立法會 Legislative Council

LC Paper No. CB(2)191/20-21(04)

Ref : CB2/PL/HS

Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the meeting on 13 November 2020

Development of district health centre

Purpose

This paper provides background information on and summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the development of district health centre ("DHC").

Background

- 2. As announced in the Chief Executive's 2017 Policy Address in October 2017, the current-term Government is determined to step up efforts to promote individual and community involvement, enhance co-ordination among various medical and social sectors, and strengthen district-level primary healthcare services. The aim of these measures is to encourage the public to take precautionary measures against diseases, enhance their capability in self-care and home care, and reduce the demand for hospitalization. The setting up of DHCs is one of the initiatives in this regard.
- 3. Chaired by the Secretary for Food and Health, the Steering Committee on Primary Healthcare Development was set up in November 2017 to develop a blueprint for the sustainable development of primary healthcare services for Hong Kong. It will comprehensively review the existing planning of primary healthcare services and devise service models to provide primary healthcare services via district-based medical-social collaboration in the community. The Steering Committee is underpinned by a Working Group on District Health Centre Pilot Project in Kwai Tsing District to provide advice on the planning, implementation and evaluation of the Pilot Project. The Primary Healthcare Office was established under the Food and Health Bureau ("FHB") in March 2019 to oversee the development of primary healthcare services at the bureau level.

_

¹ The Primary Care Office established under the Department of Health ("DH") in September 2010 has been integrated with the Primary Healthcare Office since October 2019.

- 4. The first DHC commenced operation in Kwai Tsing District 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. According to the Administration, it has earmarked suitable sites for setting up DHCs in the rest of the 17 districts and secured the support of the relevant District Councils on the location of the DHCs in Eastern District, Kwun Tong District, Sai Kung District, Sham Shui Po District, Wan Chai District, Wong Tai Sin District, Tai Po District and Yau Tsim Mong District. It is estimated that the annual operation cost of each DHC is about \$100 million under the current mode of operation. The Administration aims to establish another six DHCs as well as consult the other nine districts on the location of DHC in their districts within the term of the current Government.
- 5. It was announced in the Chief Executive's 2019 Policy Address that in the 11 districts where full-fledged DHCs would yet to be set up within the current-term Government (i.e. Central and Western District, Eastern District, Islands District, Kowloon City District, Kwun Tong District, North District, Sai Kung District, Sha Tin District, Tai Po District, Wan Chai District and Yau Tsim Mong District), smaller interim DHC Express would be established to provide key primary healthcare services, including health promotion, health assessment and chronic disease management. These DHC Express services would migrate as appropriate to the local DHC at a later stage.

Deliberations of the Panel

6. The Panel discussed issues relating to the establishment of DHCs and DHC Express at five meetings and received views from deputations on the DHC Pilot Project in Kwai Tsing District at one meeting. The deliberations and concerns of members are summarized in the following paragraphs.

Role and operation of the pilot DHC in Kwai Tsing District

7. Noting that various primary healthcare services were currently being provided in the community by DH, the Hospital Authority ("HA") and non-governmental organizations ("NGOs"), members enquired about the role of Kwai Tsing District Health Centre ("KTDHC") in this regard. They were particularly concerned about the difference between the operation mode of DHC and the Community Health Centres ("CHCs") set up by HA. The Administration advised that the multi-disciplinary healthcare services provided by CHCs covered, among others, general outpatient services and primary care services for chronic diseases management. The primary care services to be provided by the proposed DHC would be based on the needs and characteristics of the district, with a view to enhancing the public's awareness on disease

prevention and their ability in self-management of health through medical-social collaboration and public-private partnership. KTDHC would serve as a hub on the provision of co-ordinated primary healthcare services at multiple access points, with a core centre serving as its headquarters.

