**For discussion on 7 December 2011** **EC(2011-12)13**

# ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

**HEAD 140 – GOVERNMENT SECRETARIAT : FOOD AND HEALTH BUREAU (HEALTH BRANCH)**
**Subhead 000 Operational expenses**

Members are invited to recommend to Finance Committee the creation of the following supernumerary posts for three years in the Health Branch of the Food and Health Bureau –

1 Administrative Officer Staff Grade B (D3) ($147,150 - $160,600)

1 Administrative Officer Staff Grade C (D2) ($126,500 - $138,350)

## PROBLEM

The Health Branch of the Food and Health Bureau (FHB) needs dedicated support on a time-limited basis at the directorate level to take forward the Health Protection Scheme (HPS) proposal, review the strategy on healthcare manpower and facilitate healthcare service development based on the outcome of public consultation on healthcare reform.

## PROPOSAL

2. We propose to create two supernumerary directorate posts, namely one Administrative Officer Staff Grade B (AOSGB) (D3) and one Administrative Officer Staff Grade C (AOSGC) (D2), for three years with immediate effect upon approval by the Finance Committee for leading and overseeing a dedicated and time-limited Healthcare Planning and Development Office (HPDO) to be set up

/under …..

under the Health Branch of the FHB for taking forward the HPS proposal, reviewing the strategy on healthcare manpower and facilitating healthcare service development.

## JUSTIFICATION

### Public Consultation on Healthcare Reform

3. Healthcare reform public consultation comprises two stages. In 2008, we consulted the public on service reforms and six possible supplementary healthcare financing options through the First Stage Public Consultation on Healthcare Reform. Based on the outcome of the 2008 first-stage consultation and with the increase in public funding for health services, we have been implementing service reforms, viz. enhancing primary care, promoting public-private partnership in healthcare, developing electronic health record sharing and strengthening the public healthcare safety net. In view of strong public resistance to any supplementary healthcare financing options of a mandatory nature, we proceeded to develop possible policy options along the principle of voluntary participation in preparation for the next stage of public consultation.

### Health Protection Scheme

4. In October 2010, we put forth the HPS proposal, a voluntary and government-regulated health insurance scheme, for public consultation through the Second Stage Public Consultation on Healthcare Reform. The HPS is meant to complement public healthcare services which have been and will continue to be the cornerstone of our healthcare system, acting as the healthcare safety net for all and remaining strong and robust through continued investment and commitment from the Government.

5. The proposed HPS aims to achieve four objectives –

(a) provide more choices with better protection to those who are able and willing to pay for private health insurance and private healthcare services;

(b) relieve public queues by enabling more people to choose private services and focus public healthcare on target service areas and population groups;

(c) better enable people with health insurance to stay insured and make premium payment at older age and meet their healthcare needs through private services; and

/(d) …..

(d) enhance transparency, competition, value-for-money and consumer protection in private health insurance and private healthcare services.

6. Key features proposed to be encompassed under the standard plan(s) of the HPS include –

(a) no turn-away of subscribers and guaranteed renewal for life;

(b) published age-banded premiums subject to adjustment guidelines;

(c) covering pre-existing medical conditions subject to waiting period and time-limited reimbursement limits;

(d) high-risk individuals insurable with a cap on premium loading;

(e) sharing risks arising from accepting high-risk groups through High-Risk Pool reinsurance;

(f) offer of no-claim discount up to 30% of published premiums;

(g) portability of plan(s) between insurers and on leaving employment;

(h) transparent insurance costs including claims and expenses;

(i) standardised health insurance policy terms and definitions; and

(j) a government-regulated health insurance claims arbitration/ mediation mechanism.

7. Another key feature of the proposed HPS is to promote transparent medical fees with packaged charging for common procedures. HPS plans would set reimbursement levels based on packaged charging where available.

8. The Government has pledged to draw $50 billion from the fiscal reserve to support healthcare reform after the supplementary healthcare financing arrangements have been finalised for implementation. We will consider making use of the $50 billion to provide incentives to encourage the public to participate in the proposed HPS on a sustained basis.

**/Outcome** …..

**Outcome of Second Stage Public Consultation on Healthcare Reform**

9. The Second Stage Public Consultation drew to a close on 7 January 2011. After collating and analysing views, comments and suggestions received during the consultation as well as information collected through other channels including public opinion surveys, we published a consultation report on 11 July 2011. It revealed broad-based community support for the Government's healthcare reform direction: a strengthened public healthcare system as the core, complemented by a competitive and vibrant private healthcare sector. Noting, among others, that 2.5 million people (about one third of our population) have had health insurance coverage through employers or purchased on their own, there is wide and strong support for reforming the private healthcare sector. Many considered the proposed HPS a positive step forward to enhance the long-term sustainability of our healthcare system. They concurred that the proposed HPS could help enhance transparency, competition and efficiency of the private healthcare sector. They supported the introduction of the proposed HPS to provide value-for-money choices to the community, and considered that this would complement service reforms, indirectly providing relief to the public system by better enabling it to focus on serving its target areas.

