

## MESSAGE

In December 2000 we released for public consultation the document on health care reform entitled “Lifelong Investment in Health”. The objective of the document was to set out strategic reform proposals for the three main components of our health care system - organisation and provision of health services, mechanisms for assuring the quality of care and the funding and financing for health services. I was encouraged by the many constructive responses received, indicating the importance the public attached to our health care system, and the support to introduce changes to safeguard its quality and long-term financial sustainability.



For the reform proposals that have received general support from the community, particularly those relating to health services delivery and quality assurance, we are working out and taking forward implementation plans so that the public can see for themselves quickly the tangible benefits of the reform. For proposals which need further consideration, in particular the Health Protection Account, we are having further deliberations and conducting in-depth studies and will be consulting the public again at a later date.

I would like to highlight two proposals which have received strong public support. The first is the proposal to strengthen preventive care through the work of the Department of Health. We are drawing up the details of a long-term plan on how to provide the community with a comprehensive, holistic and lifelong health promotion and preventive care programme, from infancy to old age. While maintaining good health is a personal responsibility, we want to create an environment and provide direct assistance to enable individuals to prevent diseases and remain healthy. Step by step over the next few years, the services which the Department of Health provides for expecting mothers, babies, adolescents, women, men and elders

will be re-engineered into a life course approach, strengthened and expanded to enable a wider coverage in the community, and new services added to enrich the comprehensiveness of the health promotion programme. I have no doubt that our investment in preventive care will bring fruitful returns in the form of a healthier community.

The second proposal relates to the development of Chinese medicine in Hong Kong. A statutory framework to regulate the practice, sale and manufacture of Chinese medicine has already been put in place, which will help to ensure and enhance the standards of Chinese medicine in Hong Kong. I am now putting in place plans to introduce Chinese medicine into the public health care system. Over the next few years, we shall be setting up Chinese medicine out-patient clinics in the territory. There will be a wider choice of treatment for patients and opportunities for clinical research on Chinese medicine and the development of collaboration between western and Chinese medicine.

I welcome your comments and suggestions.

A handwritten signature in black ink, appearing to be 'Yeoh E K', written in a cursive style.

(Dr E K Yeoh)  
Secretary for Health and Welfare

## **Health Services**

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### **Policy Objective and Key Result Areas**

# HEALTH SERVICES

Our Policy Objective is to develop and maintain in Hong Kong a health care system which protects and promotes the health of the population, which provides lifelong holistic care to each citizen, and which is affordable and financially sustainable in the long term.

## Overall Targets

Our targets this year in pursuing this Policy Objective are –

- to restructure and enhance health education and preventive programmes
- to ensure adequate provision of medical services to cater for a growing and ageing population
- to take forward proposals for reforming the health care system
- to develop and promote the use of Chinese medicine

## Progress

We have achieved satisfactory results in enhancing our capacity to protect and promote the health of the population. We have enhanced our disease and surveillance control system through expanded coverage and networking with local, Mainland and overseas health care authorities and providers. The completion of the Public Health Laboratory Centre will further strengthen our ability to provide good quality laboratory support in surveillance and control of infectious diseases. The planning work for the setting up of the Public Health Information System, which will monitor the community's health status and disease patterns, is proceeding smoothly. We remain on target to set up the System by 2003.

A Tobacco Control Office was set up in 2001 to co-ordinate the Government's tobacco control efforts and promote a smoke-free culture in Hong Kong through intersectoral collaboration and community mobilisation. Some 500 restaurants with more than 200 seats were visited to stress the

requirement of smoke-free areas. We are formulating a package of legislative amendments to the Smoking (Public Health) Ordinance to strengthen the tobacco control framework in Hong Kong.

We also achieved the following progress in our four Key Result Areas (KRAs).

**1 Ensure that a supportive legislative and policy framework is in place for the protection of public health and the delivery of quality health services**

We continue to make good progress towards the establishment of a supportive legislative framework for the regulation of Chinese medicine. Preparation by the Chinese Medicine Council of Hong Kong of subsidiary legislation under the Chinese Medicine Ordinance to regulate the trading and manufacture of Chinese medicines is at an advanced stage. We have also made initial proposals on developing a regulatory framework to monitor and regulate health claims advertised in the market. A Research Office has been set up in the Health and Welfare Bureau in June 2001 to strengthen the government's research capability in health policy matters.

**2 Ensure the availability of qualified, competent and committed health care professionals to deliver quality health services**

The registration exercise for Chinese medicine practitioners is now at an advanced stage and the names of listed practitioners are expected to be announced by end-2001. Subsidiary legislation providing for the registration of chiropractors was passed in June 2001 and the registration process commenced in September 2001. To ensure that there is adequate qualified health care personnel to deliver quality medical service, the Health and Welfare Bureau has kept under regular review the demand for health care professionals in Hong Kong to assist in long-term manpower planning. We are also working with health care professionals to further develop the system of continuing professional education and development.

