

Extract from

Report of the Working Party on Primary Health Care (December 1990): Health for All – The Way Ahead

CHAPTER SIXTEEN

SUMMARY OF RECOMMENDATIONS

This chapter contains a summary of our recommendations.

Chapter Four : Objectives and Principles

1. We recommend that the role of Government in the development of primary health care in Hong Kong should be :

(a) to safeguard the public health of the community and minimize the incidence of preventable disease and disability through provision of quality and efficient preventive care services; and

(b) to ensure the provision of a framework for the delivery of continuing, comprehensive and whole-person medical care to individuals in their home or natural environment.

(Paragraph 4.7)

Chapter Five : Health Promotion and Disease Prevention

We recommend that :

2. The Department of Health particularly its Central Health Education Unit should continue to play a

major and leading role in health education activities.

(Paragraph 5.9)

3. There should be a well-defined policy on health education and promotion which should meet the targets and objectives as stated in paragraph 5.10.

(Paragraph 5.10)

4. Systematic planning should be adopted for educating the public on healthy lifestyle and self-care which are conducive to both physical and mental health.

(Paragraph 5.11)

5. Priority in health education should be given to the following health problems -

- (a) smoking;
- (b) mental health;
- (c) alcohol abuse;
- (d) AIDS and sexually transmitted diseases;
- (e) accidental poisoning and injury;
- (f) diet control and healthy eating habits;
- (g) regular exercise; and
- (h) drug abuse.

(Paragraph 5.12)

6. The Central Health Education Unit should be re-organized into a specialist service, headed by a person who is knowledgeable in educational principles, communication skills and experienced in research but who does not need to be medically qualified.

(Paragraph 5.13)

7. More training opportunities such as postgraduate training in health education and training in communication skills should be provided to medical and nursing staff working at the Central Health Education Unit. Training programmes should also be organized for other health educators and intermediaries such as school teachers, social workers and volunteers.

(Paragraph 5.13)

8. An audio-visual production team of one Programme Officer, one Assistant Programme Officer and three Technical Officers II should be established in the Central Health Education Unit.

(Paragraph 5.14)

9. Membership of the existing Health Education Co-ordinating Committee should be strengthened with stronger representation from public and private sectors and greater community participation.

(Paragraph 5.15)

10. Health care professionals should be more actively involved in health education.

(Paragraph 5.16)

11. A higher coverage of measles vaccination should be achieved and "mop-up" measles immunization programmes for Primary One school children should be launched to catch those who have missed the standard immunization provided at age one under the programme.

(Paragraph 5.19)

12. The immunization programme should continue to be supported by -

- (a) vigilance over defaulters by health staff at the maternal and child health centres and regional health offices;
- (b) sustained health education efforts to promote the importance of inoculation and vaccination; and
- (c) effective data collection and analysis to monitor the morbidity and mortality trends.

(Paragraph 5.20)

13. The immunization schedule should continue to be kept under regular review by the Advisory Committee on Immunization.

(Paragraph 5.20)

14. The Department of Health should examine the continuing need for maternity homes having regard to the availability of alternatives for those seeking maternity services.

(Paragraph 5.25)

15. The existing maternal and child health service should be improved by providing oral health education and counselling to parents at maternal and child health centres; by incorporating the child's records maintained at this centre into the health booklets to be issued to students for their own keeping under the proposed Student Health Service; and by providing preventive care services to women at well-woman clinics to be established as part and parcel of the Family Health Service.

(Paragraph 5.29)

16. The surveillance system for the control of communicable diseases should be strengthened by updating, improving and simplifying the communicable disease notification form ( MD 1 ) to facilitate notifications; by introducing an epidemiological bulletin to improve communication

between the Department of Health and all medical practitioners and by strengthening the epidemiology unit within the Department of Health to take on new responsibilities.

(Paragraph 5.40)

17. An overall review of occupational health services in Hong Kong should be carried out taking into account changing practices in industry and the modern day concepts of occupational health.