10. Some respondents, while supporting strengthened regulation of the private healthcare sector, expressed concerns about the adequacy of supply of healthcare manpower and capacity of private hospitals and healthcare services. They pointed out that if the proposed HPS was to achieve its stated objectives, especially in relieving pressure on the public system, it was important for the Government to formulate a healthcare manpower strategy to ensure that there would be an adequate supply of healthcare professionals to meet future demands and support the development of the public and private healthcare sectors, and to develop the necessary infrastructure for facilitating the development of healthcare services.

**Three-pronged Action Plan**

11. Based on the outcome of the Second Stage Public Consultation on Healthcare Reform, we are adopting a three-pronged approach to take forward the following reform initiatives –

/(a) …..

(a) **Formulate supervisory framework for the proposed HPS:** we will set up a Working Group on Health Protection Scheme under the Health and Medical Development Advisory Committee[Note] to formulate proposals for the HPS, including supervisory and institutional frameworks, implementation arrangements, as well as the provision of public subsidy making use of the $50 billion fiscal reserve earmarked to support healthcare reform;

(b) **Review healthcare manpower strategy:** we will set up a high-level steering committee to conduct a strategic review on healthcare manpower planning and professional development. The steering committee will formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training, and facilitate professional development having regard to the findings of the review, with a view to ensuring the healthy and sustainable development of our healthcare system; and

(c) **Facilitate healthcare service development:** we will seek to facilitate the development of the healthcare services industry as an integral part of our healthcare system. This includes developing essential infrastructure to support healthcare services, notably the disposal of land for private hospital development, enhancing the transparency of healthcare services and promoting packaged services for common procedures in the private sector.

12. We expect to complete the three tasks mentioned above in the first half of 2013, and then proceed with the necessary legislative process.

**Healthcare Planning and Development Office**

*Roles and Functions*

13. Dedicated and extensive efforts are required to take forward the various initiatives under the three-pronged approach. Substantial details have to be developed based on a wide array of professional inputs and in consultation with stakeholders concerned through various platforms. The complex, multi-faceted

/and …..

[Note] Chaired by the Secretary for Food and Health and comprising mainly non-official members, the Health and Medical Development Advisory Committee is tasked to assist the Government in identifying solutions to challenges faced by our healthcare system, including an ageing population and escalating healthcare costs as a result of technology advancement. Its terms of reference include reviewing and developing service models for healthcare in both the public and private sectors; and proposing long-term healthcare financing options.

and inter-woven nature of the tasks under the three-pronged action plan, coupled with the tight timeframe within which they are to be delivered, call for the establishment of a dedicated and time-limited HPDO with directorate leadership at appropriate levels and a team of non-directorate staff to provide the necessary administrative and executive support.

14. We propose to set up the HPDO under FHB (Health Branch) in early 2012 on a time-limited basis for three years to perform the following major roles and functions –

(a) to spearhead and coordinate the planning, development and implementation of the proposed HPS under the direction of the Working Group on Health Protection Scheme (see paragraph 11(a) above), including the formulation of legislative and institutional proposals for establishing a feasible supervisory framework for health insurance and healthcare services under the HPS as well as the provision of public subsidy making use of the $50 billion fiscal reserve earmarked to support healthcare reform;

(b) to review and assess manpower requirements for healthcare professionals and to formulate options for strengthening healthcare manpower supply to meet known and expected demands and facilitating professional development and regulation under the direction of the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development (see paragraph 11(b) above);

(c) to facilitate healthcare services development, including enhancing transparency in private health insurance and healthcare services as well as promoting packaged services for common procedures in the private healthcare sector;

(d) to oversee the regulation of private hospitals and healthcare professions, accreditation of hospital services and the development of clinical trial centres;

(e) to provide support to the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development and the Working Group on Health Protection Scheme, and any consultative sub-groups formed thereunder; and

(f) to engage and consult the public and stakeholders, including the healthcare services sector, the insurance industry, employers and the civic society, on the development and implementation of the HPS, the conduct of the healthcare manpower review and proposals to enhance professional development.

*/Proposed …..*

*Proposed Directorate Support for the HPDO*

15. To ensure that the HPDO is led by a sufficiently senior directorate officer who possesses the necessary leadership skills, administrative experience, strategic vision and political acumen to steer through the complicated tasks outlined above, we propose to create a supernumerary post of AOSGB (D3) for three years to be designated as Head, HPDO. We also propose to create a supernumerary post of AOSGC (D2) for three years, to be designated as Deputy Head, HPDO, to underpin and support the Head, HPDO in handling policy matters relating to development and implementation of the proposed HPS and facilitating service development in the private healthcare sector.

16. The Head, HPDO will oversee all aspects of the work of the HPDO and provide an overall strategic direction to members of the Office. He will steer the formulation of institutional, regulatory and legislative proposals for the implementation of the HPS, oversee the conduct of the strategic review on healthcare manpower and professional development, spearhead efforts to facilitate service development in the private health insurance and healthcare market, and oversee policies on regulation of private hospitals, hospital accreditation and clinical trial centres. In carrying out the above duties, he will also be heavily involved in engaging and consulting stakeholders concerned which requires sufficient stature, strategic perspective and consensus-building capability. In view of the importance of the reform initiatives to be pursued by the HPDO to the long-term development of our healthcare system, as well as the complexity and sensitivity of the wide range of issues involved, we consider it necessary for Head, HPDO to be pitched at the AOSGB (D3) rank to steer through the work of the HPDO. The job description of the proposed Head, HPDO is set out at Enclosure 1.