As an ongoing policy and programme, the Hospital Authority has continued to provide clinical and non-clinical training programmes and opportunities to doctors, nurses and allied health professionals to upgrade their knowledge and skills, as well as facilitate continuing

professional education and development. These include, among others, promoting the development of family medicine practice by providing training in family medicine to medical practitioners and sponsoring nurses to attend conversion courses designed for nurses with a hospital-based training to obtain a degree qualification.

### **3 Ensure the availability of a comprehensive and holistic preventive programme which promotes health and lifelong wellness**

We made good progress in enhancing our disease surveillance and control system. We have expanded the disease surveillance system by including two more diseases into the surveillance network and have strengthened our networking agencies in the Mainland and overseas. We remain on schedule to set up a new Public Health Laboratory Centre by 2002, and an electronic Public Health Information System by 2003. Following the abolition of the lower age limit of 45, the number of annual enrolment in Woman Health Centres has increased. We have also made arrangements to extend the Woman Health Service to five Maternal and Child Health Centres later this year. A pilot scheme on Basic Life Skills Training targeting at students in over ten secondary schools commenced in September 2001.

### **4 Ensure the availability of adequate health care facilities and services to meet the needs of the community**

To enhance primary medical care through promotion of family medicine practice, we have commenced a pilot scheme to transfer five General Out-patient Clinics from the Department of Health to the Hospital Authority in 2001-2002. The Hospital Authority, with its wide range of curative and rehabilitative medical services, provides a good training ground for family physicians.

To facilitate the development of the more cost-effective ambulatory and community-based services, we have moved away from the facility-based approach and adopted the population-based approach in the allocation of public funding for public hospital services with effect from 2001-2002. The new funding mechanism would encourage the mobilisation of resources from institutions to community settings and in the long run would reduce the over-emphasis on institutional care.

We have continued to invest in infrastructure, facilities and services with a view to providing quality health care to the community. The Hospital Authority provided an additional 460 public hospital beds in 2000-2001 and remains on target to provide 569 additional public hospital beds in 2001-2002. Despite the increased workload and pressure on the public hospital system, the Hospital Authority managed to achieve the target to reduce the average queuing time at all specialist clinics to 60 minutes by 2000, and the average waiting time for all non-urgent operations to four months by 2000. As for the development of community-based services, the Hospital Authority has increased the number of community psychiatric teams from five to eight to strengthen the out-patient and outreach support for discharged mental patients living in the community.

Progress on each previously announced initiative under the above KRAs is set out in the “Detailed Progress” section of this report.

## **Looking Forward**

To achieve our overall targets this year, we will undertake the following initiatives and targets under each of the KRAs for the coming year under the revised structure –

- Advocate the development of a living environment conducive to health and ensure the availability of a lifelong preventive programme promoting health, wellness and self-responsibility
- Ensure the development of an appropriately balanced health care system with capacity and capability to deliver lifelong, holistic and seamless services to the general public
- Ensure the development and maintenance of a framework of quality assurance to support the consistent delivery of quality health services based on knowledge and centred on patients
- Ensure the development of health-sensitive, health-protecting and health-promoting public policies, infrastructure and legislative framework to support the long-term sustainability of the health care system

# 1

## **Advocate the development of a living environment conducive to health and ensure the availability of a lifelong preventive programme promoting health, wellness and self-responsibility**

We believe that good health stems from health-sensitive, health-protecting and health-promoting public policies and infrastructure and an environment conducive for people to make health-enabling personal choices. Moreover, effective preventive care protects and promotes health, prevents illness and disability and enhances the quality of life. We will, therefore, develop the strategic role of the Department of Health as a health advocate in the community. The Department also monitors disease patterns closely to enable early public health protection. Extensive networking with overseas and Mainland health authorities is maintained to keep abreast of world trends in diseases to enable the Department to take prompt actions, where necessary. While maintaining good health is a personal responsibility, the Department of Health, together with other health care providers, offers a full range of preventive programmes, aiming at promoting lifelong wellness. At present, these programmes include different health education and promotion campaigns, immunisations for children, dental and health services for students, health checks for women and the elderly. We will further enrich these preventive programmes in the physio-social aspects of health and enhance them to cover positive parenting, adolescent and men's health.

We will assess our performance in respect of this KRA against the following indicators –

- Provision of a comprehensive, holistic and lifelong health programme for the community. Our target is to launch in the coming year an adolescent health programme, pilot a men's health programme, and develop the women's cervical screening programme.
- Establishment of hospital and community-based smoking counselling and cessation centres. Our target is to set up ten such centres in 2002-2003.



