

**For discussion
on 8 October 2021**

**Legislative Council Panel on Health Services
2021 Policy Address
Policy Initiatives of the Food and Health Bureau**

With our anti-epidemic efforts sustained over the past 21 months, all confirmed COVID-19 patients have received timely and proper treatment in hospitals. This is an extraordinary achievement which demonstrates the remarkable efficiency, professionalism and high adaptability of the healthcare system in Hong Kong. That said, there are still inadequacies in our healthcare system. We need to make improvements in multiple aspects in order to tackle the challenges posed to our healthcare services by an ageing population. To safeguard public health and further improve the standard of health services, this term of Government will continue to work in a focused manner and allocate resources to the following areas –

- (a) primary healthcare;
- (b) continuous improvements to the public healthcare system;
- (c) prevention and control of diseases;
- (d) mental health;
- (e) development of Chinese Medicine;
- (f) supporting patients in need;
- (g) sustainable development of healthcare system; and
- (h) supporting the development of life and health technology.

(a) Primary healthcare

Development of District Health Centres

2. 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 District Health Centres (DHCs) and DHC Expresses in 18 districts progressively with a view to accelerating the provision of district-based primary healthcare services through medical-social collaboration and public-private partnership, which

would in turn enhance the self-care capability of the public and support patients with chronic diseases.

3. After years of hard work, the Kwai Tsing DHC and the Sham Shui Po DHC have commenced operation in September 2019 and June 2021 respectively. The Government has expedited the setting up of DHCs in other districts. While DHCs in Wong Tai Sin, Tuen Mun, Southern District, Yuen Long and Tsuen Wan are expected to commence operation in 2022, suitable sites have also been identified for the setting up of DHCs in the remaining districts. Among others, we have obtained support from the respective District Councils in eight districts (namely Wan Chai, Eastern District, Yau Tsim Mong, Kwun Tong, Tai Po, Sai Kung, North District and Central and Western District). Meanwhile, the Government will set up interim DHC Express in 11 districts in the fourth quarter of 2021, with some of them already commenced services progressively.

4. Currently, DHCs provide screening services and diagnosis of diabetes mellitus and hypertension to members under its Chronic Disease Management Programme. In order to further enhance the measures to manage the chronic disease and alleviating the pressure on the public healthcare system, the Government is actively preparing to implement a Pilot Public-Private Partnership Programme in the Sham Shui Po DHC with a view to launching the Pilot Programme in late 2021.

Primary Healthcare Development Blueprint

5. In the long run, the Government has proceeded with a comprehensive review on the planning of primary healthcare services and governance framework with a view to formulating a blueprint for the sustainable development of primary healthcare services in Hong Kong (the “Blueprint”). The Government aims to launch the consultation exercise for the Blueprint to listen to the views of the stakeholders and implement the recommendations as soon as practicable. We will make reference to international experience by looking into the primary healthcare landscape in different parts of the world and drawing reference from the primary healthcare policy, direction and measures adopted in different places with a view to establishing a primary healthcare system that can improve the health of the public and enhance their quality of life.

6. Under the guidance of the Steering Committee on Primary Healthcare Development, we are exploring the following aspects in the Blueprint:

- (i) Establishment and Restructuring of a District-based, Prevention-oriented Primary Healthcare System
- (ii) Governance Framework of Primary Healthcare Services
- (iii) Manpower and Training of Primary Healthcare Personnel
- (iv) Enhancing Health Surveillance and Health Record Sharing
- (v) Financing of Primary Healthcare Services

7. Among others, we have placed great emphasis on the role of DHCs as district primary healthcare hubs. Through active engagement of NGO partners, DHCs would be able to utilise its community network and resources to promote district-based primary healthcare services that suits the community's needs in a proactive and flexible manner. It will also strengthen medical-social collaboration through a bottom-up approach.

8. As for the review on the governance framework of primary healthcare services, the Government aims to strengthen the planning and coordination of resources, manpower, service structure and service standards, etc., as well as to integrate existing public and private primary healthcare services resources to improve service efficiency and effectiveness. We will consult stakeholders on the Blueprint this year with a view to publishing the Blueprint within the current term of the Government.

