

**For discussion  
on 13 June 2025**

**Legislative Council Panel on Health Services**

**Integration of Women Health Services**

**Purpose**

This paper briefs Members on the integration plan for women health services and the implementation progress.

**Background**

2. The three Women Health Centres (WHCs) and four designated Maternal and Child Health Centres (MCHCs) under the Department of Health (DH) provide women health services such as screening for common cancers (e.g. breast cancer, cervical cancer and colorectal cancer), chronic disease (e.g. hypertension, diabetes mellitus and high cholesterol level) screening services, health risk assessments, as well as health education and individual counselling. Women with abnormal cancer screening results or diagnosed with chronic diseases are referred to public or private medical institutions for follow-up. Meanwhile, recipients of the Comprehensive Social Security Assistance Scheme receive the abovementioned services free of charge.

3. The Primary Healthcare Commission (PHC Commission) is proactively strengthening the role of the District Health Centres/Expresses (collectively DHCs) in all 18 districts in Hong Kong as a primary healthcare resource hub, with a view to establishing a district health network that covers various service providers including family doctors (FDs), community pharmacies and allied healthcare professionals. The DHCs provide a host of services including disease screening and management, FD pairing, health promotion, health risk factor assessment and community rehabilitation.

4. The Chief Executive's 2024 Policy Address proposed a comprehensive reform of the healthcare system, under which the Government will conduct a comprehensive review of the positioning and objectives of the healthcare system, and reform the functions and division of work among the Hospital Authority (HA), the DH and the PHC Commission. The Primary Healthcare Blueprint (Blueprint) also proposed to gradually integrate the

primary healthcare services provided by the DH to the district-based community healthcare system, which is key to achieving the goal of “prevention-oriented” care. In light of the aforementioned direction of healthcare reform, the women health services of the DH will be integrated into the district health network of the PHC Commission. The service points, called Women Wellness Satellites (WWSs), will form a network with the DHCs in all 18 districts in Hong Kong to provide prevention-based and personalised primary healthcare services to eligible women. Integration of women health services under the DH into the district health network of the PHCC aims to utilise resources more effectively, with a view to shortening service waiting time, reducing healthcare service duplication and providing more comprehensive and convenient health services for women. This will not only maintain the advantages of the services currently provided, but also further enhance the quality of said services so that women can receive appropriate health support at different stages of their lives.

## **Latest Developments**

### *Setting up Women Wellness Satellites*

5. The Government will set up three WWSs in Hong Kong, Kowloon and the New Territories in phases to replace the Woman Health Centres of the DH, to provide prevention-oriented and more personalised women health services to eligible women aged 64 or below so as to strengthen the multi-disciplinary primary care network. The three WWSs will form a network with the DHCs in 18 districts across the territory. The DHCs will provide registered women members with basic health assessments and health education based on their risk factor assessment results and, if necessary, refer them to the WWSs for further health services. It is expected that the WWSs will serve around 24 000 women in need annually. Between January and 1 June 2025, over 680 women have received preliminary assessments at the dedicated nurse clinics of the DHCs, with around 600 already scheduled to receive services once the WWSs commence operations.

6. Through open tendering, the Health Bureau awarded an operational contract to the Tung Wah Group of Hospitals, a non-profit making organisation, for the provision of women health services at three WWSs. The WWS (Hong Kong) located at Chai Wan commenced operation on 12 June 2025, while the WWS (Kowloon) and WWS (New Territories) located in Lam Tin and Tuen Mun respectively are expected to commence operations in September this year. To maintain service accessibility, the operator has set up temporary service points in Yau Ma Tei and North Point, which commenced

operation on the same day as the WWS (Hong Kong) to facilitate women's access to services during the transition period.

7. During the transition period of service integration, the three WHCs and four designated MCHCs under the DH have ceased accepting new appointments for women health services starting from 24 January 2025. Women who have already paid their annual fee and are still within the service period will continue to receive services from the DH.

### *Service Delivery Model*

8. Operating six days a week, the WWSs will focus on addressing the specific health needs of women by providing women primary healthcare services. The WWSs will also introduce new elements such as consultations led by Family Medicine specialists, as well as cervical and breast cancer screenings based on risk assessments for early intervention and referral to FDs or appropriate institutions (e.g. the HA) for follow-up as necessary. The WWSs will also devise personalised preventive care or specific consultation services according to individual health risks and needs, so as to assist participants in managing common women's health issues (e.g. menstrual irregularities, vaginal infection, safe sex and related contraceptive advice, menopausal health counselling, breast health awareness, incontinence prevention education and pelvic floor muscle training), and to help participants improve their health and lifestyles.

