

Yuen Long Swimming Pool temporarily closed (2)

Attention TV/radio announcers:

Please broadcast the following as soon as possible and repeat it at regular intervals:

Here is an item of interest to swimmers.

The Leisure and Cultural Services Department announced today (November 30) that Yuen Long Swimming Pool in Yuen Long District has been temporarily closed for cleaning and superchlorination following the discovery of a small amount of vomit in the pool.

It will be reopened at 6.30am tomorrow.

The department appeals to swimmers to be considerate and to keep the swimming pools clean. They are advised not to swim after a full meal and should use the toilet facilities if necessary before swimming.

Hong Kong Customs combats unfair trade practices at medicine shop

Hong Kong Customs today (November 30) arrested a salesman of a medicine shop suspected to have applied a false trade description in the course of selling a proprietary medicine, in contravention of the Trade Descriptions Ordinance (TDO).

Customs earlier received information alleging that a salesperson of a medicine shop in Tsim Sha Tsui was suspected to have applied a false trade description on a brand of medicine by claiming that it was a particular brand of medicine in the course of selling medicines.

After investigation, Customs officers arrested a 37-year-old man this evening.

Investigation is ongoing and the arrested man has been released on bail pending further investigation.

Customs reminds traders to comply with the requirements of the TDO and consumers to procure products at reputable shops.

Under the TDO, any person who in the course of any trade or business

applies a false trade description to any goods commits an offence. The maximum penalty upon conviction is a fine of \$500,000 and imprisonment for five years.

Members of the public may report any suspected violations of the TD0 to Customs' 24-hour hotline 2545 6182 or its dedicated crime-reporting email account (crimereport@customs.gov.hk).

DH urges public not to buy or use facial mask with controlled substance (with photo)

The Department of Health (DH) today (November 30) appealed to the public not to buy or use a facial mask, namely Skin 18, which was found to contain an undeclared and controlled substance.

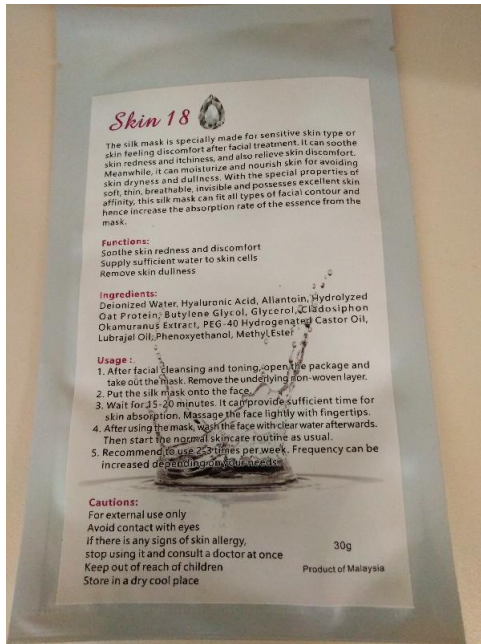
Acting upon a public complaint, the DH found that the above facial mask has been offered for sale at a retail shop in Mong Kok. Samples of the product were collected for analysis and test results from the Government Laboratory revealed that the samples contained fluocinolone acetonide, a Part 1 poison under the Pharmacy and Poisons Ordinance (Cap 138).

The DH's investigation is continuing.

Fluocinolone acetonide is a steroid substance. Products containing fluocinolone acetonide should only be sold at pharmacies under the supervision of registered pharmacists upon a doctor's prescription. Inappropriate or excessive application of steroids could cause skin problems and body-wide side effects like moon face, high blood pressure, high blood sugar, muscle atrophy, adrenal insufficiency and even osteoporosis.

According to the Ordinance, illegal sale and possession of Part 1 poisons are criminal offences. The maximum penalty for each offence is a fine of \$100,000 and two years' imprisonment.

People who have purchased the above product should stop using it and consult healthcare professionals if they are in doubt or feeling unwell. They can submit the product to the DH's Drug Office at Room 1856, Wu Chung House, 213 Queen's Road East, Wan Chai, during office hours for disposal.



[Speech by CE at Our Hong Kong Foundation Hong Kong Health Systems Summit \(English only\) \(with photos/video\)](#)

Following is the speech by the Chief Executive, Mrs Carrie Lam, at the Hong Kong Health Systems Summit organised by Our Hong Kong Foundation today (November 30):

Mr Tung (Chairman of the Our Hong Kong Foundation, Mr Tung Chee Hwa), E K (Director of the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong, Professor Yeoh Eng-kiong), Eva (Executive Director of the Our Hong Kong Foundation, Mrs Eva Cheng), distinguished guests, ladies and gentlemen,

I am delighted to be here today to take part in the Our Hong Kong Foundation Health Systems Summit, and witness the launching of the Foundation's health policy research report. I remember on a previous occasion of speaking at the Foundation's release of a research report on ageing, which apparently was also done by E K. I commended the Foundation on its high productivity in producing quality research papers, and confessed the challenge it poses to me in just reading all those comprehensive reports, let alone responding through policy measures. But today is perhaps an exception – Hong Kong's health system has been very close to my heart, and as an advocate of primary healthcare since the 1990s, I am pleased that I am able to give the research team led by my good friend, E K, a solid policy response this

afternoon. What we as a community need is passion and conviction in primary healthcare for us to strive ahead in order to rekindle hope for a quality healthcare service in Hong Kong.

