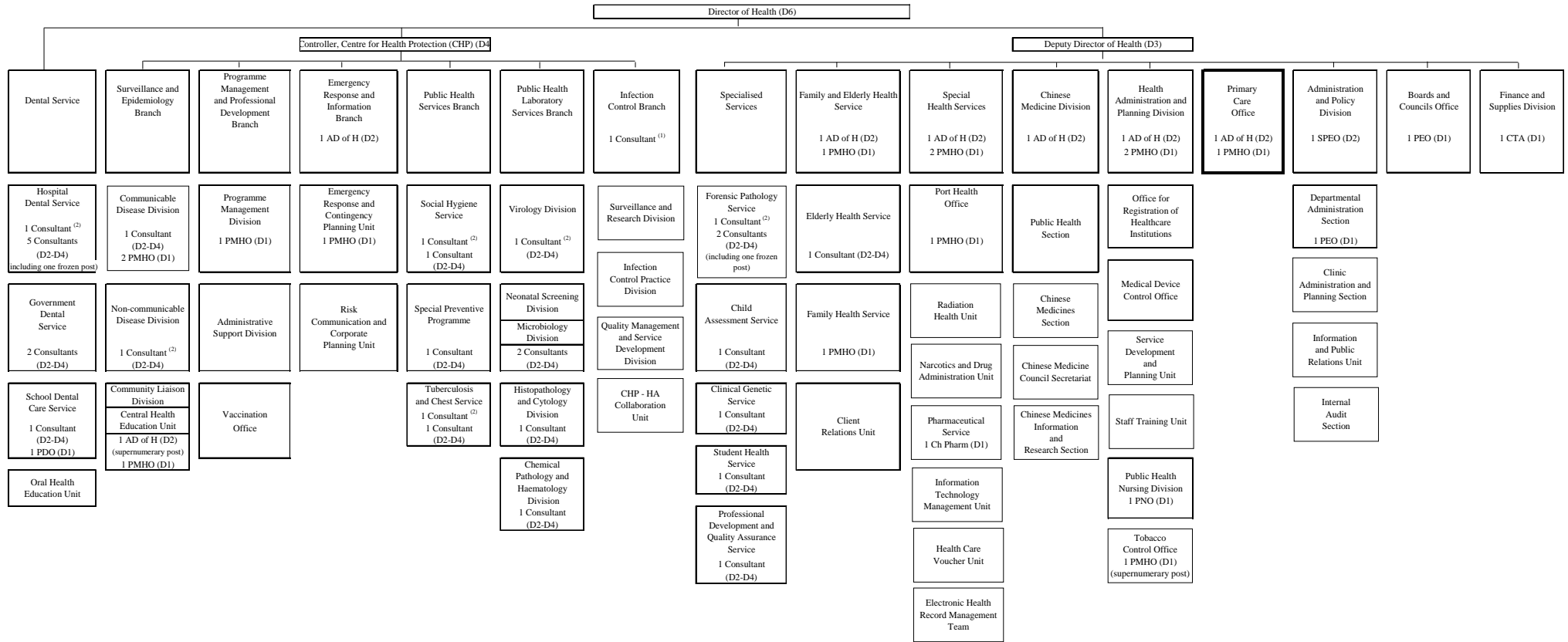


**Note:**

# Officers seconded from the Food and Health Bureau

\* Officers seconded from the Hospital Authority

# Organisation Chart of the Department of Health after the Establishment of the Proposed Primary Care Office



**Legend:**

  Proposed Primary Care Office

AD of H Assistant Director of Health  
 AOSGC Administrative Officer Staff Grade C  
 PMHO Principal Medical and Health Officer  
 PDO Principal Dental Officer  
 PNO Principal Nursing Officer  
 SPEO Senior Principal Executive Officer  
 PEO Principal Executive Officer  
 CTA Chief Treasury Accountant  
 Ch Pharm Chief Pharmacist

**Notes:**

(1) Officers seconded from the Hospital Authority  
 (2) Also undertaking the duty as Consultant in-charge to take care of the overall administration and management of the Service/Branch.