- 8. Some members were concerned about the governance structure, the manpower requirement and the public funding required to support the operation of KTDHC, as well as the levels of fee to be charged by the private service providers. The Administration advised that a mechanism would be put in place to provide guidance and oversight to the operator of the pilot DHC. In terms of manpower support, the operator of KTDHC would need to have a core team of staff. In addition, it had to make use of the local network to procure services from organizations and healthcare personnel serving the district to provide a range of co-ordinated care and support services at multiple access points to meet the specific health needs of the population of Kwai Tsing District.
- 9. Referring to the Administration's stance that a comprehensive and co-ordinated primary healthcare system would enhance overall public health, reduce hospital re-admission and rectify the situation where accident and emergency ("A&E") service was regarded as the first point of contact in seeking medical consultation, some members were concerned about how KTDHC could achieve the above objectives as the health assessment it provided might result in an increase in demand for further examination and diagnosis, and whether these examination and diagnosis, if needed, would be provided by HA.
- 10. The Administration advised that the A&E Departments of public hospitals currently handled a number of semi-urgent and non-urgent cases, among which some were related to inappropriate chronic disease management. There was a need to establish a more systematic and coherent platform to incentivize the community to manage their own health, to promote awareness of the importance of primary healthcare services and to improve service accessibility. KTDHC would encourage residents to manage their health with the assistance of healthcare service providers in their localities. Clients of KTDHC with health risk factors identified might be referred to a DHC network doctor for further examination and diagnosis as needed. Those patients who were diagnosed by the DHC network doctors with chronic diseases would be offered service packages.
- 11. Members opined that KTDHC should adopt a case management approach to ensure that its clients, most of whom might be elders suffering from the designated chronic diseases or with health risk factors, could receive appropriate district-based primary healthcare services offered by the service providers in the DHC network. They raised a particular concern about whether the operator of KTDHC would be capable of taking up a central co-ordination role among the service providers and take a proactive approach in assisting the DHC clients.

- 4 -

12. The Administration advised that apart from the core centre and the five satellite centres, the service network of KTDHC would comprise a number of medical and healthcare practitioners practising either in the Kwai Tsing District, or in the three districts immediately adjoining Kwai Tsing (i.e. Tsuen Wan, Shatin and Sham Shui Po) that had contracted with KTDHC operator. The Administration could explore in the longer term whether there was a need to assign to each DHC client a designated case manager to follow up their service needs.

Setting up of DHC Express

13. At the briefing on the policy initiatives in respect of health matters featuring in the Chief Executive's 2019 Policy Address on 21 October 2019, members sought explanation on the reason for establishing smaller DHC Express instead of DHCs in the remaining 11 districts. The Administration advised that within the term of the current government, DHCs would be set up in six more districts (i.e. Sham Shui Po, Wong Tai Sin, Yuen Long, Tsuen Wan, Tuen Mun and Southern districts). The setting up of DHC Express would help deliver district-based primary healthcare services pending the setup of full-fledged DHC and facilitate 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.

Service scope of DHCs and DHC Express

14. Members considered that KTDHC should aim to meet the specific health needs of the population in Kwai Tsing District. They drew to the Administration's attention that the District had large number of ethnic minorities and new immigrants and a high poverty rate. Some members were concerned that speech therapy was not provided at KTDHC on a full-scale service wide There was also a call for the Administration to incorporate cancer-related items in the service scope of DHC and DHC Express, which should cover not only those relating to the lowering of cancer-related health risk factors but also public education and simple medical check-up services to enable early identification of the disease among members of the public. members shared the deputations' views that the scope of services of KTDHC should include, among others, oral health care services, screening and management of osteoporosis, eye care services, stroke prevention education, as well as health risk assessment and physical check-ups for women and elders to facilitate early identification of the health risk factors. There was also an enquiry about whether the Administration would consult residents of the catchment districts on the service scope of each DHC and DHC Express.

