

**For discussion
on 26 June 2018**

EC(2018-19)13

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 37 – DEPARTMENT OF HEALTH Subhead 000 Operational expenses

Members are invited to recommend to Finance Committee the creation of the following permanent post in the Department of Health with immediate effect upon approval of the Finance Committee –

1 Consultant

(D4/D3/D2) (\$217,100 - \$230,350/\$191,300 -
\$208,800/\$164,500 - \$179,850)

PROBLEM

With the continuous expansion of Families Clinics and the introduction of a number of new initiatives, Department of Health (DH) needs additional dedicated support at the directorate level in enhancing the overall clinical supervision, planning, development and operation of Families Clinics.

/PROPOSAL

PROPOSAL

2. We propose that one permanent post of Consultant (D4/D3/D2) be created under the Professional Development and Quality Assurance Service (PDQAS) of DH as Consultant (Family Medicine) 2 (Consultant (FM)2) to strengthen the directorate support in the provision of services of Families Clinics for ensuring quality primary care services for civil service eligible persons (CSEPs)¹.

JUSTIFICATION

3. The Government, as the employer of civil servants, has a contractual obligation to provide civil service medical benefits. DH provides general out-patient services to CSEPs as medical benefits through Families Clinics. The PDQAS of DH is responsible for the operation and development of the Families Clinics. At present, Consultant (Family Medicine) (Consultant (FM)) heads the PDQAS. Apart from providing overall clinical supervision of the existing Families Clinics, Consultant (FM) is also responsible for steering and overseeing the forward planning and development of family medicine service of Families Clinics and liaising with local and international bodies in the promotion of quality assurance for Families Clinics. Furthermore, Consultant (FM) also heads the Education and Training Centre in Family Medicine of DH.

4. Consultant (FM)'s current portfolio is over-stretched in view of the continuous service expansion of Families Clinics, a number of on-going measures and new initiatives to be launched by the PDQAS including the planned implementation of Risk Assessment and Management Programme (RAMP), a substantial increase in the related administration work, as well as the service users' higher expectation of patient care and quality assurance.

/On-going

¹ CSEPs consist of –

- (a) monthly paid civil servants and their eligible dependants;
- (b) retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their eligible dependants living in Hong Kong;
- (c) eligible dependants of civil servants killed on duty and living in Hong Kong;
- (d) eligible dependants living in Hong Kong and in receipt of a pension under the Widows and Orphans Pension Scheme or the Surviving Spouses' and Children's Pension Scheme following the death of civil servants while in service or after retirement; and
- (e) other persons who are eligible for civil service medical benefits by way of their terms of appointment.

On-going Measures and New Initiatives**(a) Expansion of Families Clinics**

5. In 2008, there were only three Families Clinics with 20 consultation rooms and the total number of attendances was around 168 000. With the expansion of the Hong Kong Families Clinic (with two additional consultation rooms) and the opening of the New Territories Families Clinic in 2010 (with six consultation rooms), the expansion of Kowloon Families Clinic (with four additional consultation rooms) in 2013, and the opening of the Fanling Families Clinic (FFC) in early 2016 (with six consultation rooms having commenced service²), there are currently five Families Clinics with 38 consultation rooms which provided around 297 000 attendances in 2017-18.

6. In addition, DH is setting up a new Sai Kung Families Clinic (SKFC) with two consultation rooms for commencement of service by early 2019. With the opening of this new Families Clinic, there will be six Families Clinics with a total of 44 consultation rooms, representing an overall increase of 120% as compared with 2008. It is expected that the total number of attendances will increase to 352 000 each year when all the Families Clinics are in full swing. The opening of the new SKFC will also make the overall distribution of Families Clinics more even, covering Hong Kong Island, Kowloon, New Territories East, New Territories West and New Territories North. Our efforts in setting up more Families Clinics will continue and we have already started the planning work for the seventh Families Clinic in Tseung Kwan O. The workload of the PDQAS over the operation and development of Families Clinics will grow heavier.

(b) Implementation of RAMP

7. In the coming year, DH will set up a multi-disciplinary team including experienced nursing and allied health professionals (comprising optometrist, physiotherapist, dietitian and clinical psychologist) to deliver a systemic health care programme, namely RAMP. As a new initiative in the Families Clinics, RAMP aims to improve the quality of care for CSEPs who are diabetes mellitus (DM) patients. The programme also aims to better control the disease progression and reduce avoidable hospitalisation and utilisation of specialist out-patient and emergency service.