Before I continue, let me first congratulate E K again and his team for their hard work and dedication in producing this "Fit For Purpose" healthcare report for Hong Kong. As a renowned clinician, former chief executive of the Hospital Authority and health minister, E K knows better than a lot of people that Hong Kong's healthcare system has reached a stage that sustainability is at risk and resources alone are unlikely to be a panacea. It is with that same concern in mind that I laid out in my 2018 Policy Address a healthcare blueprint running into 28 paragraphs of over 2 400 words. I put primary healthcare at the beginning of that blueprint and announced a government commitment to enhancing district-based primary healthcare services. Indeed, in my speech in the Legislative Council to introduce my Policy Address, I mentioned the resolve to actively promote primary healthcare services to change the present treatment-oriented healthcare system as an example of the Government acting swiftly and boldly on matters which clearly serve the public purpose. Also, expenditure on preventive medical care is often quoted by me as an example of my new fiscal philosophy, that is, making timely investments on preventive measures in order to reduce the extra expenditure which may have to be incurred if action is delayed.

Unfortunately, actions to move Hong Kong towards a primary care-led, integrated, person-centred healthcare system that would adequately meet the healthcare needs of our people, as now advocated and substantially justified by the research team, has been delayed, not by a few years, but by almost three decades.

In the late 1980s, in anticipation of the setting up of the Hospital Authority to improve hospital services, critics already pointed out that even with better managed hospitals, a hospital-based approach to the delivery of health services was not in the best interest of the community. The imbalance in our healthcare system, in resource allocation and in general emphasis, had to be addressed. Riding on the International Conference on Primary Health Care held at Alma-Ata in 1978, many countries responded positively to the conference declaration that primary healthcare is the key to achieving the target of "Health for All by the Year 2000". Hong Kong was no exception. A Working Party on Primary Health Care was established in August 1989 under the chairmanship of a very distinguished medical professor, Professor Rosie Young, and a report entitled "Health For all – The Way Ahead" was published in December 1990.

I found some time out of my extremely hectic schedule over the last few days to re-read parts of the Report, which I in my then capacity as Secretary to the Working Party, helped to prepare. I asked myself what has changed in our healthcare system over these past three decades. It is gratifying to note that Hong Kong's life expectancy at birth has improved considerably from 74.4 years for males and 79.9 years for females in 1988 to 81.3 years for males and 87.3 years for females, from lagging behind Japan to overtaking Japan. The specialties of family medicine and community medicine have been given due

recognition and quality training has been put in place under the Hong Kong Academy of Medicine. New preventive services like the Student Health Service, Well Women Clinics and screening for certain diseases have been introduced. Public health has been significantly strengthened as a result of a series of disease outbreaks and we can now look to the Centre for Health Protection as the vanguard of public safety. Medical vouchers have been introduced for the elderly to help them meet private medical costs. As a result of all these initiatives over the years, government expenditure on primary healthcare has increased both in terms of absolute amount and as a percentage of the total healthcare expenditure – from about 10 per cent in the late 1980s to the present 15 per cent.

But the then lamented healthcare scene persists – the concept of primary healthcare as the base of a healthcare system on which rest the more expensive and more specialised medical services has not received adequate attention; its role as the “gatekeeper” of the hospital by managing patients whose medical conditions do not necessarily require hospital investigation or treatment, has not been fully appreciated; comprehensive care is not prominent and continuity of care is inadequately maintained; “doctor-hopping” remains common, and some say has been made worse by our medical voucher scheme, and our public hospitals are increasingly overburdened.

Against that background, recommendations in Our Hong Kong Foundation’s health system research seem *deja vu*. Yet this piece of detailed research has, I hope, given our healthcare professions and the community at large, the urgency for action. The research team points out that:

- nearly half of the hospital admissions are ambulatory care sensitive, that is, they are chronic conditions that do not require hospitalisation if prompt and effective ambulatory or primary care is available;
- the unplanned admissions rate within 30 days of discharge from hospital is 20 per cent, indicating inadequate support for discharged patients; and
- for every HK\$1 invested into community care, we could save HK\$8.4 on acute care costs.

At the WHO Global Conference on Primary Health Care in October 2018, the Astana Declaration on Primary Health Care was promulgated. It clearly spells out the essential components of primary healthcare, including the responsibilities of governments and societies in prioritising, promoting and protecting people's health and well-being, at both population and individual levels, through strong health systems. To achieve this mission, we need to provide enabling and health-conducive environments where individuals and communities are empowered and engaged in maintaining and enhancing their health and well-being, with partners and stakeholders aligned to provide effective support to health policies, strategies and plans. But the mere fact of the issue of this 2018 Declaration to remind all governments perhaps reflects that the 1978 Alma-Ata target of Health For All by the year 2000 has been sadly missed.

