

**For discussion on  
20 October 2011**

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

**Purpose**

This paper gives an account of the new initiatives and progress of on-going initiatives in respect of health matters as set out in the 2011-12 Policy Agenda.

**New Initiatives**

**Taking forward the Health Protection Scheme**

2. Based on the outcomes of the Second Stage Public Consultation on Healthcare Reform, we will take forward the Health Protection Scheme (HPS) through a three-pronged action plan. A Working Group on HPS will be set up under the Health and Medical Development Advisory Committee towards year end to formulate detailed proposals for the HPS, including supervisory and institutional frameworks as well as the provision of public subsidy making use of the \$50 billion fiscal reserve earmarked to support healthcare reform. A high-level steering committee will also be established to conduct a strategic review on manpower planning and professional development. It will put forward recommendations to ensure that the supply of healthcare manpower could meet the known and expected healthcare needs of our community, and to upkeep and strengthen the professional qualities and standards of various healthcare professions. Furthermore, we will facilitate the development of healthcare services in preparation for the implementation of the HPS, including disposing land for private hospital development and enhancing transparency in the private health insurance and healthcare services sectors. We expect to complete these three tasks in the first half of 2013, and then proceed with the necessary legislative process, so that the HPS can be rolled out as soon as possible.

3. While taking forward the HPS, we will continue to strengthen

public healthcare services as the cornerstone of our health system and the healthcare safety net for all. The Government's recurrent funding for health has witnessed substantial year-by-year increases. By 2012, the total growth will amount to over \$10 billion, representing an increase of 34%. Healthcare expenditure will, in keeping with our pledge, account for 17% of the government's recurrent expenditure. We have been making use of the increased funding to improve services of the public healthcare system, including strengthening support for people with mental illness and healthcare services for the benefit of the elderly, and to enable the public system to focus on serving its target areas. We have also been implementing various service reform proposals, including implementing various initiatives in accordance with our primary care development strategy, developing an electronic health record sharing infrastructure straddling both public and private sectors, and taking steps to promote public-private partnership in the delivery of healthcare.

#### **Enhancing mental health services**

4. The Government is committed to promoting mental health through a comprehensive range of mental health services, including prevention, early identification, medical treatment and rehabilitation services. With the increasing importance of mental health services in community settings, we have in recent years implemented various initiatives to enhance the community support services for mental patients to facilitate their recovery and re-integration into the community. Such initiatives include the setting up of Crisis Intervention Teams to make outreach intervention with very high-risk patients, implementing the Integrated Mental Health Programme to provide assessment and treatment services in primary care setting for patients with common mental disorders, strengthening psychogeriatric outreach service to provide consultation to elders in residential care homes for the elderly and extending the Early Assessment and Detection of Young Persons with Psychosis programme to adults to provide timely treatment to more patients with psychotic disorders. The funding allocation by the Government on mental health services has been increasing, with the revised estimate of the Government's expenditure on mental health services in 2010-11 reaching \$3.92 billion.

5. In 2012-13, the Hospital Authority (HA) will extend the Case

Management Programme, which was launched in April 2010, to four more districts (Kowloon City, Central and Western, Southern and Islands) to provide continuous and personalized intensive support to more patients with severe mental illness. With the extension, a total of 12 districts will be covered by the Programme.

### **Expansion of United Christian Hospital – preparatory works**

6. We will carry out an expansion project for the United Christian Hospital to cater for the rising demand for ambulatory and in-patient services following the rapid population growth in Kwun Tong district. The expansion project involves the demolition of four existing hospital building blocks and an annex for construction of two new blocks, namely an ambulatory cum pathology block and a staff block. The project will also convert and renovate the other hospital blocks to improve, expand and rationalize the existing departments/services. We will kick off the preparatory works first to prepare for the project, which include site investigations, building survey, and preparation of outline sketch design, detailed design, tender documentation and tender assessment for the main works. We plan to consult the Legislative Council Panel on Health Services and seek funding approval from the Legislative Council in the first half of 2012, and implement the preparatory works in the third quarter of 2012.