We will pursue the following initiatives and targets to deliver results in this area –

Initiative *	Target
<p>To strengthen preventive services to provide lifelong holistic care (<i>Department of Health (DH)</i>)</p>	<ul style="list-style-type: none"> <li>● To implement a territory-wide parenting programme in 2002-2003</li> <li>● To fully launch an adolescent health programme in 2001-2002</li> <li>● To set up 18 outreaching teams by 2003-2004 to cover all secondary schools to equip students with skills on adolescent development and challenges</li> <li>● To launch a pilot men's health programme in 2002</li> <li>● To launch a cervical screening programme for women in collaboration with other health care providers in 2003-2004</li> <li>● To implement universal ante-natal HIV screening from September 2001</li> <li>● To develop a plan for re-organisation of the Central Health Education Unit</li> </ul>
<p>To strengthen smoking cessation services (<i>DH/Hospital Authority</i>)</p>	<ul style="list-style-type: none"> <li>● To establish ten hospital and community-based smoking counselling and cessation centres beginning 2002</li> <li>● To introduce a nicotine replacement therapy in General Out-patients Clinics in 2002</li> </ul>

\* the bracketed information denotes the agency with lead responsibility for the initiative

# 2

## **Ensure the development of an appropriately balanced health care system with capacity and capability to deliver lifelong, holistic and seamless services to the general public**

We need to have a patient-centred and community-focused health care system, with an appropriate balance of preventive, ambulatory, in-patient and community outreach services. The Hospital Authority and the Department of Health currently provide a full range of in-patient, out-patient, ambulatory and community-based services, operating 44 public hospitals and institutions, 74 general out-patient clinics and 91 specialist out-patient clinics. To improve the health outcome and cost efficiency of the system, we shall enhance the effectiveness of primary care through the promotion and adoption of family medicine practice and the development of other primary care models. We shall continue to invest in new facilities and services to ensure the delivery of adequate and cost effective services in the public hospital system. International trend has been to focus on the development of ambulatory and community care programmes. To this end, the Hospital Authority will continue to develop and extend its ambulatory and community outreach programmes. New technologies will be introduced as appropriate to improve health outcomes. We shall ensure an adequate supply of health care professionals to meet the changing needs of the community. We shall also explore ways to promote better collaboration between the public sector and the private sector with a view to providing seamless health care to the community.

The application of Chinese medicine in disease prevention, health maintenance and treatment of illnesses is widely recognised. Primary care is one of the strengths of Chinese medicine, and Chinese medicine can complement western medicine. We shall introduce Chinese medicine in the public health sector, initially in the form of out-patient services, with a view to integrating Chinese medicine and western medicine in the public health care system in the long run.

We will assess our performance in respect of this KRA against the following indicators –

- Provision of in-patient services. Our target is to provide 366 new public hospital beds in 2002-2003.

- Development of community-based services. Our target is to implement a pilot EXtended-care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) Project in 2002-2003 to facilitate the early integration of psychiatric patients with the community.
- Our target is to develop in 2002 an implementation plan for the transfer of the Department of Health's general out-patient clinics (GOPCs) to the Hospital Authority to facilitate integration of the primary and secondary levels of care in the public sector.
- Introduction of Chinese medicine out-patient services into the public health sector. Our target is to provide Chinese medicine out-patient services in 18 clinics by 2005.

We will pursue the following initiatives and targets to deliver results in this area –

<b>Initiative</b>	<b>Target</b>
To increase the number of public hospital beds <i>(Hospital Authority (HA))</i>	To provide 366 additional public hospital beds in 2002-2003
To increase the number of day places <i>(HA)</i>	To provide 80 additional day places in 2002-2003
To facilitate the integration of the primary and secondary levels of care in the public sector <i>(HA/Department of Health (DH))</i>	To develop in 2002 an implementation plan for transferring the GOPCs from DH to HA
To promote family medicine practice by providing relevant training opportunities <i>(HA)</i>	To recruit 75 family medicine trainees in 2002-2003

Initiative	Target
<p>To provide Chinese medicine services in the public sector (HA)</p>	<p>To provide Chinese medicine out-patient services in 18 clinics by 2005</p>
<p>To implement a pilot <u>EX</u>tended-care patients <u>I</u>ntensive <u>T</u>reatment, <u>E</u>arly diversion and <u>R</u>ehabilitation <u>S</u>tepping-stone (EXITERS) Project to provide a one-year intensive rehabilitation and treatment programme for psychiatric patients with a view to facilitating their early integration with the community (HA)</p>	<ul style="list-style-type: none"> <li>● To implement the pilot EXITERS Project in 2002-2003</li> <li>● To discharge in 2003-2004 100 psychiatric patients who participated in the EXITERS Project into the community, and to increase the number of patients discharged to 125 in 2004-2005, and to 150 patients per year for the years 2005-2006 to 2007-2008</li> </ul>
<p>To extend Women Health Service (DH)</p>	<p>To extend Women Health Service to five Maternal and Child Health Centres (MCHCs) in 2001-2002 and five more MCHCs in 2002-2003</p>
<p>To explore with the dental profession on introducing an oral health scheme for secondary school students (DH)</p>	<p>To initiate discussion with the dental profession in 2002 with a view to introducing the scheme for secondary students</p>
<p>To commence dialogue with the private sector with a view to exploring scope for closer collaboration (Health and Welfare Bureau)</p>	<p>To establish the Working Group on Public/Private Interface and conduct regular meetings beginning 2001-2002</p>

