**For discussion**
**on 10 June 2022**

**Legislative Council Panel on Health Services**

# Development of Primary Healthcare Services

## PURPOSE

This paper briefs Members on the latest progress of the development of the primary healthcare services.

## PRIMARY HEALTHCARE

2. 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.

3. 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. Serving as many as 7.5 million attendance per annum, coupled with the increasing number of new cases every year, this has put immense pressure on the work of Specialist Out-patient Clinics (SOPCs). 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.

*Development of District Health Centres*

4. To promote primary healthcare development, 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 all 18 districts is a crucial step in changing the healthcare system in Hong Kong.

5. Focusing on the prevention of diseases, DHCs provide prevention-centric primary healthcare with services spanning across primary, secondary and tertiary prevention level, which include health promotion and education, health risk factors assessment, screening for diabetes mellitus (DM) and hypertension (HT), chronic disease management and community rehabilitation through district-based medical-social collaboration and public-private partnership (PPP) with a view to enhancing public awareness of personal health management and disease prevention. DHCs are operated by non-governmental organisations (NGOs).

6. The Government is committed to set up DHCs (and smaller interim DHC Expresses) across the territory by 2022. 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 of full-fledged DHCs. The 11 DHC Expresses have already commenced operation progressively starting from end September 2021. Details on respective DHCs/DHC Expresses are at **Annex I**. Service figures of respective DHCs/DHC Expresses as at late 2021 are at **Annex II**.

*Chronic Disease Screening and Management Services*

7. One of the main service focuses for DHCs is to identify and support chronic disease patients. Under the current chronic disease management programme, DHC would refer members with health risk factors to DHC network doctors for further assessment and diagnosis as needed. Members diagnosed by DHC network doctors with DM, HT or musculoskeletal problems (with an emphasis on fall) would be offered individual healthcare services subsidised by the Government and designed based on reference clinical protocol, which may include physiotherapy, occupational therapy, dietetics, optometry assessment, speech therapy,

podiatry, Chinese medicine (CM) services and medical laboratory services. Subsidy for medication for chronic disease management is not included.

8. To further strengthen the support for chronic disease screening and management as well as relieve the pressure on public healthcare system, the Chief Executive proposed in the 2020 Policy Address to launch a Pilot Public-Private Partnership Programme for DHC (the Pilot Programme). 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 would be referred to network doctors for receiving government subsidised medical consultation. In addition to the existing programme which provides subsidised allied health services, each participant under the Pilot Programme is eligible for an annual subsidy amount of $2,000 which can be used to offset payment for the medical consultations, medications and investigations related to DM/HT management. The number of medical consultations, medications and investigations required for each participant vary according to clinical needs. Through early identification and cross-disciplinary intervention, the Pilot Programme aims to change the habits of patients with chronic disease and encourage their self-management so as to reduce the need for hospitalisation in future.

*Support to Anti-Epidemic Works*

9. Under the COVID-19 epidemic, DHCs and DHC Expresses have been utilising various alternative channels, including video and remote means, to continue serving the public while complying with the Government's requirement in strengthening social distancing measure in order to reduce the risk of spread in the community. In addition, DHCs and DHC Expresses also support the Government's anti-epidemic works by providing health education and anti-epidemic information, distributing anti-epidemic supplies and supporting COVID-19 Vaccination Programme. Among others, Kwai Tsing and Sham Shui Po DHCs had provided COVID-19 vaccination services to ensure the public to get vaccinated as soon as possible and further boost the vaccination rate. During the fifth wave of the epidemic, DHC and DHC Expresses have deployed about 150 staff (including allied health professionals, nurses and social workers, etc.) to assist the hotline support centres operated by the Hospital Authority (HA) answering enquiries raised by COVID-19 patients, including medical information, infection control advice for people pending admission to isolation facilities, and assisting confirmed patients to reserve designated clinics via telephone booking. In line with the Government's policy, since mid-April, DHCs and DHC Expresses have been providing free rapid

antigen test kits to elderly aged 60 or above in order to allow early identification of infected persons. In addition, DHCs and DHC Expresses in various districts also provide recovered patients with multi-disciplinary advice and support on post-recovery health management covering a number of areas, such as nutrition and CM preventive care, exercise and training as well as sleep, pressure and fatigue improvement, etc.

