For discussion
on 19 January 2015

Legislative Council Panel on Health Services
2015 Policy Address
Policy Initiatives of the Food and Health Bureau

Hong Kong has a twin track healthcare system comprising of both public and private sector. The public healthcare system is the cornerstone of Hong Kong's healthcare system and the safety net for all. The Government will ensure that no one would be denied healthcare services because of lack of means. As an integral part of our twin track system, the private healthcare sector provides personalised and more accessible services for those who are willing and can afford to use private healthcare services.

2. Due to our aging population and the rising demand for healthcare services, our public healthcare system faces obvious pressures and challenges. For these, we strive to maintain the balance between the public and private healthcare sectors and to meet the long term healthcare needs of our population through various health policies and initiatives. In 2015, we would continue to improve and expand the facilities under the Hospital Authority (HA) to meet the demand of public healthcare services. We are working to enhance the use of private healthcare services. For example, we plan to extend the General Outpatient Clinic Public-Private Partnership Programme to other districts by phases. We have also launched a public consultation on the Voluntary Health Insurance Scheme. To lessen the long term burden on our healthcare services, we would strengthen the primary care and promote prevention and early identification of disease.

New Initiatives

(a) Enhancing Healthcare Service Provision

(i) Increase the Number of Beds

3. In order to increase capacity of our healthcare services to meet rising demand, the Hospital Authority (HA) will, in 2015-16, increase a total of 250 beds in Tuen Mun Hospital, Pok Oi Hospital, Prince of Wales Hospital, Tseung Kwan O Hospital, Pamela Youde Nethersole Eastern Hospital and Ruttonjee Hospital.

(ii) Develop the New Acute Hospital in Kai Tak

4. With the recent completion of the relevant strategic planning and studies, we will proceed with the development of a new acute hospital at the Kai Tak Development (KTD) area, including the establishment of a neuroscience centre. Technical assessment and analysis of clinical needs in the area had been carried out taking into account various factors, including the rate of population growth and ageing, changes in service models, new developments in medical technology and medical services, etc. Clinical services of major specialties, including accident and emergency service, will be provided at the new hospital. Construction of the hospital will be carried out in two phases, and the plan is to complete the first phase by 2021. Phase 1 of the hospital will include the setting up of an oncology centre and the provision of inpatient and ambulatory services. We plan to seek funding approval in accordance with the established procedures so as to implement the new hospital at KTD area soonest possible.

(iii) Improve Waiting Time for various Healthcare Services

5. HA will launch, in 2015-16, a series of measures to improve the waiting time for various healthcare services. In A&E services, HA will provide additional emergency wards and continue to provide special honorarium for healthcare personnel to work overtime to provide additional consultation sessions during peak hours.

6. To allay the waiting list for surgeries, HA will provide additional

operating theatre sessions to meet the increasing service demand. It will set up Hong Kong's fourth Joint Replacement Centre in the New Territories East Cluster[1] for performing 250 additional operations per year in the long run. HA will also enhance endoscopy service to meet the increasing demand.

7. At present, HA provides assisted reproductive technology services through special outpatient clinics at nine public hospitals for needy couples, of which three provide in-vitro fertilization services. HA will look into ways to strengthen the collaboration among hospitals in various clusters with an aim to improve the waiting time.

(iv) Extension of General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP)

8. In 2008, the HA launched the Tin Shui Wai Primary Care Partnership Project (TSW PPP) to allow GOPC patients with chronic diseases like diabetes and hypertension who are in stable condition a choice to receive treatment from designated private clinics in the Tin Shui Wai district. To help relieve the pressure on our public health system and promote the concept of family doctor, we introduced the GOPC PPP in Kwun Tong, Wong Tai Sin and Tuen Mun districts in mid-2014, covering about 2 000 patients with chronic diseases in each of these districts.

9. Under this partnership project, the HA subsidizes each GOPC patient to receive a maximum of ten consultations provided by private medical practitioners, covering both chronic and episodic care each year as well as the drugs required. The HA will conduct an interim review of the pilot GOPC PPP, consider expanding the scope to include other chronic diseases and increase the number of patients, and plan for extending the programme by phases to cover the remaining 15 districts. In addition, the HA will extend the existing TSW PPP for two years and consolidate the long-term arrangement in the light of the outcome of the interim review of GOPC PPP.

[1] The other three existing Joint Replacement Centres are located at the Buddhist Hospital, Yan Chai Hospital and Pok Oi Hospital.