- 15. The Administration advised that taking into account the health profile, in particular the prevalence of selected chronic diseases and health risk behaviours, of the population in Kwai Tsing District, KTDHC would direct resources to the treatment of the most prevalent chronic diseases that consumed substantial medical resources and explore how to manage their conditions through risk management and early intervention. While the secondary and tertiary prevention services of KTDHC would focus on the target chronic diseases as identified through the earlier studies on the district-based health data, the scope of the primary prevention would be broadened to cover, among others, more female health issues including osteoporosis. Depending on the need of the clients, speech therapy was one of the components of the stroke rehabilitation programme of KTDHC.
- 16. To ration the use of the resources earmarked for the development of primary healthcare, some members considered that the Administration should specify the percentage of the funding to be used by the operators of DHCs for the provision of different types of services such as health promotion, health assessment, acute and chronic disease management, and support to persons with disabilities and terminal illness. The Administration advised that the tender document for the operation of KTDHC had set out the service output targets in respect of the annual attendance for the health promotion, health assessment, chronic disease management and community rehabilitation services. A management committee had been set up to oversee the operation of KTDHC.
- 17. Members were gravely concerned that while the district-based primary healthcare service provided by DHCs were positioned by the Administration as a key component of the public healthcare system, KTDHC had failed to provide the general public with advice on prevention of coronavirus disease 2019 and relevant health assessment and referral services at district level during the epidemic but had closed for more than a month. There was a view that KTDHC and other future DHCs should play a greater role in the prevention and control of communicable diseases. There was also a concern that doctors in private practice were not being included as part of the core team of staff of DHCs. The Administration advised that the operator of KTDHC had been requested to submit a work plan on how KTDHC could further strengthen its work in the fight against the epidemic for consideration of the Administration. It should also be noted that the network service providers of KTDHC included private doctors.

Timetable

18. Given that the Administration had so far only set up one DHC, members cast doubt on how the Administration could achieve its target of establishing another six full-fledged DHCs and 11 smaller interim DHC Express within the

term of the current Government. They sought information on the concrete timetable of the Administration in this regard. The Administration advised that the invitation to tender for the provision of services to operate the DHCs in Sham Shui Po and Wong Tai Sin was issued in December 2019 and that for the operation of the DHCs in Tsuen Wan, Yuen Long, Tuen Mun and Southern District was planned to be issued in end-2020 or early 2021. NGOs would be identified to operate DHC Express by way of invitation of proposals in the third quarter of 2020. The premises for DHC Express would be proposed by the NGOs. FHB would set up an assessment panel comprising representatives from FHB and other related bureaux or departments to evaluate and select an NGO operator for each district. DHC Express in the various districts were expected to commence services in 2021.

19. Members sought information on the location of the sites earmarked for setting up DHCs in the remaining 17 districts. Expressing concern that KTDHC which was located in a commercial building in Kwai Chung was not easily accessible to many elderly service users, some members were discontented that DH had not given thought to the proposal of setting up a DHC in the new premises of Tsing Yi Maternal and Child Health Centre to improve accessibility. The Administration advised that it had secured the support of the relevant District Councils on the location of eight DHCs.² Its plan was to consult all the relevant District Councils on the locations of DHCs within the term of the current Government.

Assessing the effectiveness of DHCs and DHC Express

20. Members were concerned that the cumulative membership enrollment for KTDHC only stood at 2 912 as of 31 March 2020. Noting that the operation of each DHC would involve a recurrent expenditure of about \$100 million a year and the implementation of DHC Express over three years would involve a non-recurrent expenditure of about \$600 million, members queried whether the Administration would assess the effectiveness of these initiatives in improving the health of the population to ensure a prudent use of public resources as many patients could not gain access to expensive drugs of better clinical efficacy due to finite public resources. The Administration advised that it had commissioned

The locations of these eight DHCs are as follows:

District	Location
Sham Shui Po	Shek Kip Mei Estate Development Phase 6 Commercial facilities
Wong Tai Sin	Diamond Hill Comprehensive Development Area
Wan Chai	Caroline Hill Road Commercial Site
Eastern	Siu Sai Wan Road, in the vicinity of Siu Sai Wan Complex
Yau Tsim Mong	Ex-Mong Kok Market Site
Kwun Tong	Civil Service College Composite Development
Tai Po	Ex-Jockey Club Swimming Pool Site at On Pong Road
Sai Kung	Tseung Kwan O Area 67

the Jockey Club School of Public Health and Primary Care of The Chinese University of Hong Kong to conduct an evaluation of the effectiveness of KTDHC.