## Primary Healthcare Blueprint

10. 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 20 meetings to provide advice on various aspects of primary healthcare development, namely manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework and strategy formulation.

11. Under the guidance of the 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. Among others, given the long-term burden to the healthcare system brought by chronic diseases, through primary healthcare system reform, we envisaged to achieve (1) prevention of chronic diseases; (2) early identification of the chronically ill and provide appropriate treatment; and (3) early identification and management of complications associated with chronic diseases with a view to reduce the need for hospitalisation. To this end, the Government is formulating a 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.

**(i) Establishing a district-based, family-oriented community primary healthcare system**

12. With the progressive expansion of DHC services to 18 districts in Hong Kong, the hardware network of the primary healthcare system has been gradually formed. We are exploring the development and integration of district-based primary healthcare services in order to establish a district-based, family-oriented community primary healthcare system. We expect DHCs to serve as district primary healthcare hubs in support of primary healthcare doctors. Through 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.

13. 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 health sectors and support the development of quality private healthcare services, with a view to supplementing the services provided by public organisations and providing more choices for members of the public. We will explore in the Blueprint how to further enhance public-private collaboration and utilise private healthcare resources to identify and support chronic patients in order to release pressure on specialist and hospital services.

14. While considering 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 in providing safety net function for the society with a view to ensuring no one should be denied necessary healthcare services through lack of means. 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.

**(ii) Strengthening primary healthcare governance**

15. About 70% of the total expenditure on primary healthcare services in Hong Kong belongs to the private sector, while public sector (including Department of Health and HA) accounts for about 30%. 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.

16. 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 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.

**(iii) Utilising Private Healthcare Services and Improving Financing of Primary Healthcare Services**

17. In recent years, the Government has launched various government-subsidised or PPP healthcare programmes as recommended in previous healthcare reform consultation documents with a view to tapping into the private healthcare sector resources in meeting the demand for public primary healthcare services, enhance the quality of health of the population and the healthcare services for them. These include the Vaccination Subsidies Scheme (VSS) since 2008, Elderly Health Care Voucher Scheme (EHCV Scheme) since 2009, General Out-Patient Clinic PPP Scheme (GOPC-PPP) since 2014, and Colorectal Cancer Screening Programme since 2016. Together they accounted for some $3-billion government expenditure on primary healthcare in 2019-20. Apart from the above-mentioned recommendation of introducing additional private healthcare services to participate in chronic disease management, the Government will review the existing PPP programmes with a view to optimising the use of resources of public and private primary healthcare services through strategic purchasing to improve service efficiency and effectiveness.

18. As a matter of fact, outsourcing public services to the private sector is not the objective of PPP programmes. These programmes aim to provide a choice for citizens who can afford the relevant co-payment level and foster public-private collaboration, thereby optimising the use of resources in the healthcare system and achieving better patient care and outcomes. We are exploring to introduce the concept of strategic purchasing in the process of launching additional PPP programme, i.e. to

opt for the most cost-effective service proposal taking into account the factors such as cost-effectiveness and subsidy amount. Nevertheless, if the provision of service through PPP programmes is of equal quality, higher cost, or requiring the same or extra subsidy from the Government, then such service should continue to be provided under the public system as it is a more cost-effective option.

*Elderly Health Care Voucher*

19. The Government has implemented the EHCV Scheme since 2009 to provide an annual voucher amount of $2,000 for eligible elderly persons aged 65 or above to receive private primary healthcare services that best suit their health needs. The EHCV Scheme has been in smooth operation over the years. As at end-April this year, over 1.45 million elderly persons had made use of the EHCVs, accounting for about 97% of the eligible elderly population. Furthermore, more than 10 800 healthcare service providers have participated in the EHCV Scheme, allowing the elderly to use EHCVs at nearly 30 000 service points. The estimated expenditure for the EHCV Scheme in this financial year is $4.37 billion. With an ageing population, we expect a continuous increase in the resources to be allocated to the EHCV Scheme.