(b) Continuous improvements to the public healthcare system

9. The COVID-19 pandemic has presented exceptional challenges to public health authorities around the world. Hong Kong is no exception. We will take stock of the progress made over the past 21 months and consolidate our experience in combating the epidemic. Meanwhile, to maintain the remarkable efficiency, professionalism and high adaptability of the healthcare system in Hong Kong, we need to make continuous improvements in multiple aspects in order to tackle the challenges posed to our healthcare services by an ageing population and the epidemic. On one hand, we will consider strengthening the core functions of the Department of Health (DH) in formulating and implementing public health strategies, as well as monitoring and facilitating the development of health technology and the research and development of drug, so as to enhance its capability to cater for the future development of society and public health. We will also consider the role of the DH and coordination arrangements in the process of reviewing the governance framework and service provision

of primary healthcare services. On the other hand, we will continue to support the Hospital Authority (HA) to expand and upgrade inpatient healthcare services, and develop and make good use of innovative technology to improve efficiency and quality. Besides, we will conduct a comprehensive review on the current practices, together with the HA and the DH, regarding clinical data, clinical trials and drug registration, etc. in order to promote and foster the development of life and health technology.

(c) Prevention and control of diseases

Threat of antimicrobial resistance in Hong Kong

10. As regards the strengthening of disease prevention and control, the Government will review the implementation experience of the first Hong Kong Strategy and Action Plan on Antimicrobial Resistance (2017-2022) and draw up the second plan to map out response strategies for the next phase.

Viral Hepatitis

11. The Hong Kong Viral Hepatitis Action Plan 2020-2024 was promulgated in October 2020 and the Government will actively pursue the action items as set out in the Action Plan to reduce the number of people suffering from the disease.

Breast Cancer Screening Pilot programme

12. The Government has rolled out the Breast Cancer Screening Pilot programme to provide risk-based screening services for eligible women from September 2021, with an aim of detecting early breast cancer in women before any symptoms of breast cancer appear, so that treatment can be carried out early to prevent cancer from getting worse.

(d) Mental health

13. The social unrest in 2019, together with the persisting epidemic since early 2020, have brought different levels of impact and influence on the mental well-being of the people in the community. In the 2020 Policy Address, the Government announced that it would earmark \$300 million under the Beat Drugs Fund for the aims of providing better support to the

needy in the community and raising public awareness of mental health. The Government launched the Mental Health Initiatives Funding Scheme in July 2021, inviting relevant non-governmental organisations and tertiary institutions to submit proposals. It is expected that the approved mental health projects would commence within 2021-22.

(e) Development of Chinese Medicine (CM)

14. The Government has all along been promoting the development of CM in Hong Kong, and affirmed the positioning of CM in the development of medical services in Hong Kong. The Government is constructing Hong Kong's first Chinese Medicine Hospital (CMH), and announced on 22 June 2021 the engagement of the Hong Kong Baptist University as the contractor of the service deed for operation of the CMH. The preparatory work for the commissioning of the CMH has also commenced immediately thereafter, including signing the service deed, drawing up detailed design, procuring necessary furniture and equipment, and establishing the information technology systems, with a view to commencing services by phases from the second quarter of 2025. Furthermore, the Government is also constructing the Government Chinese Medicines Testing Institute (GCMTI), located adjacent to the CMH, to be managed by the DH. The design and construction contract covering both CMH and GCMTI has been awarded in late June 2021, and the construction works have already been commenced.

15. The Government will continue to provide quotas for Government-subsidised CM out-patient general consultation, acupuncture and bone-setting/tui-na services at the Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) established in the 18 districts over the territory. CMCTRs has been promoting the development of CM through CM services, training and research. Furthermore, the HA will continue to develop Integrated Chinese-Western Medicine (ICWM) in-patient services at public hospitals to provide in-patient CM services to patients of designated disease areas (including stroke care, musculoskeletal pain management, and cancer palliative care). The number of participating hospitals has been increased to eight since April 2021, covering all seven hospital clusters of the HA. To tie in with the policy direction of the long-term development of CM, the HA is exploring enhancement of ICWM services by further increasing the number of participating hospitals and

disease areas, as well as regularising the services concerned.