(v) Enhance Services for the Elderly

10. To enhance geriatric rehabilitation services, in 2014-15, HA has established 30 geriatric day places in Pok Oi Hospital. In 2015-16, Yan Chai Hospital will relocate its Geriatric Day Rehabilitation Centre to the new wellness centre and expand the capacity from 20 to 40 places. Furthermore, HA will strengthen the Community Geriatric Assessment Team service in phases to provide better support for terminally ill residents living in residential care homes for the elderly.

(vi) Measures for Early Identification of Inborn Errors of Metabolism

11. At present, the Department of Health (DH) provides free screening service for all babies born in Hong Kong for Glucose-6-phosphate Dehydrogenase Deficiency and Congenital Hypothyroidism. Moreover, the HA provides specific testing service to individual high risk cases according to clinical conditions. In addition, the DH and the HA have been closely monitoring the latest development of medical technology of a variety of genetic diseases and would make pertinent recommendations on public health measures such as prenatal screening, clinical treatments and setting up of database etc.. In response to the latest development of medical technology, the DH and the HA have set up a working group to study the scientific evidence for screening newborn babies in relation to inborn errors of metabolism. The working group will explore the feasibility of expanding genetic diseases screening for newborn babies in Hong Kong by making reference not only to relevant local and overseas academic researches, but also the prevalence and seriousness of the diseases, the availability of reliable testing methods as well as the availability and effectiveness of treatments.

(vii) Enhance the service capacity of the Child Assessment Centres (CACs)

12. We understand the importance of early assessment and professional diagnosis to children with developmental problems, so as to refer the children in need to appropriate institutions for treatment and/or training as soon as practicable. Currently, the Developmental Surveillance Scheme offered by the Maternal and Child Health Centres (MCHCs) of the DH can effectively identify suspected cases of

developmental disorder among children from birth to five years old. Separately, under the mechanism of the Comprehensive Child Development Service jointly launched by Education Bureau, the DH, the HA, Social Welfare Department, and non-governmental organisations (NGOs), pre-primary institution teachers can directly refer children in need to the MCHCs of their respective districts for preliminary assessment. Subject to the assessment result, MCHCs will refer the children concerned to the Child Assessment Service (CAS) of the DH or other HA specialists for further actions if necessary. At its six CACs, the CAS provides comprehensive multi-disciplinary assessment and diagnosis, as well as devising rehabilitation plans for children aged below 12 suspected of having developmental problems.

13. In order to efficiently address different developmental problems, the CAS has already introduced a triage system for newly registered cases. In the past three years, nearly all new cases were seen within three weeks and assessments for nearly 90% of new cases were completed within six months. However, as the service demand and the number of referral to the CAS continue to rise, we will therefore allocate additional resources to the DH in the financial year 2015-16 to strengthen the manpower of the multi-disciplinary healthcare teams of CACs (including four doctors, four clinical psychologists and two speech therapists) with a view to improving the service capacity of the CACs.

(viii) Community Care Fund (CCF) Elderly Dental Assistance Programme

14. The CCF launched the Elderly Dental Assistance Programme in 2012 to provide free dentures and related dental services for elders on low income who are users of the home care service or home help service schemes subvented by the Social Welfare Department. As at end-November 2014, about 1 300 eligible elders have been referred to the dentists / dental clinics participating in the Programme for dental services, of whom around 1 100 have had their dental treatments completed.

15. To enable more needy elders to benefit from the Programme, the Commission on Poverty agreed to expand the Programme progressively to cover elders who are Old Age Living Allowance recipients by phases, starting with those aged 80 or above in the first phase (involving some 130

000 elders), and to consider extending it to other age groups progressively having regard to the progress of implementation and the overall situation. The Expanded Programme will be allocated an initial funding of around $800 million in the first three years, and its scope and level of subsidy would be similar to those of the existing Programme. The Implementing Agency (i.e. the Hong Kong Dental Association) is now making preparation for the Expanded Programme with a view to inviting applications in the second half of 2015.

(ix) Testing centre for Chinese medicines

16. The Government has all along been committed to promoting the development of Chinese medicine in Hong Kong. After years of efforts, we have already established a sound regulatory regime for Chinese medicine. On this solid foundation, the Government is now actively examining the future development needs of the Chinese medicine sector, so that the widely accepted traditional Chinese medicine can play a more active role in promoting public health. The Chinese medicine sector also has high expectation on its development.