Encl. 1

17. The Deputy Head, HPDO will mainly assist the Head, HPDO in developing regulatory and institutional proposals for implementation of the proposed HPS, devising key components of standard plan(s) under the Scheme, and drawing up rules and mechanisms in support of its operation. He will also handle policy matters relating to regulation of private hospitals and accreditation of hospital services, develop plans for the development of clinical trial centres, and formulate measures to facilitate development of the healthcare services industry including monitoring and benchmarking of healthcare services charges and quality (see paragraph 14(a), (c) and (d) above). The effective discharge of these duties requires the dedicated policy input and management experience of a directorate officer at the AOSGC (D2) rank. The job description of the proposed Deputy Head, HPDO is set out at Enclosure 2.

Encl. 2

18. We envisage that the Head, HPDO will require more than the support of the Deputy Head in carrying out the full range of responsibilities entrusted to the HPDO within the pressing timeframe. The root-and-branch review over the demand and supply of healthcare manpower and the professional development including regulatory framework of the healthcare professions (see paragraph 14(b) and 14 (e) above), for instance, is a complex and sensitive task that requires the dedicated input of a directorate officer. An existing AOSGC (D2) officer in FHB (Health Branch), namely Principal Assistant Secretary (Health) 3 (PAS(H)3), will be internally redeployed to support the Head, HPDO in handling policy matters pertaining to manpower planning and professional development of the healthcare professions in addition to undertaking her existing duties. The job description of PAS(H)3 is set out at Enclosure 3.

Encl. 3

19. In view of the tight timeframe for taking forward the three-pronged action plan, two supernumerary directorate posts including one AOSGB (D3) and one AOSGC (D2) have been created under delegated authority for six months to prepare for the set up of the HPDO and early implementation of the reform initiatives.

*Non-directorate Support*

20. We propose to create a total of 15 non-directorate civil service posts to support the HPDO, including 2 Administrative Officers, 5 Executive Officers, 2 Medical and Health Officers and 6 supporting secretarial and clerical staff. These posts cut across different disciplines in order to provide the necessary support for taking forward the three-pronged action plan. We will create the non-directorate posts in accordance with established mechanism. The organisational setup of the HPDO is at Enclosure 4. The organisational charts of the FHB (Health Branch) before and after the establishment of the HPDO are at Enclosures 5 and 6 respectively.

Encl. 4

Encls. 5&6

**Alternatives Considered**

21. FHB (Health Branch) oversees the health portfolio and is responsible for the formulation of medical and health policies and related monitoring and legislative work. It is headed by an Administrative Officer Staff Grade A1 (D8) officer, designated as Permanent Secretary for Food and Health (Health) (PS(H)), who is supported at the directorate level by –

(a) one Deputy Secretary ranked at AOSGB1 (D4) level; one Deputy Secretary ranked at AOSGB (D3) level; and one supernumerary (up to the third quarter of 2013) Head (eHealth Record) ranked at AOSGB (D3) level;

/(b) …..

(b) four Principal Assistant Secretaries (PASes) ranked at AOSGC (D2) level; and one supernumerary (up to the fourth quarter of 2013) Deputy Head (eHealth Record) ranked at AOSGC (D2) level; and

(c) one Principal Executive Officer and one Chief Systems Manager, both ranked at D1 level; and one Head (Research Office) on secondment from Hospital Authority.

22. We have carefully considered whether there is scope for internal redeployment for discharging the tasks of the HPDO. As mentioned in paragraph 18 above, we propose to internally redeploy PAS(H)3 on a partial basis to assist the Head, HPDO in handling policy matters pertaining to healthcare manpower planning and professional development. We have critically examined the feasibility of further redeployment of other directorate officers under PS(H) to take on the work of the proposed directorate posts. Having regard to the portfolio and workload of directorate officers in FHB (Health Branch), as detailed in Enclosure 7, we consider that it is operationally not feasible without affecting the quality of their work as all of them are fully engaged in their respective duties.

Encl. 7

**FINANCIAL IMPLICATIONS**

23. The proposed creation of two supernumerary directorate posts will bring about an additional notional annual salary cost at mid-point of $3,481,800 as follows –

| | **Notional annual salary cost at mid-point** **$** | **No. of posts** |
|---|---|---|
| AOSGB (D3) | 1,870,200 | 1 |
| AOSGC (D2) | 1,611,600 | 1 |
| **Total:** | 3,481,800 | **2** |

The additional full annual average staff cost, including salaries and staff on-cost, is $4,896,000.

24. Based on the proposed setup of the HPDO in paragraph 20 above, the additional notional annual salary cost at mid-point for the proposed 15 non-directorate civil service posts is estimated to be $9,114,240 in a full year and the full annual average staff cost, including salaries and staff on-cost, is estimated to be $13,055,000.