In its report in 1990, the Working Party on Primary Health Care acknowledged that full development of primary healthcare programme is a long-term process. While the principles of primary healthcare are known, the question is how to put them into practice. The Working Party then recommended a gradual, step-by-step approach. Today, faced with a rapidly ageing population imposing huge care demands, growing aspirations from the public for better service, advances in medical technology making hospital treatment more sophisticated and more costly, and medical manpower facing various constraints, I do not think we have the luxury to progress only incrementally. What we need is a paradigm shift in how the community approaches healthcare, and how the government organises health services. What we need now is passion, conviction and determination.

I hope the health section in my 2018 Policy Address and related Policy Agenda has displayed that passion, conviction and government commitment to promoting primary healthcare.

First, I am committed to enhancing district-based primary healthcare services which I believe is the key to the right direction. The Food and Health Bureau is now setting up the first District Health Centre in Kwai Tsing District as I proposed in my Policy Address last year, with a view to starting operation around the third quarter of next year. Operating through district-based medical-social collaboration and public-private partnership, the District Health Centre will provide a range of services in health promotion, health assessment, chronic disease management, community rehabilitation, hence putting emphasis on all levels of prevention.

Second, we envisage that the District Health Centre will be a service hub that provides services through a network of convenient locations, as we fully acknowledge that convenience and accessibility are of great importance to the public. The District Health Centre will form a government-subsidised service network engaging medical and healthcare practitioners in the district, which aims to incentivise targeted citizens to identify and manage health issues at an early stage. Chronic diseases and rehabilitation process can in turn be better managed with the help of healthcare services providers in the community.

Third, instead of the usual step-by-step approach of waiting for the outcome of the Kwai Tsing pilot before rolling out such District Health Centres to other districts, I have already authorised the Secretary for Food and Health, as well as the Secretary for Financial Services and the Treasury, to proactively take forward the setting up of District Health Centres in other districts. We have already identified suitable locations for the District Health Centre in Kwun Tong and Eastern Districts and are actively exploring suitable sites in the remaining districts.

Fourth, we should never forget non-communicable diseases, which is the top killer in Hong Kong. With a view to improving the health of the public and mitigating the burden brought by non-communicable diseases, the Government has taken the lead to develop a comprehensive strategy and action plan for the prevention and control of such diseases, entitled "Towards 2025:

Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" with nine local targets, in May this year. To achieve these targets by 2025, new strategic directions are adopted to accelerate the actions on the diseases reduction agenda. The Government will demonstrate leadership in many ways by working with stakeholders, such as by implementing health promotion interventions and fostering effective partnerships with primary care professionals.

Finally, we will take the timely step to incorporate Chinese medicine into the healthcare system in Hong Kong. Given the long history and popular use of Chinese medicine among the local community, it has a lot of potential to assume a more prominent role, particularly in health promotion and disease prevention as well as support for discharged patients. For this, we are pushing ahead with Hong Kong's first Chinese medicine hospital. Expected to commence operation by phases from late 2024, it will be our flagship Chinese medicine institution offering a combination of in- and out-patient services, and will act as a platform for Chinese medicine training, education and research.

In pursuing all the above initiatives we need concerted efforts by all healthcare professionals. We have to strengthen cross-sector collaboration as well as public private partnership. We have to innovate and embrace technology, the potential of which has been clearly demonstrated by two editions of the Gerontech Expo, held this year and last year. In playing a leading role in the healthcare transformation, my Government will listen to experts' opinions and receive continuous feedback. So, ladies and gentlemen, let's join hands to develop for Hong Kong a healthcare system that is fit for all and fit for purpose.

Thank you very much.



[Fatal traffic accident in Tsing Yi](#)

Police are investigating a fatal traffic accident in Tsing Yi this morning (November 30) in which three men and two women died, while 25 men and seven

women were injured.

At about 4.54am, a coach driven by a 62-year-old man was travelling along Cheung Tsing Highway towards Hong Kong International Airport. When approaching North West Tsing Yi Interchange, the coach reportedly rammed into the rear end of a taxi which had broken down on the road. The coach further lost control and hit the central kerb.

In the accident, two men aged 30 and 50 respectively and one woman aged 58 from the coach were certified dead at scene. The 59-year-old male taxi driver and a 47-year-old female coach passenger were rushed to Princess Margaret Hospital and Yan Chai Hospital in unconscious state and were later certified dead. In addition, 24 men and seven women from the coach and one man from the taxi were also injured in the incident. They were sent to Yan Chai Hospital, Caritas Medical Centre, Princess Margaret Hospital and Queen Elizabeth Hospital respectively for treatment.

Investigation by the Special Investigation Team of Traffic, New Territories South is underway.

Anyone who witnessed the accident or has any information to offer is urged to contact the investigating officers on 3661 1300.