

**Legislative Council Meeting of 26 January 2022
Progress Report on the Motion on “Ten-year plan for primary
healthcare”**

PURPOSE

During its meeting of 26 January 2022, the Legislative Council (LegCo) passed the motion moved by Hon CHAN Hoi-yan and amended by Hon Kingsley WONG, Hon Edward LEUNG, Dr Hon David LAM, Hon Tommy CHEUNG and Hon Duncan CHIU on “Ten-year plan for primary healthcare”. The full text of the motion passed is at **Annex**. The Government has responded to the main context of the motion at the sitting. This report sets out the progress of the relevant matters by the Food and Health Bureau (FHB) in respect of the motion for Members’ information.

Promoting the Development of Primary Healthcare

2. In view of the rapidly ageing population and increasing prevalence of chronic diseases, the sustainability of Hong Kong’s public healthcare system is facing major challenges. At present, there are about 2 million population in Hong Kong suffering from one or more chronic diseases. Most of them receive medical care and follow-up in public hospitals, especially specialist outpatient services which serve as many as 7.5 million attendance in 2020-2021.

3. Facing the burden brought by ageing population and chronic disease prevalence, we need to take multi-pronged measures to tackle the increasing healthcare needs as well as alleviate the pressure on the public healthcare system. Among others, one of the critical aspects is to shift the emphasis of present healthcare system and people’s mindset from treatment-orientated to prevention-focused and consolidate and enhance primary healthcare system as the cornerstone of healthcare system. Primary healthcare is the first point of contact for individuals and families in a continuing healthcare process in the living and working community which entails the provision of accessible, comprehensive, continuing, co-ordinated and person-centric care. A well-established primary healthcare system will serve as a gatekeeper to support secondary and tertiary healthcare as well as hospital services development in the long run.

4. Under the guidance of the Steering Committee on Primary Healthcare Development (Steering Committee), we have commenced discussion on the primary healthcare services development and healthcare system reform. The Government is committed to establish a primary healthcare system that improves the health and enhances the quality of living of the people. To this end, the Government has formulated the framework of primary healthcare blueprint (the Blueprint) which will focus on a series of reform measures to further strengthen primary healthcare services in Hong Kong and relieve the pressure on public healthcare system. Specific policy directions and key areas include:

- (1) Establishing a district-based, family-oriented community primary healthcare system;
- (2) Strengthening primary healthcare governance;
- (3) Utilising private healthcare services and improving financing of primary healthcare services;
- (4) Reinforcing manpower and training of primary healthcare personnel; and
- (5) Enhancing health surveillance and sharing of health records.

A. Establishing a district-based, family-oriented community primary healthcare system

5. In a bid to shift the emphasis of the present healthcare system and people's mindset from treatment-oriented to prevention-focused, this term of Government is determined to inject resources to facilitate the provision of district-based primary healthcare services. The setting up of District Health Centres (DHCs) in 18 districts is a crucial step in changing the healthcare system in Hong Kong. DHCs provide three levels of preventive services in primary healthcare. Following the commencement of operation of Kwai Tsing, Sham Shui Po and Tuen Mun DHCs in September 2019, June 2021 and May 2022 respectively, DHCs in Wong Tai Sin, Southern, Yuen Long and Tsuen Wan districts will progressively commence operation within this year. To maintain the momentum for promoting primary healthcare, we have set up DHC Expresses in 11 districts pending the establishment full-fledged of DHCs. The 11 DHC Expresses have already commenced operation progressively starting from end September 2021.

6. With the progressive expansion of DHC services to 18 districts in Hong Kong, we are exploring the development and integration of

district-based primary healthcare services. The DHCs or DHC Expresses which established by the Government in 18 districts have progressively commenced operation, the hardware network of the primary healthcare system has been gradually established.

7. We expect DHCs to serve as district primary healthcare hubs in support of primary healthcare doctors. Through public-private partnership (PPP) and medical-social collaboration service models, we expect DHCs to engage and coordinate service providers in the community, including public healthcare services, private healthcare services, community care and support services as well as social services, so as to provide and integrate the primary healthcare services in relation to disease prevention, disease management, community rehabilitation and care support, etc. We envisage to enhance the quality of health of the public as well as strengthening medical-social collaboration through a bottom-up approach by promoting district-based primary healthcare services that suits the community's needs in a proactive and flexible manner.