Recent developments

- 21. On 14 September 2020, the Administration announced the award of the operation service contract for the Sham Shui Po DHC and the Wong Tai Sin DHC. The Sham Shui Po DHC and the Wong Tai Sin DHC operators were given a gearing-up period of up to 10 months in preparation for a three-year operation of the two DHCs no later than end of June 2021 and end of June 2022 respectively. The contract sum is \$311.54 million for the Sham Shui Po DHC and \$307.82 million for the Wong Tai Sin DHC.
- 22. On 18 September 2020, FHB invited proposals from bona-fide non-profit-making NGOs with tax-exemption status under section 88 of the Inland Revenue Ordinance (Cap. 112) to provide services for the operation of DHC Express in 11 districts. Upon being awarded the service contracts, the future operators of these DHC Express would have a gearing-up period of up to six months for the targeted commissioning of the services in 2021, and operation would be for a three-year period. The invitation for proposals will be closed at 5:00 pm on 18 November 2020.
- 23. A written question concerning the development of primary healthcare was raised at the Council meeting of 21 October 2020. The question and the Administration's reply are in **Appendix I**.
- 24. The Administration will brief the Panel on 13 November 2020 on its proposal to develop the Wan Chai District Health Centre at the Caroline Hill Road Site which has been included in the 2020-2021 Land Sale Programme. The successful bidder of the Site will be required to develop the above DHC facility within its private development at the Site.

Relevant papers

25. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2
<u>Legislative Council Secretariat</u>
10 November 2020

Appendix I

Press Releases 21 October 2020

LCQ12: Development of primary healthcare

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 21):

Question:

The Government established in November 2017 the Steering Committee on Primary Healthcare Development to formulate a blueprint for the sustainable development of primary healthcare services for Hong Kong. Moreover, the Government set up in September 2019 in the Kwai Tsing (K&T) District the first District Health Centre (DHC) in Hong Kong. Regarding the development of primary healthcare, will the Government inform this Council:

- (1) of the expected time for announcing the aforesaid blueprint, and whether it will draw up a timetable for providing comprehensive primary healthcare services; if so, of the details; if not, the reasons for that;
- (2) whether it has set the main service targets for various DHCs; if so, of the details (including the age groups and social strata to which they belong);
- (3) of the updated number of members of K&T DHC, with a breakdown of the number by age group, and the respective to-date numbers of members who have been (i) provided with basic health risk assessment, (ii) referred to DHC Network Medical Practitioners upon having been identified with risk factors for diabetes mellitus or hypertension, and (iii) referred to the Chronic Disease Management Programmes upon having been confirmed to have suffered from diabetes mellitus or hypertension, by K&T DHC (set out in a table);
- (4) given that the Government has commissioned The Chinese University of Hong Kong to conduct the "Monitoring and Evaluation Study of Kwai Tsing District Health Centre", of the time as expected by the Government for making public the outcome of the study and the follow-up actions it has planned to take, including whether it will, in the light of the outcome of the study, adjust the operation mode of all DHCs and the requirements on DHC operators; and
- (5) whether, in order to develop primary healthcare, the Government (i) further developed the Electronic Health Record Sharing System, (ii) reviewed the manpower planning for primary healthcare, and (iii) expedited the implementation of public-private partnership and medical-social collaboration, in this year; if so, of the details of the relevant work and the progress made?

Reply:

President,

I provide the following reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan:

- (1) To comprehensively review the planning of primary healthcare services, as highlighted in the Chief Executive's 2017 Policy Address, the Steering Committee on Primary Healthcare Development (Steering Committee) was established in November 2017. Chaired by the Secretary for Food and Health, the Steering Committee was set up to formulate strategies for the development of primary healthcare services. The Steering Committee has held a total of 13 meetings to provide advices on various aspects of primary healthcare development such as manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework as well as strategy formulation, with a view to mapping out a blueprint for the sustainable development of primary healthcare services for Hong Kong. With the progressive expansion of District Health Centre's (DHC) services to 18 districts in Hong Kong, the blueprint will focus on exploring the development and service collaboration of district-based primary healthcare system. The Steering Committee expects to launch the consultation exercise for the blueprint in the coming year to listen to the views of the stakeholders.
- (2) and (3) The Food and Health Bureau (FHB) is committed to enhancing district-based primary healthcare services by setting up DHCs in 18 districts progressively. The setting up of DHC is a key step in a bid to shift the emphasis of present healthcare system and people's mindset from treatment-oriented to prevention-focused. In determining the scope of services to be provided by the DHC, the Steering Committee opined that DHC should direct resource to tackle the most prevalent chronic diseases that consume substantial medical resources and manage patients' conditions through risk management and early intervention, thereby reducing their unwarranted use of hospital services.