/25. …..

25. FHB (Health Branch) will absorb the additional expenditure from within the existing provision in 2011-12 and will include the necessary provision in the Estimates of subsequent years to meet the cost of this proposal.

## PUBLIC CONSULTATION

26. We consulted the Legislative Council Panel on Health Services on 24 November 2011. The majority of Members expressed support for the establishment of a dedicated office to take forward the three-pronged action plan and had no objection to the related directorate staffing proposal.

## ESTABLISHMENT CHANGES

27. The establishment changes under Head 140 – Government Secretariat: Food and Health Bureau (Health Branch) for the last two years are as follows –

| Establishment (Note) | Number of posts | | | |
|---|---|---|---|---|
| | Existing (as at 1 November 2011) | As at 1 April 2011 | As at 1 April 2010 | As at 1 April 2009 |
| A* | 8 + (2) # | 8 + (2) | 8 + (2) | 7 |
| B | 33 | 31 | 26 | 18 |
| C | 45 | 43 | 42 | 35 |
| **Total** | **86 + (2)** | **82 + (2)** | **76 + (2)** | **60** |

Note:
A – ranks in the directorate pay scale or equivalent
B – non-directorate ranks, the maximum pay point of which is above MPS Point 33 or equivalent
C – non-directorate ranks, the maximum pay point of which is at or below MPS Point 33 or equivalent
* – excluding supernumerary post created under delegated authority
( ) – number of supernumerary directorate posts
# – as at 1 November 2011, there were no unfilled directorate posts in Health Branch of the FHB

## CIVIL SERVICE BUREAU COMMENTS

28. The Civil Service Bureau supports the proposed creation of two supernumerary posts of AOSGB and AOSGC to provide directorate support for the HPDO to take forward the three-pronged action plan. The grading and ranking of the proposed posts are considered appropriate having regard to the level and scope of the responsibilities required.

**/ADVICE** .....

**ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE**

29. As the two directorate posts are proposed on a supernumerary basis, their creation, if approved, will be reported to the Standing Committee on Directorate Salaries and Conditions of Service in accordance with the agreed procedure.

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Food and Health Bureau
November 2011

**Proposed Duty List of the Post of**
**Head, Healthcare Planning and Development Office**

**Rank** : Administrative Officer Staff Grade B (D3)

**Responsible to** : Permanent Secretary for Food and Health (Health)

**Main Duties and Responsibilities –**

1. To oversee the formulation of institutional, regulatory and legislative proposals for the implementation of the Health Protection Scheme (HPS), and the exploration of the use of financial incentives in support of healthcare reform and/or the HPS, in consultation with relevant stakeholders.

2. To oversee the conduct of the strategic review on healthcare manpower and professional development, including the engagement process of the relevant healthcare professionals and regulatory bodies, and the formulation of possible measures to address areas requiring improvement.

3. To spearhead service development in the private health insurance and healthcare market in preparation for the implementation of the HPS, including taking measures for enhancing transparency in service quality and pricing, promotion of procedure/diagnosis-based packaged services, and development of infrastructural support for the private healthcare market.

4. To provide strategic support to the Steering Committee on Strategic Manpower Review and the Working Group on HPS under the Health and Medical Development Advisory Committee.

5. To provide strategic direction for liaising with and engaging various stakeholders and the community in carrying out the above duties.

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**Proposed Duty List of the Post of**
**Deputy Head, Healthcare Planning and Development Office**

**Rank** : Administrative Officer Staff Grade C (D2)

**Responsible to** : Head, Healthcare Planning and Development Office

**Main Duties and Responsibilities –**

1. To develop legislative and institutional proposals for the Health Protection Scheme (HPS), including powers, functions and composition of the statutory HPS authority; the key provisions governing the high-risk pool and dispute resolution/mediation mechanism; and the supervisory framework for insurance products and healthcare services offered under the aegis of HPS.

2. To develop key components of standard plan(s) under the HPS, and to draw up rules and mechanisms in support of the operation of the HPS, including those concerning acceptance, renewal, underwriting, portability, plan migration, premium adjustment, transparency requirements, high-risk pooling, dispute resolution/mediation, and provision of top-up/add-on products on top of standard plan(s) under the HPS.

3. To make policy recommendations on the use of public subsidy in support of the HPS or for other purposes in connection with healthcare reform; to oversee HPS-related consultancy studies, resources planning and management of the Healthcare Planning and Development Office, and to co-ordinate professional input within the Administration in the formulation of HPS proposals.

4. To provide support to the Working Group on HPS under the Health and Medical Development Advisory Committee, and any consultative group formed thereunder.

5. To handle policy matters relating to the regulation of private hospitals and accreditation of hospital services.

6. To formulate plans for the development of clinical trial centres.

7. To formulate measures to facilitate development of the healthcare services industry including the monitoring and benchmarking of healthcare services charges and quality.