B. Strengthening Primary Healthcare Governance

8. At present, primary healthcare services in Hong Kong are mainly provided by Department of Health (DH) and Hospital Authority (HA) in public sector and service providers in private sector. In the Blueprint, we will explore to enhance the functions and responsibilities of existing Primary Healthcare Office (PHO), to empower PHO in coordinating and planning on the primary healthcare services provided by public sector effectively as well as setting standards for primary healthcare services, especially those provided by private sector, in a systematic manner. Through a unified governance structure, we aim to plan, coordinate and liaise on various aspects of primary healthcare services in terms of resources, manpower, service structure and standard, etc., with a view to enhancing service effectiveness and efficiency via integration of existing resources on public and private primary healthcare services. The major function of the proposed Primary Healthcare Authority is to coordinate services strategically, manage resources, and formulate service standards and quality assurance mechanism.

9. In particular, as more private healthcare service providers are providing primary healthcare services, we need to consider how to incorporate private healthcare services into primary healthcare development planning with a view to systematically managing and

regulating the services provided by private primary healthcare service providers. To this end, we will explore enhancing the functions of the existing Primary Care Directory (the Directory) and Reference Frameworks in Primary Care Settings (Reference Frameworks) in the Blueprint. To ensure the quality of service providers in the Directory, PHO will review the enrolment and continued listing conditions of the Directory, such as requiring the service providers to participate in continuing education programmes with a focus on primary healthcare services. We will also explore requiring all service providers that participate in Government-subsidised healthcare programmes to be registered under the Directory and comply with the Reference Frameworks for the management of chronic diseases. This will help formulate service standards for private primary healthcare service providers in a more systemic manner and enable them to better assume the role as “gatekeeper” of secondary healthcare. With a pre-defined two-way referral process, we aim to streamline HA Specialist Out-patient Clinics’ (SOPCs) patient care process to achieve triage of patients such that those with genuine urgent need can be referred to SOPCs expeditiously, whilst those with stable conditions will be offloaded to the primary healthcare system to receive continuous care.

C. Utilising Private Healthcare Services and Improving Financing of Primary Healthcare Services

10. One of the most important role of public healthcare is to provide a safety net for society. We will examine in the Blueprint the feasibility of engaging more private healthcare services in chronic disease management. We are also determined to review the positioning of public primary healthcare services, especially the positioning of General Out-patients Clinic (GOPCs) in order to centralise and utilise its resources. Otherwise, the continuously growing healthcare demands brought by the ageing population and increasing chronic diseases prevalence will aggravate the overloaded demand and long waiting time of public healthcare services which may hinder those people who are in need of public healthcare service and cannot afford private healthcare service from receiving appropriate care.

Public-Private Partnership (PPP) Programmes

11. To ensure that our limited resources are used in the best possible way to serve those in genuine need, as well as to promote PPP and make

better use of private healthcare services, the Government has actively introduced a number of PPP programmes. Among them, the HA has been implementing various clinical PPP programmes over the years such as the General Outpatient Clinic PPP Programme (GOPC PPP) which aims to subsidise clinically stable patients who have hypertension (HT) and/or diabetes mellitus (DM) and are currently taken care by HA GOPC to receive private primary healthcare services.

12. To tie in with the Government's policy of promoting primary healthcare, the HA has introduced a Co-Care Service Model since late 2021, so that HA SOPC patients who are in stable clinical conditions may choose to receive private healthcare services under the GOPC PPP. The Co-Care Service Model was launched on a pilot basis in SOPC (Medicine) in the third quarter of 2021 and extended to cover patients of SOPC (Orthopaedics and Traumatology) in the fourth quarter. To cope with the surge in service demand, the HA will also strengthen collaboration with the private healthcare sector, including arranging for voluntary patients to be transferred to private hospitals with low-cost hospital beds for treatment and enhancing the GOPC PPP to provide additional subsidised quotas for each participating patient.

