



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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11 November 2019

Ms Maisie LAM
Clerk to Panel on Health Services
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Road
Central
Hong Kong

Dear Ms LAM,

Panel on Health Services
Follow-up to policy briefing on 21 October 2019

Thank you for your letter dated 22 October 2019. In consultation with the Security Bureau, the Department of Health (DH) and the Hospital Authority (HA), our consolidated reply is provided below.

Primary Healthcare Services

2. Hong Kong has a twin-track healthcare system, with the public sector being the cornerstone providing the safety net for all. According to Hong Kong's Domestic Health Accounts¹, the Government's current health expenditure on curative care and preventive care was \$52.8 billion and \$4.2 billion respectively in 2017/18, accounting for 68% and 5% of the Government's current total health expenditure (\$77.7 billion).

¹ The figures are compiled in accordance with the international standards given in *A System of Health Accounts 2011* published collaboratively by the Organisation for Economic Co-operation and Development, Eurostat and World Health Organization.

3. Based on preliminary estimates, the Government's current health expenditure on curative care increased to \$58.1 billion in 2018/19 and \$63.9 billion in 2019/20, whereas expenditure on preventive care increased to \$4.7 billion and \$5.7 billion respectively in these two years.

4. Public health expenditure has increased continuously for the past 10 years. Promoting primary healthcare services, strengthening disease prevention and control, and enhancing the existing public healthcare services have been our major policy directions. We will prepare the appropriate budget each year according to the situation and do not have figures for the next 5 or 10 years.

5. As announced in the Chief Executive's Policy Address 2017, the Food and Health Bureau (FHB) has established the Steering Committee on Primary Healthcare Development in November 2017 with a view to comprehensively review the existing planning of primary healthcare services and develop a blueprint for the sustainable development of primary healthcare services for Hong Kong. The FHB has also set up the Primary Healthcare Office in March 2019 to oversee and steer the development of primary healthcare services at the bureau level.

6. As regards the development of District Health Centres (DHCs), the first-ever DHC has commenced operation in September 2019. The setting up of DHC is a key step in a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused. We will endeavour to establish DHCs in six more districts and to fund non-governmental organisations to set up interim "DHC Express" of smaller scale in the remaining districts within the term of the current government to provide health promotion, consultation and chronic disease care services so as to lay the foundation for a prevention-focused primary healthcare system.

7. We shall continue to plan ahead on matters regarding the long term development of primary healthcare, including planning of manpower and infrastructure, evaluation of DHC's service emphasis and interfacing of primary healthcare services, with a view to developing a blueprint for the sustainable development of primary healthcare in Hong Kong.

Tear Gas

8. Tear gas is a crowd dispersal equipment through which a safe distance with the crowd is created and direct clashes reduced, thereby conducting dispersal. The components of tear gas may contain different chemicals. In general, post-exposure symptoms to tear gas include stinging and burning sensation to eyes and other mucous membranes, tearing, salivation, runny nose, tight chest, headache, nausea, burning sensation of skin, and erythema of skin. These symptoms will usually disappear in a short time after exposure ends. The public should leave the area with tear gas smoke immediately. Skin exposed to tear gas should be washed thoroughly with water and soap and contaminated clothing should be changed. Eyes with discomfort should be irrigated with large amount of water or saline. For persons who are in an indoor environment when tear gas is being released nearby, they should close all doors and windows, turn off the air conditioner, and could seal the gaps over the doors and windows with wet towels. To our understanding, tear gas is basically suspended particulates. Upon firing, most of the suspended particulates will be dispersed and carried away by the wind. Even if a trace amount of particulates remain, the effect is very limited and may simply be washed off.

9. Health effects of tear gas depend on a number of factors such as the specific chemical composition of the tear gas, duration and dose of exposure, exposure route, health conditions of the individuals and the physical environment during exposure. Individuals who had been exposed to tear gas with persistent symptoms should promptly consult healthcare professionals.