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**Proposed Duty List of the Post of**
**Principal Assistant Secretary (Health) 3**

**Rank** : Administrative Officer Staff Grade C (D2)

**Responsible to** : Head, Healthcare Planning and Development Office on duties 1-4; and Deputy Secretary (Health) 2 on duties 5-8 below

**Main Duties and Responsibilities –**

1. To handle policy matters relating to the demand and supply of healthcare professionals, including the conduct of a strategic review on healthcare manpower planning and regular manpower review exercises.

2. To handle policy matters relating to the professional development of healthcare professions, including review of the regulatory structure and formulation of measures to strengthen professional standards and qualities.

3. To provide support to the Steering Committee on Manpower Planning and Professional Development and any consultative sub-groups formed thereunder.

4. Overview of public-private-partnership and purchase of service projects, including the formulation, implementation and evaluation of new initiatives.

5. To handle policy matters relating to the development and promotion of primary healthcare, including the formulation, implementation and evaluation of initiatives to enhance primary healthcare.

6. To oversee the planning and development of primary healthcare facilities and services, including general out-patient clinics and community health centres.

7. To oversee the planning and development of new initiatives in relation to primary dental care.

8. To provide support to the Health and Medical Development Advisory Committee.

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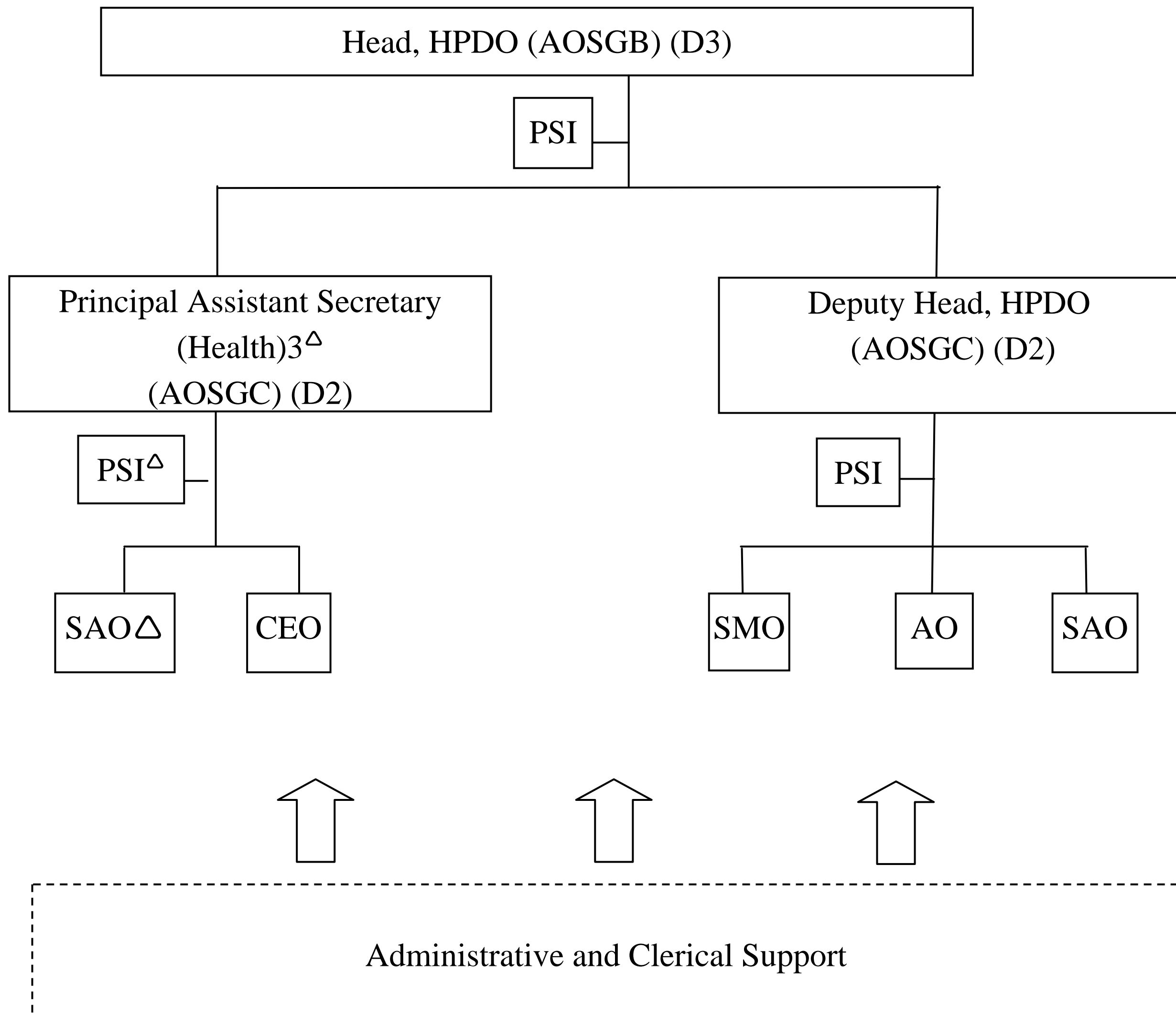
**Enclosure 4 to EC(2011-12)13**

## Proposed Organisation Chart
## of the Healthcare Planning and Development Office




Note

^Δ Posts redeployed from existing posts in Health Branch, Food and Health Bureau.

