Motion on
"Developing primary healthcare services"
at the Legislative Council meeting of 30 May 2018

Progress Report

Purpose

At the Legislative Council meeting of 30 May 2018, the motion on "developing primary healthcare services" moved by the Hon WU Chi-wai, as amended by the Hon Mrs Regina IP, Prof Hon Joseph LEE, the Hon CHAN Han-pan, the Hon Michael TIEN and the Hon Alice MAK, was passed. At the meeting, the Government responded to the major issues raised in the motion. This paper reports the progress of the relevant work of the Food and Health Bureau (FHB) to Members.

Enhancement of primary healthcare services and establishment of district health centres

2. A comprehensive and coordinated primary healthcare system that can attend to the healthcare needs of individuals more conveniently in a community setting is crucial to improving the overall health status of the population and reduce unwarranted admissions and re-admissions. Apart from setting up the Steering Committee on Primary Healthcare Development in November 2017 with a view to developing a blueprint for the sustainable development of primary healthcare services for Hong Kong, continuing the enhancement of primary healthcare services under the Department of Health (DH) and the Hospital Authority (HA), the FHB will set up a pilot District Health Centre (DHC) in Kwai Tsing District around the third quarter of 2019. The purpose of setting up the DHC is to further promote medical-social collaboration, public-private partnership and district-based service for the effective delivery of primary healthcare.

3. On 16 July 2018, the FHB reported the progress in preparation for the DHC to the Legislative Council (LegCo) Panel on Health Services. The pilot Kwai Tsing DHC seeks to raise public awareness on personal health management, enhance disease prevention, and strengthen medical and rehabilitation services in the community, thereby reducing unwarranted use of hospital services. The DHC is a hub with multiple access points at convenient locations, and will offer a good range of coordinated care and support service. The services offered in the DHC will focus on primary, secondary and tertiary prevention, including health promotion, health assessment, chronic disease management and community rehabilitation services.

4. The concept of a network – whether in terms of physical venues, service providers, and IT infrastructure, is fundamental for the DHC to function properly. The DHC will also seek to better co-ordinate with other district-based primary healthcare services and facilities.

5. The FHB completed two rounds of consultation in March to May and July to August this year to gauge views from the public, healthcare professionals, NGOs, patient groups and Kwai Tsing District Council on the DHC proposal.

6. On 12 September 2018, the FHB invited tenders from non-public entities to provide services for the operation of the Kwai Tsing DHC. The DHC Operator will be required to operate a Core Centre and five Satellite Centres, employ a Core Team and develop a DHC Network of Service Providers. It should also work with non-governmental organisations (NGOs) in the community as partners to enhance the local support network.

7. The operator of the DHC, upon being awarded the service contract in early 2019, will gear up for the commissioning of the Kwai Tsing DHC and service network around the third quarter of next year for a three-year operation period.

Prevention and control of non-communicable diseases

8. In as early as 2008, the Government launched a strategic framework, namely a Strategic Framework for Prevention and Control of Non-communicable Diseases (NCDs). In the same year, a Steering Committee on Prevention and Control of NCDs (Steering Committee) chaired by the Secretary for Food and Health was set up to oversee the overall implementation of the strategy to prevent and control NCDs. Three working groups were then formed under the Steering Committee to advise on specific priority areas (namely promoting healthy diet and physical activity participation, reducing alcohol-related harm and preventing unintentional injuries), and three action plans on the relevant themes were published in 2010, 2011 and 2015 respectively.

9. As the burden of NCDs is increasingly heavy in Hong Kong, and to align with the World Health Organisation's Global Action Plan for the Prevention and Control of NCDs 2013-2020, the Government has, having regard to the latest recommendations of the Steering Committee, formulated a cross-sectoral strategy and action plan (SAP) to prevent and control NCDs in Hong Kong. The SAP focuses on four NCDs (namely cardiovascular diseases, cancers, chronic respiratory diseases and diabetes mellitus) and four shared behavioural risk factors (namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol). Entitled "Towards 2025: Strategy and Action

Plan to Prevent and Control Non-communicable Diseases in Hong Kong", the SAP defines nine targets to be achieved by 2025 and a sustainable and systematic portfolio of initiatives to introduce interventions throughout the course of life to help prevent the occurrence and development of NCDs, thereby reducing the burden of NCDs, including disability and premature death, in Hong Kong by 2025.