**Job Descriptions of Existing Assistant Directors of Health  
in the Department of Health**

**Assistant Director of Health (Health Administration and Planning)**

Assistant Director of Health (Health Administration and Planning) is responsible for overseeing tobacco control, registration of healthcare institutions, medical device control, Public Health Nursing Division, medical officer grade management, service development and planning, as well as departmental health administration, including co-ordination on issues relating to Legislative Council, other bureaux/departments, World Health Organisation, international and Mainland China relation. He is underpinned by three Principal Medical and Health Officers (PMHOs), viz. PMHO(1), PMHO(2) and Head (Tobacco Control Office).

**Assistant Director of Health (Special Health Services)**

Assistant Director of Health (Special Health Services) is responsible for overseeing the control on port health and radiation health, regulation of pharmaceutical products, operation of methadone clinics, licensing of human reproductive technology centres, information technology development and management in DH, administration of the Health Care Voucher Scheme and planning and development of the electronic Health Record Management System. He is underpinned by three PMHOs, viz. Chief Port Health Officer, PMHO(3) and PMHO(5).

**Assistant Director of Health (Traditional Chinese Medicine)**

Assistant Director of Health (Traditional Chinese Medicine) (AD(TCM)) is responsible for overseeing the implementation and enforcement of the Chinese Medicine Ordinance (CMO), through overseeing the professional and executive support to the Chinese Medicine Council of Hong Kong, a statutory regulatory body set up under the CMO and the work of the Chinese Medicine Division (CMD). The CMO provides for the regulation of Chinese medicine practitioners, as well as the use, manufacture and trading of Chinese medicines through the registration of proprietary Chinese medicines and licensing of Chinese medicines traders. In addition, AD(TCM) is tasked to oversee the project on the development of the standards of about 200 commonly used Chinese herbal medicines in collaboration with local and overseas institutes, and institutes in the Mainland; to provide steer on the conduct of public health promotion programmes and institute investigations into the adverse drug reaction incidents related to Chinese medicine. AD(TCM) also acts as the

focal contact person with relevant authorities in the Mainland and overseas on investigation, information exchange and capacity building in Chinese medicine.

### **Assistant Director of Health (Health Promotion)**

Assistant Director of Health (Health Promotion) is responsible for formulating, steering and reviewing departmental strategy in health promotion; planning and implementing health promotion initiatives; mobilising and co-ordinating intra-departmental, inter-departmental and inter-sectoral actions; promoting community capacity and raising health literacy; maintaining links with local, national, regional and international health promotion authorities, communities and networks; promoting and undertaking research and evaluation of evidence-based practices in health promotion; advocating for healthy lifestyle practices and promoting best practices for health improvement based on local evidence of effective health promotion; providing professional advice on good practices of health promotion to departmental colleagues, governmental agencies and community partners to strengthen the ability to maximise population health; and advocating, promoting and advising on the application of health promotion settings including healthy schools, healthy cities and healthy workplaces. He is underpinned by one PMHO, viz. Community Physician.

### **Head, Emergency Response and Information Branch**

Head, Emergency Response and Information Branch is responsible for developing and updating contingency plans; planning and coordinating exercises and drills to facilitate emergency preparedness and management of public health crisis; formulating risk communication strategy and arranging training for key staff; and co-ordinating the formulation of objectives and strategies of the Centre for Health Protection (CHP). He is underpinned by one PMHO, viz. PMHO(Emergency Response and Information Branch).

### **Assistant Director of Health (Family & Elderly Health Services)**

Assistant Director of Health (Family & Elderly Health Services) is responsible for developing, implementing and reviewing strategies and programmes for the effective delivery of elderly health service; providing professional input to FHB, Labour and Welfare Bureau, relevant government departments and the Elderly Commission on elderly health and primary health care issues; collaborating and maintaining an effective network with the welfare sectors, community groups, HA and relevant departments to promote inter-sectoral co-ordination and continuous rapport; overseeing health data collection, analysis and dissemination as well as research projects with regard to elderly and primary health care service; and steering the development of quality assurance programmes and customer focused improvements; and overseeing the Client



Relations Unit. He is underpinned by two PMHOs, viz. PMHO(4) and PMHO(Family Health Service).