13. In terms of supporting chronic disease screening and management, the Chief Executive proposed in the 2020 Policy Address to launch a Pilot Public-Private Partnership Programme for DHC (the Pilot Programme), with a view to enhancing the measures to manage chronic diseases and alleviating the pressure on public healthcare system. The Pilot Programme was launched at the Sham Shui Po DHC in late 2021. Under the Pilot Programme, DHC members who are diagnosed with DM or HT for the first time through the chronic disease screening conducted by the Sham Shui Po DHC, are provided with a more comprehensive chronic disease management subsidy. The subsidy can be used to offset payment for private primary healthcare services related to DM or HT management in the community, including fees of medical consultations, medications and investigations. The Pilot Programme aims to enhance the primary healthcare service accessibility and promote the concept of family doctors so as to alleviate the burden on public healthcare service.

14. Although the direct services of Hong Kong's public healthcare system are highly cost-efficient, as the services are highly subsidised with public funds, there has all along been signs of system overload as well as public-private imbalance which results in lack of sustainability. Having regard to the above restructuring of a district-based and prevention-

oriented primary healthcare system, as well as the healthcare needs of members of the public, we will suitably adjust the balance of the public and private healthcare sectors and support the development of quality private healthcare services, with a view to supplementing the services provided by public institutions and providing more choices for members of the public. The Government strives to strategically optimise the use of resources in the private healthcare sector to relieve pressure on the public healthcare system. Indeed, the objective of PPP programmes is not meant to outsource public services to the private sector, but to provide a choice for members of the public who can afford the relevant co-payment and foster public-private collaboration, thereby optimising the use of resources in the healthcare system and achieving better patient care and outcomes. We will explore in the Blueprint how to further enhance public-private collaboration and optimise the use of private healthcare resources to identify and support chronic patients in order to alleviate pressure on specialist and hospital services.

Elderly Health Care Voucher Scheme

15. The Elderly Health Care Voucher Scheme (EHCV Scheme) will continue to support the Government's policy objective of promoting primary healthcare, support elders' health needs, assist to enhance their awareness of disease prevention and self-management of health, as well as complement the development of DHCs. On this basis, we will strive to ensure optimum use of resources for the EHCV Scheme. In addition to considering the impact on public finances, we also need to ensure that the EHCV Scheme can effectively demonstrate the goal of promoting primary care. We will continue to review the operation of the EHCV Scheme and make appropriate adjustments and take suitable measures as necessary. We will not rule out regulating of the use of vouchers under the framework of the Blueprint, including specifying a certain amount of vouchers for designated use related to primary healthcare, such as health risk assessment, chronic disease assessment and management; requiring the elderly to register their family doctors; and introducing the co-payment concept for non-designated uses. The aim is to enable the elderly to make good use of their vouchers on primary healthcare services for disease prevention and health management.

D. Reinforcing Manpower and Training of Primary Healthcare Personnel

16. To develop an efficient primary healthcare system, we need sufficient and sustainable supply of primary healthcare manpower. In tandem with increasing the supply of primary healthcare manpower, we require primary healthcare service providers to have sufficient knowledge and understanding of providing primary healthcare services in multi-disciplinary model in the community, with a view to ensuring the quality of primary healthcare services. Hence, under an ageing population, we must strengthen the training of primary healthcare manpower and enhance the functions of primary healthcare personnel to ensure a continuous and high-quality supply of primary healthcare manpower.

Manpower Demand for Healthcare Personnel

17. As recommended in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development published in 2017, the Government conducts a healthcare manpower projection exercise every three years to update the supply and demand figures of different healthcare professionals, in step with the triennial planning cycle of the University Grants Committee. The last round of manpower projection exercise was conducted in 2020 and the results were announced in March 2021. The projections revealed a general shortage of doctors and general nurses in the short to medium term. Based on the projections, the Government has decided to further increase the number of training places for medical students from 530 to 590 per cohort in the 2022/23 to 2024/25 triennium. The Government has also invited self-financing institutions to provide a total of 180 additional training places for nursing students in the 2022/23 academic year.

18. To alleviate the shortage of doctors in the public healthcare system, we secured the LegCo's passage of the "the Medical Registration (Amendment) Ordinance 2021" (the Ordinance) in October 2021 to create a new pathway, namely special registration, for qualified non-locally trained doctors to obtain full registration in Hong Kong, subject to certain requirements or criteria being met. The Special Registration Committee (SRC) established under the Ordinance is reviewing programmes offered by non-local medical schools with quality comparable to those provided by the two medical schools in Hong Kong, so as to determine the list of recognised medical qualifications. After detailed examination, the SRC has so far recommended a total of 50 medical qualifications for recognition.

