

LCQ11: Primary Healthcare Blueprint

Following is a question by Professor the Hon Chan Wing-kwong and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 10):

Question:

The Government released the Primary Healthcare Blueprint (the Blueprint) on December 19, 2022. Regarding the latest implementation situation of the Blueprint, will the Government inform this Council:

(1) of the current numbers of various types of healthcare professionals who have enrolled in the Primary Care Directory, and the percentages of such numbers in the total numbers of the relevant healthcare professionals;

(2) given that the Blueprint has proposed to introduce a Chronic Disease Co-Care Scheme, and the related pilot scheme was launched on November 13 last year, of the implementation situation of the pilot scheme; whether the authorities will further extend the disease areas covered by the pilot scheme; if so, of the details; and

(3) given that the Blueprint has proposed to progressively enhance the role of Chinese medicine practitioners in the delivery of primary healthcare services, of the specific measures introduced by the authorities in relation to such proposal and their latest implementation situation?

Reply:

President,

In face of the pressure brought about by an ageing population and the increasing prevalence of chronic diseases, the Government released the Primary Healthcare Blueprint (Blueprint) in December 2022, setting out a series of reform initiatives to strengthen primary healthcare services in Hong Kong. Strategies are prevention-oriented, community-based, family-centric and focus on early detection and intervention, with the vision of improving the overall health status of the population, providing coherent and comprehensive healthcare services, and establishing a sustainable healthcare system. The Government is progressively taking forward various recommendations of the Blueprint over the short, medium and long term.

The reply to the respective parts of the question raised by Professor the Hon Chan Wing-kwong is as follows:

(1) Currently, the Primary Care Directory (Directory) is a web-based database (www.pcdirectory.gov.hk), with three sub-directories (doctors, dentists and practising Chinese medicine (CM) practitioners) at the moment, which set out practice information and professional qualifications of primary healthcare service providers in the community. It enables members of the public to access information of service providers such as their practice addresses,

telephone numbers, consultation hours, service provisions as well as their participation in various government-subsidised programmes. As at February 29, 2024, there are 3 757 doctors, 395 dentists and 2 326 CM practitioners enlisted in the Directory.

Following the announcement of the Blueprint, the Government has committed to advocate the concept of "Family Doctor for All" to tie in with the development of primary healthcare services. In this regards, with effect from October 6, 2023, only doctors enlisted in the Directory are allowed to take part in various government-subsidised primary healthcare programmes, including District Health Centre (DHC) services, the Elderly Health Care Voucher Scheme (EHVS), the Vaccination Subsidy Scheme, the Residential Care Home Vaccination Programme, the Colorectal Cancer Screening Programme and the Hospital Authority (HA) General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), with a view to standardising the arrangements across various subsidised programmes. Furthermore, the Government launched the three-year Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) in November 2023, which is the first major initiative after the announcement of the Blueprint, to establish family doctor regime and position the DHC and DHC Express as a hub in fostering the expansion of healthcare network at the community level. The above requirement to be enlisted in the Directory is also applicable to the CDCC Pilot Scheme. Compared with the number at the announcement of the Blueprint at the end of 2022, the number of doctors enlisted in the Directory has increased by around 40 per cent in February 2024. In the long run, in accordance with the Blueprint, the Government will gradually extend the application of this requirement to other primary healthcare service providers.

Meanwhile, in order to promote cross-disciplinary collaboration in providing comprehensive primary healthcare services, the Government will continue to establish sub-directories for allied health professionals. The Government will accord higher priority to developing sub-directories for physiotherapists and occupational therapists considering that they are extensively involved in primary healthcare services on different diseases, especially in terms of chronic diseases and long-term care.

In the long run, in line with the recommendations of the Blueprint, the Government will transform the existing Directory into the Primary Care Register (PCR) which will serve as a central register for all primary healthcare professionals. The Government will, in the long run, offer appropriate training and establish qualification requirements for healthcare professionals enlisted on the PCR. The Government will ensure that doctors participating in the subsidised programmes must be enlisted on the PCR and participate in the continuing medical education applicable to their professions, with a view to continuously enhancing the quality of primary healthcare services.