(Paragraph 5.43)

18. To improve the occupational health of Hong Kong's workforce, the following areas should be accorded particular attention -
  - (a) employers should be encouraged to provide occupational health services in the workplace;
  - (b) primary care doctors should be encouraged to orientate their practice to put greater emphasis on the occupational history of their patients;
  - (c) doctors participating in medical care schemes for employees should be trained to provide occupational health services;
  - (d) more training opportunities on occupational health services should be provided for health care professionals, workers and management;

- (e) training opportunities, grade structure and promotion prospects of doctors, hygienists and nurses in the Occupational Health Division should be reviewed and improved;
- (f) workers should be encouraged to take a more active part in promoting healthy working environments and working conditions for themselves and the public at large should be educated on the importance of occupational health; and
- (g) greater attention should be given to the medical and health aspects of occupational safety and health through strengthened co-ordination between the Labour Department and the Department of Health and closer liaison between the Occupational Health Division and hospitals and clinics.

(Paragraph 5.47)

19. Promotion of mental health should be strengthened.

(Paragraph 5.49)

20. Mental health education should be strengthened both at the undergraduate and postgraduate level in medical education, particularly in vocational training in family medicine.

(Paragraph 5.50)

21. Collection, analysis and utilization of information about health should be substantially improved.

(Paragraph 5.54)

22. A computer-based clinical information system should be developed in the general out-patient service.

(Paragraph 5.59)

23. A proposed three-year programme to be conducted by the Department of Health in collaboration with the University of Hong Kong for the development of a clinical information system in general out-patient service should commence as soon as possible.

(Paragraph 5.60)

24. The present Statistical Unit in the Department of Health should be strengthened and expanded to become a Health Information Unit.

(Paragraph 5.61)

## Chapter Six : Screening Services

We recommend that :

25. Screening programmes targeted towards diseases or population sub-groups should be more



cost-effective than general population screening in the local context.

(Paragraph 6.5)

26. Well-woman clinics providing preventive health service to women of all ages should be set up as part and parcel of the Family Health Service. As a first step, such services should be provided on a pilot basis at two maternal and child health centres.

(Paragraph 6.9)

27. Opportunistic screening should be introduced for the elderly aged 65 and above attending general out-patient clinics.

(Paragraph 6.18)

28. Consideration should be given to the introduction of opportunistic screening for patients attending general out-patient clinics who are aged 45 to 64 having regard to their health status, medical history and the mortality and morbidity patterns in Hong Kong.

(Paragraph 6.19)

29. The existing screening programmes for women of child-bearing age, newborns and pre-school

children should continue and a comprehensive screening programme for students under the new Student Health Service should be introduced.

(Paragraph 6.21)

30. New initiatives in the further expansion of Government provision of screening programmes should be built on the existing infrastructure in order to bridge an obvious gap in screening services and to strengthen health promotion and disease prevention for certain specific groups. These new initiatives should be conducted on a pilot basis linked to a detailed evaluation plan. Expert working groups should be set up to design the details of each of the various screening services, the appropriate screening protocols and the evaluation plan.

(Paragraphs 6.23 and 6.25)

31. An advisory committee should be formed to evaluate the overall effectiveness of the opportunistic case-finding approach to screening and to advise on the need for more screening on the basis of the findings of the evaluation and the adoption of other approaches.

(Paragraph 6.26)

## Chapter Seven : Student Health Services

We recommend that :

32. The School Medical Service should be abolished in favour of a mainly preventive and promotive Student Health Service to be operated by the Department of Health.

(Paragraph 7.38)

33. The goal of the new Student Health Service should be to promote and maintain the health of school children so that they can derive maximum benefit from the education system.

(Paragraph 7.43)

34. The objectives of the Student Health Service should be -

- (a) the promotion of desirable health knowledge and practice for motivation of self-care and individual responsibility in health;
- (b) the prevention of ill health and disease through timely vaccination and early detection of health and educational problems; and
- (c) the provision of facilities for the further assessment of defects or disorders and referral to early treatment and rehabilitation services.

(Paragraph 7.44)

35. The Student Health Service should comprise eight components as stated in paragraph 7.45.

(Paragraph 7.45)

36. A separate non-regionalized division should be set up within the Department of Health to plan and implement the Student Health Service. The planning and development of the Student Health Service should have the benefit of an advisory committee comprising school principals or teachers, private practitioners, parents, representatives of the medical and dental associations, the Education Department and the Social Welfare Department.

