

## LCQ12: Development of primary healthcare

Following is a question by Dr the Hon Chiang Lai-wan and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 21):

Question:

The Government established in November 2017 the Steering Committee on Primary Healthcare Development to formulate a blueprint for the sustainable development of primary healthcare services for Hong Kong. Moreover, the Government set up in September 2019 in the Kwai Tsing (K&T) District the first District Health Centre (DHC) in Hong Kong. Regarding the development of primary healthcare, will the Government inform this Council:

(1) of the expected time for announcing the aforesaid blueprint, and whether it will draw up a timetable for providing comprehensive primary healthcare services; if so, of the details; if not, the reasons for that;

(2) whether it has set the main service targets for various DHCs; if so, of the details (including the age groups and social strata to which they belong);

(3) of the updated number of members of K&T DHC, with a breakdown of the number by age group, and the respective to-date numbers of members who have been (i) provided with basic health risk assessment, (ii) referred to DHC Network Medical Practitioners upon having been identified with risk factors for diabetes mellitus or hypertension, and (iii) referred to the Chronic Disease Management Programmes upon having been confirmed to have suffered from diabetes mellitus or hypertension, by K&T DHC (set out in a table);

(4) given that the Government has commissioned The Chinese University of Hong Kong to conduct the "Monitoring and Evaluation Study of Kwai Tsing District Health Centre", of the time as expected by the Government for making public the outcome of the study and the follow-up actions it has planned to take, including whether it will, in the light of the outcome of the study, adjust the operation mode of all DHCs and the requirements on DHC operators; and

(5) whether, in order to develop primary healthcare, the Government (i) further developed the Electronic Health Record Sharing System, (ii) reviewed the manpower planning for primary healthcare, and (iii) expedited the implementation of public-private partnership and medical-social collaboration, in this year; if so, of the details of the relevant work and the progress made?

Reply:

President,

I provide the following reply to the various parts of the question raised by Dr the Hon Chiang Lai-wan:

(1) 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 13 meetings to provide advices on various aspects of primary healthcare development such as manpower and infrastructure planning, collaboration model, community engagement, planning and evaluation framework as well as strategy formulation, with a view to mapping out a blueprint for the sustainable development of primary healthcare services for Hong Kong. With the progressive expansion of District Health Centre's (DHC) services to 18 districts in Hong Kong, the blueprint will focus on exploring the development and service collaboration of district-based primary healthcare system. The Steering Committee expects to launch the consultation exercise for the blueprint in the coming year to listen to the views of the stakeholders.

(2) and (3) The Food and Health Bureau (FHB) is committed to enhancing district-based primary healthcare services by setting up DHCs in 18 districts progressively. The setting up of DHC is a key step in a bid to shift the emphasis of present healthcare system and people's mindset from treatment-oriented to prevention-focused. In determining the scope of services to be provided by the DHC, the Steering Committee opined that DHC should direct resource to tackle the most prevalent chronic diseases that consume substantial medical resources and manage patients' conditions through risk management and early intervention, thereby reducing their unwarranted use of hospital services.

DHC's services focus on primary, secondary and tertiary prevention and are adjusted taking into account the population distribution and health risk factors in the community. With a view to enhancing public awareness of disease prevention and their capability in self-management of health, DHC's services cover education on healthy diet, weight management, stress management, smoking cessation and alcohol addiction treatment, etc. DHC also provides individualised primary healthcare services based on personal needs and risk factors of people from different age group, socioeconomic status and health conditions. Members identified as high risk individuals through basic health risk assessment would be arranged to attend health risk management activities according to the health assessment and their needs by Care Coordinator. Patients diagnosed with hypertension, diabetes mellitus or musculoskeletal disorder (including osteoarthritic knee pain and low back pain) may join the DHC chronic disease management programme developed by the Government based on reference clinical protocols. In addition, DHC offers community rehabilitation services to support patients with stroke, hip fracture or/and myocardial infarction who have already completed the rehabilitation programmes at hospitals but required extended-care and

rehabilitation in the community.

The first DHC in Kwai Tsing District commenced operation in September 2019. As at July 31, 2020, Kwai Tsing District Health Centre has 6 390 registered members. Their distribution by age groups are detailed below:

Age	Number
<18	42
18-24	26
25-44	287
45-64	1 784
65-80	3 573
>80	678
Total	6 390

As at July 31, 2020, the attendance of Kwai Tsing DHC service/activities are detailed below:

Types of service	Attendance
Health Promotion / Patient Empowerment Activities	20 864
Basic Health Risk Factors Assessment / Screening for Diabetes Mellitus and Hypertension	6 314
Chronic Disease Management / Community Rehabilitation Programme	1 323

(4) The Chinese University of Hong Kong (CUHK) was commissioned to conduct the Monitoring and Evaluation Study of Kwai Tsing DHC. According to the contract terms, the research team of the CUHK (research team) shall monitor and evaluate the services provided by the Kwai Tsing DHC within its first three years of operation, and submit a final report to the Government in the first quarter of 2023. The areas of study cover the quality and effectiveness of the services provided in the DHC and service outlets of its network, customer feedback and cost effectiveness, etc. The FHB and the research team will work together closely to monitor the services of the Kwai Tsing DHC with a view to improving the service quality.