Legend

AO : Administrative Officer
AOSGB : Administrative Officer Staff Grade B
AOSGC : Administrative Officer Staff Grade C
CEO : Chief Executive Officer
HPDO : Healthcare Planning and Development Office
PSI : Personal Secretary I
SAO : Senior Administrative Officer
SMO : Senior Medical and Health Officer

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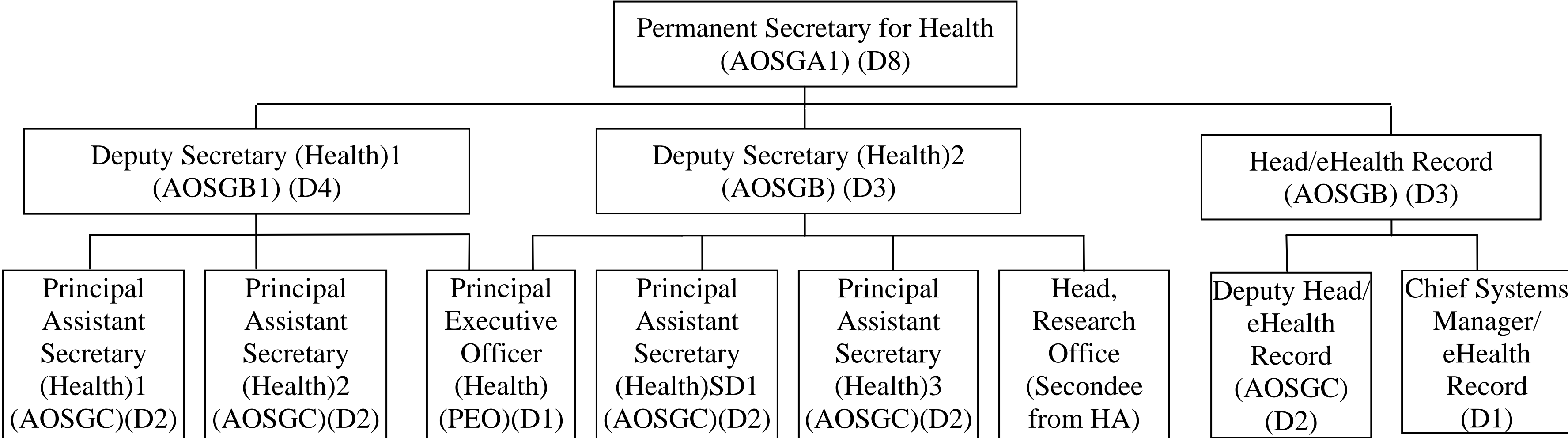
**Enclosure 5 to EC(2011-12)13**

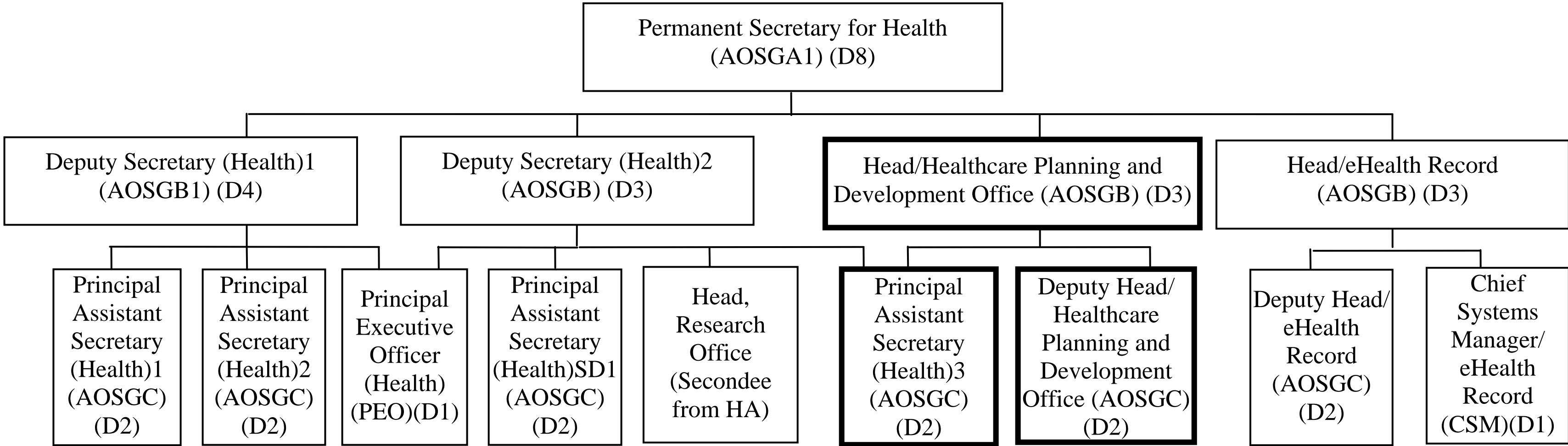
## Organisation Chart of the Health Branch of Food and Health Bureau
## Before the Establishment of the Proposed Healthcare Planning and Development Office