10. Cancer is one of the major NCDs and also the most common cause of death in Hong Kong. The Government has been promoting the adoption of a healthy lifestyle, including avoiding smoking and alcohol drinking, regular physical activity, maintaining healthy body weight and waist circumference, and a balanced healthy diet, to reduce the burden of NCDs such as cancers on the public and society. The prevention, control and screening policies of cancer in Hong Kong have been grounded on fact, scientific evidence, public interest and the local setting. Over the years, the Government has launched three cancer screening programmes, namely the Cervical Screening Programme, the Community Care Fund Pilot Scheme on Subsidised Cervical Cancer Screening and Preventive Education for Eligible Low-income Women, and the Colorectal Cancer Screening Pilot Programme.

General out-patient services and community health centres

11. The general out-patient (GOP) services of the HA are primarily used by the elderly, low-income groups and chronically ill patients. Patients under the care of the general out-patient clinics (GOPCs) fall into two major categories: chronically ill patients in stable medical condition, such as patients with diabetes mellitus or hypertension; and episodic disease patients with relatively mild symptoms, such as those suffering from influenza, cold or gastroenteritis. In general, as the two major categories of patients under the care of the GOPCs do not require 24-hour services and GOPCs are not intended to provide emergency services, patients with severe and acute symptoms should go to the accident and emergency (A&E) departments of hospitals where the necessary staffing, equipment and ancillary facilities are in place to provide them with comprehensive and appropriate treatment and care. Given the need to use GOP resources efficiently, it is not cost-effective to provide late-night or overnight GOP services and the HA has no such plan at this stage.

12. To meet the increasing service demand of main users, the HA endeavours to improve GOP services, including renovating and modernising the facilities of ageing clinics to streamline patient flow, improve clinic environment for waiting patients and increase clinical space. The HA also actively recruits staff to enhance service capacity. With the implementation of various measures, including the provision of GOP services in evening sessions and on public holidays, and additional consultation quota during the winter

influenza surge and long holidays, the total GOP attendances increased by over 600 000 between 2012-13 and 2017-18. The HA plans to increase the consultation quotas of GOPCs by about 55 000 in 2018-19 to meet the demand for GOP services.

13. In planning for the provision and development of public primary healthcare services, the Government takes into account a number of factors, including the service delivery model of primary healthcare services, the demographic changes and distribution of target groups, as well as the provision of primary healthcare services and the demand for public primary healthcare services in a district. Having considered the distribution of target groups and the future population growth in various districts, the FHB has earmarked sites in different districts for the future development of primary healthcare facilities.

14. We understand that there is a great demand for GOP services in the community and that the demand may sometimes exceed service provision. The HA will continue to recruit staff actively. Where manpower allows, the service capacity of GOPCs will be further enhanced, including providing more evening consultation services and out-patient services on public holidays. Meanwhile, we will closely monitor the operation and service utilisation of GOPCs, and flexibly deploy manpower and other resources to provide appropriate primary healthcare services for the main target users.

Nurse clinics and community nursing services

15. In 2018-19, the HA will introduce, on a pilot basis, an Integrated Model of Specialist Out-patient Service through Nurse Clinic in four specialties, namely clinical oncology, rheumatology, urology and perioperative. The HA is now carrying out advance preparation work, including formulating intake criteria and clinical pathway, recruiting additional staff and procuring the necessary equipment and devices. The HA expects to commence services under the scheme in the hospitals concerned in the fourth quarter of 2018.

16. As at March 2018, the HA had a total of 490 community nurses. In 2017-18, 877 610 home visits were made by community nurses. In the coming year, the HA will implement various initiatives (including increasing the number of visits by community nurses) to address the ever increasing healthcare needs and enhance the quality of healthcare services for patients. The HA will continue to closely monitor the provision and utilisation of community nursing services, and flexibly deploy its manpower and other resources to meet service needs.

Elderly healthcare services

17. The DH has established an elderly health centre (EHC) in each of the 18 districts to provide integrated primary healthcare services for elderly persons aged 65 or above from a family medicine perspective through a multi-disciplinary team of professionals, including doctors, nurses, physiotherapists, occupational therapists, dieticians and clinical psychologists. The services provided include health assessment, curative treatment, individual counselling and health education.