16. Since the commencement of operation in June 2019, various subsidy schemes have been launched under the \$500-million Chinese Medicine Development Fund (CMDf). There have been overwhelming responses from the sector on these subsidy schemes. Around 3 000 projects have been approved so far, benefitting different segments of the CM sector, as well as non-profit-making organisations and academic institutions promoting the development of CM in Hong Kong. The FHB has launched a review on the overall implementation of the CMDf, with a view to further enhancing the subsidy schemes and utilisation of resources so as to support the CM sector in a more effective and targeted manner.

17. With the support of the Central Government, Hong Kong's CM sector will be able to further pursue development in the Greater Bay Area (GBA), with measures including Hong Kong registered proprietary Chinese medicines for external use to be registered and sold in the GBA through streamlined approval procedures, and the recruitment of Hong Kong Chinese medicine practitioners (CMPs) by Mainland public healthcare institutions. The relevant authorities of the Guangdong Province announced the measures concerned on 27 and 30 August 2021 respectively. The Government will continue to encourage the CM sector to seize the opportunities in furthering their development in the GBA, and actively participate in the construction of the CM Highlands in the GBA.

18. With a view to furthering the long-term development of the CM sector, the Government will explore empowering CMPs to prescribe diagnostic radiology (such as X-ray) and laboratory tests for their patients.

(f) Supporting patients in need

Drug subsidy

19. To ease the financial burden of patients requiring long-term medication, the Government and the HA have implemented measures to further refine the means test mechanism of the Samaritan Fund (SF) and Community Care Fund (CCF) Medical Assistance Programmes starting from April 2021. Specific measures include –

- (i) modifying the calculation of Annual Disposable Financial Resources (ADFR) for recurrent applications¹;
- (ii) including more allowable deduction items in the calculation of ADFR and adjusting the calculations of income for all applications; and
- (iii) extending the validity period of the financial assessment of recurrent applicants.

20. With the implementation of the aforesaid improvement measures on top of the enhancements introduced in early 2019 and the new subsidised items, the subsidies granted under the SF and CCF Medical Assistance Programmes could reach \$3.1 billion in 2021-22, representing an increase of 47.6% over 2020-21.

Genomic medicine

21. The pilot phase of Hong Kong Genome Project has commenced in July 2021. The main phase of the Project will commence in 2022, under which whole genome sequencing and analysis will be conducted for more patients having diseases with genetic predisposition and their family members. Around 50 000 whole genome sequencing will be conducted. Patients will benefit from more accurate diagnosis and more personalised treatment. In the long term, the Project will promote clinical application and innovative scientific research on genomic medicine locally.

End-of-life care

22. The Government has completed public consultation on legislative proposals on advance directives and dying in place in relation to end-of-life care services. Relevant law drafting work is underway.

(g) Sustainable development of healthcare system

Healthcare manpower

23. The healthcare system in Hong Kong has been renowned for its quality and reliability. Nevertheless, just like other advanced economies,

¹ The expenses on the drugs under application at public hospitals/clinics in the last 12 months will be deducted and only 80% of the patient's household disposable income will be calculated.

our healthcare system is facing many challenges, including an ageing population, increasing number of diseases triggered by lifestyle, rising public expectations towards healthcare services, etc. To cope with these challenges, sufficient healthcare manpower is a must. The Government has been adopting a multi-pronged approach to enhance healthcare manpower, including increasing continuously the local healthcare training places offered by the University Grants Committee-funded universities and self-financing institutions, and admitting non-locally trained healthcare professionals, with a view to supporting the development of various healthcare services. Meanwhile, the Legislative Council has finished scrutinising the Medical Registration (Amendment) Bill 2021 to enable qualified non-locally trained doctors to practise in Hong Kong, thereby help increasing our overall manpower supply of doctors.