***Legend:***

| | |
|---|---|
| AOSG | Administrative Officer Staff Grade |
| HA | Hospital Authority |
| PEO | Principal Executive Officer |
| SD | Special duties |

## Organisation Chart of the Health Branch of Food and Health Bureau After the Establishment of the Proposed Healthcare Planning and Development Office




***Legend:***

| | |
|---|---|
| AOSG | Administrative Officer Staff Grade |
| CSM | Chief Systems Manager |
| HA | Hospital Authority |
| PEO | Principal Executive Officer |

**Enclosure 7 to EC(2011-12)13**

**Duty Schedules and Work Priorities of Directorate Officers under the Permanent Secretary for Food and Health (Health)[Note]**

**Deputy Secretary for Food and Health (Health) 1 (DS (H)1) (D4)**

DS(H)1 is responsible for policy matters relating to medical and health services, including hospital development and provision of hospital services; fees and charges of public medical and health services; housekeeping and monitoring the performances of the Hospital Authority (HA) and Department of Health (DH); overseeing the capital works projects in HA; health promotion and prevention of communicable and non-communicable diseases; and contingency planning relating to communicable disease outbreak. She is also responsible for coordinating the reconstruction work in the areas of medical and rehabilitation services for the Sichuan earthquake stricken areas; and enhancing cooperation with the Mainland authorities in health and medical areas. With the wide range of responsibilities and the frequent need to tackle many medical-related incidents that are of concern to the public, she does not have any spare capacity to take up any substantial new policy work areas.

**Deputy Secretary for Food and Health (Health) 2 (DS(H)2) (D3)**

DS(H)2 is responsible for overseeing policies and strategies for healthcare service delivery and healthcare reform in general, including development of further reform proposals for public safety net; handling policy matters relating to the development of primary healthcare services, including public general out-patient services, public Chinese medicine clinics and primary care initiatives, development of primary care projects and community health centres; overseeing the development, implementation and evaluation of various initiatives in healthcare delivery involving non-government organisations and private sector; overseeing the establishment of medical Centres of Excellence in Paediatrics and Neuroscience; overseeing tobacco control policies, human organ donation and transplant, human reproductive technology, advance directives/advance care planning and euthanasia. He also provides strategic support for the Health and Medical Development Advisory Committee. Given the wide range of responsibilities of DS(H)2 and in particular the need to take forward various initiatives related to enhancing primary care, DS(H)2 does not have spare capacity to steer and coordinate the wide array of tasks related to the Healthcare Planning and Development Office (HPDO).

**/Head** …..

[Note] Excluding supernumerary directorate posts created under delegated authority for six months

**Head (eHealth Record) (H(eHR)) (D3)**

H(eRH) is responsible for leading a dedicated team in the Health Branch to oversee and coordinate efforts to develop and implement the eHR sharing infrastructure; formulate policies, development plans and work targets for the eHR development having regard to expert advice from healthcare and IT professionals in the public and private sectors; provide strategic steer and advice to the overall implementation of the eHR sharing infrastructure; oversee the services provided by the HA Information Technology Services which serves as the technical agency to the eHR Office to implement the eHR sharing infrastructure; formulate the legal framework for eHR sharing to ensure sufficient protection for data privacy and security; promote and engage private sector participation in the development and adoption of eHR in the community; oversee and provide steer on the financial management for the eHR; formulate policy on the funding of public-private eHR partnership projects; as well as oversee and provide steer on policy matters relating to DH's development of the Communicable Disease Information System (CDIS). The development and implementation of eHR sharing infrastructure is a major initiative of the Government and requires full support of a dedicated team. H(eHR) would not have any extra capacity to undertake any additional duties of the HPDO.

**Principal Assistant Secretary for Food and Health (Health) 1 (PAS(H)1) (D2)**

PAS(H)1 is responsible for policy matters in respect of the prevention and control of communicable and non-communicable diseases; contingency planning regarding communicable disease outbreaks; regulation of medical devices, health claims, pharmaceutical products, Health Maintenance Organisations and radiation matters; clinical services provided by DH and its preventive care programme; policies on oral health; provision of health-related support for the medical and rehabilitation projects undertaken in Sichuan; operation of quarantine centres; policy matters on prevention and control of HIV/AIDS; promotion of breast feeding; as well as health-related matters under the Closer Economic Partnership Arrangement with the Mainland. The portfolio covers a wide spectrum of subjects and in times of major communicable disease outbreaks, the officer will be heavily engaged in crisis management on top of the abovementioned policy work. There is hardly any extra capacity for absorbing new duties arising from the HPDO.

**/Principal** …..

**Principal Assistant Secretary for Food and Health (Health) 2 (PAS(H)2) (D2)**

PAS(H)2 is responsible for policy matters relating to the development of hospitals (both public and private) and other medical services; policy matters relating to mental health; regulating the statutory, administrative and contractual relationship with the HA; resources allocation and budgetary control for HA and monitoring HA's financial performance; capital works of HA including resource bidding, allocation and monitoring of public hospital development programme; HA's human resource management and manpower development plans; matters relating to HA's fees and charges and management of the Samaritan Fund. The post-holder also handles complaints against HA and takes necessary follow-up actions on medical incidents. PAS(H)2 is fully occupied by the present work schedule and there is no scope for the officer to take up extra duties relating to the HPDO.