18. With an ageing population, there is an increasing demand for primary healthcare services for the elderly. The DH has critically reviewed the strategic direction of EHCs and implemented a number of enhancement measures, with a view to enhancing and deploying EHC service capacity to better serve the growing elderly population in Hong Kong. The enhancement measures implemented include:

(a) Conducting extra health assessments at EHCs with lower attendance for curative treatment;

(b) Allocating more quotas at all EHCs for elderly persons who are on the waiting list for enrolment as new members; and

(c) Displaying on the Elderly Health Service website (www.elderly.gov.hk) and at EHCs the waiting time for membership at each EHC to increase transparency and facilitate elders to choose enrolling at those Centres with relatively shorter waiting time.

Moreover, the DH will provide two more clinical teams (one in 2018 and another in 2018-19) to enhance the service capacity of the EHCs. The new clinical teams will be flexibly deployed to meet the changing service demands in districts.

19. It would not be sustainable for the 18 EHCs to provide heavily subsidised primary care services to all elderly in Hong Kong. To better utilize government resources, the DH is implementing a pilot programme in the form of medical-social collaboration in four EHCs. Under the pilot programme, the EHCs concerned collaborate with NGOs having experience in reaching out to "hidden" elderly persons. Priority is given to the "hard-to-reach" elderly persons (especially those with poor social network and no regular medical care) identified and referred by the social workers of the NGOs to receive services at the EHCs. Subject to the experience gained from the pilot programme, the DH will roll out the collaborative model to other EHCs in phases and adjust the strategic direction of EHCs gradually towards providing priority services for vulnerable elderly persons as a long-term objective.

20. In 2009, the Government launched the Elderly Health Care Voucher (EHV) Pilot Scheme to subsidise eligible elderly persons to use private primary healthcare services, including dental services. The pilot scheme was converted to a recurrent programme in 2014. Since its launch, the EHV Scheme (the Scheme) has been well received by the elderly. As at end-June this year, over 1.09 million elderly persons had made use of EHVs, accounting for around 87% of the eligible elderly population. In addition, 7 610 healthcare service providers in Hong Kong and the University of Hong Kong-Shenzhen Hospital have enrolled in the Scheme, allowing the elderly to use EHVs in over 17 400 service locations.

21. To facilitate the use of EHVs by the elderly, the Government has implemented various enhancement measures, including increasing the annual voucher amount from the initial amount of $250 to $2,000 progressively; lowering the face value of each EHV from $50 to $1 to allow greater flexibility in using the vouchers; and lowering the eligibility age for the Scheme from 70 to 65 last year. As announced in the 2018-19 Budget, the accumulation limit of EHVs has been raised from $4,000 to $5,000, and an additional $1,000 worth of voucher amount has been provided for each eligible elderly person on a one-off basis. It is expected that about 1.2 million elderly persons will benefit. Since both the number of elderly persons using EHVs and the financial commitments involved have increased substantially in recent years, the Government will need to critically assess the long-term financial implications and the affordability of public finance in considering further enhancements to EHVs.

22. To ensure prudent use of public funds, the Government attaches great importance to the monitoring of the Scheme. The DH has all along taken stringent measures and procedures for checking and auditing, including conducting routine inspections of enrolled healthcare service providers; monitoring and surveillance to detect aberrant patterns of transactions in the use of EHVs; and contacting the person concerned/complainant to obtain further details and conducting investigations where necessary in respect of any complaint, media report, relevant information, etc., regarding the Scheme. In the event improper voucher claims or complaints are found to be substantiated, the DH will take relevant action, such as issuing a reminder, an advisory or a warning letter to the healthcare service provider concerned requesting for remedial measures, not reimbursing the relevant voucher claims to the healthcare service provider concerned, or demanding the recovery of the amount concerned. The DH may also disqualify the healthcare service provider concerned from participating in the Scheme. If any healthcare service provider is suspected of fraud or professional misconduct, the DH will refer the case to the Police and/or relevant law enforcement agencies and professional regulatory board/council for follow-up.