9. Apart from the abovementioned standard services, the WWSs are expected to introduce self-funded value-added services starting from the third quarter of this year, such as the provision of breast ultrasound services, 3D mammogram services, vaccination services (such as the Human Papillomavirus (HPV) Vaccination), HPV DNA testing, and assistance to participants in administering self-sampling for HPV according to established care procedures so that women can be equipped with the most updated and evidence-based holistic health information. In addition, as an extension of these services, the PHC Commission also plans to introduce Chinese Medicine services to provide a more comprehensive and diversified health support network for women. Details will be announced in the next phase. A comparison of the former and current Government women health services after integration is set out at **Annex I**.

10. In order to encourage citizens to take primary responsibility for managing their own health, WWS services adopt a co-payment model, whereby eligible individuals will receive partial subsidy from the Government and pay a designated co-payment fee. The co-payment fees for standard

services will be similar to the current charges of the DH WHCs. The details are set out in **Annex II**.

11. A well-established bi-directional referral mechanism can effectively link up primary healthcare and specialist services to help patients obtain appropriate services at different tiers of the healthcare system. To tie in with the integration of women health services, the “Hong Kong Reference Framework on Life Course Preventive Care for Women in Primary Healthcare” was published this year to provide clear guidelines for primary healthcare service providers in order to promote evidence-based preventive care. In addition, the PHC Commission is committed to strengthening the referral mechanism by drawing on the existing experience of the public healthcare system referral mechanism. The PHC Commission is exploring the establishment of an evidence-based, protocol-driven bi-directional referral mechanism between primary healthcare and gynaecology specialties, with a view to providing a more comprehensive chronic disease management and personal care plan for women in need.

#### *Service Monitoring Mechanism*

12. The Government will continuously enhance its control mechanism by reviewing the service efficiency of the WWS operator, setting performance assessment indicators and monitoring service utilisation to ensure coordinated improvement in both efficiency and quality. The WWS operator is also required to establish a robust management structure as specified in the contract, with all clinical workflows required to be evidence-based and approved by the Government. Furthermore, to safeguard public interests, the operator is required to conduct customer satisfaction surveys and develop a service target-focused quality assurance mechanism. The achievement of service volume targets at WWSs will be directly tied to the disbursement of contract gratuities, so as to incentivise the operator to drive continuous service improvements. Additionally, the contract stipulates that the Government reserves the right to terminate the contract if the operator fails to comply with the contract requirements.

#### *Caring for Underprivileged Women*

13. To implement the repositioning of the HA’s General Out-patient Clinics (GOPCs) services to focus on the underprivileged group as set out in the Chief Executive’s 2024 Policy Address, the DHCs will take on the role of a triage hub. Apart from referring women with greater financial capacity to receive services at the WWSs, arrangements will also be made for eligible underprivileged women (including recipients of the Comprehensive Social

Security Assistance or recipients of medical waivers) to receive the same preventive women health and health promotion services as those provided at the WWSs in selected GOPCs under the HA, further enhancing the accessibility of women health services.

14. The HA has rolled out the first phase of preventive screening and care services at seven GOPCs (see **Annex III**) at the end of March this year. Apart from screening services for the “three highs” (i.e. high blood pressure, high blood sugar and high cholesterol), women health services including health risk assessment and counselling (e.g. menstrual health, menopausal counselling, screening for breast and cervical cancers, health education and counselling services, etc.) are also provided. The HA expects to deliver preventive screening and care services to approximately 6 500 eligible individuals annually, with full or partial fee waivers granted according to relevant eligibility criteria. The Government plans to extend the services to have GOPCs in all 18 districts to provide relevant services by the end of this year.

#### *District Health Network Support*

15. In support of the abovementioned expansion of services, the DHCs will step up its efforts in promotion and education of women’s health, thus strengthening women’s health awareness. For example, the DHCs are actively encouraging and assisting members to pair with FDs to implement the concept of “Family Doctor for All”, thus ensuring that they can receive continuous and holistic primary healthcare services. In addition, nurse clinics in each DHC provide personalised health advice based on individual and family risk assessments, covering women-specific diseases and lifestyle modifications. To promote health equity, nurse clinics will especially provide professional support for ethnic minorities and underprivileged women, enhancing their health knowledge and management capabilities with support from nurses and pharmacists. Nurse clinics are also exploring the introduction of HPV self-sampling guidance in their educational content to increase cervical cancer screening coverage, enabling more women to benefit from convenient and innovative preventive healthcare services.