<b>Initiative</b>	<b>Target</b>
<p>To contain antibiotic resistance in the community (<i>DH</i>)</p>	<p>To set up a working group with representatives from the public and private sectors in 2002 to establish a territory-wide Antibiotics Resistance Surveillance System</p>
<p>To provide adequate professional manpower through training of doctors in various clinical specialties (<i>HA</i>)</p>	<p>To recruit 270 doctors in 2002-2003 for training in various clinical specialties (including 75 family medicine trainees)</p>
<p>To strengthen the provision of extended care services in public hospitals (<i>HA</i>)</p>	<p>To employ 1 000 care assistants in 2002-2003 to strengthen the provision of extended care services in public hospitals</p>

# 3

## **Ensure the development and maintenance of a framework of quality assurance to support the consistent delivery of quality health services based on knowledge and centred on patients**

We are committed to place quality at the heart of health care. The aim is to ensure the delivery of the most appropriate patient-centred care using updated knowledge and skills to achieve optimal health effects. This requires the health care workers to have a high standard of professional practice and the patients to be empowered to make informed decision about seeking care. The most fundamental part of the quality assurance framework is the establishment of registration systems which we have put in place by phases. These allow only those who have attained certain standards with appropriate qualifications to practise. We also advocate lifelong learning for health care professionals to ensure quality of practice. The Hospital Authority, Department of Health, academic institutions, the Academy of Medicine and professional organisations all play a crucial role in facilitating this important goal. In addition, we strive to achieve clinical excellence through supporting clinical research and facilitating the translation of research evidence into practice. The establishment of the Health and Health Services Research Fund will ensure a more focused research agenda to enhance the quality of care. The regular use of clinical audit and accreditation tools, and the systematic application of clinical guidelines and treatment protocols will further contribute to quality assurance. To empower the patients, we collaborate with other organisations to ensure greater availability of, and access to, health and health care information.

We will assess our performance in respect of this KRA against the following indicators –

- Promoting lifelong learning by health care professionals using web technology as a facilitating medium. Our target is to make e-Knowledge Gateway accessible to health care professionals in Hong Kong.
- Promotion of the adoption of accreditation by private hospitals. Our target is to develop a Code of Practice for private hospitals on standards of good practice.

- Expansion of the Hong Kong Laboratory Accreditation Scheme to enhance the quality of clinical pathology service. Our target is to expand the Accreditation Scheme to cover clinical pathology laboratories in 2003.
- Dissemination of evidence-based tool kit to enhance the quality of tuberculosis control. Our target is to develop a tuberculosis and chest website and produce a CD-ROM for distribution to all doctors.

We will pursue the following initiatives and targets to deliver results in this area –

Initiative	Target
<p>To enhance the professional knowledge and skills of health care professionals through Hospital Authority's e-Knowledge Gateway (eKG), an electronic access gateway to clinical practice guidelines and research evidence of clinical effectiveness</p> <p><i>(Hospital Authority (HA))</i></p>	<ul style="list-style-type: none"> <li>● To enrich the contents of the existing eKG on eight specialties and to cover seven additional specialties by 2003</li> <li>● To make the enhanced eKG accessible to health care professionals in Hong Kong by 2003</li> </ul>
<p>To promote the adoption of accreditation by private hospitals</p> <p><i>(Department of Health (DH))</i></p>	<ul style="list-style-type: none"> <li>● To complete the second round of accreditation in 2003-2004</li> <li>● To develop a Code of Practice for private hospitals on standards of good practice in 2002-2003 and implement the Code of Practice in 2003-2004</li> </ul>
<p>To promulgate information on the prevention and control of tuberculosis</p> <p><i>(DH/HA)</i></p>	<p>To jointly develop a tuberculosis and chest website and produce a CD-ROM for distribution to all doctors in 2001-2002</p>

<b>Initiative</b>	<b>Target</b>
<p>To enhance the capability of community nurses in rehabilitation and home hospice services (HA)</p>	<p>To conduct training programmes on hospice and rehabilitation nursing for 150 community nurses by 2002</p>
<p>To upgrade basic nursing education to tertiary level to improve the quality of care (HA)</p>	<p>To sponsor 200 nurses to take up conversion courses in tertiary education institutions in 2002-2003</p>
<p>To disseminate guidelines on HIV Management and Sexually Transmitted Disease Case Management (DH)</p>	<p>To promulgate updated guidelines to all doctors in 2002</p>
<p>To expand the Hong Kong Laboratory Accreditation Scheme to cover clinical pathology laboratories in Hong Kong (Innovation and Technology Commission)</p>	<p>To introduce the new service in 2003</p>