17. To this end, the Chief Executive has established the Chinese Medicine Development Committee in February 2013 to focus on the study of four major areas, namely the development of Chinese medicine services, personnel training and professional development, research and development and development of the Chinese medicines industry (including Chinese medicines testing). Further to the Government's acceptance of the Committee's recommendation on the development of Chinese medicine hospital, the integrated Chinese-Western medicine (ICWM) and the Hong Kong Chinese Materia Medica Standards (HKCMMS) project in early 2014, the 2015 Policy Address announces that the Government has accepted the Committee's recommendation to set up a testing centre for Chinese medicines managed by the DH. The testing centre will specialise in scientific research on Chinese medicines, with a view to setting reference standards on safety, quality and testing methods of Chinese medicines. With the guidance of the advisory board formed by renowned international experts under the HKCMMS project, the DH will continue to study and formulate more HKCMMS through the testing centre. The testing centre will also embark on high–end research of Chinese medicines with a view to strengthening the capability for the

quality control and identification of Chinese medicines. A herbarium on Chinese medicines with international standard will be set up. Through various platforms and with closer collaboration with the relevant international and Mainland organisations, the testing centre will help promote the HKCMMS and the reference standards for testing of Chinese medicines as authoritative international benchmarks to pave way for the internationalisation of Hong Kong's Chinese medicines industry. The DH will commence preparation work in 2015 for setting up the testing centre.

(x) Additional episodic quota for General Outpatient Clinics

18. In addition, there will be an increase in the episodic quota for general outpatient clinics in five Clusters (namely Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West).

On-going initiatives

19. Apart from the above, we would implement a series of measures to improve and strengthen our public healthcare services as well as the collaboration and co-operation between the public and private healthcare sectors. These on-going initiatives and the progress are set out in the ensuing paragraphs.

(a) Strengthening Existing Medical Services

(i) Expand the Drug Formulary

20. Between 2011 and 2013, HA has introduced 44 new drugs to the Drug Formulary. In 2014-15, HA also extended the therapeutic applications of Special Drugs for treating psychosis, dementia and prostate cancer. In 2015-16, HA will continue to introduce new drugs of proven safety and efficacy to the Drug Formulary, with a view to providing effective medication to more patients.

(ii) Enhance Training for Healthcare Staff

21. HA will continue to earmark additional resources to enhance the training opportunities of its healthcare staff, including the provision of additional overseas training places under the HA Corporate Scholarship Programmes, enhancement of simulation training, and enhancing the Commissioned Training Programmes delivered by overseas doctors/expert at HA hospitals.

(iii) Public-private Partnership (PPP)

22. Enhancing public healthcare services through strengthening public-private partnerships helps increase service volume, reduce waiting time, offer additional choices for patients, and enhance cost-effectiveness. Over the past few years, the Government has introduced a number of pilot projects to promote PPP in the provision of healthcare services, including the TSW PPP, Elderly Health Care Voucher Scheme, Elderly Vaccination Subsidy Scheme, Childhood Influenza Vaccination Subsidy Scheme, Human Swine Influenza Vaccination Subsidy Scheme, Cataract Surgeries Programme, a subsidy scheme for renal patients to receive haemodialysis service, Pilot Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, and GOPC PPP. HA, DH and Centre for Health Protection will continue to look into opportunities for further promoting the PPP approach in the provision of healthcare services.

(iv) Outreach Dental Services for the Elderly

23. In 2011, we launched the three-year Pilot Project on Outreach Primary Dental Care Services for the Elderly in Residential Care Homes (RCHEs) and Day Care Centres (DEs) to provide basic dental care for elders in RCHEs and DEs through outreach dental teams set up by NGOs with government subsidies. Having regard to the experience gained and positive feedback from the NGOs, we have turned the outreach pilot project into a regular programme since October 2014 to continue to provide outreach dental services for elders in similar health conditions and physical environment. In addition, we have enhanced the financial support for NGOs and scope of treatments for the elders under the regular programme.

(v) Elderly Health Care Voucher Scheme

24. In 2009, we introduced the Elderly Health Care Voucher (EHV) Scheme on a pilot basis to subsidise local residents aged 70 or above to use primary care services in the private sector, including dental and other preventive care services. The annual voucher amount has increased from the initial sum of $250 to $500 in 2012, $1,000 in 2013, and $2,000 in 2014. Given the increasing popularity of the EHV Scheme, we also converted the Pilot Scheme into a recurrent programme in 2014. As at end-December 2014, about 640 000 elders have made use of the vouchers with a cumulative expenditure of about $1,200 million. The annual voucher expenditure increased from about $300 million in 2013 to $550 million in 2014. We will conduct a comprehensive review of the EHV Scheme in mid-2015.