23. On publicity and education, the DH regularly issues guidelines on proper practices regarding the use of EHVs to the participating healthcare service providers, including that an elderly person should not be charged any additional fee for opening a voucher account or using vouchers. The DH also reminds elderly persons through different channels (e.g. promotion videos and recordings as well as publicity at elderly centres and residential care homes for the elderly) to ask healthcare service providers about their service charges before giving consent to use vouchers, and to check the particulars on the consent form before signing it. To enhance transparency and for public reference, the DH has also uploaded to its website and the Scheme website (www.hcv.gov.hk) key statistics on the Scheme for the past three years, including information on the voucher amount per claim made by the different types of healthcare professionals.

Enhancing hearing treatment

24. The ear, nose and throat (ENT) specialty of the HA provides appropriate assessment and treatment for persons with hearing difficulty. The HA currently has a total of 23 audiologists. They provide timely hearing tests and treatment for patients according to diagnosis given by ENT specialists and patient needs. In 2018-19, the HA will recruit six additional Patient Care Assistants to support audiologists in providing clinical services and shorten the waiting time of patients. The HA will continue to review the manpower requirement from time to time, having regard to the service demand.

Dental services

25. At present, general dental care services are mainly provided by the private sector and NGOs. Since providing comprehensive dental services for the public involves substantial financial resources, the Government currently has no plan to extend its public dental services. Instead, it has focused limited resources on providing emergency dental services for the public and taking care of persons with special needs or financial difficulties.

26. The Government's policy on oral health is to improve oral health and prevent dental diseases through promotion and education, thereby raising public awareness of oral health and facilitating the development of proper oral health habits. The School Dental Care Service (SDCS) of the DH aims to encourage school children to be aware of oral health and prevent common dental diseases since primary school years.

27. Primary school students, as well as students with intellectual disabilities and/or physical disabilities (such as cerebral palsy) who are studying at special schools and below the age of 18, may join the SDCS to

receive an annual dental check-up at a designated school dental clinic, which covers oral examination, basic dental treatment and preventive care services. The SDCS aims to help students acquire proper self-care skills in oral health and prevent common dental diseases since childhood, so that they can take care of their oral health independently and properly when they go to secondary schools. To sustain the efforts made at the primary school level, the DH has implemented a school-based programme named "Teens Teeth" in secondary schools since 2005. Under the programme, senior secondary students are trained to educate lower form schoolmates on oral health care and hygiene through a peer-led approach (i.e. train-the-trainers approach).

28. As for small children, the DH's Brighter Smiles for the New Generation Programme helps children in kindergartens and nurseries develop good tooth brushing and smart diet habits, while Brighter Smiles Playland is specifically designed for four-year-old children to help them develop good oral care habits through interactive games and activities. The DH will continue to encourage more kindergartens and nurseries to actively participate in its oral health education activities and programmes.

29. Through the Love Teeth Campaign, we also promote oral health among the public, including secondary school students and children, and help them develop a proper oral hygiene concept and teach them the proper oral hygiene skills to prevent periodontal disease. At present, the Government has no plan to extend the SDCS.

30. The DH launched the Outreach Dental Care Programme for the Elderly (ODCP) in October 2014. In collaboration with NGOs, the ODCP provides free outreach dental care services for elderly persons at residential care homes, day care centres and similar facilities. In addition to primary dental care services such as oral examination, scaling and polishing and emergency dental treatments, the ODCP provides other treatments like fillings, extractions and dentures. The DH will continue to collaborate with the SWD and NGOs to encourage more residential care homes and day care centres to participate in the ODCP so as to benefit more elderly persons.

31. The Elderly Dental Assistance Programme with funding provided under the Community Care Fund was launched in September 2012 to provide free removable dentures and other related dental services, including X-ray examinations, scaling and polishing, fillings and extractions, for low-income elderly persons who are users of the home care service or home help service schemes subvented by the SWD. The programme was expanded in phases to cover Old Age Living Allowance (OALA) recipients aged 80 or above, 75 or above and 70 or above in September 2015, October 2016 and July 2017 respectively. The Government will step up publicity in collaboration with the programme's implementing agency and over 180 district service units (mainly elderly centres and community centres managed by NGOs) to encourage more

elderly persons to participate in the programme. The Government is reviewing the overall implementation of the programme and will expand it to include OALA recipients aged 65 or above in due course.