### **Expansion of the Drug Formulary**

7. In 2009-10 and 2010-11, HA has incorporated eight drugs for the treatment of cancer and rare metabolic diseases and expanded the clinical applications of 12 drugs. In 2011-12, HA has incorporated one drug for the treatment of cancer and expanded the clinical applications of eight drugs. In 2012-13, HA will continue to expand the coverage of the drug formulary to cover more new drugs.

## **On-going Initiatives**

### **To continue to take forward our strategy for the long-term development of primary care in Hong Kong**

8. The development of primary care is an on-going and evolving process, requiring a step-by-step and consensus-building approach to reforming the primary care system, and a virtuous cycle of pilot-evaluation-adjustment for the continuous development and implementation of specific initiatives and pilot projects. The Primary Care Office (PCO) established under the Department of Health (DH) in September 2010 is tasked to support and co-ordinate the long-term development of primary care in Hong Kong, implement primary care development strategies and actions, and co-ordinate actions among DH, HA, the private healthcare sector, non-governmental organizations (NGOs) and other healthcare providers. With the support of the PCO and through engagement with relevant professionals and stakeholders, we will take forward, step by step, the strategy for the development of primary care, including the following initiatives –

*(i) Development of primary care conceptual models and reference frameworks*

9. Targeting the two most common chronic diseases in Hong Kong, we have developed the reference frameworks for diabetes and hypertension care in primary care settings and published them online in January and May 2011 respectively. We are actively promoting their use among healthcare professionals and efforts are being made to raise the public's awareness of the reference frameworks. We have also commenced the development of conceptual models and reference frameworks for specific age groups including those for children and the elderly.

*(ii) Development of sub-directories for various primary care service providers in the Primary Care Directory*

10. We are committed to developing the Primary Care Directory for primary care service providers from different disciplines, so as to promote enhanced primary care services through the family doctor concept,

facilitate a multi-disciplinary approach in delivering primary care services, and encourage continuous training and education among primary care services providers. The sub-directories for doctors and dentists were launched in April 2011, and about 1 200 doctors and dentists have enrolled in the Directory by the end of September. A sub-directory for Chinese medicine practitioners will be developed in the next phase, to be followed by those for other healthcare professionals.

*(iii) Development of primary care service delivery models*

11. We are in the process of devising feasible service models to deliver enhanced primary care services in the community through appropriate pilot projects, including setting up community health centres (CHCs) and networks to provide more comprehensive and co-ordinated primary care services through cross-sectoral collaboration. The first CHC in Hong Kong based on the primary care services delivery model will commence operation in Tin Shui Wai in 2012. We will continue to explore various CHC pilot projects based on different CHC-type models, in collaboration with healthcare professionals and providers from the public sector, private sector, NGOs and universities, to meet the varying needs of the local communities where these pilot projects will be implemented.

12. The above apart, we will continue to oversee the implementation of a pilot project to provide outreach dental care services for needy elderly residing in residential care homes or receiving services in day care centres, which was launched in April 2011 for a period of three years in partnership with NGOs. We will also introduce a pilot initiative to promote preventive care for the elderly through launching a health assessment programme in collaboration with NGOs.

*(iv) Implementation of pilot projects to strengthen support for chronic disease patients*

13. Pilot projects launched include (see also Public-private Partnership Programmes in paragraph 25-27 below) -

- (a) Multi-disciplinary Risk Factor Assessment and Management Programme, which seeks to provide comprehensive health risk

assessment for diabetes and hypertension patients in designated general out-patient clinics (GOPCs) so that they can receive appropriate preventive and follow-up care. The Programme has been extended to all the seven clusters under HA in 2011-12;

- (b) The Patient Empowerment Programme, which seeks to improve chronic disease patients' understanding of the relevant diseases and enhance their self-management skills. The Programme has been extended to all the seven HA clusters in 2011-12; and
- (c) Nurse and Allied Health Clinics, comprising nurses and allied health staff and set up since August 2009 in selected GOPCs under HA's seven clusters, which seeks to provide more focused care for high-risk chronic disease patients.

