

Legislative Council Panel on Health Services

Development of Primary Healthcare and “DHC Express”

PURPOSE

This paper briefs Members on the progress in establishing District Health Centres (DHCs) and the introduction of the “DHC Express” Scheme.

BACKGROUND

2. Hong Kong’s public healthcare system is under enormous pressure due to an ageing population and the increasing prevalence of chronic and complex diseases. Meanwhile, members of the public are mostly relying on treatment-oriented healthcare services.

3. In a bid to shift the emphasis of the present healthcare system and people’s mindset from treatment-oriented to prevention-focused, the Government is committed to enhancing district-based primary healthcare services by setting up DHCs in 18 districts progressively. Through district-based services, public-private partnership and medical-social collaboration, the DHC is a brand new service model and will be a key component of the public healthcare system. To this end, the Chief Executive has announced plans in both the 2017 and 2018 Policy Addresses in regard to the setting up of DHCs.

4. In the 2019 Policy Address, the Chief Executive has further announced that the Government will expedite the setting up of DHCs in all 18 districts. The Government expects to set up DHCs in six more districts within the term of the current Government.

5. For the remaining 11 districts where full-fledged DHCs would yet to be set up within the term of the current Government, it is proposed in the 2019 Policy Address that the interim “DHC Express” will be established to provide health promotion, consultation and chronic disease care.

DEVELOPMENT OF DHCs

6. The first DHC in Kwai Tsing District commenced operation in September 2019 under a three-year service contract which was awarded to a non-public operator with contract sum of \$284 million through open tender. Following Kwai Tsing, the Government has earmarked suitable sites for setting up DHCs in all 17 districts and secured the support of the relevant District Councils (DCs) on the location of seven DHCs. It is estimated that the annual operation cost of each DHC is about \$100 million¹ under the current mode of operation. While we aim to consult all the other 10 DCs on the location of DHCs in their districts within the term of the current Government, the progress of establishment of DHCs in each district is highly dependent on the readiness of the DHC sites. A table showing the plan for the development of DHCs in all 18 districts is at Annex.

7. We aim to establish another six full-fledged DHCs within the term of the current Government. The second batch of DHCs will include Sham Shui Po (SSP) and Wong Tai Sin (WTS) having regard to the availability of premises in these districts by 2020 and 2021. Having incorporated the views from the respective District Councils, potential service partners including doctors, Chinese medical practitioners, allied health professionals and non-government organisations (NGOs) as well as the local community, the invitation to tender for the two DHCs was issued in December 2019. It is expected that the operation service contracts for the two DHCs would be awarded in the second half of 2020.

8. Following SSP and WTS, DHCs in four more districts, namely Tsuen Wan, Yuen Long, Tuen Mun and Southern District, are expected to be set up within the term of the current Government. We plan to identify suitable rental premises for setting up DHCs in these four districts since the permanent sites identified can only be ready in the longer term. Depending on the progress of identifying suitable rental premises, we aim to issue tenders for these four DHCs in end 2020/early 2021.

¹ It is estimated that the annual operation cost for each DHC is about \$100 million, with about 60% for personnel expenses and administrative costs and the remaining for reimbursable subsidies for network healthcare services, fee waiver for DHC services for clients in need, and other miscellaneous items.

THE “DHC EXPRESS” SCHEME

9. To build up a critical mass of district-based primary healthcare services throughout the territory as early as practicable to maintain the momentum for promoting primary healthcare, we propose to set up a “DHC Express” Scheme with a view to funding NGOs to set up smaller interim “DHC Express” in each of the remaining 11 districts² pending the establishment of DHCs.

10. We intend to identify one NGO to operate the “DHC Express” for each of the 11 districts by way of invitation of proposals. The NGO operator of the “DHC Express” will be responsible for providing essential primary healthcare services, including health promotion, health assessment and chronic disease management. While the scope of service is modelled on full-fledged DHCs, appropriate modifications will be made to keep the “DHC Express” operation on a manageable scale. The objectives of “DHC Express” are as follows –

- (a) to deliver district-based primary healthcare services pending the setup of full-fledged DHCs; and
- (b) to facilitate comprehensive community medical-social support to the public through identification of healthcare and social resources and early engagement of the community service partners in the districts.