8. Currently, there are over 5 000 DM patients attending Families Clinics. When DH implements RAMP in Families Clinics, there will be health assessment and intervention sessions for patients conducted by the multi-disciplinary healthcare professionals. The programme will stratify the DM

/patients

² There will be a total of ten consultation rooms in FFC when it is in full operation.

patients into different risk groups according to their risk factors identified. Selected patients will undergo regular and comprehensive risk assessment to identify early complications and receive appropriate interventions and education. It is anticipated that the health condition of the DM patients will be improved under RAMP. This will then reduce the frequency of their need to visit Families Clinics due to disease complications, thereby improving the availability of time slots in Families Clinics to other CSEPs.

9. DH is responsible for the planning, development and operation of the whole programme. For successful implementation of RAMP, DH has to develop operation protocols/guidelines for multiple disciplines and arrange capacity building with relevant training for staff to ensure smooth interface of the programme into normal clinic operation with sustainable and quality service delivery. DH has commenced the necessary preparatory work for the programme such as getting ready the necessary clinic set-up. More robust preparatory work such as recruitment and training of staff and development of operation protocols will have to take place soon such that the new service can commence in 2019-20. In addition, DH will conduct review and monitoring of the programme performance. The continued steer provided at the senior management level is required throughout the planning and implementation of the programme to ensure its sustainability.

(c) Effective clinical supervision and management of Families Clinics

10. With the expansion and opening of Families Clinics as mentioned in paragraphs 5 and 6 above, the number of non-directorate staff in PDQAS has significantly increased from around 100 in 2009 to 190 currently, representing an increase of about 90%. To cope with the increasing service needs and additional work of SKFC and RAMP, 29 non-directorate civil service posts, including medical, nursing, allied health grades and administrative staff of various disciplines will be created in 2018-19. An expansion in establishment of such extent requires the enhancement of supervision at the senior management level. Furthermore, to ensure quality provision of clinical service, a dedicated consultant who has a high degree of professional competency and expertise in the family medicine specialty is essential.

(d) Expanding scope of clinical services

11. We are committed to improving the services of Families Clinics. In addition to diagnosing and treating illnesses, the scope of services in the Families Clinics has been expanded to include dietitian and clinical psychology services since 2013 and 2016 respectively, and manpower for clinical psychology service

/was

was enhanced in 2017-18. New pharmacist and dispenser posts were also created in 2017 to provide dedicated service for the Families Clinics as the drug formulary in Families Clinics has been expanded with addition of different variety of items over the years. Consultant (FM) is responsible for providing proper steer to these professional staff and devising sustainable development programmes for these new services in the Families Clinics.

(e) Devising quality assurance strategies

12. With the increasing advancement of medical technology, treatment options have become more sophisticated. The emergence of complications, the side-effects of drugs, as well as the changes in patients' conditions may also increase the risks involved in treatment options. To ensure that service quality and safety in the Families Clinics are maintained up to date, Consultant (FM)'s work in devising the quality assurance strategies and programmes for the DH is getting heavier.

(f) Development of electronic Clinical Information Management System (CIMS)

13. Families Clinics have all along been using paper medical records. DH introduced the electronic CIMS to Families Clinics in 2016 for trial run with a view to replacing all paper records in future. Currently, the electronic CIMS partially supports the registration and appointment processes, and clinical workflow for Families Clinics. Ultimately, it will also interface with the territory-wide electronic health record sharing system to complement the latter's operation. As the electronic CIMS will grow and gain sophistication with enhanced functions, Consultant (FM) has to continuously liaise with relevant parties, such as the Hospital Authority, for user requirements, monitoring of the applicability of full implementation, enhancement feasibility, staff training and supervision of patient data security.

(g) Liaison with international organisations

14. The PDQAS has joined the International Society for Quality in Health Care since 2004. In addition, the Education and Training Centre under the PDQAS often organises different health education activities and participates in various media functions to arouse patient awareness of the importance of healthy lifestyle. Consultant (FM) needs to coordinate the liaison with experts around the

world, renowned international organisations such as the American Heart Association and local training course providers to ensure that the training courses delivered by the Education and Training Centre meet international standards, which in turn helps promote safe health care service of high quality.