DHC's services focus on primary, secondary and tertiary prevention and are adjusted taking into account the population distribution and health risk factors in the community. With a view to enhancing public awareness of disease prevention and their capability in self-management of health, DHC's services cover education on healthy diet, weight management, stress management, smoking cessation and alcohol addiction treatment, etc. DHC also provides individualised primary healthcare services based on personal needs and risk factors of people from different age group, socioeconomic status and health conditions. Members identified as high risk individuals through basic health risk assessment would be arranged to attend health risk management activities according to the health assessment and their needs by Care Coordinator. Patients diagnosed with hypertension, diabetes mellitus or musculoskeletal disorder (including osteoarthritic knee pain and low back pain) may join the DHC chronic disease management programme developed by the Government based on reference clinical protocols. In addition, DHC offers community rehabilitation services to support patients with stroke, hip fracture or/and myocardial infarction who have already completed the rehabilitation programmes at hospitals but required extendedcare and rehabilitation in the community.

The first DHC in Kwai Tsing District commenced operation in September 2019. As at July 31, 2020, Kwai Tsing District Health Centre has 6 390 registered members. Their distribution by age groups are detailed below:

Age	Number

<18	42
18-24	26
25-44	287
45-64	1 784
65-80	3 573
>80	678
Total	6 390

As at July 31, 2020, the attendance of Kwai Tsing DHC service/activities are detailed below:

· · · · · · · · · · · · · · · · · · ·	
Types of service	Attendance
Health Promotion / Patient Empowerment Activities	20 864
Basic Health Risk Factors Assessment / Screening for Diabetes Mellitus and Hypertension	6 314
Chronic Disease Management / Community Rehabilitation Programme	1 323

(4) The Chinese University of Hong Kong (CUHK) was commissioned to conduct the Monitoring and Evaluation Study of Kwai Tsing DHC. According to the contract terms, the research team of the CUHK (research team) shall monitor and evaluate the services provided by the Kwai Tsing DHC within its first three years of operation, and submit a final report to the Government in the first quarter of 2023. The areas of study cover the quality and effectiveness of the services provided in the DHC and service outlets of its network, customer feedback and cost effectiveness, etc. The FHB and the research team will work together closely to monitor the services of the Kwai Tsing DHC with a view to improving the service quality.

The Government will take into account the result of this study and the operation experience of the Kwai Tsing DHC to enhance the operation model of the DHC Scheme and to formulate the development direction of primary healthcare.

(5)

(i) Electronic Health Record Sharing System

The Electronic Health Record Sharing System (eHRSS) was launched in March 2016, enabling healthcare providers in the public and private sectors, with patients' informed consent and on a need-to-know basis, to view and share the information of patients who have joined the eHRSS on a voluntary basis. The eHRSS helps patients receive more coherent and efficient services. Currently, the patients and service providers of various government-subsidised public-private partnership programmes, as well as operators, network service providers and members of DHCs are required to join the eHRSS to facilitate continuity of healthcare. The Government will explore ways to enhance primary healthcare service providers' participation in eHRSS while formulating the blueprint.

(ii) Manpower planning of primary healthcare

The Government published the report of the Strategic Review on Healthcare Manpower Planning and Professional Development in 2017 to lay the foundation for healthcare manpower planning, with a view to ensuring that there are qualified healthcare professionals to support the healthy and sustainable development of the healthcare system in Hong Kong. To continuously monitor the manpower of healthcare professionals, the Government will conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee. The Government is now conducting the new round of manpower projection exercise to update the demand and supply projections of healthcare manpower, including projected healthcare manpower needed by DHC, and the results are expected to be published by end of 2020. The Government will explore long-term strategy to strengthen the primary healthcare workforce when mapping out the blueprint.