# 4

## **Ensure the development of health-sensitive, health-protecting and health-promoting public policies, infrastructure and legislative framework to support the long-term sustainability of the health care system**

We are committed to formulating policies and developing an infrastructure to ensure the provision of quality health services to the community. With the enactment of the Chinese Medicine Ordinance and the setting up of the Chinese Medicine Council of Hong Kong in 1999, and the making of relevant subsidiary legislation in 2000 and later in 2001, we have established the necessary legislative framework to facilitate the development of Chinese medicine in Hong Kong. The next priority area would be to develop standards to ensure the quality and safety of Chinese medicinal herbs. On the tobacco control front, we shall proceed to prepare for the amendment of the Smoking (Public Health) Ordinance upon conclusion of the public consultation on our legislative proposals. We believe our legislative initiatives will bring about a healthier and cleaner community. The establishment of the Research Office within the Health and Welfare Bureau is expected to strengthen our research capabilities in health policy matters and contribute to the agenda of maximising health for our population.

We will assess our performance in respect of this KRA against the following indicators –

- Development of regulatory standards for commonly used Chinese medicinal herbs. Our target is to develop standards by 2007.
- Amendment of the Smoking (Public Health) Ordinance. Our target is to further control the use and promotion of tobacco products.
- Review of the Health Protection Account. Our target is to complete studies on the Health Protection Account by 2003-2004.

We will pursue the following initiatives and targets to deliver results in this area –

Initiative	Target
<p>To develop the Hong Kong Chinese Medicinal Herbs Standards</p> <p><i>(Department of Health)</i></p>	<p>To develop regulatory standards for some commonly used Chinese medicinal herbs in 2003</p>
<p>To monitor the safety of Chinese medicines</p> <p><i>(Government Laboratory)</i></p>	<ul style="list-style-type: none"> <li>● To introduce a new service for the analysis of organochlorine and organophosphorous pesticides residues in 2002-2003</li> <li>● To increase the number of samples analysed for heavy metals and western drugs by 75% and 50% respectively from 2002-2003</li> </ul>
<p>To amend the Smoking (Public Health) Ordinance to further control the use and promotion of tobacco products</p> <p><i>(Health and Welfare Bureau (HWB))</i></p>	<ul style="list-style-type: none"> <li>● To complete the analysis of the written submissions in response to the consultation document, and set out the Government's final recommendations in 2002</li> <li>● To prepare the Drafting Instructions for the legislative amendments to the Ordinance in 2002</li> </ul>
<p>To promote the advancement of knowledge in areas of human health and health services</p> <p><i>(HWB)</i></p>	<p>To set up a Health and Health Services Research Fund by 2002-2003</p>

<b>Initiative</b>	<b>Target</b>
<p>To further develop health care financing option in the form of Health Protection Account (HPA)</p> <p><i>(HWB)</i></p>	<p>To complete studies on the HPA by 2003-2004</p>
<p>To strengthen the evidence-base of health policy formulation</p> <p><i>(HWB)</i></p>	<p>To commission new research studies in 2002-2003 to support policy initiatives</p>



**Health Services**

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**Detailed Progress**

# 1

## Ensure that a supportive legislative and policy framework is in place for the protection of public health and the delivery of quality health services

To achieve results in this area, various initiatives have been undertaken in the past years. Details are set out below –

<b>Initiative</b> *	<b>Target</b> #	<b>Present Position</b> +
To issue a Consultation Document to seek public views on the strategic directions for reforming the health care system <i>(Health and Welfare Bureau (HWB))</i>	To conduct the consultation in 2001 <i>(2000)</i>	Public consultation was concluded in March 2001. Analysis of feedback was completed and reported to the Legislative Council (LegCo) Health Services Panel in June 2001. <i>(Action Completed)</i>
To introduce subsidiary legislation to facilitate controls over the trading and manufacture of Chinese medicines <i>(HWB)</i>	To complete the legislative process in 2001 <i>(2000)</i>	We are preparing the relevant subsidiary legislation. We plan to table it at the LegCo by end-2001. <i>(Action in Progress: On Schedule)</i>
To develop and set standards for Chinese medicines in partnership with the Chinese medicine and relevant professions <i>(Department of Health (DH))</i>	To formulate the registration criteria and standards for the registration of proprietary Chinese medicines in 2001 <i>(2000)</i>	Registration criteria and standards being deliberated by the Chinese Medicines Board. <i>(Action in Progress: On Schedule)</i>

\* the bracketed information denotes the agency with lead responsibility for the initiative