Child and adolescent health services

32. The DH provides various health services for children, including the Child Health Service, free or subsidised seasonal influenza vaccination, the Student Health Service, the SDCS, the Child Assessment Service (CAS) and the Newborn Screening Programme, to ensure that children are provided with adequate healthcare services and health information during their development.

33. The DH has endeavoured to enhance the CAS through the employment of additional doctors and internal redeployment of staff. To further enhance the service, the DH also set up a temporary child assessment centre (CAC) in Ngau Tau Kok, which has come into operation since January 2018. The DH is now preparing for the establishment of a new CAC, with a view to enhancing service capacity to meet the increasing number of referred cases.

34. The CAS has adopted a triage system to ensure that children with urgent and more serious conditions are accorded higher priority for assessment. While children await rehabilitation services, interim support is provided to their parents so that the parents could provide home-based training to facilitate the rehabilitation and development of their children.

35. Efforts to provide seasonal influenza vaccination for primary school children are set out in paragraph 41 below.

Mental health services for students

36. The FHB, in collaboration with the HA, the Education Bureau and the SWD, has launched a Student Mental Health Support Scheme based on a medical-educational-social collaboration model in 17 participating schools since the 2016-17 school year to provide support services for students with mental health needs through a multi-disciplinary platform. Starting from the 2018-19 school year, the FHB will extend the scheme to about 40 schools and provide support of clinical psychologists to help early identification of students with mental health needs and step up multi-disciplinary support services in schools.

Vaccination

37. Under the Hong Kong Childhood Immunisation Programme,

eligible children receive different types of free vaccines and boosters for the prevention of 11 types of infectious diseases, namely tuberculosis, poliomyelitis, hepatitis B, diphtheria, whooping cough (pertussis), tetanus, pneumococcal infection, chickenpox, measles, mumps and rubella. Vaccines are first given to newborn babies in hospitals. During their pre-school period, children receive different types of vaccines and boosters at the recommended ages of vaccination at the MCHCs. As for primary school children, vaccination is provided at schools by the DH's outreaching School Immunisation Team.

38. To reduce the risk of serious complications and hospitalisation caused by seasonal influenza, the Government provides free or subsidised seasonal influenza vaccination for designated target groups under the Government Vaccination Programme and the VSS every year. In addition, the Government has provided, since 2009, free or subsidised 23-valent pneumococcal polysaccharide vaccine (23vPPV) for eligible elderly persons under these schemes to reduce the risk of invasive pneumococcal disease.

39. Since 2017-18, the Government has provided free or subsidised 13-valent pneumococcal conjugate vaccine for eligible high-risk elderly persons aged 65 or above to strengthen their immunity against pneumococcal infection under the vaccination programme, while continuing to provide 23vPPV for eligible elderly persons.

40. Starting from 2018-19, the Government will extend the VSS to include Hong Kong residents aged between 50 and 64.

41. The Centre for Health Protection (CHP) is actively preparing for the launch of the School Outreach Vaccination Pilot Programme in the 2018-19 school year. Under the Pilot Programme, free outreach influenza vaccination services will be provided at primary schools by the Government Outreach Team or the Public-Private-Partnership Outreach Team, with the aim of increasing seasonal influenza vaccination uptake among primary school children. The CHP has also held briefing sessions to schools to facilitate their logistical work and to help them resolve administrative difficulties. The CHP is also preparing for the launch of the Enhanced Vaccination Subsidy Scheme Outreach Vaccination, to provide free outreach influenza vaccination at primary schools, kindergartens, kindergarten-cum-child care centres and child care centres. Parents can also choose to take their children to the clinics of private doctors who have enrolled in the Vaccination Subsidy Scheme (VSS) to receive influenza vaccination. The CHP has met different stakeholders, including schools, medical associations and private doctors, since March this year to collect their views and solicit their support.

Prenatal check-ups for pregnant women

42. The Maternal and Child Health Centres (MCHCs) of the DH and the obstetrics departments of the HA provide a comprehensive prenatal shared-care programme for pregnant women during the entire pregnancy and delivery process.