(vi) Elderly Health Assessment Pilot Programme

25. In July 2013, we launched the two-year Elderly Health Assessment Pilot Programme to subsidize about 10 000 elders aged 70 or above to receive basic health check, which comprises a baseline health assessment, one to two follow-up consultations and health counselling in light of their health and risk assessment results. Under this pilot programme, elders can receive health checks from 19 service centres operated by nine NGOs throughout the territory. With a Government subsidy of $1,200, an eligible elder is required to make a co-payment of $100 for the health check. The co-payment can be met from elders' EHV accounts or waived in the case of CSSA recipients and those covered by the medical fee waiver mechanism of public hospital/clinics, or the Integrated Family Service Centres or Family & Child Protective Service Unit of the SWD.

26. As at end-November 2014, over 5 000 elders have received health checks under the pilot programme. DH and NGOs will continue to promote the pilot programme among elders. Upon completion of the two-year pilot programme, we will assess the feedback from the NGOs and elders receiving health checks and consider the way forward.

(b) Medical service development and infrastructure

(i) On-going and Planned Projects to Increase/renew Public Healthcare Facilities

27. Construction of the Tin Shui Wai Hospital (TSWH) commenced in February 2013 for completion in 2016. The new hospital will provide A&E services, in-patient services and ambulatory and community care services for residents in Tin Shui Wai District. Upon completion and commissioning of TSWH, the overall service capacity of the New Territories West Cluster will be enhanced. The TSWH will also create synergies with other hospitals in the Cluster to provide better quality and more comprehensive medical services to residents of the New Territories West.

28. The construction of the Hong Kong Children's Hospital (HKCH) (formerly the Centre of Excellence in Pediatric) at Kai Tak Development (KTD) area started in August 2013, and is expected to complete in 2017. The overall design objective of the HKCH is to create a non-institutional, home-like, child-friendly, comfortable and cozy environment that provides the best clinical practice under a patient-centred approach and facilitates multi-disciplinary and cross-specialty collaboration. In addition to inpatient services and ambulatory care facilities, the HKCH also has an integrated rehabilitation centre, main operating theatres, clinical laboratories, research laboratories, hospital data centre, and education and training facilities.

29. We will expand the United Christian Hospital (UCH) to meet the rising demand for ambulatory and inpatient services arising from population growth and aging demographics in the Kwun Tong district. The expansion project will be implemented in two phases. The phase 1 preparatory works started in August 2012 while the outlined sketch design and detailed design for the main works are currently underway. Subject to funding approval by the Finance Committee of the Legislative Council, we plan to proceed with the main works in 2015 for completion of the whole expansion project in 2022-23. Upon completion of the expansion project, not only the service capacity of UCH will increase, the various clinical and support services will also be improved, expanded and rationalized.

30. The redevelopment of Kwong Wah Hospital (KWH) will improve the hospital's operational efficiency, as well as provide a patient-oriented environment with adequate capacity and capability for the delivery of holistic and seamless healthcare services. KWH will retain its role as a major acute hospital providing a full range of in-patient and ambulatory care services after redevelopment while adopting the patient-oriented healthcare model with focus on the provision of ambulatory care services. The KWH redevelopment project will also be carried out in two phases, namely, preparatory works and main works. The preparatory works started in March 2013. Our plan is to commence the main works in 2016 for completion of the whole redevelopment project in 2022.

31. We will renew the Queen Mary Hospital (QMH) into a modern medical centre to cater for the community's healthcare services need and to ensure the delivery of new and safe services to the general public. The redevelopment plan will provide the Hospital with larger floor plates and additional space to meet operational needs, complement service developments and at the same time promote integrated medical research and education. The phase one redevelopment of QMH involves the demolition of three existing blocks at the northern part of the Hospital site for the construction of a new block to accommodate key clinical services. A second access point from Pok Fu Lam Road will also be created to enhance accessibility to the Hospital. We have commenced the preparatory works, including conversion of the existing Senior Staff Quarters into pathology laboratories and other facilities for decanting the existing facilities of the three buildings to be demolished, and the related decanting works in July 2014. We plan to proceed with the main works of phase one redevelopment of QMH in 2017 for completion in 2023.

32. As part of the modernization of mental health services in Hong Kong, we will proceed with a complete redevelopment of Kwai Chung Hospital (KCH) to strengthen care and support for mental patients. The redevelopment plan will enhance the capability of the KCH in the provision of quality services in order to be in line with the prevailing international trend of increasing focus on community and ambulatory services in treating mental illnesses. All except Block J of the existing hospital buildings will be demolished for the construction of a new hospital complex to accommodate inpatient, rehabilitation and ambulatory

care facilities, patient resource and social centres, as well as therapeutic leisure areas for the provision of mental health services. Subject to funding approval, we tentatively plan to carry out the redevelopment project in three phases starting from early 2016 for completion of the whole project in 2023.