# the bracketed information denotes the year in which the target was set

+ the bracketed information denotes the status of the target

<b>Initiative</b>	<b>Target</b>	<b>Present Position</b>
To develop a statutory framework to monitor and regulate the health claims advertised in the market <i>(HWB/DH)</i>	To study the feasibility of developing such a regulatory framework in 2001 <i>(2000)</i>	The LegCo Panel on Health Services agreed to the Administration's initial proposals. Detailed proposals are being developed.  <i>(Action in Progress: On Schedule)</i>
To strengthen the government's research capabilities in health policy matters <i>(HWB)</i>	To set up a Research Office in HWB in 2001 <i>(2000)</i>	The Research Office has commenced operation in June 2001.  <i>(Action Completed)</i>
To replace the existing drug-related ordinances by new legislation <i>(HWB)</i>	To prepare the necessary legislation in 2000 <i>(1999)</i>	The existing regulatory framework over the sale of drugs is being re-examined.  <i>(Action in Progress: Under Review)</i>
To organise the Tenth International Conference of Drug Regulatory Authorities in Hong Kong in 2001 in collaboration with World Health Organisation (WHO) <i>(DH)</i>	To work with WHO representatives in preparation for the conference which aims at exchanging drug information, fostering consensus on contemporaneous issues, and harmonisation of standards of drug approval  <i>(1999)</i>	Preparation of the Conference is in progress.  <i>(Action in Progress: On Schedule)</i>

<b>Initiative</b>	<b>Target</b>	<b>Present Position</b>
To identify the scope for further refinement of the Domestic Health Accounts (HWB)	To identify and include new data sources in the Domestic Health Accounts in 2000 (1999)	New data sources have been identified. <i>(Action Completed)</i>
To analyse views gathered in the public consultation on health care reforms and prepare a government document on the recommended way forward (HWB)	To complete the analysis of the submissions and issue the government document in early 2000 (1999)	The Consultation Document on Health Care Reform was released in December 2000 for a three-month public consultation. <i>(Action Completed)</i>
To amend the Human Organ Transplant Ordinance to improve upon the procedures prescribed in the Ordinance (HWB)	To complete the Drafting Instructions by end-1999 and to introduce the bill into the LegCo in 2000 (1999)	The bill was introduced into the LegCo in June 2001. <i>(Action Completed)</i>
To conduct a review of the current licensing requirements for private hospitals (DH)	To complete the review and put forward recommendations in 2000 (1999)	Review completed and way forward being considered. <i>(Action Completed)</i>
To promote within the Hospital Authority (HA) environmentally responsible management (HA)	To publish in 2000-2001 an environmental statement within the HA's annual report for the 1999-2000 financial year (1999)	An environmental statement was included in the HA's annual report 1999-2000. <i>(Action Completed)</i>



Initiative	Target	Present Position
<p>To put in place statutory measures to ensure that human reproductive technology will be safely practised (HWB)</p>	<ul style="list-style-type: none"> <li>● We introduced the Human Reproductive Technology Bill into the LegCo in September 1998 and will set up the statutory Council on Human Reproductive Technology in 1999</li> <li>● To issue in early 1999 to all relevant parties a voluntary code of practice, which will provide detailed guidelines for service providers on reproductive technology and embryo research (1998)</li> </ul>	<ul style="list-style-type: none"> <li>● The Council on Human Reproductive Technology was set up in April 2001. <i>(Action Completed)</i></li> <li>● Subject to the endorsement by the Council on Human Reproductive Technology, the code of practice will be issued to all relevant parties for compliance. <i>(Action in Progress: Behind Schedule)</i></li> </ul>
<p>To put in place a statutory framework for regulation and control of Chinese medicine (HWB)</p>	<p>To commence the registration of Chinese medicine practitioners and to phase in controls over the use, trading and manufacture of Chinese medicines in 2000 (1998 and 1997)</p>	<ul style="list-style-type: none"> <li>● The registration of Chinese medicine practitioners under the transitional arrangements commenced in August 2000.</li> <li>● Subsidiary legislation for regulating the trading and manufacture of Chinese medicines will be submitted to the LegCo before the end-2001. <i>(Action in Progress: On Schedule)</i></li> </ul>

# 2

## Ensure the availability of qualified, competent and committed health care professionals to deliver quality health services

To achieve results in this area, various initiatives have been undertaken in the past years. Details are set out below –