Revised Set-up of the PDQAS

15. With the much increased workload and scope of service of PDQAS as elaborated above, Consultant (FM) is seriously over-stretched. Without enhanced manpower capacity at the directorate level, work progress of the initiatives described in paragraphs 7 to 14 above will likely be compromised. We thus propose that one Consultant post (D4/D3/D2) be created in 2018-19 for enhancing the professional support in clinical service and providing strategic leadership in the continuous development of the PDQAS at the Consultant rank on a long-term basis. Apart from professional competence of a medical officer in the specialty of family medicine at a senior level, the additional staff should possess leadership, staff management capacity, profound skills and experience in health facility set-up and service delivery, and the capability in making balanced decisions so as to ensure and sustain the standard of care and patient welfare of Families Clinics.

16. With an additional Consultant post, there will be a division of work between the two Consultants. The existing Consultant (FM) post, to be re-titled as Consultant (FM)1, will be the overall Consultant in-charge of the PDQAS. He will supervise the existing and new Families Clinics in the Hong Kong and Kowloon regions as well as the Education and Training Centre in Family Medicine. For sustainability of service, Consultant (FM)1 will be able to dedicate more time and effort to the long term development of the PDQAS including coaching and facilitation of colleagues to receive professional training, as well as monitoring the development on the application of technology into medical information sharing such as CIMS. The overall clinical supervision and management efficiency will be enhanced.

17. The proposed post of Consultant, titled as Consultant (FM)2, will oversee the existing and new Families Clinics in the New Territories region. The proposed Consultant (FM)2 will also be responsible for RAMP, supervising the development and implementation of practice protocols in the PDQAS, as well as the use of updated medical evidence in clinical service to ensure that the service delivery of Families Clinics meets the standards of care.

18. The existing organisation chart of the PDQAS and the proposed one with the creation of Consultant (FM)2 are at Enclosures 1 and 2 respectively. Separately, the current job description of Consultant (FM) and the proposed job description of Consultant (FM)1 and Consultant (FM)2 are at Enclosures 3 to 5 respectively.

ALTERNATIVES CONSIDERED

19. We have critically considered whether there is scope for internal redeployment of staff within the PDQAS for discharging the tasks of the proposed Consultant (FM)2. The level and scope of responsibilities of the proposed post must be discharged by staff at the directorate level. As mentioned earlier, there is only one Consultant (FM) in the PDQAS and he is already over-stretched with supervising and overseeing the work of the PDQAS which has been increasing in the past few years. Having regard to the much expanded and new clinical services as well as increased administrative duties, we consider it neither operational feasible nor sustainable to continue to rely on internal redeployment of the existing Consultant (FM) to absorb the relevant duties without affecting the quality of clinical service to CSEPs and the work of PDQAS.

FINANCIAL IMPLICATIONS

20. The notional annual salary cost at mid-point for creating a Consultant post (D4/D3/D2) post is \$2,293,691 and the full annual average staff cost, including salaries and staff on-cost, is \$3,417,000. We have included sufficient provisions in the 2018-19 Estimates to meet the cost of the proposal and will reflect the resources required in the Estimates of subsequent years.

PUBLIC CONSULTATION

21. We consulted the Legislative Council Panel on Public Service on the proposed creation of the Consultant post at its meeting on 19 March 2018. In response to a member's enquiry about the benefits that would be brought about by the proposal to CSEPs, we explained that the proposed post of Consultant (FM)2 would allow capacity building in service expansion and planning of new initiatives without compromising enhancement in service delivery to CSEPs. The quality of health care service to CSEPs would be enhanced as a whole. Notably, the introduction of RAMP will improve the quality of care for DM patients of Families Clinics with better control of their disease progression and thus reduce avoidable hospitalisation and utilisation of specialist out-patient and emergency service. As pointed out in paragraph 8 above, this will in turn reduce the frequency of the need of DM patients to visit Families Clinics due to disease

/complications

complications, thereby improving the availability of time slots in Families Clinics to other CSEPs. With the enhanced supervision provided by Consultant (FM)2, the opening of new Families Clinics will also bring in more consultation sessions to meet the demand of CSEPs for medical service. Members expressed general support for this proposal to be submitted to Establishment Subcommittee (ESC) for endorsement.