33. In addition, we plan to carry out a major refurbishment to the Hong Kong Buddhist Hospital (HKBH) to rectify deficiencies of building conditions and bring the facilities and services of HKBH up to present-day standards. The project will provide an additional 130 inpatient beds for convalescence and rehabilitation. The proposed project will cover the refurbishment of existing inpatient wards of HKBH; conversion of 6/F of Blocks A and B into new inpatient wards; conversion of two floors of Block C for day rehabilitation, geriatric day services and pilot integrative medicine in palliative care; as well as renovation of ancillary facilities and provision of link bridge and lift tower. Subject to funding approval, we aim to commence the project by mid-2015 for completion by 2019.

34. The Hong Kong Red Cross Blood Transfusion Service (BTS) is the only organisation for the collection and supply of fully tested blood and haematopoietic stem cells and is also the major provider of plasma products in Hong Kong. The existing space provision in the BTS Headquarters building has become inadequate for its current scale of operations and workload and unable to meet with the projected growth in future years. We plan to expand the BTS Headquarters to bring its facilities up to prevailing international standards, provide adequate space to cope with its projected level of services, and ensure a safe working environment. A new 8-storey annex block connected to the existing BTS building at the adjacent vacant area will be constructed and rearrangement of the functional layouts of the existing building will be carried out. We plan to start the construction works in 2015 for completion in 2019.

(ii) One-off Grant to HA for Minor Works Projects

35. With the approval of a one-off grant of $13 billion for minor works in December 2013 by the Finance Committee of the Legislative Council, HA will implement more intensive programmes to improve the condition and environment of the facilities and enhance their service capacity. In 2015-16, HA will deploy an estimate of $1 billion from the

grant to fund around 1 360 minor works projects to expand clinics, provide more beds and implement other improvement measures.

(iii) Integrated Elderly Centre

36. We will continue to explore the feasibility of setting up Integrated Elderly Centre on a pilot basis to provide one-stop, multi-disciplinary healthcare and social services for the elderly at the community level. We are considering suitable sites and operation model to pilot the concept of promoting collaboration between medical and social services.

Ensuring Long-term Sustainability of Healthcare System

37. To ensure the long term sustainable development of our healthcare system, we embarked on various strategic and regulatory reviews to map out the positioning and regulation of our healthcare services.

(i) Strategic Review on Healthcare Manpower Planning and Professional Development

38. In 2012, the Government set up a high-level steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development. The review covers 13 healthcare professions which are subject to statutory regulation, including doctors, dentists, Chinese medicine practitioners, nurses, midwives, pharmacists, chiropractors and other healthcare professions covered by the Supplementary Medical Professions Ordinance. The steering committee will formulate recommendations on how to cope with anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development, with a view to ensuring the healthy and sustainable development of the healthcare system in Hong Kong.

39. To assist the steering committee in making informed recommendations, we have commissioned the University of Hong Kong and the Chinese University of Hong Kong to provide professional input and technical support to the strategic review. We have also set up six

consultative sub-groups under the steering committee to hear and consolidate views from the healthcare professions. The review is now progressing in full swing and we aim to complete the review in 2015.

40. To address the current shortfall of medical doctors, we have been exploring with the Medical Council of Hong Kong ways to facilitate qualified, overseas-trained doctors to practise in Hong Kong. The Licensing Examination has been increased to twice a year starting from 2014 and considerations will be given to introduce more flexibility into the internship arrangements for overseas-trained doctors. The Hospital Authority will also continue to recruit doctors from overseas by way of limited registration.

41. Meanwhile, we will seek to increase the publicly-funded first-year-first-degree places in medicine, dentistry and other healthcare disciplines in the 2016/17 to 2018/19 funding triennium for universities, so as to ensure an adequate supply of local talents for meeting the healthcare needs of an ageing population.

(ii) Strengthening Mental Health Services

42. The Government attaches great importance to the mental well-being of the public and has been providing comprehensive mental health services for persons in need covering prevention, early identification, timely intervention, treatment and rehabilitation. We seek to provide multi-disciplinary and cross-sectoral services to persons with mental health problems through a number of policy bureaux and departments, including the Food and Health Bureau, the Labour and Welfare Bureau, the Education Bureau, the Hospital Authority and the Social Welfare Department. From time to time, we also review the service delivery models for mental health and introduce new initiatives and services at the clinical and community levels as appropriate having regard to changing social needs and international development.

43. To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, the Government set up a Review Committee on Mental Health in May 2013. The committee will review the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong.