(v) *Primary Care Campaign*

14. The two-year Primary Care Campaign was launched in April 2011 by the Primary Care Office to promote the concepts of primary care and family doctor. We will continue to organize health education and health promotion programmes while engaging the support of relevant parties in the process, with a view to reaching out to different population groups in the community and taking forward the territory-wide promotion campaign.

### **Development of private hospitals**

15. To increase the overall capacity of the healthcare system in Hong Kong and address the imbalance between the public and private sectors, the Government actively promotes and facilitates the development of private healthcare services. The Government has reserved four sites (at Wong Chuk Hang, Tseung Kwan O, Tai Po and Lantau respectively) for development of private hospitals. We are formulating the land disposal arrangements for the four reserved hospital sites. To ensure that the services provided by the new hospitals would be of good quality and can enhance the medical professional standards, the Government will formulate a set of special requirements for development of the sites, covering the scope of service (such as the types of specialty), the standard of service (such as the number of beds and hospital accreditation) and price

transparency, etc. We plan to first dispose of the two sites at Wong Chuk Hang and Tai Po in the first quarter of 2012. The other two sites will be disposed of later in phases. We will at the same time continue to identify other sites suitable for private hospital development and to include the relevant special requirements in future private hospital development, to ensure the services of the new hospitals would cater for the needs of the community.

### **Promoting the development of Chinese medicine in Hong Kong**

16. To further promote the development of Chinese medicine in Hong Kong, the Government has strived to develop standards for Chinese herbal medicines. DH has conducted studies on the standards for Chinese herbal medicines since 2001. Support and advice have been received from Mainland and overseas experts and local universities. We have published the standards for 60 commonly used Chinese herbal medicines in Hong Kong and will extend the coverage to about 200 Chinese herbal medicines by end 2012. To facilitate regional cooperation and to expedite the progress, the National Institutes for Food and Drug Control and the China National University, Taiwan have also been invited to conduct research. This can ensure the safety and quality of Chinese medicines, to lay a solid foundation for scientific research and facilitate the development of Chinese medicine.

### **Elderly Health Care Voucher Pilot Scheme**

17. The Elderly Health Care Voucher Pilot Scheme was launched on a pilot basis for a period of three years from 1 January 2009. The Scheme aims at providing partial subsidies for the elderly to receive private primary healthcare services in the neighbourhood community that best suit their needs, thereby enhancing primary care services for the elderly. Up to now, some 360 000 elderly people aged 70 or above (about 54% of the eligible elderly population) have claimed about 3.58 million vouchers, with the amount of subsidies totalling some \$180 million. In the light of the findings of the interim review, and with funding approval from the Finance Committee of the Legislative Council, the Scheme will be extended for three years with effect from 1 January 2012, during which the annual voucher amount for each eligible elderly will be increased from \$250 to

\$500. We will conduct a further review on the Scheme after implementation of the adjustments taking into account the utilization and effectiveness of the voucher subsidies.

### **Construction of Tin Shui Wai Hospital**

18. We have decided to build a public hospital in Tin Shui Wai to meet the needs for hospital services in the district. We last consulted the Yuen Long District Council (YLDC) in March 2009 on the proposed hospital site (Area 32 of Tin Shui Wai) and the proposed project scope, and provided the results of the relevant technical assessments and studies to YLDC in November 2010. Members of YLDC supported the project and the hospital site. We will consult the Legislative Council Panel on Health Services on the project and commence the tendering procedures. We will then seek funding approval from the Legislative Council based on the tender price and aim to complete the construction works in mid 2016.

### **Redevelopment of Yan Chai Hospital**

19. We will redevelop the Yan Chai Hospital in Tsuen Wan District to meet the increasing service demand and upgrade the facilities to meet the standards of a modern community hospital. The redevelopment project involves the demolition of four existing blocks for the construction of a Community Health and Wellness Centre and ancillary facilities as well as the provision of landscaped area and car-parking facilities. We have sought funding approval from the Finance Committee of the Legislative Council in May 2011 to carry out the main works of the project, and commenced works in June 2011. We aim to complete the construction works by 2016.