ESTABLISHMENT CHANGES

22. The establishment changes in DH for the past two years are as follows–

Establishment (Note)	Number of posts			
	Existing (as at 1 June 2018)	As at 1 April 2018	As at 1 April 2017	As at 1 April 2016
A	61 + (2) [#]	61 + (2)	61 + (2)	61
B	1 264	1 260	1 239	1 202
C*	4 989	4 971	4 936	4 882
Total	6 314 + (2)	6 292 + (2)	6 236+(2)	6 145

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

() - number of supernumerary directorate posts approved by ESC/Finance Committee

[#] - as at 1 June 2018, there was no unfilled directorate post in DH

* - excluding posts created to accommodate general grades staff working in general outpatient clinics of the Hospital Authority

CIVIL SERVICE BUREAU COMMENTS

23. The Civil Service Bureau supports the proposed creation of the permanent Consultant post. The grading and ranking of the post are considered appropriate having regard to the level and scope of responsibilities.

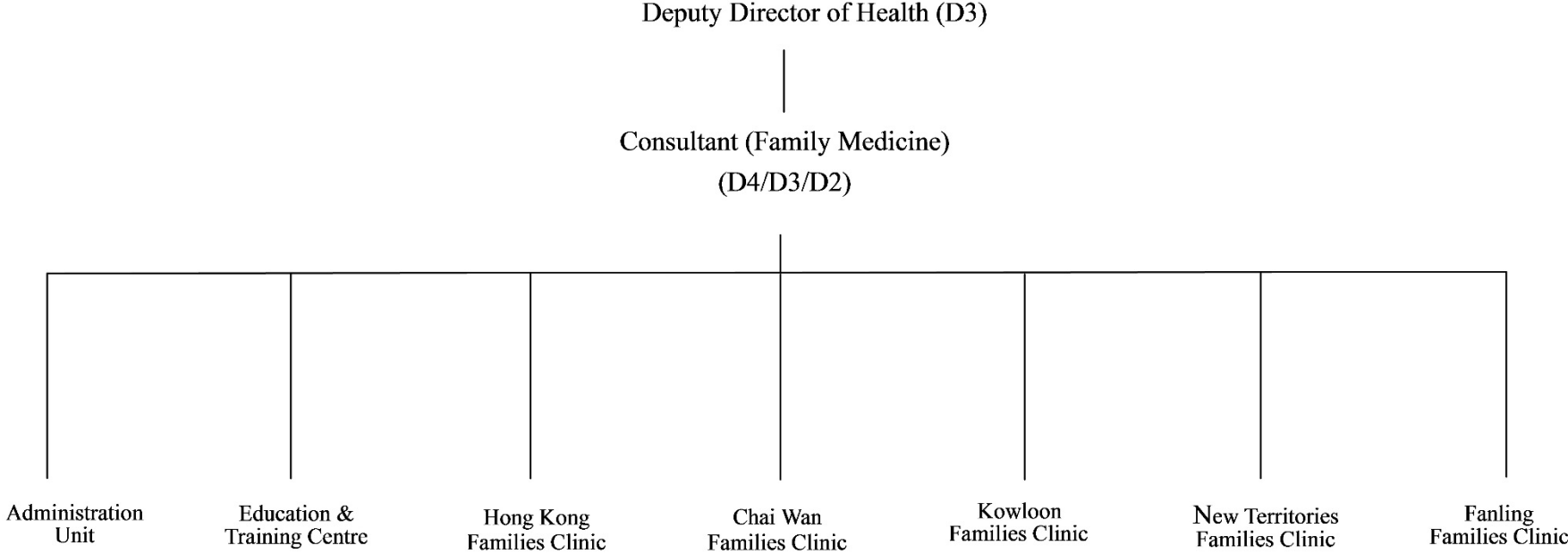
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ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE SALARIES AND CONDITIONS OF SERVICE