(Paragraph 7.54)

37. The Department of Health should monitor the utilization of general out-patient clinic service by students and make appropriate adjustments in the light of the demand for service in each district.

(Paragraph 7.62)

38. Allowing time for planning and assuming that resources are forthcoming, the school-based programmes of the Student Health Service should be introduced in stages, commencing in the school year 1992/93.

(Paragraph 7.64)

39. The Department of Health and the Education Department should jointly consider the feasibility of integrating the Combined Screening Programme with the Student Health Service and to decide on the best timing of such integration.

(Paragraph 7.66)

Chapter Eight : Delivery of Primary Medical Care in  
Clinic Service

We recommend that :

40. The objectives of the Government primary medical care service should be to provide quality primary medical care which is readily accessible and affordable, with special attention and provision for certain target groups, and which will act as a benchmark for the delivery of service in Hong Kong.

(Paragraph 8.33)

41. Provision of training for general out-patient doctors, whether in the form of vocational training leading to a further qualification or continuing medical education to update their skills and knowledge, should be accepted as a priority in the development of the general out-patient service.

(Paragraph 8.37)

42. Nurses in the general out-patient service should receive special training to equip them for the extended responsibilities including the role of a health practice nurse. The use of clinic assistants to carry out certain designated duties in order to achieve a better match of skills to tasks should also be considered.

(Paragraph 8.38)

43. The career prospects of doctors in the general out-patient service should be improved.

(Paragraph 8.39)

44. The system of manual medical records for individual patients introduced on a pilot basis at four general out-patient clinics should be extended to other general out-patient clinics as soon as possible. The ultimate objective should be to computerize the clinical information system and link up the records with other units in the same clinic as well as with other clinics.

(Paragraph 8.41)

45. To improve preventive care, opportunistic screening for certain common diseases among the high-risk groups attending general out-patient clinics should be introduced. General health counselling about diet, weight and cholesterol should be provided by nurses at general

out-patient clinics while doctors should provide more specific counselling in relation to the patient's health problem in the course of the consultation.

(Paragraph 8.42)

46. The practice of labelling dispensed medicines should be introduced at the general out-patient clinics.

(Paragraph 8.43)

47. The Department of Health should give urgent attention to the various clinic management issues affecting workloads with a view to reducing the patient load of general out-patient doctors in order to provide longer consultation duration for each patient.

(Paragraph 8.45)

48. The necessary improvements to clinic environment and support facilities should be identified with the co-operation of doctors in the clinics and the management should respond to these needs.

(Paragraph 8.46)

49. Efforts should be made to motivate the doctors to make the best use of the time available for each

consultation and to educate the patients to comply with the appointment schedule. An advance appointment system should be developed for patients suffering from chronic diseases who require follow-up consultation at regular intervals.

(Paragraph 8.48)

50. Separate accounting arrangements should be introduced within the Department of Health's overall budget so that the costs of providing primary medical care service to civil servants, retired civil servants and their dependants could be identified separately from those for members of the public. In the long run, alternative arrangements for providing primary medical care services for members of the civil service should be given due consideration by the Administration.

(Paragraph 8.51)

51. Private practitioners should be given more opportunities for training in family medicine.

(Paragraph 8.55)

52. The Hong Kong College of General Practitioners and the medical associations should play an active role in encouraging peer review.

(Paragraph 8.56)



53. Group practice should be promoted in Hong Kong and the proposed arrangements for collaboration between the public and private sectors should facilitate such a development.

(Paragraph 8.57)

54. Private practitioners in primary and specialist care should maintain a close liaison and ensure an adequate two-way flow of information when patients are referred.

(Paragraph 8.58)

55. Private practitioners should keep good medical records and give a detailed explanation to patients of their specific medical problems.

(Paragraph 8.59)

56. Private practitioners should adopt the practice of labelling dispensed medicines.

(Paragraph 8.60)

57. Private practitioners should give greater priority to providing promotive and preventive health care and counselling to their patients.

(Paragraph 8.61)

58. The proposed clinics for collaboration should be developed on a pilot basis involving one or two clinics, preferably in a fairly newly developed and geographically isolated area.