Healthcare professional development

24. In addition, we have to strengthen the roles of other healthcare professionals in the local healthcare system, especially in the primary healthcare setting. We will follow up with the statutory Boards and Councils of various healthcare professions on the recommendations in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development promulgated in 2017, including proposing legislative amendments to allow patients to have direct access to healthcare professional services (e.g. physiotherapy and occupational therapy) without a doctor's referral so as to avoid delay in treatment. Furthermore, to ensure the professional competency of healthcare personnel, we will legislate to make continuing professional education and/or continuing professional development a mandatory requirement for supplementary medical professionals under the Supplementary Medical Professions Ordinance, as well as nurses and dentists. Drawing on the experience in implementing the on-going voluntary Accredited Registers Scheme for Healthcare Professions, we will also explore the feasibility of introducing a statutory registration regime for those healthcare professionals who are currently not subject to any statutory registration requirements such as clinical psychologists, speech therapists and dietitians, with a view to protecting public interest.

Development of hospitals

25. In 2016, the Government set aside \$200 billion for the HA to implement the First Ten-year Hospital Development Plan (HDP), which covers the redevelopment and expansion of 11 hospitals, and the construction of a new acute hospital, three community health centres and one supporting services centre, for providing more than 6 000 additional bed spaces and 90 additional operating theatres. To date, the Government has upgraded eight projects in full and six projects in part to Category A under the First Ten-year HDP.

26. HA has also commenced the planning of the Second Ten-year HDP for a budget of \$270 billion. Upon completion, there will be a planned capacity of over 9 000 additional beds and other additional hospital facilities that will be meeting the projected service demand up to 2036.

27. HA will also review the design of hospital projects under the two Ten-year HDPs taking into account the experience in combating COVID-19 and incorporate required provisions for two to three general wards in each selected hospital to be readily converted into Tier-2 isolation wards in epidemic situation. In the First Ten-year HDP, the HA plans to provide not less than 300 additional Tier-two isolation beds.

Telehealth

28. HA will continue to modernise its service model, including piloting the use of “HA Go” mobile application to provide telehealth services for suitable patients. HA will provide telehealth services for elderly persons living in remote areas ensuing network infrastructure installed at village offices by the Innovation and Technology Bureau.

(h) Supporting development of life and health technology

29. Clinical data, clinical trials and drug registration are some of the key areas essential to the development of life and health technology. To this end, the FHB, HA and DH will conduct a comprehensive review of the current practices and provide facilitation.

30. Technological breakthrough is a key step to strengthen healthcare services. To further promote research and development (R&D), the HA will provide a dedicated structure to facilitate more institutions to explore the potential use of healthcare data for R&D collaboration with the HA, and make use of a wider network of HA hospitals for research and clinical trial purposes. We will also explore collaboration between the HA and Hong Kong Science and Technology Parks Corporation on the use of HA's clinical data for R&D.

31. Furthermore, the HA provided data to over 100 researchers in 16 collaboration projects through the HA Data Collaboration Lab since 2019, and launched the Self Services Platform to facilitate local researchers using healthcare data for further exploration and innovation.

32. The Government will expedite the legislative process for registering drugs containing new chemical or biological entity under the Pharmacy and Poisons Regulations, so that the relevant drugs will be available in the market as early as possible to support the development of life and health technology and benefit more patients in need.

33. On the other hand, from April 2020 to September 2021, the FHB and its Health and Medical Research Fund have approved a total of \$513 million to support 67 COVID-19 research studies from bench to bedside and at the community level through application of new technologies.

Emerging from the epidemic

34. While we have ambitious plans to deliver, our top priority right now remains clear, i.e. we have to do our best to control the epidemic for the community, so that normal cross-boundary flow of people can be resumed as early as possible. Looking back, in our fight against the epidemic over the past 21 months, we have strictly implemented, with scientific justifications, the strategy of guarding against the importation of cases and the resurgence of local infections. Thanks to the staunch support of the general public, we have weathered four waves of surging cases, and have aptly adjusted our anti-epidemic strategy in light of experience. The Government's anti-epidemic work is outlined at LC Paper No. CB(4)1615/20-21(02).

Conclusion

35. FHB's policy objectives are to safeguard public health and

ensure our medical and healthcare system maintains its high quality services and a sustainable development. To this end, we work strenuously to implement various measures outlined in the paper, fight the battle against COVID-19 and meet the health challenges of our ageing population.

Food and Health Bureau
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