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**Panel on Health Services**

**Updated background brief prepared by the Legislative Council  
Secretariat  
for the meeting on 9 April 2021**

**Development of district health centre**

**Purpose**

This paper provides background information on and summarizes the major concerns of the Legislative Council Members, in particular 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.

3. In a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused, the Food and Health Bureau ("FHB") is setting up DHCs in 18 districts progressively. Through medical-social collaboration and public-private partnership, DHCs provide district-based primary healthcare services, with a view to enhancing public capability in self-management of health and support patients with chronic diseases.

4. 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, 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.

5. The first DHC commenced operation in Kwai Tsing District in September 2019.<sup>1</sup> The development plan of DHCs in 18 districts is in **Appendix I**.

### **Major deliberations and concerns of Members**

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

#### Role and operation of the pilot District Health Centre in Kwai Tsing District

7. Noting that various primary healthcare services were currently being provided in the community by the Department of Health ("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.

8. 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

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<sup>1</sup> The operation of Kwai Tsing District Health Centre was awarded to a non-public operator under a three-year service contract with contract sum of \$284 million.

points, with a core centre serving as its headquarters.

9. 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.

10. 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.

11. 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.

12. 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 clients of that DHC.

13. 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 the 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.

#### Service scope of District Health Centres and District Health Centre Expresses

14. Members generally called for the Administration to expand the service scope of DHCs and DHC Expresses, such as incorporating cancer-related items, to 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. Some 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 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. In response to a question raised at the Council meeting of 16 December 2020 on whether the Administration would consider expanding the scope of the disease screening services of DHCs to cover cervical cancer, breast cancer and colorectal cancer, the Administration advised that

DHC had been actively complementing the cancer screening programmes implemented by the Government. DHC provided basic health risk assessment for the members of the public which included identification of risk factors associated with cancers. For members of the public who were eligible for participating the territory-wide cervical cancer and colorectal cancer screening programmes, DHC would provide professional advice, co-ordination and referral to doctors enrolled under respective screening programmes for screening and enable them to receive early necessary treatment. In addition, DHC conducted promotion on preventing risk factors associated with cancers, which included unhealthy diet, inadequate exercise, alcohol consumption and smoking behaviour, etc. For persons identified with these risk factors, DHC also provided health programmes to help them mitigate these risky behaviours in order to stay healthy and lower their risk of cancer.

17. 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.

18. 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 included as part of the core team of staff of DHCs.

19. 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 by the Administration. It should also be noted that the network service providers of KTDHC included private doctors.

## Timetable of setting up District Health Centres and District Health Centre Expresses

20. 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. There was a view that the Administration could identify idle or under-utilized government premises for setting up DHCs.

21. The Administration advised in January 2021 that the service contracts of Sham Shui Po and Wong Tai Sin DHCs were awarded with a view to commencing services in 2021 and 2022 respectively.<sup>2</sup> In addition, suitable sites had been identified for setting up DHCs in remaining districts. Apart from the nine districts where service contracts were awarded or sites being confirmed (namely Sham Shui Po, Wong Tai Sin, Wan Chai,<sup>3</sup> Eastern, Yau Tsim Mong, Kwun Tong, Tai Po, Sai Kung and North District), the Administration had recently consulted Central and Western District Council on the site and secured support.

22. As regards EHC Express, the Administration advised that it had completed the invitation of proposals for providing DHC Express services in 11 districts with a view to commencing services in 2021. 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. The premises for DHC Express would be proposed by the NGOs concerned.

## Location of District Health Centres

23. Noting the establishment of KTDHC, 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 discontent that DH had not

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<sup>2</sup> 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.

<sup>3</sup> On 29 January 2021, the Finance Committee approved the upgrading of 76MC (Development of a DHC at Caroline Hill Road Site) to Category A at an estimated cost of \$168.0 million in money-of-the-day prices.

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.<sup>4</sup> Its plan was to consult all the relevant District Councils on the locations of DHCs within the term of the current Government.

#### Assessment of the effectiveness of District Health Centres and District Health Centre Expresses

24. 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 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.

#### **Relevant papers and questions raised at Council meetings**

25. Three written questions concerning the development of primary healthcare were raised at the Council meetings of 21 October and 16 December 2020, and 24 March 2021. The hyperlinks to the questions and the Administration's responses, together with other relevant papers, are in **Appendix II**.

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<sup>4</sup> The locations of these eight DHCs are as follows:

<b>District</b>	<b>Location</b>
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

**Recent developments**

26. The Administration will brief the Panel on 9 April 2021 on a building project under the Healthcare Facilities Development Programme for the provision in Siu Sai Wan a DHC, and other health and welfare facilities.

Council Business Division 4  
Legislative Council Secretariat  
31 March 2021

**Development Plan of District Health Centres in 18 Districts**

<b>District</b>	<b>Establishment of District Health Centres ("DHCs") within the term of the current Government</b>	<b>Establishment of DHC Express within the term of the current Government</b>
<b>Kwai Tsing</b>	✓ Operation commenced in 9/2019	
<b>Sham Shui Po</b>	✓	
<b>Wong Tai Sin</b>	✓	
<b>Wan Chai</b>		✓
<b>Eastern</b>		✓
<b>Yau Tsim Mong</b>		✓
<b>Kwun Tong</b>		✓
<b>Tai Po</b>		✓
<b>Yuen Long</b>	✓	
<b>Tsuen Wan</b>	✓	
<b>Tuen Mun</b>	✓	
<b>Southern</b>	✓	
<b>Islands</b>		✓
<b>North</b>		✓
<b>Shatin</b>		✓
<b>Kowloon City</b>		✓
<b>Sai Kung</b>		✓
<b>Central &amp; Western</b>		✓

## Relevant papers on the development of district health centre

Committee	Date of meeting	Paper
Council Meeting	21.10.2020 (Question 12)	<a href="https://www.info.gov.hk/gia/general/202010/21/P2020102100328.htm">https://www.info.gov.hk/gia/general/202010/21/P2020102100328.htm</a>
	16.12.2020 (Question 22)	<a href="https://www.info.gov.hk/gia/general/202012/16/P2020121600426.htm">https://www.info.gov.hk/gia/general/202012/16/P2020121600426.htm</a>
	24.3.2021 (Question 16)	<a href="https://www.info.gov.hk/gia/general/202103/24/P2021032400533.htm">https://www.info.gov.hk/gia/general/202103/24/P2021032400533.htm</a>
Panel on Health Services	16.10.2017 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	26.3.2018 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	16.7.2018 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)63/18-19(01)</a>
	15.10.2018 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	21.10.2019 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	20.3.2020 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1407/19-20(01)</a>
	13.11.2020 (Item V)	<a href="#">Agenda</a>
	8.1.2021 (Item III)	<a href="#">Agenda</a>
Finance Committee	29.01.2021 (Item 2)	<a href="#">Agenda</a>
Public Works Subcommittee	9.12.2020 (Item 4)	<a href="#">Agenda</a>

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