The Government will take into account the result of this study and the operation experience of the Kwai Tsing DHC to enhance the operation model of the DHC Scheme and to formulate the development direction of primary healthcare.

(5)

#### (i) Electronic Health Record Sharing System

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. The eHRSS helps patients receive more coherent and efficient services. Currently, the patients and service providers of various government-subsidised public-private partnership programmes, as well as operators, network service providers and members of DHCs are required to join the eHRSS to facilitate continuity of healthcare. The Government will explore ways to enhance primary healthcare service providers' participation in eHRSS while formulating the blueprint.

#### (ii) Manpower planning of primary healthcare

The Government published the report of the Strategic Review on Healthcare Manpower Planning and Professional Development in 2017 to lay the foundation for healthcare manpower planning, with a view to ensuring that there are qualified healthcare professionals to support the healthy and sustainable development of the healthcare system in Hong Kong. To continuously monitor the manpower of healthcare professionals, the Government will conduct manpower planning and projections for healthcare professionals once every three years in step with the triennial planning cycle of the University Grants Committee. The Government is now conducting the new round of manpower projection exercise to update the demand and supply projections of healthcare manpower, including projected healthcare manpower needed by DHC, and the results are expected to be published by end of 2020. The Government will explore long-term strategy to strengthen the primary healthcare workforce when mapping out the blueprint.

#### (iii) Public-private partnership and medical-social collaboration

Funded by the Government and operated by non-governmental organisation (NGO), DHC adopts a brand new service model which connects a service network manned by private medical and healthcare practitioners in the district. Through district-based services, public-private partnership and medical-social collaboration, DHC is a key component of the public healthcare system. Since the commencement of the first DHC in Kwai Tsing District in September 2019, about 100 primary healthcare service providers in the private sector practicing either in the district, or the adjoining districts, have been connected, demonstrating the importance of public-private partnership and cross-sectoral co-ordination. These service providers include medical practitioners, allied health professionals (i.e. physiotherapists, occupational therapists, optometrists and dietitians) and Chinese medical practitioners, etc. In respect of medical-social collaboration, Kwai Tsing DHC has reached cooperation agreement with over 30 NGOs in the district on, among other things, membership referral and organisational activities support to leverage the benefits of service networking in the district so as to provide more comprehensive and targeted services, and better local social-

medical support to the public.

Following Kwai Tsing, the operation service contracts for the Sham Shui Po (SSP) DHC and the Wong Tai Sin (WTS) DHC were awarded in September 2020. It is expected that the SSP and WTS DHCs will commence operation in 2021 and 2022 respectively.

In addition, the FHB is inviting proposal for the operation of the smaller interim "DHC Express" in 11 districts for the targeted commissioning of "DHC Express" services in 2021 with funding over a period of three years in initial phase. It is expected that "DHC Express" will facilitate community medical-social support for the public through identification of healthcare and social resources, as well as early engagement of community service partners in the districts.

Apart from DHC, the Hospital Authority (HA) has launched the General Outpatient Clinic Public-Private Partnership Programme since mid-2014 by phases. The programme now covers all 18 districts in Hong Kong. The programme subsidises clinically stable patients with hypertension and/or diabetes mellitus under the care of its general outpatient clinics to opt for primary healthcare from the private sector. Participating patients are free to choose among the Participating Service Providers across all 18 districts. The programme enhances accessibility to primary healthcare services and promotes the family doctor concept. As at end September 2020, a total of over 500 private doctors and about 37 000 patients were participating in the programme, representing a nearly 10 per cent increase in service volume compared to the same time last year.

Besides, the HA strives to strengthen collaboration with different community partners, including NGOs and patient groups in the development of community-based services with a view to attaining better leverage on community resources to enhance support for patients and their carers and strengthen disease management of the patients. Through medical-social collaboration, more coordinated medical and social care services would be provided, particularly the post-discharge support for patients in needs, enabling them to stay healthy in the community and reduce unnecessary hospitalisation. On the other hand, development of medical-social collaboration would also alleviate the growing service demand and enhance the sustainability of the healthcare system.

Taking elderly service as an example, the HA has strengthened integrated transitional support services for elderly patients who are at higher risk of hospital readmission to facilitate aging in place. Healthcare professionals would assess the needs of these patients and formulate discharge plan upon patient admission, and provide post-discharge rehabilitation and nursing care support as necessary. The HA also engages NGOs to provide transitional personal care and home support services according to patients' needs after discharge, as well as carer training. Moreover, through strengthening medical-social collaboration, the HA plans to progressively enhance the transitional post-discharge support for more elderly patients (such as patients with hip fracture).

The HA will continue to strengthen the partnership with NGOs, and, through the development of medical-social collaboration, provide appropriate community support for patients in needs.