The SRC is pressing ahead with the assessment of other non-local medical programmes, and medical qualifications that fulfil the stipulated criteria will not be excluded during the process. The SRC aims to submit the remaining medical qualifications to be recognised in batches as soon as possible. The Government expects the SRC to determine the list of recognised medical qualifications within 2022, so as to allow non-locally trained doctors with the recognised medical qualifications to serve in the public healthcare institutions in Hong Kong under special registration.

19. We believe that the creation of a new pathway for admission of qualified non-locally trained doctors through special registration is a more appropriate and flexible way to address the doctor manpower problem. On the contrary, regarding the view on the study on the establishment of the third medical school, as it takes time to set up a new medical school, which involves the planning and construction of teaching facilities and the recruitment of teaching staff, it will not help alleviate the problem of doctor manpower in the short term.

20. With regard to nurses and other healthcare professionals, the statutory boards/councils of the relevant professions have enhanced their respective examination and registration systems in recent years to facilitate admission of non-locally trained healthcare professionals to practise in Hong Kong. The Government will continue to explore with the boards/councils measures to further attract non-locally trained healthcare professionals to Hong Kong.

Strengthening specialist training of doctors

21. We expect that more qualified non-locally trained doctors will come to Hong Kong and serve in the public healthcare institutions while some of them will have to receive part of or the entire specialist training in Hong Kong. In view of this, the Government will set up a new platform to invite the HA, the DH, and the Hong Kong Academy of Medicine to jointly follow up matters on specialist training, including the number of training places and the necessary supporting infrastructure. Additional resources will be timely deployed to support specialist training as necessary to ensure that sufficient specialist training places will be provided to local medical graduates and non-locally trained doctors practising in Hong Kong.

22. Currently, registered medical practitioners on the Specialist Register shall satisfy the continuing medical education (CME)

requirements. For general practitioners, they may participate in the voluntary “CME Programme for Practising Doctors who are not taking CME Programme for Specialists” implemented by the Medical Council of Hong Kong (MCHK). Those who have met the requirements of the Programme will be awarded a CME certificate certifying that they have achieved a satisfactory level of CME activity during the participation period. The Government will work closely with the MCHK to examine the implementation of mandatory continuing professional education requirements.

23. Regarding the manpower of the HA's primary care services, the GOPCs (including Community Health Centres) under the HA are managed by family medicine specialists, and are staffed by doctors, nurses, allied health professionals and supporting staff from multi-disciplinary teams to provide primary health care services to patients. While providing patient services, these clinics also serve as a platform for training family medicine specialists. In addition, the HA also regularly organizes different types of training for primary care staff to enhance the professional knowledge and skills of healthcare workers and allied health professionals. The HA will continue to closely monitor the operation of all clinics in Hong Kong, be aware of the manpower situation and training needs of primary healthcare services, actively recruit and flexibly deploy manpower to meet the operational needs of primary healthcare services.

Strengthen training for primary healthcare professionals

24. To promote primary healthcare in Hong Kong in conjunction with the development of DHCs in all 18 districts, the Government has been subsidising interested/committed healthcare professionals who are currently working in the primary healthcare field to participate in relevant primary healthcare training courses organised by professional organisations (e.g. Hong Kong College of Family Physicians, The College of Ophthalmologists of Hong Kong, Hong Kong Academy of Nursing, The Hong Kong Polytechnic University). The training courses cover the DHC services, multi-disciplinary collaboration on providing quality primary healthcare service, knowledge and treatment of common ophthalmologic diseases and fundus examination, and the roles and responsibilities of allied health professionals in disease prevention, health assessment, chronic disease management and community rehabilitation, etc. Since 2019, 72 medical practitioners, 204 nurses, 20 physiotherapists and 23 occupational therapists have completed the relevant training courses.

25. The Government will continue to explore and review primary healthcare manpower training, and plan for the necessary training for other allied health personnel with training institutions, so as to provide quality primary healthcare services in the community.