Initiative	Target	Present Position
<p>To set up and implement the registration system for Chinese medicine practitioners</p> <p><i>(Department of Health (DH))</i></p>	<p>To process the registration applications received and set up the Register for Chinese medicine practitioners in early-2001</p> <p><i>(2000)</i></p>	<p>The Chinese Medicine Council of Hong Kong started processing the applications in early-2001 with a view to compiling a Register for listed practitioners. The Register will be announced by end-2001.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To introduce subsidiary legislation for implementing the registration of chiropractors</p> <p><i>(Health and Welfare Bureau (HWB))</i></p>	<p>To complete the legislative process and commence registration by 2001</p> <p><i>(2000)</i></p>	<p>The legislative process has been completed and the registration exercise for chiropractors commenced in September 2001.</p> <p><i>(Action Completed)</i></p>
<p>To promote the development of family medicine practice by providing more training opportunities</p> <p><i>(Hospital Authority (HA))</i></p>	<p>To increase the number of family medicine trainees in the HA from 210 to 316 by 2001-2002</p> <p><i>(2000)</i></p>	<p>As at August 2001, some 92 family medicine trainees have been recruited. The HA remains on target to recruit a total of 106 family medicine trainees in 2001-2002.</p> <p><i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To upgrade basic nursing education to tertiary level to improve the quality of care (HA)</p>	<ul style="list-style-type: none"> <li>● To facilitate 200 nurses to take up conversion courses in tertiary education institutions in 2001-2002 (2000)</li> <li>● To facilitate 200 nurses to attend degree conversion courses in 2000-2001 (1999)</li> </ul>	<ul style="list-style-type: none"> <li>● The HA will sponsor 200 nurses to take up conversion courses in tertiary education institutions in 2001-2002. <i>(Action in Progress: On Schedule)</i></li> <li>● The HA has sponsored 280 nurses to attend degree conversion courses in 2000-2001. <i>(Action Completed)</i></li> </ul>
<p>To promote clinical audit practice which helps to identify mistakes and improve the overall quality of health care service (HA)</p>	<p>To set up a web-based learning forum in 2001-2002 for sharing experience and knowledge in clinical audit practice (2000)</p>	<p>A working group has been set up to develop the web-based learning forum. The HA remains on target to set up the forum in 2001-2002. <i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To improve the training of doctors by conducting in-service training programmes (HA)</p>	<ul style="list-style-type: none"> <li>● To conduct training programmes on clinical audit for 160 doctors in 2000-2001 to enable them to lead and develop the staff in implementing clinical audits in their hospitals/ departments</li> <li>● To provide training programmes on communication for 400 doctors in 2000-2001 to develop their patient-centred communication skills (1999)</li> </ul>	<ul style="list-style-type: none"> <li>● The HA has provided training programmes on clinical audit for 160 doctors in 2000-2001.</li> <li>● The HA has provided training programmes on communication skills for 430 doctors in 2000-2001. (Action Completed)</li> </ul>

# 3

## Ensure the availability of a comprehensive and holistic preventive programme which promotes health and lifelong wellness

To achieve results in this area, various initiatives have been undertaken in the past years. Details are set out below –

Initiative	Target	Present Position
<p>To strengthen further the capability of our disease surveillance and control system</p> <p><i>(Department of Health (DH))</i></p>	<ul style="list-style-type: none"> <li>● To include two more diseases under the existing disease surveillance system</li> <li>● To increase the number of networking agencies in the Mainland and overseas by an additional 20%</li> </ul> <p><i>(2000)</i></p>	<ul style="list-style-type: none"> <li>● The sentinel surveillance system has been expanded to include two more diseases, namely, acute conjunctivitis and acute diarrhoeal disease.</li> <li>● Six health agencies have been networked.</li> </ul> <p><i>(Action Completed)</i></p>
<p>To restructure and enhance the existing preventive services</p> <p><i>(DH)</i></p>	<ul style="list-style-type: none"> <li>● To initiate a pilot adolescent health programme</li> <li>● To develop a cervical screening programme for women</li> <li>● To develop a programme for men's health</li> </ul>	<ul style="list-style-type: none"> <li>● The pilot scheme has been started in the 2001-2002 academic year.</li> <li>● A cervical screening committee will be set up in 2001.</li> <li>● To finalise the programme by 2002.</li> </ul>

Initiative	Target	Present Position
	<ul style="list-style-type: none"> <li>To promote healthy ageing, with focus on proper diet and exercise</li> </ul> <p>(2000)</p>	<ul style="list-style-type: none"> <li>We have launched the healthy exercises programme and produced relevant video/VCD for sale to the public. Dieticians visit elderly homes to provide advice on diet.</li> </ul> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To enhance health promotion and disease prevention campaigns</p> <p>(DH)</p>	<p>To deploy additional staff in 2001-2003 to enhance the level of public awareness and participation in health campaigns</p> <p>(2000)</p>	<p>We have deployed additional staff to organise health education activities.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To conduct a territory-wide oral health survey to assess the community's oral health status and needs</p> <p>(DH)</p>	<p>To complete the survey and assessment in 2001-2002</p> <p>(2000)</p>	<p>Field work for five-year-olds, 35-44 and non-institutionalised 65-74 age groups has been completed and field work for institutionalised 65-74 and 12-year-olds will be carried out by end-2001.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To enhance anti-smoking efforts through education and enforcement measures</p> <p>(DH)</p>	<ul style="list-style-type: none"> <li>To set up a Tobacco Control Office in the DH in 2001</li> </ul>	<ul style="list-style-type: none"> <li>The Tobacco Control Office was established in the DH in 2001.</li> </ul> <p><i>(Action Completed)</i></p>