43. The "T21 test", a kind of non-invasive prenatal test, is a testing technique in the form of a blood test to analyse foetal chromosome 21 by examining the foetal DNA present in a pregnant woman's plasma. The HA has earlier discussed the development and effectiveness of "T21 test" at the relevant co-ordinating committees. The HA is now exploring the facilities required for the introduction of "T21 test" in Hong Kong Children's Hospital (HKCH) as a second-tier prenatal screening test for Down syndrome and making preparations for professional training and service arrangements. Under the current plan, the service of "T21 test" will be launched at the HKCH in the first quarter of 2019. The HA will also provide other appropriate prenatal services according to the clinical needs of pregnant women.

Provision of medical fee waiver for persons in need

44. To ensure that no one is denied appropriate medical care due to lack of means, the HA has put in place a medical fee waiver mechanism to provide assistance for patients in need. At present, patients receiving Comprehensive Social Security Assistance (CSSA) are waived from payment of public healthcare expenses, including payment for standard fees and charges of drugs in the HA Drug Formulary, provided that they inform hospital/clinic staff of their waiver eligibility when they register for consultation and upon confirmation of their eligibility by the staff through online eligibility checking. Since 15 July 2017, the medical fee waiver has been extended to OALA recipients who are at the age of 75 or above and with greater financial needs (with assets not exceeding $144,000 (elderly singletons) or $218,000 (elderly couples). This arrangement has also been applicable to Higher OALA recipients aged 75 or above with effect from 1 June 2018.

45. Non-CSSA recipients and other OALA recipients who cannot afford medical fees due to financial difficulties may apply for a fee waiver at the Medical Social Service Units of public hospitals and clinics, or make a fee waiver application to social workers at the Integrated Family Service Centres of the SWD.

46. The medical fee waiver mechanism of the DH is the same as that of the HA, which covers services of DH clinics.

Subsidising drug treatments

47. Currently, HA provides subsidy through the Samaritan Fund (SF) and the Community Care Fund (CCF) Medical Assistance Programmes to patients in need for purchase of self-financed drugs. In December 2017, HA commissioned Jockey Club School of Public Health & Primary Care of the Chinese University of Hong Kong and the Department of Social Work of the Hong Kong Baptist University to carry out a consultancy study to review the existing means test of the SF and CCF Medical Assistance Programmes. The consultant team has completed the first six months of the study and has proposed to further explore improvements to the means test mechanism along the following directions –

(a) Modifying the calculation of annual disposable household financial resources (ADFR) to lower patients' out-of-pocket spending by lowering the contribution of asset to the calculation of ADFR. The consultant team will study ways to enhance the mechanism for assessment of patients' affordability and avoid asset depletion particularly for those with relatively lower earning power and less disposable assets;

(b) With a view to relieving financial and emotional burdens of patients' families due to expenditure on drug treatments, the consultant team is considering how the definition of "household" in the calculation of ADFR could be further refined, taking into account the changing social and family values as well as making reference to other government means-tested subsidy programmes. For instance, consideration can be given to whether and how the income, assets and allowable deductions in relation to the patients' parents, adult children and dependent siblings should be calculated in assessing the patients' household ADFR;

(c) In addressing the concern of recurrent use of ultra-expensive drugs which may deplete patients'/household members' assets quickly, the consultant team is reviewing the current upper limit for patient contribution and will establish an appropriate upper limit.

48. HA will further work with the consultant team to formulate the details of recommendations along the above directions and the projection of the respective financial implications. In addition, the consultant team will continue to engage relevant stakeholders, including patient groups and representatives, to collect feedback on the preliminary recommendations. The final report of the consultancy study will be completed by late 2018. The Government aims to make a final decision by late 2018 or early 2019 having regard to the findings of the consultancy study.

Public-Private Partnership Programme

49. In March 2016, the Government allocated $10 billion to the HA for setting up a HA Public-Private Partnership Fund (the Fund) to generate investment returns for regularising and enhancing public-private partnership (PPP) programmes implemented on a pilot basis, as well as exploring the implementation of new PPP programmes, with regard to the financial position of the Fund. The HA expects to use about $300 million to $400 million annually to continue the implementation of the existing PPP programmes in the coming five years. These programmes are the Cataract Surgeries Programme for cataract surgeries; the Haemodialysis PPP Programme which provides haemodialysis services for patients with end-stage renal disease; the Patient Empowerment Programme which empowers patients with diabetes mellitus and hypertension to manage their own diseases; the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector which serves cancer patients; the Infirmary Service PPP which provides infirmary services; the Colon Assessment PPP Programme which provides colon disease assessment; and the General Outpatient Clinic PPP Programme which has been rolled out to 18 districts in Hong Kong.