Leverage on allied health professionals

26. As mentioned in the Chief Executive's 2021 Policy Address, we have to strengthen the roles of other healthcare professionals in the local healthcare system, especially in the primary healthcare setting. FHB 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 without a doctor's referral so as to avoid delay in treatment. We target to commence the legislative amendment exercise concerning the Supplementary Medical Professions Ordinance (Cap. 359) in 2022 in order to provide a legal framework for the abovementioned recommendations.

27. The PHO is currently working on setting up sub-directories for occupational therapists and physiotherapists in the Directory. In the long run, we will continue to set up sub-directories for other suitable primary healthcare service professions to facilitate the coordination among different primary healthcare service providers in a multi-disciplinary team. In mapping out the Blueprint, we will explore strategies to reinforce the primary healthcare workforce in the long term, strengthen the roles of allied healthcare professionals and Chinese Medicine (CM), and enhance primary healthcare training for all healthcare professionals.

(a) Pharmacists

28. At present, in order to strengthen patients' self-medication management capabilities, the HA will refer suitable SOPC patients to DHC/DHC Express to receive professional drug consultation and advisory services provided by pharmacists to enhance their drug compliance and knowledge of medication management. The pilot scheme has been piloted in the Sham Shui Po DHC in the first quarter of 2022, and the service will be extended to more suitable DHC/DHC Express progressively. On the other hand, the PHO is currently discussing with the HA about the feasibility and collaboration details of arranging the follow-up patients of

the HA to collect the drug refills at various DHC/DHC Express.

29. In addition, under the steer of the Steering Committee, the Government has established a working group in 2021 to provide advice to the FHB, review the demand for and development of community pharmacy service and its role in primary healthcare, and consider proposals on enhancing the training of pharmacists in supporting support the development of primary healthcare.

(b) Chinese Medicine

30. Being an integral part of Hong Kong's healthcare system, CM plays an important role in the area of primary healthcare to safeguard public health together with other healthcare professions. In fact, the Government has all along been promoting the development of CM in Hong Kong, and affirmed in the 2018 Policy Address the positioning of CM in the development of healthcare services in Hong Kong. Specifically, the Government subsidises a series of defined CM services to provide a comprehensive network for the delivery of government-subsidised CM services.

31. Hong Kong's first Chinese Medicine Hospital (CMH), being constructed with funding by the Government, will have 400 beds and provide out-patient, in-patient, day-patient and community outreach services. The CMH will provide pure CM services and Integrated Chinese-Western medicine (ICWM) services with CM playing the predominant role, covering primary, secondary and tertiary healthcare services. Being Hong Kong's CM flagship institution, the CMH will also support the teaching, clinical training and research work of the CM sector and schools of CM of three local universities. The Government announced in June 2021 the engagement of the Hong Kong Baptist University as the contractor of the service deed for the operation of the CMH. The preparatory work for the commissioning of the CMH has also commenced immediately thereafter, with a view to commencing services by phases from the second quarter of 2025.

32. The Government has established Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) in the 18 districts over the territory, with one in each district. The CMCTRs operate on a tripartite collaboration model, each involving the HA, a non-governmental organisation and a local university. Since March 2020, the 18 CMCTRs have been providing Government-subsidised CM out-patient services to

eligible Hong Kong residents at the district level. Meanwhile, the CMCTRs continue to promote the development of CM through providing CM services and taking forward training and research work.

33. The HA continues to develop ICWM in-patient services at public hospitals. Since April 2021, the number of participating hospital has increased to eight, covering all seven hospital clusters of the HA. In-patient CM services are provided to patients of selected disease areas (including stroke care, musculoskeletal pain management, and cancer palliative care). To tie in with the policy direction of the long-term development of CM, the HA has been exploring enhancement of ICWM services by further increasing the number of participating hospitals and disease areas, as well as regularising the services concerned.

34. The HA has been actively promoting the collaboration between the CMCTRs and DHCs in the area of CM services. During the “San Jiu Tian” Period in December 2021, CMCTRs collaborated with three DHCs/DHC Express (including Kwai Tsing DHC, Sham Shui Po DHC and Sai Kung DHC Express) to provide Tian Jiu treatment services on a trial basis and organise CM thematic seminars, which were well received by the members of the public.