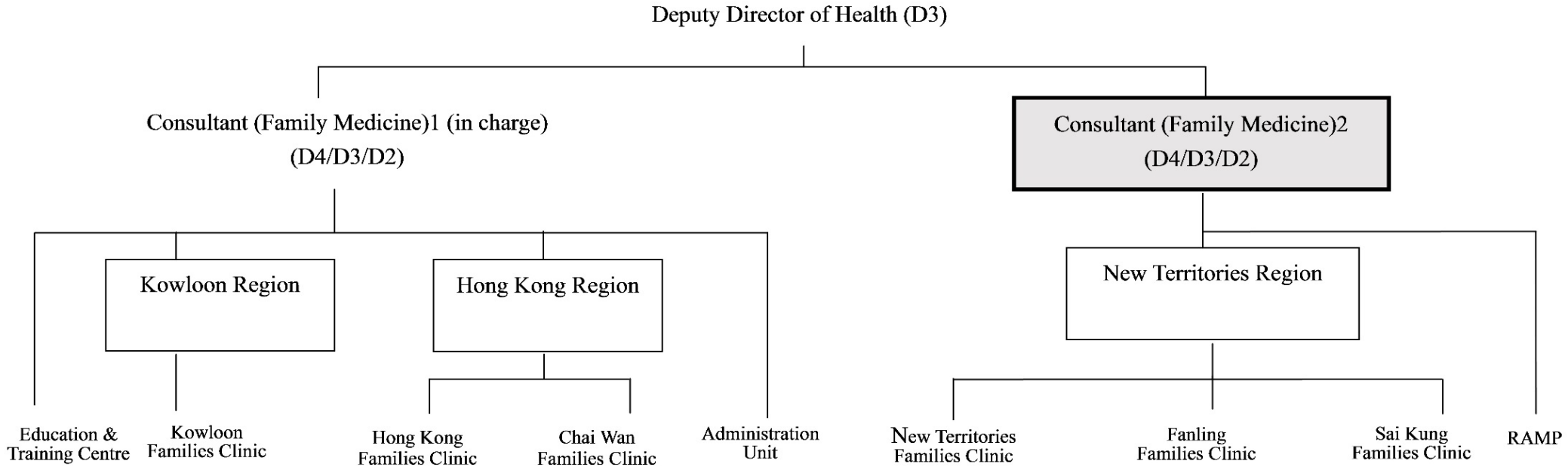
24. The Standing Committee on Directorate Salaries and Conditions of Service has advised that the grading proposed for the permanent directorate post is appropriate.


Civil Service Bureau
June 2018

**Existing Organisation Chart of
the Professional Development and Quality Assurance Service, Department of Health**



**Proposed Organisation Chart of
the Professional Development and Quality Assurance Service, Department of Health**



 Proposed creation of one permanent Consultant post

**Job Description of the Consultant (Family Medicine) Post
in Professional Development & Quality Assurance Service**

Rank : Consultant (D4/D3/D2)

Responsible to : Deputy Director of Health

Main duties and responsibilities –

1. To act as the officer in-charge for the Professional Development & Quality Assurance Service (PDQAS).
2. To supervise the operations of Administration Unit.
3. To supervise the operations, planning and development of Families Clinics.
4. To plan and formulate service development and long term strategies for PDQAS.
5. To supervise the professional development and provide coaching to colleagues of Families Clinics.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.
7. To develop and implement training programmes in the Specialty in Family Medicine and supervise the Education and Training Centre in Family Medicine.
8. To represent PDQAS in meetings and liaise with other parties.
9. To promote and support quality assurance activities.

**Proposed Job Description of Consultant (Family Medicine)1
in Professional Development & Quality Assurance Service**

Rank : Consultant (D4/D3/D2)

Responsible to : Deputy Director of Health

Main duties and responsibilities –

1. To act as the overall officer in-charge for the Professional Development & Quality Assurance Service (PDQAS).
2. To supervise the operations of Administration Unit.
3. To supervise the operations, planning and development of Families Clinics in the Kowloon and Hong Kong regions.
4. To plan and formulate service development and long term strategies for PDQAS.
5. To supervise the professional development and provide coaching to colleagues of Families Clinics.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.
7. To develop and implement training programmes in the Specialty in Family Medicine and supervise the Education and Training Centre in Family Medicine.
8. To represent PDQAS in meetings and in liaison with other parties.

**Proposed Job Description of Consultant (Family Medicine)²
in Professional Development & Quality Assurance Service**

Rank : Consultant (D4/D3/D2)

Responsible to : Deputy Director of Health

Main duties and responsibilities –

1. To supervise the operations, planning and development of Families Clinics in the New Territories region.
2. To develop and implement quality assurance initiatives of PDQAS.
3. To develop and introduce healthcare models for chronic disease management.
4. To supervise the planning, development and operations of the Risk Assessment and Management Programme.
5. To plan and formulate service development and long term strategies for PDQAS.
6. To attend outpatient consultations at Families Clinics and particularly for complicated cases where the expertise and experience of a Consultant is required.