The review underlines our commitment to promoting the mental well-being of the population, while safeguarding the interest of those with mental illness.

44. Following the initial recommendations of the Review Committee on Mental Health, we will take forward the following measures to enhance mental health services in the coming year. The Hospital Authority will increase the number of psychiatric beds in Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years. The Hospital Authority will also strengthen the manpower of psychiatric teams and introduce a peer support element to the Case Management Programme for patients with severe mental illness. Meanwhile, the DH will launch a territory-wide public education and publicity campaign to promote the importance of mental health and mental well-being.

(iii) Review on the Regulation of Private Healthcare Facilities

45. Some of the private healthcare facilities in Hong Kong, for example, private hospitals, nursing homes, non-profit-making medical clinics and so forth, are required to register with the DH under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and the Medical Clinics Ordinance (Cap. 343). These two ordinances have undergone no substantive amendments since 1960s. They have outlived their usefulness in regulating private healthcare services amid the changing landscape of the healthcare market. With rather limited regulatory scope, these ordinances confine the regulatory standards to a few aspects, namely accommodation, staffing or equipment, leaving out essential facets such as corporate and clinical governance and price transparency. Director of Audit expressed concerns on these issues in November 2012, and recommended the regulatory authority to improve the regulatory regime for private hospitals. Furthermore, ambulatory medical centres providing outpatient surgeries or high-risk medical services are gaining prevalence in healthcare markets worldwide but are not yet subject to any specific regulatory control in Hong Kong. It is necessary for the Administration to review the regulation of private healthcare facilities in order to better safeguard patient safety and consumer rights.

46. The Administration established a Steering Committee on Review of the Regulation of Private Healthcare Facilities ("Steering Committee") in October 2012 to conduct a review into the regulatory regime for private healthcare facilities with a view to strengthening the regulatory standards. Four working groups have been set up under the Steering Committee to work on four priority areas :

(a) differentiation of medical procedures/ practices and beauty services;
(b) defining high-risk medical procedures/ practices performed in ambulatory setting;
(c) regulation of premises processing health products for advanced therapies; and
(d) regulation of private hospitals.

47. All four Working Groups have completed reviews on their respective priority areas and their findings and recommendations are endorsed by the Steering Committee. Specifically, the Working Group on Differentiation between Medical Procedures and Beauty Services recommended a list of high-risk cosmetic procedures that should be performed by registered medical practitioners/ dentists and sought the Steering Committee's endorsement in November 2013. Subsequently in May 2014, the Working Group on Regulation of Premises Processing Health Products for Advanced Therapies reported its findings and recommendations to the Steering Committee for endorsement. The remaining two working groups submitted their findings and recommendations to the Steering Committee in June 2014.

48. The Administration, after considering the consolidated findings and recommendations of the Steering Committee, commenced a public consultation exercise on 15 December 2014. We are seeking views from the public on a revamped regulatory regime encompassing 19 regulatory aspects under five categories of control – namely, corporate governance, standard of facilities, clinical quality, price transparency and sanctions – for the regulation of hospitals, facilities providing high-risk procedures in ambulatory setting and facilities providing medical services under the management of incorporated bodies. Subject to the outcome of the public consultation, we aim to introduce the legislative proposal to the Legislative Council in 2015/16.

(iv) Review of HA's Operation

49. Public healthcare services have been and will continue to be the cornerstone of our healthcare system and HA has played an important role in the public healthcare sector. The Government has set up the Steering Committee on Review of HA in August 2013 to conduct an overall review on the operation of HA to ensure that it will continue to provide quality and effective service under the twin-track system of public and private healthcare.

50. The Steering Committee has met seven times to review HA's management and organisation structure, resource management, staffing arrangement, cost effectiveness, service management and overall management and control. In order to duly take into account stakeholders' views on HA operation, the Steering Committee conducted a series of public engagement activities, and through meetings, fora and visits to the seven clusters (from January to July 2014) to gather the views of patient organisations, HA staff and healthcare professionals. Three public fora were also held on Hong Kong Island, Kowloon and New Territories to gather public views. The Steering Committee has completed the initial discussions on various aspects of the review on HA and will consolidate and conclude the discussions and recommendations. It is expected that the review and report will be completed in the first half of 2015.

(v) Voluntary Health Insurance Scheme

51. The Voluntary Health Insurance Scheme (VHIS) is meant to complement the public healthcare system by providing more choices, better protection as well as an alternative to those who may afford and are willing to purchase private health insurance and make use of private healthcare services. The VHIS is not designed as a total solution to the challenges of our healthcare system, but one of the turning knobs for adjusting the balance of the public-private healthcare sectors, together with other turning knobs such as public-private partnerships, the electronic health record sharing, and development of public and private healthcare facilities, etc. By facilitating more people to make use of private healthcare services, the public system can better focus on serving its target areas, thereby indirectly relieving the pressure on the public system and

enhancing the long-term sustainable development of the healthcare system.