**Principal Assistant Secretary for Food and Health (Health) 3 (PAS(H)3) (D2)**

PAS(H)3 is responsible for handling policy matters relating to the development and promotion of primary healthcare, including the formulation, implementation and evaluation of initiatives to enhance primary healthcare; planning and developing primary healthcare facilities and services, including general out-patient clinics and community health centres; planning and developing new initiatives in relation to primary dental care; providing secretariat support for the Health and Medical Development Advisory Committee; overseeing public-private-partnership and purchase of service projects, including the formulation, implementation and evaluation of new initiatives. In an effort to absorb as far as possible the additional workload arising from the HPDO, PAS(H)3 will be internally redeployed to the HPDO to handle policy matters relating to healthcare manpower planning and professional development on top of attending to her already heavy duty schedule.

**Principal Assistant Secretary for Food and Health (Health) Special Duties 1 (PAS(H)SD1) (D2)**

PAS(H)SD1 is responsible for the development of medical Centres of Excellence in Paediatrics and Neuroscience; handling anti-smoking and tobacco control policies and legislation; looking after the implementation of the Elderly Health Care Voucher initiative and health assessment programme; developing long-term healthcare service delivery models and public healthcare safety net; overseeing policies on new medical technologies including human reproductive technology, and human organ transplant and donation; as well as overseeing policies on euthanasia and advance directives. It is noteworthy that this directorate post is on loan from DH due to a significant surge in the workload of the Health Branch of the Food and Health Bureau over the past few years. There is hardly any scope for the officer to take up the additional duties of the HPDO and, in fact, the workload of the officer will have to be shared among other Principal Assistant Secretaries in the Health Branch upon return of the post to the DH.

**/Deputy** …..

**Deputy Head (eHealth Record) (DH(eHR)) (D2)**

DH(eHR) is responsible for formulating the overall eHR policy and development strategy; examining the relevant legal issues relating to eHR sharing and devising both short-term interim solutions as well as the long-term legal framework necessary for safeguarding privacy and security under the eHR sharing infrastructure; developing and overseeing the long-term institutional arrangements for the governance and maintenance of the eHR sharing infrastructure; promoting the development of eHR in the private sector through engaging healthcare providers to examine possible ways by which they could contribute to the eHR Sharing System; cultivating community support for adoption of clinical systems with eHR sharing capability by private healthcare providers; providing secretariat support to the Steering Committee on eHR Sharing and its working groups; and overseeing policy matters relating to DH's development of CDIS. All the duties and responsibilities require the dedicated input of DH(eHR) and it is not feasible for her to undertake any additional duties of the HPDO.

**Principal Executive Officer (Health) (PEO(H)) (D1)**

PEO(H) is responsible for the development of public Chinese medicine clinics and Chinese medicine hospital and training for graduates of Chinese medicine degree programmes; overseeing the financial and management, human resource management and other housekeeping matters of the Prince Philip Dental Hospital and the DH; fees and charges in the DH; appointment matters in respect of health-related Councils and Boards; implementation of a pilot project for outreach primary dental care services for the elderly; logistical support to the Health and Medical Development Advisory Committee; and for health-related matters arising from the Community Care Fund. Since PEO(H) currently provides the necessary executive support to the various teams in the Health Branch so that the concerned Principal Assistant Secretaries could focus their attention on major policies issues, it is not suitable to redeploy the PEO post to the HPDO without adversely affecting the work and performance of the other teams in the Health Branch.

**Chief Systems Manager (eHealth Record) (CSM(eHR)) (D1)**

CSM(eHR) is responsible for providing professional advice and steer to the overall development of the eHR sharing infrastructure, architecture and standards; overseeing and monitoring the development of the major system components and target projects for eHR development to ensure smooth completion of target initiatives; formulating IT security policies to safeguard the security and integrity of sensitive personal data stored in the eHR Sharing System; monitoring the implementation and observance of the relevant standards, specifications and protocols in eHR sharing by private healthcare providers; promoting public awareness of the importance of eHR security; and overseeing the IT policies relating to DH's development of CDIS. CSM(eHR) provides the professional and technical support to the eHRO and it is neither suitable nor practical to redeploy him to the HPDO.

**/Head** …..

**Head/Research Office (H/RO) (Secondee from HA)**

H/RO is responsible for leading and steering the Research Office in undertaking research relating to health policy, healthcare reform, healthcare financing; conducting thematic research on the Hong Kong population; providing professional advice on health policy related matters; overseeing and monitoring the operation of the Research Fund for the Control of Infectious Diseases, Health and Health Services Research Fund and Health Care and Promotion Fund; providing professional and technical input for updating the Domestic Health Accounts; and commissioning research in health and health services. Given that H/RO mainly provides professional support to the various teams in the Health Branch, it is neither feasible nor suitable to redeploy H/RO to the HPDO.

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