20. The EHCV Scheme aims to enhance primary healthcare for the elderly and provide them with an added choice of services, thereby supplementing the public healthcare services and allowing the elderly to receive healthcare services from their preferred service providers. The Government will continue to, through the EHCV Scheme, promote primary healthcare and support the elderly in order to enhance their awareness of disease prevention and self-management of health, thereby complementing the development of DHCs. To this end, we will continue to review the operation of the EHCV Scheme and make appropriate adjustments and take suitable measures as necessary. We are also currently studying the enhancement and regulation of the use of EHCVs under the framework of the Blueprint, including specifying a certain amount of EHCVs 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, etc. We hope that the elderly will make good use of their EHCVs on primary healthcare services for disease prevention and health management so as to achieve the policy objective.

### (iv) Reinforce Manpower and Training of Primary Healthcare Personnel

21. 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.

*Healthcare Manpower Demand*

22. As recommended in the Report of the Strategic Review on Healthcare Manpower Planning and Professional Development published in 2017, the Government follows the triennial planning cycle of the University Grants Committee and conducts a healthcare manpower projection exercise every three years to update the supply and demand figures of different healthcare professionals. The last round of manpower projection exercise was conducted in 2020 and the results were announced in March 2021. The projection results revealed a general shortage of doctors and general nurses in the short to medium term. Based on the projection results, the Government has increased the number of training places for medical students and invited self-financing institutions to provide additional training places for nursing students.

23. To alleviate the shortage of doctors in the public healthcare system, the Legislative Council passed the 2021 Medical Registration (Amendment) Ordinance (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 meeting certain requirements or conditions. We believe that the creation of a new pathway for admission of qualified non-locally trained doctors through special registration can address the shortage of doctors (such as family doctors) in a more suitable and flexible manner. With regard to nurses and other healthcare professionals, the relevant boards/councils of the professions have enhanced their respective examination and registration systems in recent years to facilitate non-locally trained healthcare professionals to practise in Hong Kong. The Government will continue

to work with the relevant boards/councils to explore measures to further attract non-locally trained healthcare professionals to Hong Kong.

*Strengthen Primary Healthcare Manpower Training*

24. Currently, primary healthcare elements have been embedded in the curriculum of the relevant healthcare training programmes. To further strengthen the training on primary healthcare, the Government plans to invite the relevant boards/councils of various healthcare professions to review and consider how to increase the weighting of primary healthcare elements during regular review of the accredited training programmes.

25. 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. 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.

*Utilise Allied Health Professions*

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. The Food and Health Bureau (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 CM, and enhance primary healthcare training for all healthcare professionals.

*Pharmacists*

28. To strengthen patients' ability of self-management of medication, pharmacists engaged by DHCs will provide medication education and consultation services to members in need. The HA will also refer suitable out-patients to DHCs for receiving professional drug consultation and advisory services provided by pharmacists to enhance their drug compliance and knowledge of medication management. A pilot scheme has been implemented in the Sham Shui Po DHC in the first quarter of 2022. On the other hand, the PHO is currently discussing with the HA the feasibility and collaboration details of arranging patients with follow-up appointments at the HA to collect drug refills at various DHCs/DHC Expresses.

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.

*Chinese Medicine*

30. Being an integral part of Hong Kong's healthcare system, CM plays an important role in primary healthcare and safeguards 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 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. In addition, the Government has established a Chinese Medicine Clinic cum Training and Research Centre (CMCTR) in each of the 18 districts over the territory. The CMCTRs operate on a tripartite collaboration model, each involving the HA, NGOs 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. 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. 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.

### (v) Enhancing Health Surveillance and Sharing of Health Records

34. Launched in 2016 and funded by the Government, the Electronic Health Record Sharing System (eHRSS) enables healthcare providers in the public and private sectors to, with patients' informed consent and on a need-to-know basis, 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 join eHRSS, accounting for more than 70% of the Hong Kong population. The items under stage-two development of eHRSS have been completed gradually, including the expansion of the sharable scope to cover CM information and radiological images, as well as the development of a "Patient Portal". We will continue to enhance and expand the functions and coverage of eHRSS, 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.

35. As regards the application of healthcare data and technologies, 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 in all Accident and Emergency Departments in hospitals and GOPCs in order to assist doctors in screening 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 diseases, early intervention and enhance 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.

36. 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.