52. We launched a three-month public consultation on the VHIS on 15 December 2014. We propose to introduce a set of Minimum Requirements (e.g. guaranteed renewal, guaranteed acceptance, coverage of pre-existing conditions, minimum benefit coverage and benefit limits) for all individual indemnity hospital insurance products in order to enhance consumer protection. The consultation document also put forth recommendations concerning various aspects of the VHIS, including product design under the VHIS, supervisory and institutional frameworks, setting up a High Risk Pool to enable high-risk individuals to have access to health insurance, and providing tax deduction for policies complying with the requirements of the VHIS.

53. Subject to the outcome of the public consultation, we aim to introduce the legislative proposal to the Legislative Council in 2015/16.

(vi) Regulation of Medical Devices

54. A voluntary Medical Device Administrative Control System has been established by the DH since 2004 to raise public awareness of the importance of medical device safety and pave the way for implementing the long-term statutory control. To prepare for the establishment of a statutory regulation framework, a Regulatory Impact Assessment (RIA) was conducted from 2007 to 2008 to examine the implications of the possible options for the proposed statutory regulation of medical devices. We also briefed the Business Facilitation Advisory Committee (BFAC) on the proposed legislative framework in March 2010. The BFAC was in general supportive of the proposed regulatory framework and recommended the Administration to conduct a Business Impact Assessment (BIA) at the detailed design stage. Subsequently, we briefed the Panel on Health Services (the Panel) in November 2010 on the findings of the aforementioned RIA and the proposed regulatory framework. Afterwards, we conducted the relevant BIA from May 2011 to January 2013 and reported to the Panel in June of 2014 on the BIA findings. The DH is in the process of engaging an external consultant to conduct a detailed study on the use and control of selected medical devices. We expect to report to the Panel on the outcome of the consultancy study

and the details of the legislative proposal in end 2015.

(vii) Continue to Establish and Develop a Territory-wide Electronic Health Record Sharing System (eHRSS)

55. To promote collaboration between healthcare providers in the public and private sectors and enhance continuity of quality healthcare for patients, we rolled out the 10-year, two-stage Electronic Health Record (eHR) Programme in 2009.

56. Stage one development of the eHRSS comprises technical and non-technical preparatory work. We successfully completed the necessary technical work to ensure that the eHR sharing platform core infrastructure, the Clinic Management System (CMS) adaptation modules and CMS On-ramp application, as well as the standardisation and interfacing component, were ready for commissioning in April 2014. Development of some non-core functions is in progress but these are not essential features for commencement of operation of the stage one eHRSS.

57. As regards non-technical preparatory work for the launching of the eHRSS, including drafting of Codes of Practice and other administrative documents; privacy impact assessment; formulation of migration plan for the Public Private Interface-electronic Patient Record Pilot Project to the eHRSS; formulation of the security and audit framework; and drawing up of the publicity and promotion plan, they are expected to be completed before the launch of the eHRSS. Meanwhile, the eHRSS Bill was introduced into the Legislative Council on 30 April 2014. Scrutiny of the Bill by the Bills Committee is in progress. Subject to the passage of the Bill in early 2015, we will be able to commission stage one eHRSS in the latter half of 2015.

58. In parallel, we are finalising the scope of the stage two eHRSS development. We will seek the approval of the Finance Committee of the Legislative Council on the funding commitment in due course.

(viii) Long-Term Development of Primary Care

59. Having regard to ageing population and increasing demand for healthcare services, we will continue to plan and implement initiatives to

promote the development of primary care, including establishment of community health centres (CHCs), formulation of reference frameworks for specific population groups and chronic diseases, development of the Primary Care Directory, etc. We will consider developing other reference framework modules such as topics related to mental health. A new CHC will be commissioned in Kwun Tong in the first quarter of 2015. We are looking into the feasibility of developing CHC projects in other districts whenever suitable sites are available. A TV series on primary care to promote the concept of family doctor was broadcast in 2014.

(c) Tobacco Control

60. To safeguard public health, our policy seeks to contain the proliferation of tobacco use, discourage smoking and protect the public from passive smoking. In doing so, the Government adopts a multi-pronged approach comprising publicity, promotion, education, legislation, enforcement, taxation and smoking cessation. After years of sustained and progressive efforts, the prevalence of daily smokers aged 15 and above in Hong Kong had been reduced steadily from 23.3% in early 1980s to 10.7% in 2012. We will continue to closely monitor the effectiveness of our tobacco control work on different fronts, and strengthen existing measures or introduce further ones as appropriate.