### **Preparing for the establishment of the multi-partite Medical Centre of Excellence in Paediatrics**

20. We seek to establish a multi-partite Centre of Excellence in Paediatrics (the Centre) to enhance the quality of clinical services, research and training in the discipline of paediatrics through an efficient concentration of expertise, advanced technology and cases of complex illness. The Centre will bring together paediatric professionals in the



public, private and academic sectors from both within and outside Hong Kong, pool resources from both the public and private sectors, and partner with major international paediatrics centres for professional collaboration, research and training.

21. We have been working closely with experts from the public and private medical and academic sectors, as well as representatives from allied health groups and patients' groups to prepare for the establishment of the Centre. After careful deliberations, we have decided to build the Centre at Kai Tak. We are examining other issues such as detailed design, service scope, operational model and infrastructure of the Centre. We plan to seek funding approval from the Legislative Council for the establishment of the Centre in 2012.

### **Enhancing manpower and training for medical and healthcare practitioners**

22. In the past few years, HA has been allocating additional resources to address manpower issues. HA has implemented a series of measures, including recruitment, the creation of additional promotion posts and strengthening of professional training, with a view to improving staff retention and boosting staff morale. It has also been endeavouring to relieve the workload of its frontline healthcare workers by re-engineering work processes, streamlining work procedures and recruiting additional supporting staff. With a view to strengthening doctor manpower in the short run, HA has extended the pilot scheme to employ part-time doctors in the Obstetric and Gynaecology specialty to all other specialties. The recruitment of doctors from outside Hong Kong with limited registration is also in progress. Following the implementation of a basket of measures, the numbers of doctors and nurses show a net increase of 5.7% and 4.1% respectively as compared to 2008.

23. HA has all along attached great importance to the training and development of its medical and healthcare practitioners. It has, in recent years, implemented a series of initiatives to enhance the training opportunities for its staff, such as enhancing training provided by the Institute of Advanced Allied Health Studies to provide systematic training to allied health practitioners; increasing the number of training places to

train more nurses to meet service demand; and providing medical and healthcare practitioners with specialist training and short-term overseas training scholarships so as to enhance their professional competence. HA will continue to enhance the training and development for its medical and healthcare practitioners with a view to enhancing the professionalism and competency of its workforce.

24. As stated in the Chief Executive's Policy Address, we expect a substantial increase in the long-run demand for healthcare practitioners, including doctors, nurses and allied health professionals, etc. The Government is examining the plans of the University Grants Committee for the 2012/13 to 2014/15 triennium, and plans to submit the recurrent funding requirements for the triennium to the Legislative Council Panel on Education and Finance Committee by the end of this year. In fact, the UGC has increased the number of places for doctors, nurses and healthcare disciplines in previous planning cycles. We will continue to adopt a variety of measures to strengthen training programmes to ensure an adequate supply of healthcare personnel.

**To enhance public healthcare services through public-private partnership (PPP)**

25. PPP offers greater choice of services for individuals in the community, promotes healthy competition and collaboration among healthcare providers, makes better use of resources in the public and private sectors, benchmarks the efficiency and cost-effectiveness of healthcare services, and facilitates cross-fertilization of expertise and experience between healthcare professionals.

26. The Government has implemented a number of pilot projects to promote PPP in healthcare, including the Tin Shui Wai Primary Care Partnership Project, the Elderly Health Care Voucher Pilot Scheme, the Elderly Vaccination Subsidy Scheme, the Childhood Influenza Vaccination Subsidy Scheme, the Human Swine Influenza Vaccination Subsidy Scheme, the Public-Private Chronic Disease Management Shared Care Programme and the Cataract Surgeries Programme.

27. The Haemodialysis Public-private Partnership Programme has been

launched since March 2010 to provide subsidies for eligible patients with end-stage renal disease currently under the care of HA to receive haemodialysis services in the private sector. HA also plans to launch a three-year pilot programme which seeks to shorten the waiting time for eligible cancer patients to receive diagnostic radiological services through purchasing radiological investigation service from the private sector.