Development of Chinese Medicine

Remuneration Package for Employees of Chinese Medicine Centres for Training and Research

10. To promote the development of “evidence-based” Chinese medicine (CM) and provide training placements for graduates of local undergraduate programmes in Chinese medicine, a Chinese Medicine Centre for Training and Research (CMCTR) has been set up in each of the 18 districts. These CMCTRs operate under a tripartite collaboration model involving the HA, non-governmental organisations (NGOs) and local universities offering undergraduate programmes in CM (i.e. the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong). The

NGOs are responsible for the running and day-to-day operation of the CMCTRs² (operators). As at 31 December 2018, there were a total of 403 Chinese medicine practitioners (CMPs) of various ranks employed by the CMCTRs (256 of them were graduates of local undergraduate programmes in CM) accounting for about 4% of the CMPs in Hong Kong.

11. All staff working at the 18 CMCTRs (including CMPs of various ranks and other supporting staff) are employees of the NGOs operating the CMCTRs. Their remuneration is determined by the operators concerned. The Government has, from time to time, reviewed the remuneration packages of staff employed in the CMCTRs. At the latest review in December 2018, additional recurrent resources were allocated to increase the salaries of staff at all levels, whereby the monthly salaries of CMPs who have practised for four to nine years were increased to not less than \$35,000, and those of CMP trainees (i.e., CMPs who have practised for less than three years) were increased by 10% to not less than \$22,000. The salaries of senior CMPs and supporting staff at various levels were raised by 5% at the same time. The Government announced in the 2018 Policy Address that CM would be incorporated into part of Hong Kong's health care system. In this connection, the Government will further increase the recurrent subvention for providing subsidised CM out-patient services through the CMCTRs. The remuneration packages and promotion opportunities for CMCTR staff will also be kept under review, with a view to further enhancing their career prospects and promoting the development of CM (including to tie in with the new CM hospital) in Hong Kong.

Medical services provided to persons in custody by the Correctional Services Department

12. The Correctional Services Department (CSD) is committed to providing a secure, safe, humane, decent and healthy custodial environment for persons in custody (PICs). As far as the health of PICs is concerned, the CSD ensures that necessary and appropriate medical services are provided to all PICs in accordance with the Prison Rules (Cap. 234A) so that they can receive optimal care. Every correctional institution has a hospital or sick bay where medical

² Under the tripartite collaboration model, the HA selects suitable NGOs to run the CMCTRs through tendering exercises, and regulates their operation by contract. The NGOs are responsible for running the CMCTRs and their day-to-day operation, supporting relevant scientific research projects, and providing "evidence-based" training for CMPs of the CMCTRs in accordance with the contract terms, while the universities are responsible for providing research and academic support for the NGOs. Apart from receiving funding support from the Government, the CMCTRs also operate through providing fee-charging services.

services are provided to PICs by Medical Officers seconded from the DH and correctional staff with professional nursing qualifications. According to Rule 143 of the Prison Rules, the Medical Officer of a correctional institution shall have the medical charge and shall be responsible for the treatment when sick of all the prisoners in a prison. Therefore, the Medical Officer assumes full responsibility of the treatment of all PICs when sick. He must make professional judgment and assumes responsibility for his judgment, including legal responsibilities. Thus, when considered necessary, he will refer sick PICs to receive medical services under Hong Kong's public healthcare system, including accident and emergency services, specialist out-patient and in-patient services provided by the HA, as well as medical examinations and treatments provided by specialist clinics under the DH. At present, CM services are not part of the regular services of the HA and the DH. Seconded Medical Officers of correctional institutions will not refer PICs to receive private medical services, including CM services.

Yours sincerely,



(Mr Ricky WU)

for Secretary for Food and Health

c.c. Department of Health

(Attn. : Assistant Director of Health (Chinese Medicine))

Hospital Authority

(Attn. : Chief, Chinese Medicine Department)

Security Bureau

(Attn. : AS (Security) B1)