(d) Disease prevention, surveillance and control

61. Due to population ageing and lifestyle changes, the incidence rate of colorectal cancer has continued to increase and has become the most common cancer in Hong Kong in 2011. The Government announced in the 2014 Policy Address the study and implementation of a pilot programme to subsidise colorectal cancer screening for specific age groups. The DH, together with the HA, has embarked upon the preparation of the pilot programme and established a taskforce comprising a number of representatives from the medical sector. The taskforce is responsible for tasks pertaining to the planning, implementation, publicity and evaluation of the pilot programme, including determination of the target population, screening method, and operational logistics, etc. Subject to preparation work being carried out smoothly as planned, the

pilot programme will be launched by end 2015 the earliest.

62. For infectious disease, since the Prevention and Control of Disease Ordinance (Cap. 599) and its subsidiary legislation came to effect in 2008, the laws of Hong Kong have been brought in line with the requirements of the International Health Regulations (2005) of the World Health Organization, allowing us to handle communicable diseases and respond to public health emergencies effectively. The Centre for Health Protection under the DH will continue to maintain close liaison and cooperation with neighbouring regions, conduct exercises on public health emergencies from time to time, and continue to refine the surveillance, control and notification mechanisms of communicable diseases in Hong Kong in order to minimise the spread of communicable diseases in the local community.

63. We will continue to implement a multi-pronged strategy to minimise the risk of an influenza pandemic and to enhance Hong Kong's capacity in responding to an influenza pandemic. This year, the Government will continue to implement the Government Vaccination Programme which provides free vaccination to eligible persons, as well as Vaccination Subsidy Schemes which subsidise children and elders to receive seasonal influenza and pneumococcal vaccinations at private clinics. These will strengthen primary healthcare services and our work in disease prevention. The HA will also adopt measures to assist in the vaccination of target groups which include healthcare workers. As regards the prevention of avian influenza, we have implemented comprehensive surveillance, prevention and control measures to minimise the risk of avian influenza outbreaks and human infections.

64. As regards other novel infectious diseases, we announced on 12 June 2014 and 20 August 2014 respectively the launch of the "Preparedness Plan for the Middle East Respiratory Syndrome" and the "Preparedness Plan for Ebola Virus Disease", and activated the "Alert" response levels under the respective plans on the same dates. In view of an imported human case of avian influenza A (H7N9), we activated the Serious Response Level under the "Preparedness Plan for Influenza Pandemic" on 27 December 2014. We will continue to closely monitor the situation on this front and review the relevant policies as appropriate.

(e) Development of Chinese Medicine

65. At present, there are about 40 Chinese medicine clinics (CMCs) operated by local universities and NGOs on a self-financing basis. Since 2003, we have also established 18 public CMCs in the territory. Operated under a tripartite model involving the HA, NGOs and local universities, these public CMCs provide Chinese medicine consultation and related services for the local community at affordable prices.

66. The Government has reserved a site in Tseung Kwan O for the development of a Chinese medicine hospital and is now studying, in collaboration with the Chinese Medicine Development Committee, the feasible mode of operation of the Chinese medicine hospital. In this connection, in order to gather experience on the regulation and operation of the ICWM and Chinese medicine in-patient service which shall form the basis for formulating the regulation and mode of operation of the Chinese medicine hospital, the Government has commissioned the HA to implement a 2-year ICWM pilot project. Phase I of the pilot project has been launched since September 2014 for in-patients of three HA's hospitals for three disease areas, namely stroke rehabilitation, low back pain and palliative care for cancer. The HA will conduct an interim review in the first quarter of 2015, and then plan the timetable for implementing the Phase II of the pilot project in another three HA's hospitals.

67. The Chinese Medicine Development Committee has studied and endorsed the views submitted by its two sub-committees regarding the development of Chinese medicine hospital, the ICWM, the HKCMMS project and the testing centre for Chinese medicines, and has forwarded its recommendations to the Government. The Committee will continue to carry out more in-depth studies to follow up on the above recommendations, and will embark on the deliberation of other subjects, such as strengthening the professional training for Chinese medicine.

Conclusion

68. The Food and Health Bureau's policy objective is to safeguard

public health and ensure our medical and healthcare system maintain its high quality services and a sustainable development. To this end, we work strenuously to implement various measures outlined in the paper to meet the challenges of our aging population.

Food and Health Bureau
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