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The Honorable Dr. Joseph Lee
Chairman of Panel on Health Services
Legislative Council
The Hong Kong Government of Special Administrative Region
Hong Kong.

16 March 2018

Dear Dr. Lee,

Ref: District Health Centre Pilot Project in Kwai Tsing District

I am deeply inspired by the 2017 Policy Speech on re-vitalising the concept of District Health taken reference from the Primary Care Working Party Report in 1990. I am especially delighted to learn the launching of the Pilot Project in Kwai Tsing District. I have the privilege to work with colleagues in Kwai Tsing to the launch the Kwai Tsing Safe and Healthy City Initiatives. The signature project has been recognised not only locally but globally with Award for Creative Development of Healthy Cities by Alliance for Healthy Cities under the Category of Good Health System during Global Conference in 2008 in Korea (http://www.alliance-healthycities.com/htmls/awards/index_awards.html accessed on 16 March 2018). The project was built on “Medical-Welfare-Community” model integrating functions of different key stakeholders into an unique localised health system. We are not short of good pioneer work of district based primary health care so it is now time to put into action rather than re-inventing the wheel again.

I have written an article with my colleague, Professor Stephen Chiu, then co-Director of Institute of Asia Pacific Study, CUHK in Ming Pao on 23 March 2017 on road map of primary health care highlighting the concept of District Health System (李大拔趙永佳：醫療改革由基層做起——給下任行政長官的路 http://news.mingpao.com/pns/dailynews/web_tc/article/20170323/s00012/1490205668264 Access 16 March 2018). The key philosophy is to invest in primary care development to enable the Hospital Services to sustain the high quality of care. It is not extension of hospital care to community but to fulfill the gaps of services in community. The model should focus on how to equip the patients and the carers with support to manage their illnesses in home environment so their clinical conditions would be more stable to avoid unnecessary hospital and/or emergency admission. One should aim to focus on their day to day living rather than another conventional medical care model.

There should be different tiers of service with a team of senior primary care healthcare professionals such as family doctors, community nurses, community physiotherapists, community occupational

therapists, community pharmacists, social workers, community dental practitioners at District level overseeing and supervising a group of junior primary care practitioners/community health practitioners with post-secondary education in health related studies such as public health, community health practice, nutrition, health science to support the local residents to maintain health and alert for early changes of health status. Those cases would then be assessed by those senior primary care healthcare professionals accordingly for further management or referral if needed. Another important role of the community health practitioners is intensive co-ordination of different type of services not limiting to medical services but other community resources to enable stabilisation of chronic conditions. Patients with chronic illnesses can be at different stage of their clinical conditions with diverse health needs. The merit of district based primary care is to map out their needs and co-ordinate for the services meeting their needs. Otherwise, not only there will be duplication of services and hospitals will then become their safety net for conditions not requiring hospitalisation.

For successful implementation of District Based Primary Care, we need different sets of skills. We need to enhance the skills of carers and patients in self-care and self-management. We need to have a group of health practitioners to support the patients with chronic conditions and their carers to maintain healthy and active living and aware of early changes of their conditions as well as acting as care co-ordinator in community setting. We also need a core team of healthcare professionals in primary care to provide clinical treatments and clinical decision for referral to hospital care if needed. The attached diagram is a simplified diagram of a local primary care model. The organisation operating the district based primary care needs to have the following attributes:

- Understanding of the needs of local residents
- Experience in engaging the local community
- Experience in establishing a multi-disciplinary team for community based care
- Professional support from experts in primary care
- Good working relationship and partnership with hospitals in localities
- Experience and also facilities for outreaching and also establishing services at peripheral centres in the district as one cannot use one Centre in a district
- Expertise in building “Medical-Welfare-Community” model and able to support physical and psycho-social needs of residents with chronic conditions
- Professional support from experts in evaluation and audit of care for continuous quality improvement

We need a new ladder of healthcare team for district based primary health care. We need to maximise the medical manpower so patients would be managed by different levels of healthcare practitioners according to their needs and avoid the heavy burden of our current hospital services. We need a District Health System and **NOT** just a District Health Centre.

I sincerely wish the District Health System would move a step forward.

Thank you for your kindest attention!

Yours sincerely,



Professor Albert Lee
(Clinical Professor in Public Health and Primary Care)

地區醫療系統提供基層醫療護理服務

Simplified version from Figure 6. Model of Local Primary Health Care System. Lee A. Family Medicine and Community Health Care. In: Fong K and Tong KW (Eds). *Community Care in Hong Kong: Current Practices, Practice-Research Studies, and Future Directions*. Hong Kong: City University Press, 2014.