**ADVICE SOUGHT**

37. The Government will continue to promote 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**

**Annex I**

## Operation Details on District Health Centres/DHC Expresses

| District | Operator | Commencement/ Projected commencement date |
|---|---|---|
| **District Health Centres (DHCs)** | | |
| **Kwai Tsing** | Kwai Tsing Safe Community and Healthy City Association | September 2019 |
| **Sham Shui Po** | St James' Settlement | June 2021 |
| **Tuen Mun** | Evangelical Lutheran Church of Hong Kong | May 2022 |
| **Wong Tai Sin** | Hong Kong Sheng Kung Hui Welfare Council Limited | July 2022 |
| **Yuen Long** | Pok Oi Hospital | October 2022 |
| **Southern** | Aberdeen Kai-fong Welfare Association Limited | October 2022 |
| **Tsuen Wan** | Yan Chai Hospital Board | December 2022 |
| **DHC Express** | | |
| **Sai Kung** | Haven of Hope Christian Service | September 2021 |
| **Central and Western** | The Hong Kong Society for Rehabilitation | October 2021 |
| **Wan Chai** | Methodist Centre | October 2021 |
| **Eastern** | The Hong Kong Society for Rehabilitation | October 2021 |
| **Yau Tsim Mong** | The Lok Sin Tong Benevolent Society, Kowloon | October 2021 |
| **Kowloon City** | The Lok Sin Tong Benevolent Society, Kowloon | October 2021 |
| **Kwun Tong** | United Christian Medical Service | October 2021 |
| **North** | Hong Kong Young Women's Christian Association | October 2021 |
| **Tai Po** | United Christian Medical Service | October 2021 |
| **Sha Tin** | The Hong Kong Society for Rehabilitation | October 2021 |
| **Islands** | The Neighbourhood Advice-Action Council | October 2021 |

<u>**Annex II**</u>

## Number of attendances of DHCs/DHC Express

### (1) DHCs

The number of attendances of Kwai Tsing DHC (K&T DHC) and Sham Shui Po DHC (SSP DHC) in 2020-21 and 2021-22 (up to December 2021) are set out as follows –

| **DHC Service/Activities** [Note 3] | | **K&T DHC** | | **SSP DHC** |
|---|---|---|---|---|
| | | **Number of attendances** [Note 1] | | |
| | | **2020-21** | **2021-22 (Up to 31 Dec 2021) [Provisional figures]** | **2021-22** [Note 2] **(Up to 31 Dec 2021) [Provisional figures]** |
| **Primary Prevention** | **Health Promotion / Patient Empowerment Activities / Vaccination** | 42 100 | 35 400 | 5 900 |
| **Secondary Prevention** | **Basic Health Risk Factors Assessment, Screening for Diabetes Mellitus and Hypertension** [Note 4] | 15 600 | 19 300 | 4 100 |
| **Tertiary Prevention** | **Chronic Disease Management / Community Rehabilitation Programme** [Note 5] | 3 400 | 25 100 | 1 500 |
| **Overall** | | **61 000** | **79 800** | **11 600** |

Notes:

1. Figures are rounded to the nearest hundred. Individual figures may not add up to the total due to rounding.
2. Core Centre of the Sham Shui Po DHC commenced services in June 2021.
3. Starting from 1 April 2021, a revised classification of DHC activities has been adopted. Attendance figures may not be comparable between different reporting periods.
4. Excludes medical laboratory test.
5. Includes individualised healthcare services referred by network medical practitioners/Hospital Authority only.

## (2) DHC Express

The number of attendances of 11 DHC Expresses (up to December 2021) since commencement of operation starting from late September 2021 are set out as follows –

| **DHC Express** Note 2、3 | **Number of attendances** Note 1 |
|---|---|
| | **As at 31 December 2021 [Provisional figures]** |
| **Central and Western** | 1 200 |
| **Eastern** | 900 |
| **Island** | 500 |
| **Kowloon City** | 800 |
| **Kwun Tong** | 800 |
| **North** | 1 200 |
| **Sai Kung** | 2 300 |
| **Sha Tin** | 1 400 |
| **Tai Po** | 1 100 |
| **Wan Chai** | 800 |
| **Yau Tsim Mong** | 800 |

**Annex II**

Notes:

1. Figures are rounded to the nearest hundred.
2. Sai Kung DHC Express commenced service in September 2021 and the other DHC Express commenced service in October 2021
3. As the services for tertiary prevention vary among the 11 DHC Expresses, the service attendance cannot be directly compared among DHC Expresses.