35. Amongst the current services provided by DHCs, CM practitioners will provide acupuncture and acupressure therapy for patients with stroke, low back pain and knee osteoarthritis.

E. Enhancing Health Surveillance and Sharing of Health Records

36. In the area of healthcare data and technological application, HA’s Big Data Analytics Platform has supported multiple big data and artificial intelligence research projects since its establishment. The research areas include improving primary healthcare services, risk forecast for various chronic diseases, timely prevention of deterioration, etc. Currently, HA has applied artificial intelligence to improve services in different aspects, including introducing artificial intelligence to analyse chest X-ray at all Accident and Emergency departments in hospitals and GOPCs, in order to assist doctors to screen out patients with lung disease and high risk as soon as possible; using big data to identify patients with higher risks of diabetes, to provide personalised care planning for chronic disease, intervene early and raise the self-management ability of patients, etc. HA will continue to conduct research and introduce more healthcare-

related artificial intelligence technology with a view to broadening the application to healthcare services and bringing greater benefits to patients in the long term.

37. On the other hand, 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. So far, over 5.3 million members of the public have joined eHRSS, accounting for more than 70% of the Hong Kong population. The development items under Stage two development of eHRSS have been gradually completed. The major work areas include expansion of the sharable scope to cover CM information and radiological images, as well as development of a "Patient Portal". We will continue to enhance and expand the functions and coverage of eHealth, with a view to connecting the public and private medical sectors and medical services at different levels, with eHRSS performing as the backbone system supporting the development of Hong Kong's medical system.

38. Under the framework of the Blueprint, we are now setting up a population-based health database to integrate health related information of the Hong Kong population through big data analytics, with a view to supporting the formulation of evidence-based health policies.

Other Disease Prevention Work

39. Disease control and prevention is a very important strategy in primary healthcare. Non-communicable diseases (NCD) are one of the major causes of ill health, disability and death. To address the growing threats of NCD, the Government promulgated the "Towards 2025: Strategy and Action Plan to Prevent and Control NCD in Hong Kong" in May 2018 setting out nine targets to be achieved by 2025 with a view to reducing the disease burden posed by NCD. The Government has been actively implementing measures to meet various targets. These measures include promotion of healthy diets and physical activities, reduction in alcohol and tobacco-related harms, and strengthening of the healthcare system.

(a) Work on cancer prevention and control

40. The Government attaches great importance to cancer prevention and control. As early as 2001, the Government established the Cancer

Coordinating Committee (CCC). Chaired by the Secretary for Food and Health and comprising members who are cancer experts, academics, doctors in public and private sectors, as well as public health professionals, the CCC formulates strategies on cancer prevention and control and steers the direction of work covering prevention and screening, surveillance, research and treatment. The Cancer Expert Working Group on Cancer Prevention and Screening sets up under the CCC regularly reviews international and local evidence, considers local cancer cases collected and analysed by the Hong Kong Cancer Registry and makes recommendations on cancer prevention and screening applicable to the local situations.

41. From the public health perspective, the Government must carefully assess a number of factors when considering whether to introduce a population-based screening programme for a specific cancer, such as local prevalence of the cancer, accuracy and safety of the screening tests, effectiveness in reducing incidence and mortality rates, feasibility of implementation of a screening programme, the capacity of the healthcare system with respect to resources, manpower and infrastructure, and public acceptance. The overriding principle is whether screening does more good than harm to the society. Based on the above principles, the Government has already launched the Cervical Screening Programme and the Colorectal Cancer Screening Programme, and the two-year Breast Cancer Screening Pilot Programme commencing in September 2021.

(b) Vaccination

42. Vaccination is also an important measure of disease prevention and control. The Centre for Health Protection (CHP) of the DH has been keeping abreast of the latest position of the World Health Organization on immunisation and vaccination, the scientific evidence of new vaccines, the latest global and local epidemiology of vaccine preventable diseases, and the advice and practical experience of health authorities across the world. The Scientific Committee on Vaccine Preventable Diseases under CHP holds regular meetings and gives science-based advice and recommendations to CHP regarding the types of vaccines to be incorporated into the Hong Kong Childhood Immunisation Programme (HKCIP) from the public health perspective in a timely manner. Hepatitis B vaccine and human papillomavirus vaccine are included in the HKCIP in order to reduce the chance of progressing to cirrhosis or liver cancer caused by hepatitis B and prevent cervical cancer.