(2) The CDCC Pilot Scheme provides subsidised screening services in the private healthcare sector to Hong Kong residents aged 45 or above with no known medical history of diabetes mellitus (DM) or hypertension (HT). As at March 27, 2024 (provisional figures), around 30 000 members of the public and over 500 family doctors have participated in the scheme. Among which, over 15

000 participants have completed the screenings for DM and HT, and nearly 6 000 (i.e. over 30 per cent) of those who had completed screenings have been diagnosed with prediabetes (Note), DM or HT. These patients can proceed to the treatment phase and will be subsidised by the Government to continue their treatment with self-selected family doctors, and subject to their health conditions, be offered prescribed medication, follow-up care at nurse clinics and allied health services.

Given the pilot nature of the CDCC Pilot Scheme, the Government will conduct evaluation on its overall effectiveness. The Government has commissioned a local university in the first quarter of 2024 to conduct a study to assess the extent to which the objectives of the scheme are met and the overall performance, including the service quality and effectiveness, as well as the cost-effectiveness. In addition, the Government will review the service model and operational details of the CDCC Pilot Scheme in a timely manner and make enhancements as necessary to ensure its effectiveness. The Government will, having regard to the outcomes of the review, consider whether to expand the service scope of the CDCC Pilot Scheme, including the feasibility to integrate the GOPC PPP under the HA into the CDCC Pilot Scheme.

(3) Being an integral part of Hong Kong's healthcare system, the CM plays an important role in the area of primary healthcare. The 18 Chinese Medicine Clinics cum Training and Research Centres (CMCTRs) currently provide services for about 1.5 million attendances each year on average, of which the annual quota of Government-subsidised outpatient services has increased from about 600 000 to 800 000 since October 2023, representing a surge of over 30 per cent. The Hong Kong's first Chinese Medicine Hospital will also provide a series of Government-subsidised outpatient services when it commences operation by phases since the end of 2025.

In fact, the resources in the CM sector are mostly concentrated in the private sector. More than 90 per cent of CM practitioners practice in the private market, providing around 10 million attendances for CM outpatient services every year, which has established a strong service network at the community level. Through the EHVS, the Government provides eligible elderly person with an annual voucher amount of \$2,000 to subsidise their use of private primary healthcare services provided by 14 categories of healthcare professions (including CM practitioners). In the past three years, the amount claimed by the eligible elderly person for using CM services under the EHVS has increased year-on-year. In 2023, the amount claimed was nearly \$1,141 million, accounted for the second highest among the 14 categories of healthcare professions. The Government has launched a three-year Elderly Health Care Voucher Pilot Reward Scheme in November 2023. If an elderly person has accumulated voucher spending of \$1,000 or above on designated primary healthcare services such as disease prevention and health management services within the same year (from January to December), a \$500 reward will be automatically allotted to his/her healthcare voucher account, which can be used on the same designated primary healthcare purposes, hence enabling them to harness the benefits of the CM in disease prevention and management.

As for the DHCs, the operators will procure services from non-government entities in the community and establish the DHC network (including CM

practitioners). Members with stroke, knee osteoarthritis and low back pain may opt for CM services. Network CM practitioners will provide acupuncture and acupressure treatment to these patients having regard to their needs. In addition, CM practitioners will also provide disease prevention, health maintenance and health education, including group activities on dietary therapy. The DHCs will also collaborate with the CMCTRs to provide or promote Tianjiu service in the centres.

The Government will continue to develop various primary healthcare services (including CM services) in accordance with the Blueprint to utilise resources of both public and private CM sectors. Meanwhile, the involvement of the CM in the primary healthcare reference frameworks will be further explored with a view to unleashing the potential advantage of the CM in health management and facilitating cross-disciplinary collaboration in primary healthcare services. In the long term, with a view to better leveraging on the strengths and advantages of the CM, the Government will continue to strengthen the role of the CM in primary healthcare services, enhance cross-disciplinary collaboration, and look into opportunities for further synergies with the CM in primary healthcare services with a focus on chronic disease prevention and health management through development of relevant training, publicity and promotion, health assessment, preventive care and introduction of new programmes with the involvement of the CM.

In parallel, the Health Bureau is collaborating with the CM sector to formulate the CM Development Blueprint, in which a comprehensive review on the long-term strategies and planning for the development of the CM services will be conducted, covering issues such as the role of the CM in primary, secondary and tertiary healthcare, as well as the use of the CM in disease prevention, treatment and rehabilitation throughout the life cycle.

Note: A blood glucose level ranging from 6.0 to 6.4 per cent for glycated haemoglobin or a fasting glucose level of 6.1 to 6.9 mmol/L.