50. In exploring the implementation of new PPP programmes, the HA will continue to communicate with the public and patient groups and work closely with relevant stakeholders. The HA will also examine the financial position and affordability of the Fund, with a view to developing appropriate PPP programmes to meet public demand for healthcare services.

Development of Chinese medicine

51. To promote the development of "evidence-based" Chinese medicine and provide training placements for graduates of local undergraduate programmes in Chinese medicine, a Chinese Medicine Centre for Training and Research (CMCTR) has been set up in each of the 18 districts. The CMCTRs operate under a tripartite collaboration model involving the HA, NGOs and local universities offering undergraduate programmes in Chinese medicine (i.e. the Hong Kong Baptist University, the Chinese University of Hong Kong and the University of Hong Kong). The NGOs are responsible for the running and day-to-day operation of the CMCTRs.

52. To attract more talent to join the Chinese medicine sector, the Chief Executive announced in her Policy Address in October 2017 that the Government would review the remuneration package and promotion opportunities for staff employed at all levels in the CMCTRs in the 18 districts. Starting from December 2017, the Government has allocated additional funding for the NGOs to increase the salaries of the staff at Chinese Medicine

Practitioner (CMP) rank (i.e. CMPs practicing in the fourth to ninth year after graduating from universities) of the CMCTRs. Moreover, the HA is further reviewing with the NGOs the remuneration package and promotion opportunities for CMCTR staff at all levels (including CMPs of various ranks), and will allocate additional funding to enhance their career prospects in the light of the review findings.

53. The Government announced in the 2018-19 Budget the establishment of a $500 million fund to promote the development of Chinese medicine by providing support in areas such as applied research, Chinese medicine specialisation, knowledge exchange and cross-market co-operation and that the FHB would set up in May 2018 a dedicated Chinese Medicine Unit, which would be responsible for the development of Chinese medicine in Hong Kong and the co-ordination work. The Government is actively preparing the operational details of the dedicated fund, with a view to consulting the industry as soon as possible before its implementation.

54. Regarding the positioning of the Chinese medicine hospital services in the healthcare system in Hong Kong, we are consulting various stakeholders and analysing their views on the operation model of the Chinese medicine hospital and the development framework for the major areas of the hospital, and exploring the feasibility of various options. We have also noted the public views that Chinese medicine and the Chinese medicine hospital should be integrated into the local healthcare system. The Government will announce relevant details in due course.

Healthcare manpower planning

55. The Report of Strategic Review on Healthcare Manpower Planning and Professional Development (Strategic Review) published in June 2017 has put forward ten recommendations, five of which are related to healthcare manpower planning and the other five are related to professional development and regulation. The Government is taking forward the recommendations of the Strategic Review, with a view to planning ahead for the long-term healthcare manpower demand and fostering professional development.

56. On healthcare manpower planning, the Government has substantially increased the number of University Grants Committee(UGC)-funded healthcare training places by about 60%, from about 1 150 to about 1 800, over the past decade. The number of UGC-funded training places in dentistry has been increased by 20 (around 40%) from 53 to 73 in the 2016-17 to 2018-19 triennium. The Government is discussing with the UGC to further increase the number of UGC-funded training places for doctors, dentists, nurses and relevant allied health professionals in the 2019-20 to 2021-22 triennium.

57. The Government also counts on the self-financing sector to provide training to help meet part of the increasing demand for healthcare professionals. Under the Study Subsidy Scheme for Designated Professions/Sectors, the Government will subsidise over 800 students studying in qualified self-financing healthcare training programmes in the 2018-19 academic year.

58. The Government also allocates additional funding of about $19 million annually for the HA to employ 25 additional pharmacists to strengthen clinical pharmacy services in oncology and paediatrics, enhance drug refill services, provide 24-hour pharmacy services in those hospitals with A&E department and support new hospital development projects in 2018-19.

59. The FHB has started a new round of manpower projection exercise to update the demand and supply projection of healthcare manpower to tie in with the formulation of relevant policies.

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