### **Continuing to develop a territory-wide patient-oriented electronic health record system**

28. We set up the Electronic Health Record (eHR) Office in July 2009 to take forward the territory-wide patient-oriented eHR Programme for sharing health and medical records of patients between healthcare providers subject to the patients' consent and providing an essential infrastructure for implementing healthcare reform. Our targets are (i) to have the eHR Sharing System ready by 2013-14 for connection with all public and private hospitals; (ii) to ensure the availability of electronic medical/patient record and other health information systems in the market for private doctors, clinics and other healthcare service providers to connect to the eHR Sharing System; and (iii) to formulate a legal framework for the eHR Sharing System to protect data privacy and security prior to commissioning of the System. To address the issue of personal data privacy arising from the development of the eHR Sharing System and to ensure adequate protection for personal data in the System, the eHR Office commissioned a Privacy Impact Assessment (PIA) scoping study in August 2010 to prepare a strategy plan for a full scale PIA, and to review the proposed legal, privacy and security framework with reference to local and overseas legislation and experiences. As recommended in the study, the full scale PIA will be conducted in three phases. The first phase PIA on the migration of existing pilot projects, if appropriate, to the future eHR Sharing System is planned for commencement before end 2011. A "Privacy Compliance Audit" will be implemented upon operation of individual components of the system. The eHR Office will also conduct a "Security Risk Assessment" and a "Security Audit" in collaboration with the Office of the Government Chief Information Officer in respect of the whole eHR Programme and individual development designs and projects. The eHR Office will, based on the findings of the assessments, make adjustments to the system as appropriate.

29. One of the key elements of the eHR Programme is the participation of stakeholders in the private and non-governmental sectors. In this connection, the eHR Office launched the first stage Electronic Health Record Engagement Initiative (EEI) in October 2009 and the second stage in November 2010, and invited private healthcare service providers, as well as IT professional bodies and vendors to submit partnership proposals contributing to eHR development. Over 50 EEI proposals were received from various healthcare stakeholders and on-going EEI engagement plans for first stage EEI commenced in June 2010. 58 proposals were received for the second stage EEI which will commence implementation after the assessment process is completed.

### **Further expanding the “Electronic Patient Record Sharing Pilot Project”**

30. We will further expand the “Electronic Patient Record Sharing Pilot Project” (PPI-ePR) to allow more private healthcare providers, including those participating in public-private partnership projects, non-governmental organizations and elderly homes/centres, to access patients’ medical records kept at HA upon the patients’ consent, with a view to promoting sharing of patients’ records and preparing for the participation of the private sector in the eHR Sharing System in future. As at August 2011, PPI-ePR has enrolled over 165,000 patients, 2,400 private healthcare professionals, 13 private hospitals, 53 other private or non-governmental organizations providing healthcare-related services, and more than 330 institutions. PPI-ePR has received positive feedback from both participating patients and healthcare providers. HA has also expanded the one-way sharing pilot project to DH.

31. Since January 2009, we have also tested the two-way sharing technologies through the Radiological Image Sharing Pilot that allows participating private healthcare providers to send radiological images to HA via electronic means with the consent of patients. The pilot has already been rolled out at three private hospitals and one private radiology centre. So far, about 14,000 investigations (or 4.6 million images) have been captured and shared from the private sector back to HA, benefiting over 11,900 patients. We will continue to test the system security and data

privacy protection measures and technologies through PPI-ePR to pave way for the future territory-wide eHR Sharing System.