(iii) Public-private partnership and medical-social collaboration

Funded by the Government and operated by non-governmental organisation (NGO), DHC adopts a brand new service model which connects a service network manned by private medical and healthcare practitioners in the district. Through district-based services, public-private partnership and medical-social collaboration, DHC is a key component of the public healthcare system. Since the commencement of the first DHC in Kwai Tsing District in September 2019, about 100 primary healthcare service providers in the private sector practicing either in the district, or the adjoining districts, have been connected, demonstrating the importance of public-private partnership and cross-sectoral co-ordination. These service providers include medical practitioners, allied health professionals (i.e. physiotherapists, occupational therapists, optometrists and dietitians) and Chinese medical practitioners, etc. In respect of medical-social collaboration, Kwai Tsing DHC has reached cooperation agreement with over 30 NGOs in the district on, among other things, membership referral and organisational activities support to leverage the benefits of service networking in the district so as to provide more comprehensive and targeted services, and better local social-medical support to the public.

Following Kwai Tsing, the operation service contracts for the Sham Shui Po (SSP) DHC and the Wong Tai Sin (WTS) DHC were awarded in September 2020. It is expected that the SSP and WTS DHCs will commence operation in 2021 and 2022 respectively.

In addition, the FHB is inviting proposal for the operation of the smaller interim "DHC Express" in 11 districts for the targeted commissioning of "DHC Express" services in 2021 with funding over a period of three years in initial phrase. It is expected that "DHC Express" will facilitate community medicalsocial support for the public through identification of healthcare and social resources, as well as early engagement of community service partners in the districts.

Apart from DHC, the Hospital Authority (HA) has launched the General Outpatient Clinic Public-Private Partnership Programme since mid-2014 by phases. The programme now covers all 18 districts in Hong Kong. The programme subsidises clinically stable patients with hypertension and/or diabetes mellitus under the care of its general outpatient clinics to opt for primary healthcare from the private sector. Participating patients are free to choose among the Participating Service Providers across all 18 districts. The programme enhances accessibility to primary

healthcare services and promotes the family doctor concept. As at end September 2020, a total of over 500 private doctors and about 37 000 patients were participating in the programme, representing a nearly 10 per cent increase in service volume compared to the same time last year.

Besides, the HA strives to strengthen collaboration with different community partners, including NGOs and patient groups in the development of community-based services with a view to attaining better leverage on community resources to enhance support for patients and their carers and strengthen disease management of the patients. Through medical-social collaboration, more coordinated medical and social care services would be provided, particularly the post-discharge support for patients in needs, enabling them to stay healthy in the community and reduce unnecessary hospitalisation. On the other hand, development of medical-social collaboration would also alleviate the growing service demand and enhance the sustainability of the healthcare system.

Taking elderly service as an example, the HA has strengthened integrated transitional support services for elderly patients who are at higher risk of hospital readmission to facilitate aging in place. Healthcare professionals would assess the needs of these patients and formulate discharge plan upon patient admission, and provide post-discharge rehabilitation and nursing care support as necessary. The HA also engages NGOs to provide transitional personal care and home support services according to patients' needs after discharge, as well as carer training. Moreover, through strengthening medical-social collaboration, the HA plans to progressively enhance the transitional post-discharge support for more elderly patients (such as patients with hip fracture).

The HA will continue to strengthen the partnership with NGOs, and, through the development of medical-social collaboration, provide appropriate community support for patients in needs.

Ends/Wednesday, October 21, 2020 Issued at HKT 15:06

NNNN

Appendix II

Relevant papers on the development of district health centre

Committee	Date of meeting	Paper
Panel on Health Services	16.10.2017	Agenda
	(Item IV)	Minutes
	26.3.2018	Agenda
	(Item I)	Minutes
	16.7.2018	Agenda
	(Item II)	<u>Minutes</u>
		<u>CB(2)63/18-19(01)</u>
	15.10.2018	<u>Agenda</u>
	(Item III)	Minutes
	21.10.2019	Agenda
	(Item I)	Minutes
	20.3.2020	Agenda
	(Item III)	CB(2)1407/19-20(01)

Council Business Division 2 <u>Legislative Council Secretariat</u> 10 November 2020