(Paragraph 8.68)

59. Primary care doctors should be provided with the necessary basic training, exposure and experience in various medical specialties so as to enable them to be more competent in handling patients and in determining the appropriate time to refer patients to the appropriate specialist service.

(Paragraph 8.82)

60. Additional specialist mini-clinics on a sessional basis should be set up at the general out-patient clinics to be run jointly by specialists from hospitals and general out-patient doctors.

(Paragraph 8.83)

61. With the introduction of medical records for individual patients at the general out-patient clinics, referrals to specialist service should be accompanied by a written report containing as much details as possible on the patient's medical history and the referring doctor's observations and diagnosis.

(Paragraph 8.84)

62. Additional resources should be given to the general out-patient clinics to take care of the increasing number of patients referred to them for follow-up care from the specialist services.

(Paragraph 8.85)

63. A study into the operation of specialist clinics should be accorded priority by the Hospital Authority.

(Paragraph 8.88)

Chapter Nine : Community Health Services and  
Rehabilitative Care

We recommend that :

64. The objectives of community nursing service should be re-defined in the form of a mission statement, a set of service objectives that would facilitate evaluation and a more clearly defined scope of service.

(Paragraph 9.7)

65. Community nursing service should continue to be universally accessible.

(Paragraph 9.8)

66. Community nursing service should be organized as a primary health care service and that this arrangement should be introduced on a pilot basis in the two primary health care districts to be set up.

(Paragraph 9.10)

67. The development of domiciliary occupational therapy service should be promoted and active consideration should be given to the development of an integrated domiciliary rehabilitation team comprising domiciliary occupational therapy, physiotherapy and other paramedical services.

(Paragraph 9.16)

68. The elderly should be one of the most important target groups for receiving primary health care.

(Paragraph 9.27)

69. A more integrated approach to providing community health services for the elderly should be adopted under the primary health care system with a view to promoting the health and well-being of the elderly through provision of community-based services, with the maximum participation of everyone including the elderly themselves.

(Paragraph 9.31)

70. Community health services for the elderly should have the objectives as stated in paragraph 9.32.

(Paragraph 9.32)

71. The Central Health Education Unit of the Department of Health should adopt a more targeted approach to promote health education among the elderly.

(Paragraph 9.33)

72. Consideration should be given to the setting up of a more permanent committee to co-ordinate activities in community education on ageing and to advise on strategies, themes and targets of such activities.

(Paragraph 9.35)

73. Health programmes and messages through the mass media on ageing should be strengthened.

(Paragraph 9.36)

74. The Department of Health should develop a health screening protocol for the reference of organizations which conduct health screening programmes for the elderly.

(Paragraph 9.37)

## Chapter Ten : Training of Health Care Personnel

We recommend that :

75. More resources should be devoted to training in family medicine at the undergraduate level and if possible, a separate department of family medicine should be established at both universities to reflect the growing importance of this discipline.

(Paragraph 10.10)

76. More and better clinic facilities should be made available to the universities for undertaking postgraduate education in family medicine.

(Paragraph 10.14)

77. Training centres in primary health care should be set up by the Department of Health at the Ngau Tau Kok Clinic and the Yan Oi Polyclinic.

(Paragraph 10.22)

78. Suitable arrangements should be devised to seek the assistance of the medical faculties and the Hong Kong College of General Practitioners to ensure an adequate supply of trainers.

(Paragraph 10.25)

79. Support should be given to the development of more local training in community medicine.

(Paragraph 10.28)

80. Short-term training attachments to the relevant medical specialties for government doctors involved in the delivery of primary health care should be further developed.

(Paragraph 10.29)

81. Government doctors in primary health care should be provided with opportunities for management training to better equip themselves to co-ordinate, manage and evaluate the services for which they are responsible.

(Paragraph 10.29)

82. The idea of having clinic assistants to assist fully-trained nurses in the less technical work at general out-patient clinics should be tested.

(Paragraph 10.34)

83. The training capacity of the Department of Health's Public Health Nursing School should be expanded as a matter of urgency. The Department of Health should also explore with the universities and the Hong Kong Polytechnic the

possibility of organizing post-basic courses in public health nursing.