Proposed Service Packages

11. While the “DHC Express” operator in each district will identify a core site for its services, they are encouraged to set up service points in the district to enhance accessibility of services. It is proposed that the core services should cover the following major areas –

- (a) **Primary prevention –**
Health promotion and disease prevention activities would be provided to enhance public awareness of disease prevention and capability in self-management of health. Healthcare professionals of “DHC Express” would also provide care co-ordination, consultation and counselling services.

² Wan Chai, Eastern, Yau Tsim Mong, Kwun Tong, Tai Po, Islands, North, Shatin, Kowloon City, Sai Kung and Central & Western Districts.

- (b) **Secondary prevention –**
Basic health risk assessment followed by health risk factor management would be provided to facilitate early identification of the target chronic diseases and health risk factors. Clients with risk factors for Diabetes Mellitus (DM) or Hypertension (HT) may be referred to medical practitioners for further assessment, including laboratory investigations and complication screening, as required.
- (c) **Tertiary prevention –**
“DHC Express” would provide patient empowerment programmes, with advice and support by nurses and allied health professionals for patients with DM, HT, chronic low back pain and osteoarthritic knee pain.

12. In addition, “DHC Express” would also serve as a district health resource hub to collect information on healthcare and social related resources available in the district for the use of the general public and provide individualised health related information to clients when needed.

Assessment Mechanism

13. We will set up an inter-departmental assessment panel comprising members with different expertise to evaluate and select an NGO operator for each district according to a set of pre-determined criteria. The panel will comprise representatives from Food and Health Bureau and other related bureaux/departments.

Monitoring and Evaluation

14. To ensure accountability, efficiency and cost effectiveness in the use of public funds for the provision of primary healthcare services under the “DHC Express” Scheme, formal evaluation of the process, output, outcome and impact of the “DHC Express” will be conducted regularly.

Transition to DHCs

15. As mentioned in paras 7-8 above, the Government will work in parallel to take forward the works projects required for DHC premises in all districts. The operators of DHCs would continue to be awarded through open tender as and when the premises are ready. The “DHC Express” services will migrate as appropriate to the local DHC.

Implementation Timetable

16. A consultation session was conducted in early January 2020 to collect views from NGOs on the “DHC Express” Scheme including the service scope, target participants, funding arrangement, as well as other key issues and concern. We will continue to engage stakeholders with a view to refining the operation requirements and formulating a detailed proposal for the “DHC Express” Scheme in consultation with the Steering Committee on Primary Healthcare Development. We plan to invite proposals for the “DHC Express” in the third quarter of 2020.

FINANCIAL IMPLICATIONS

17. Recurrent expenditure of about \$650 million would be required in a full year for operation and related expenses of the six new DHCs mentioned in paragraphs 7 to 8 above. For setting up and operating the “DHC Express” in 11 districts, it would entail an estimated non-recurrent expenditure of \$596.2 million over a 3-year project period.

18. We will include sufficient provision in the Estimates of relevant years to meet the cost of the above proposals.

ADVICE SOUGHT

19. Members are invited to note and comment on the above proposals for development of primary healthcare. Subject to Members’ views, we will seek the necessary approval from the Legislative Council as appropriate according to established mechanism.

Food and Health Bureau
January 2020

Development Plan of DHCs in 18 Districts

District	DC consultation (Date)	Establishment of DHCs within the term of the current Government	Establishment of DHC Express within the term of the current Government (target to open for application in Q3 2020)
Kwai Tsing	✓ (7/2018)	✓ Operation commenced in 9/2019	
Sham Shui Po	✓ (7/2019)	✓	
Wong Tai Sin	✓ (7/2019)	✓	
Wan Chai	✓ (1/2019)		✓
Eastern	✓ (11/2018)		✓
Yau Tsim Mong	✓ (3/2019)		✓
Kwun Tong	✓ (5/2019)		✓
Tai Po	✓ (7/2019)		✓
Yuen Long		✓	
Tsuen Wan		✓	
Tuen Mun		✓	
Southern		✓	
Islands			✓
North			✓
Shatin			✓
Kowloon City			✓
Sai Kung			✓
Central & Western			✓