#### **Way Forward**

16. The integration of women health services will promote the transformation of primary healthcare services by establishing a new model of women health services through the coordinated network of the DHCs and the WWSs. This model places particular emphasis on multi-disciplinary

collaboration, integrating professionals such as FDs, specialist nurses, pharmacists and physiotherapists, etc. to provide holistic health management for women. Through an enhanced FD pairing and service subsidisation mechanism, we will foster stronger doctor-patient relationships and ensure continuity and personalisation of healthcare services. Building on the experience from the integration of women health services, and in accordance with the recommendations of the Blueprint, the Government will progressively integrate other primary healthcare services under the DH (including elderly health services) into the primary healthcare system.

### **Advice Sought**

17. Members are invited to note the contents of this paper.

**Health Bureau**  
**June 2025**

## Annex I

### Comparison of Former and Current Government Women Health Services

	Former services	Present services
<b>Service points</b>	Three WHCs and four designated MCHCs under the DH	3 WWSs in the PHC Commission's district health network, the 18 DHCs in Hong Kong and the 7 designated HA's GOPC
<b>Service hours</b>	<u>WHCs</u> Monday to Friday 9 am to 1 pm 2 pm to 5:30 pm, and the 2 <sup>nd</sup> & 4 <sup>th</sup> non-public Holiday Saturdays of each month  <u>Designated MCHCs</u> Depending on individual MCHCs, two to eight sessions of 3.5 to 4 hours each per month are provided	<u>WWSs</u> Operates 8 hours a day every Monday to Friday, with two days open until 8pm, as well as Saturday mornings  <u>DHCs</u> Operates at least 6 days a week, with daily service hours of at least 8 hours. Sunday service hours depend on individual DHCs.  <u>Designated HA's GOPCs</u> Provision of women health services at designated time slots during service hours
<b>Service volume (per year)</b>	No. of persons registered for service <sup>1</sup> : 11 000 No. of attendances: 22 000	Estimated no. of persons served: 30 000 Estimated no. of attendances: about 115 000 <sup>2</sup>
<b>Service scope</b>	<ul style="list-style-type: none"><li>● Chronic diseases (e.g. high blood pressure, diabetes and high cholesterol) screening</li><li>● Common cancers (e.g. breast cancer, cervical cancer and colorectal cancer) screening</li></ul>	WWSs will provide the existing women's health assessment, breast cancer and cervical cancer screening services, with the addition of: <ul style="list-style-type: none"><li>● Personalised preventive care or specific counselling services to assist participants to manage common</li></ul>

<sup>1</sup> Source: 2023 Controlling Officer's Report. Figures are rounded to the nearest hundred.

<sup>2</sup> After the integration of women health services, the estimated number of attendances of women health-related services (e.g. dedicated nurse clinics for women's health and group activities) in the 18 DHCs, three WWSs, two WWS service points as well as seven designated HA's GOPCs.

	<ul style="list-style-type: none"> <li>● Health risk assessment</li> <li>● Health education and individual counselling</li> </ul>	<p>women's health problems (e.g. menstrual irregularities, menopausal health counselling, breast health awareness, incontinence prevention education, pelvic floor muscle training)</p> <ul style="list-style-type: none"> <li>● [Next phase] Value-added services (e.g. vaccinations, laboratory tests and imaging, HPV self-sampling)</li> </ul>
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## **Annex II**

### **WWS Service Fees**

<b>Services</b>	<b>Participant's co-payment fee (per visit)</b>
Dedicated nurse clinic	\$80
Doctor assessment and consultation (cervical cancer screening and breast cancer screening)	\$150
Cervical cytology for cervical cancer screening	\$150
Basic mammogram for breast cancer screening	\$250
Value-added services	To be announced in the next phase

**GOPCs under the HA Providing Preventive Screening and Care Services for the Underprivileged Group in the First Phase**

	<b>District</b>	<b>Clinic Name</b>	<b>Address</b>
Hong Kong	Eastern	Shau Kei Wan Jockey Club General Outpatient Clinic	1/F, 8 Chai Wan Road, Shau Kei Wan
	Central & Western	Sai Ying Pun Jockey Club General Outpatient Clinic (Nurse and Allied Health Clinic)	East Wing, G/F, Tsan Yuk Hospital, 30 Hospital Road, Sai Ying Pun
Kowloon	Wong Tai Sin	East Kowloon General Out-patient Clinic	160 Hammer Hill Road, Diamond Hill
	Kwun Tong	Ngau Tau Kok Jockey Club General Outpatient Clinic	3/F, 60 Ting On Street, Ngau Tau Kok
New Territories	Kwai Tsing	South Kwai Chung Jockey Club General Out-patient Clinic	310 Kwai Shing Circuit, Kwai Chung
	North	North District Community Health Centre	3/F, North District Community Health Centre Building, 3 Wai Wo Street, Sheung Shui
	Yuen Long	Tin Shui Wai (Tin Yip Road) Community Health Centre	3 Tin Yip Road, Tin Shui Wai