(c) Dental care services

43. Proper oral health habits are key to the effective prevention of dental diseases. In this regard, the Government's policy on dental care seeks to raise public awareness of oral hygiene and oral health and encourage proper oral health habits through promotion and education (including the School Dental Care Service). All along, the DH holds prevention-focused oral health promotion programmes targeting young children and their parents, for example, the "Brighter Smiles for the New Generation" Programme for pre-school children and the "Bright Smiles Mobile Classroom" for primary school students, in order to help them get hold of oral care knowledge and tips, establish good oral health habits early so as to prevent dental diseases. School children who have established good oral care habits in an early stage (especially in primary years) will be able to sustain the efforts to protect their teeth on their own when promoted to secondary schools and during adulthood.

44. In recent years, the Government has launched a series of targeted initiatives to provide care to people with special dental care needs. Among these initiatives, the Government launched a three-year programme named "Healthy Teeth Collaboration" in July 2018 to provide free oral check-ups, dental treatments and oral health education for adults with intellectual disability. The programme has been extended for three years. Moreover, the Special Oral Care Service (SOCS) of the DH works in collaboration with the HA at the Hong Kong Children's Hospital for pre-school children under 6 years old with intellectual disability. SOCS has also implemented an outreach dental service to provide free onsite dental check-up and oral health education for the eligible children at Special Child Care Centres under the Social Welfare Department. Meanwhile, the Government provides dental care support for low-income elderly persons with special needs through, inter alia, the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme (the Programme). Of these, the scope of subsidy under the Programme was further expanded in July 2021 to cover more dental treatment items so that eligible elderly persons in need may receive more targeted dental services on the fitting of removable dentures and related dental services (including oral examination, scaling and polishing, fillings, tooth extractions and X-ray examinations). New treatment items include the removal of bridges or crowns and the provision of root canal treatment, as well as free removable dentures and related dental services for a second time for elderly persons aged 75 or above who received dental services under the Programme at least five years ago. The Government

will continue to monitor the implementation and situation of the Programme with a view to formulating long-term arrangements. Besides, elderly persons may use vouchers under the EHCV Scheme to receive private dental services.

45. The DH conducts a territory-wide Oral Health Survey (OHS) every ten years. Following the OHS 2001 and 2011, the DH commenced the OHS 2021 in late 2021 to collect information on the prevailing oral health conditions of the people in Hong Kong. The expert group of the DH will review the oral health goals for different age groups and advise on the setting of more appropriate oral health goals taking into account the age groups set in the OHS 2001 and 2011, the local situation, and the results of the OHS 2021. The Government will, on this basis, explore ways to improve dental care services and formulate feasible measures to achieve the oral health goals.

WAY FORWARD

46. In addition to the development of DHCs in all 18 districts in Hong Kong, the Government will continue to implement various measures with appropriate resources allocation to enhance primary healthcare services in Hong Kong and alleviate pressure on public healthcare system. Under the guidance of Steering Committee, this term of Government has formulated the frameworks for the five key recommendations, namely consolidating services, enhancing governance, improving resource utilisation, reinforcing manpower planning and training, as well as enhancing health surveillance and sharing of health records. The current term of Government will submit the specific recommendations in the Blueprint together with views of Members to the next-term of Government for consideration, with a view to formulating appropriate implementation plan to establish a primary healthcare system that improves public health and enhances quality of life.

Food and Health Bureau
Department of Health
Hospital Authority
June 2022

(Translation)

Council meeting of 26 January 2022

**Hon CHAN Hoi-yan's motion on
"Ten-year plan for primary healthcare"**

**Motion as amended by Hon Kingsley WONG, Hon Edward LEUNG,
Dr Hon David LAM, Hon Tommy CHEUNG and Hon Duncan CHIU**

That early in 1988, the authorities already started considering the promotion of primary healthcare, but over the past 30-odd years, Hong Kong's public healthcare has all along failed to shift the emphasis of the healthcare system and people's mindset from treatment-oriented to prevention-focused, thus causing the public healthcare system to face heavy pressure; to enable primary healthcare services to serve the role of 'curing the illness while it is still obscure', this Council urges the Government to implement a 'ten-year plan for primary healthcare' with measures including:

- (1) planning afresh and stepping up the allocation of resources and manpower training for healthcare services, including enhancing training for family medicine specialists to dovetail with the development of primary healthcare;
- (2) expediting the extension of District Health Centres to all the 18 districts in Hong Kong and making optimal use of mobile clinics, etc. to provide healthcare services for the chronically ill, so as to triage patients properly in the community, thereby alleviating the pressure on public hospitals;
- (3) setting up additional day care centres for the elderly to provide the elderly with physiotherapy services, in particular helping stroke patients to undergo rehabilitation treatment in the community;
- (4) making good use of healthcare professions such as nurses,

chiropractors, physiotherapists, occupational therapists, clinical psychologists, dietitians, Chinese medicine practitioners and pharmacists so that patients can be triaged and also undergo appropriate treatment in a timely manner, so as to reduce the chances of patients being hospitalized due to serious illnesses, thereby ameliorating the problem of inadequate frontline healthcare manpower in hospitals;

- (5) reforming public dental services, including increasing the service quotas and expanding the scope of services;
- (6) introducing women health care vouchers and elderly dental care vouchers, and lowering the eligible age for Elderly Health Care Voucher to 60;
- (7) subsidizing non-governmental organizations to set up non-profit-making Chinese medicine, general outpatient and specialist outpatient clinics, and further enhancing public-private partnership, including extending the public-private partnership programme to specialist outpatient clinics;
- (8) introducing more screening programmes for major cancers such as lung cancer and breast cancer, and implementing a ‘universal physical check-up programme’ to subsidize all people in Hong Kong aged 40 or above to have a physical check-up once every two years;
- (9) subsidizing members of the public to receive vaccination against hepatitis B, cervical cancer, etc. to prevent the occurrence of relevant serious illnesses; and
- (10) setting health indicators to raise people’s awareness of maintaining a healthy lifestyle;
- (11) making optimal use of private healthcare resources and incorporating private healthcare services into the development planning of primary healthcare to share the pressure of the public healthcare system;

- (12) fully incorporating Chinese medicine services into the public healthcare system and developing comprehensive integrated Chinese-Western medicine services; and
- (13) proceeding to study the establishment of the third medical school to train more healthcare personnel;

this Council also urges the Government to:

- (14) expeditiously submit to this Council the Primary Healthcare Development Blueprint and extensively consult the relevant professional sectors and members of the community on the Development Blueprint;
- (15) put into practice the concept of ‘specialists and family doctors jointly taking care of patients’ in order to promote primary healthcare development;
- (16) plan afresh a healthcare system featuring ‘community-and-hospital partnership with family doctors and specialists jointly taking care of patients’ to achieve seamless interfacing of the upper and lower tiers;
- (17) provide two-way referral services between specialist outpatient services and community healthcare for patients according to their conditions to alleviate the burden on specialist outpatient clinics in public hospitals;
- (18) establish a primary healthcare co-ordination and management structure with dedicated responsibilities for deploying resources, training primary healthcare personnel and developing community healthcare networks;
- (19) encourage, through policies, family doctors to pursue continuing education; offer policy incentives to encourage healthcare professions such as Chinese medicine practitioners, pharmacists, nurses, physiotherapists, occupational therapists, speech therapists,

psychologists, etc. to provide services in the community; and

- (20) encourage people to make good use of health care vouchers to undergo regular physical check-ups according to medical protocols, so that chronic diseases can be diagnosed early and treated in a timely manner; and
- (21) expedite the importation of non-locally trained doctors and frontline healthcare workers, so that the healthcare system comprises both hardware and software;

however, to resolve the problem of primary healthcare in an ageing society in the long run, the Government must expeditiously formulate comprehensive planning and strategies on digital healthcare to make good use of technology to resolve various existing and anticipated healthcare problems, during which reference can be drawn from the comprehensive digital healthcare plan introduced by the National Health Commission in 2018 to clearly set out guidelines and protocols on various types of healthcare services, and through digitalization of the healthcare process, substantially save the time patients need to receive healthcare services.