### **Overseeing the implementation of a three-year interim funding arrangement for HA and the continuous service improvement with new resources**

32. With an increase in overall healthcare demand caused by a growing and ageing population in Hong Kong, as well as rapid advancement in medical technology, the operating costs of HA is ever-increasing. Under a three-year interim funding arrangement for HA, there was an additional recurrent subvention of some \$870 million per year for HA from 2009-10 to 2011-12 to cope with service needs. We will continue to closely monitor HA's operational requirements and to provide additional resources to HA in 2012-13 having regard to the requirements. For instance, it will endeavour to attract and retain manpower for quality patient care, enhance training for healthcare staff and increase the nursing staff level to improve public healthcare services, and enhance services for life-threatening and chronic illnesses including cancer and end stage renal diseases by increasing magnetic resonance imaging and computerized tomography scanning services and haemodialysis.

### **Strengthening the regulation of Chinese medicine**

33. 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. To further strengthen the regulation of proprietary Chinese medicine (pCm), the Chinese Medicines Board of the Chinese Medicine Council of Hong Kong has completed the assessment of all applications for transitional registration. Provisions under the Chinese Medicine Ordinance relating to mandatory registration of pCm have been commenced in end 2010; those relating to requirements of label and package insert of pCm will commence in December 2011, putting regulation of Chinese medicine into full implementation.

## **Enhancing Chinese medicine service in our public healthcare system**

34. During the past few years, the Government has been actively taking forward the plan to establish public Chinese medicine clinics (CMCs). So far, we have established 15 public CMCs, which are located in the Central and Western District, Wanchai, the Eastern District, the Southern District, Kwun Tong, Wong Tai Sin, Sham Shui Po, Tsuen Wan, Tai Po, Sai Kung (Tseung Kwan O), Yuen Long, Tuen Mun, Kwai Tsing, the North District and Shatin respectively. We have secured a suitable site for a CMC at the Kowloon City District and have started the fitting-out works. It is projected that the CMC will commence operation and will provide services to the public by the end of this year. We will continue our effort to identify suitable sites in the Yau Tsim Mong District and Islands District for establishing two additional CMCs, so as to enhance Chinese medicine service in our public healthcare system.

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

35. The Prevention and Control of Disease Ordinance (Cap 599) and its subsidiary legislation were enacted in 2008. Thereafter, the laws of Hong Kong have become in line with the requirements of the World Health Organization's International Health Regulations (2005) and can effectively respond to infectious diseases and public health emergencies. The Centre for Health Protection (CHP) of DH maintains close communication and collaboration with our neighbouring regions to cope with public health emergencies, as it conducts emergency response exercises and drills from time to time. It continues to improve our infectious disease surveillance, control and notification system, with a view to reducing the spread of infectious diseases in the local community.

## **Prevention and control of non-communicable diseases**

36. To improve the population's health profile and reduce the burden of non-communicable diseases, DH drew up the Strategic Framework for Prevention and Control of Non-communicable Diseases in October 2008, and a steering committee chaired by the Secretary for Food and Health was

established to oversee the development of the strategy as well as the progress of its overall implementation and way forward. Working groups have been set up under the steering committee to make recommendations on issues related to diet and physical activity as well as alcohol and health. Following the launch of the Action Plan to Promote Healthy Diet and Physical Activity in Hong Kong by the Working Group on Diet and Physical Activity in 2010, the Action Plan to Reduce Alcohol-related Harm in Hong Kong is due to be launched soon. It outlines 17 specific measures to be taken by various government departments and relevant organizations, and clearly sets out the targets and timeframe. We will monitor the progress of these measures.

### **Enhancing cancer surveillance**

37. To prevent and control cancer, we collect cancer data of our whole population through the Hong Kong Cancer Registry under HA. In addition, DH collects information on health-related behaviours of the Hong Kong adult population through telephone surveys every year. The information collected can provide evidence to support and evaluate health promotion and cancer prevention programmes.

### **Further strengthening tobacco control**

38. To safeguard public health by controlling the use of tobacco and minimizing public exposure to second-hand smoke, the Government has been actively taking forward various tobacco control measures through a multi-pronged approach including publicity, education, legislation, enforcement, taxation and smoking cessation. After our sustained and continuous efforts in tobacco control, the prevalence of daily smokers aged 15 and above in Hong Kong had been reduced to 11.1% in end 2010, hitting a low in the past 30 years. We will closely monitor the implementation of our tobacco control measures and continue to take steps to strengthen tobacco control through our multi-pronged approach of publicity, promotion, education, legislation, taxation and smoking cessation to safeguard public health.