(Paragraph 10.35)

84. The possibility of putting community nurse training under the auspices of the Department of Health's Public Health Nursing School should be explored.

(Paragraph 10.39)

85. Consideration should be given to the introduction of formal training in health education whether in the form of structured post-basic courses for health care personnel or part-time programmes for other intermediaries at tertiary institutions.

(Paragraph 10.44)

### Chapter Eleven : The District Health System

We recommend that :

86. Primary health care services should be organized and administered on the basis of a District Health System.

(Paragraph 11.2)

87. The Ngau Tau Kok Clinic and the Yan Oi Polyclinic should be developed into District Health Centres



serving as the headquarters of the Kwun Tong and Tuen Mun Primary Health Care Districts respectively.

(Paragraph 11.15)

88. The various measures proposed to improve existing services should also be introduced in these two District Health Centres on a pilot basis.

(Paragraph 11.16)

89. A mechanism should be developed for the close monitoring and effective evaluation of the operation of the District Health Centres and the various pilot projects.

(Paragraph 11.20)

## Chapter Twelve : Structure for the Delivery of Primary Health Care

We recommend that :

90. A statutory Primary Health Care Authority with some degree of financial autonomy and with the Department of Health as its executive arm should be established to oversee the delivery of primary health care in Hong Kong.

(Paragraph 12.15)

91. Immediate action should be taken to re-organize and strengthen the Department of Health to facilitate early improvement to the delivery of primary health care and to pave the way for the setting up of the Primary Health Care Authority.

(Paragraph 12.16)

### Chapter Thirteen : Funding and Implementation

We recommend that :

92. Preventive care services including immunization, maternal and child care, family planning, student health and other services conducive to the control of communicable diseases should continue to be provided free of charge.

(Paragraph 13.12)

93. Health screening services for the elderly and at-risk groups aged 45 to 64 attending general out-patient clinics and women attending well-woman clinics should be provided at a charge, with reduced charges offered to those target groups identified for subsidized primary medical care at general out-patient clinics. For those who cannot afford to pay, the present arrangement for charges to be waived should apply.

(Paragraph 13.13)

94. A charging policy, which identifies target groups for subsidized service at general out-patient clinics, in keeping with Government's policy that no one should be prevented, through lack of means, from obtaining adequate medical treatment, should be adopted.

(Paragraph 13.16)

95. Target groups for subsidized primary medical care should include -

- (a) Young children aged 0 to 15 and full-time students up to the age of 18 (half fee);
- (b) the elderly, aged 65 and above (half fee);
- (c) recipients of disability allowances (half fee); and
- (d) recipients of public assistance (free of charge).

(Paragraph 13.19)

96. The level of fees at general out-patient clinics should be set according to the principles that -

- (a) non-target group patients should not be charged above cost in order that the fees collected could go to subsidizing the target groups. Subsidy for the needy should remain Government's responsibility;

(b) charging non-target group patients at cost should be the eventual aim. This should be achieved gradually with visible improvement in the quality of service.

(Paragraph 13.22)

97. Fees for community rehabilitative services should continue to be set at a highly subsidized level.

(Paragraph 13.25)

98. Charges for community nursing service and domiciliary occupational therapy service should be calculated and expressed as a percentage of the cost of the service and be regularly updated on this basis. These charges should continue to be set at a substantially subsidized rate and at a flat rate for all with the existing mechanism for waiving of fees.

(Paragraphs 13.26 and 13.27)

99. A gradual, step-by-step approach should be adopted. Innovative ideas to improve existing services should generally be implemented on a pilot basis and in the course of implementation, there should be scope for revision and adjustment.

(Paragraph 13.29)

100. The Department of Health should have the capability and resources to carry out health services research in collaboration with other parties on an on-going basis as an essential part of the strategy to implement reforms.

(Paragraph 13.30)

101. A Health Services Research Fund should be set up.

(Paragraph 13.31)

#### Chapter Fourteen : Financing of Health Care Service

102. We recommend that Government should conduct a study leading to a policy statement on the future financing of health and medical services in Hong Kong.

(Paragraph 14.15)