## **Promoting healthy eating habits in schools and food premises**

39. 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. DH will also continue to encourage collaboration among family, school and community to reduce the risk of obesity and non-communicable diseases among children through the EatSmart School Accreditation Scheme. In addition, DH collaborates with some 30 pre-primary institutions in the StartSmart@school.hk Pilot Project, encouraging and supporting pre-primary institutions, parents and care-givers to create an environment conducive to healthy eating and physical activity for preschool children, and evaluate the possibility of running the programme on a wider basis in future. At the community level, DH will continue the EatSmart@restaurant.hk Campaign to encourage and assist restaurants to make available on their menus more dishes with fruit and vegetables and with less oil, salt and sugar to provide more healthy choices for the public.

## **Developing a statutory regulatory proposal on medical devices**

40. To safeguard public health, DH has put in place the voluntary Medical Device Administrative Control System since 2004 to pave the way for implementing a statutory control framework in future. After consultation with the Legislative Council Panel on Health Services, we are conducting the Business Impact Assessment on statutory regulation of medical devices. DH will review the findings of the assessment and take into account the views of the stakeholders to finalise a statutory regulatory proposal.

## **Continuing the subsidy scheme for elderly to receive seasonal influenza and pneumococcal vaccinations**

41. Since 2008/09, the Government has been subsidising children aged 6 months to less than 6 years to receive seasonal flu vaccination at private practitioners' clinics. Subsequently, the Government introduced the Elderly Vaccination Subsidy Scheme in 2009-10 to subsidise elders aged 65 or above to receive seasonal influenza and pneumococcal vaccinations at private practitioners' clinics. The vaccination subsidy schemes of 2011/12



have been launched, and the level of subsidy remains the same as last year. The Government will reimburse subsidies to participating private practitioners directly and encourage them not to impose any further charges.

### **Continuing to promote registration for organ donation at the Central Organ Donation Register**

42. The Central Organ Donation Register (CODR), established in 2008 and managed by DH, provides a channel for prospective organ donors to voluntarily register their details apart from filling in organ donation cards. Through a highly secured computer system, authorised transplant coordinators of HA can access information of organ donors who have just passed away and facilitate arrangement of organ transplants. This would help benefit patients in the waiting queue for organ transplants. As at 30 September 2011, over 87,000 registrations were already recorded in the CODR.

43. We have been promoting organ donation and encouraging members of the public to register at the CODR through different channels and in collaboration with the relevant organizations. A “Garden of Life” is being constructed in Kowloon Park to commemorate the charitable acts of organ donation. Making use of the social media, DH has also launched a dedicated webpage to promote understanding of and support for organ donation among the public and appeal to the younger generation in particular. Together with the relevant organizations, we will step up promotional efforts on different fronts, with a view to cultivating an atmosphere in support of voluntary organ donation.

### **Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA): Medical service market in the Mainland**

44. The liberalisation measures under Mainland and Hong Kong Closer Economic Partnership Arrangement (CEPA) and its Supplements have greatly facilitated business expansion of Hong Kong’s medical service sector in the Mainland. Since the implementation of CEPA, there are outpatient clinics established in the Mainland by Hong Kong service suppliers. During the visit of the Vice Minister LI Keqiang to Hong Kong

in August this year, it was announced that the establishment of wholly-owned hospitals will be expanded to all municipalities directly under the Central Government and provincial capitals. Through leveraging on the opportunities made available by CEPA to enter the Mainland's market, the Hong Kong medical profession can provide diversified healthcare services to address the needs of patients on the Mainland. This is also conducive to raising the professional standard of the healthcare service of both Hong Kong and the Mainland. We will continue to work with the Mainland health authorities to promote and implement the liberalization measures under CEPA with a view to facilitating the service suppliers of Hong Kong to develop diversified medical services in the Mainland.

**Food and Health Bureau**  
**October 2011**