Initiative	Target	Present Position
	<ul style="list-style-type: none"> <li>To implement a package of publicity and educational programmes in 2001-2003 to discourage smoking</li> </ul> <p>(2000)</p>	<ul style="list-style-type: none"> <li>A package of publicity and educational programmes targeting at shopping mall and restaurant operators is underway.</li> </ul> <p>(Action in Progress: On Schedule)</p>
<p>To establish a Cancer Co-ordinating Committee to review the collation of relevant data and devise preventive strategies</p> <p>(DH/Hospital Authority)</p>	<p>To set up the Committee in 2001</p> <p>(2000)</p>	<p>Members of the Committee will be appointed later in 2001.</p> <p>(Action in Progress: On Schedule)</p>
<p>To strengthen further the ability of the Government to conduct disease surveillance and enhance control and prevention of infectious diseases</p> <p>(DH)</p>	<p>To set up a new Public Health Laboratory Centre in Shek Kip Mei by 2002</p> <p>(1998)</p>	<p>Construction works were completed in August 2001. Commissioning of services will commence by phases from early 2002.</p> <p>(Action in Progress: On Schedule)</p>
<p>To enhance the government's information base by establishing and maintaining a Public Health Information System, which sets out the community's health status and disease patterns</p> <p>(DH)</p>	<p>To establish a Public Health Information System by 2003</p> <p>(1998)</p>	<p>We are evaluating the tender proposals received.</p> <p>(Action in Progress: On Schedule)</p>

# 4

## Ensure the availability of adequate health care facilities and services to meet the needs of the community

To achieve results in this area, various initiatives have been undertaken in the past years. Details are set out below –

Initiative	Target	Present Position
To adopt a new funding formula for the Hospital Authority (HA) based on population and demographic changes, as opposed to the current bed-based formula <i>(HA)</i>	Aiming to prepare the 2001-2002 allocation to the HA based on the new formula, which is more conducive to the promotion of preventive health and community care <i>(2000)</i>	HA's 2001-2002 recurrent funding allocation was based on the population-based formula. <i>(Action Completed)</i>
To increase the number of public hospital beds <i>(HA)</i>	<ul style="list-style-type: none"> <li>To provide 409 additional public hospital beds in 2001-2002, increasing the total number to about 29 400 <i>(2000)</i></li> <li>To provide 460 additional public hospital beds in 2000-2001 thereby increasing the total to around 29 000 beds <i>(1999)</i></li> </ul>	<ul style="list-style-type: none"> <li>The HA has provided 256 new hospital beds since April 2001. In addition to the pledged target, the HA will provide another 160 new beds in 2001-2002. The HA remains on target to provide an additional 569 hospital beds in 2001-2002. <i>(Action in Progress: On Schedule)</i></li> <li>The HA has provided 460 new hospital beds in 2000-2001. <i>(Action Completed)</i></li> </ul>



Initiative	Target	Present Position
<p>To increase the number of day places (HA)</p>	<p>To provide 40 additional day places in 2001-2002, increasing the total to about 1 210 (2000)</p>	<p>The HA has provided 40 additional day places in April 2001. (Action Completed)</p>
<p>To strengthen the personal care and supporting services in hospital wards (HA)</p>	<p>To employ additional personal care and ward supporting staff to assist the doctors, nurses, and other health care professionals in patient care (2000)</p>	<p>As at August 2001, the HA has employed 1 795 additional care assistants and general workers to assist the health care professionals in patient care. (Action Completed)</p>
<p>To introduce family medicine practice in general out-patient services (HA)</p>	<p>To implement a pilot scheme in five general out-patient clinics (GOPCs) by 2002 (2000)</p>	<p>One GOPC was transferred from the Department of Health (DH) to the HA to implement family medicine practice in September 2001. The HA remains on target to take over the remaining four GOPCs by 2002. (Action in Progress: On Schedule)</p>
<p>To strengthen the out-patient and outreach support for discharged mental patients (HA)</p>	<ul style="list-style-type: none"> <li>● To increase the number of community psychiatric teams from five to eight</li> <li>● To increase visits to and contacts with discharged patients through additional outreach community workers</li> </ul>	<ul style="list-style-type: none"> <li>● The HA has increased the number of community psychiatric teams from five to eight in July 2001.</li> <li>● As at August 2001, the HA has recruited 81 additional outreach community workers and conducted 20 346 additional home visits and contacts. (Action Completed)</li> </ul>

Initiative	Target	Present Position
	<ul style="list-style-type: none"> <li>To provide to an additional 2 500 patients new psychiatric drugs which improve the quality of life of the mentally ill</li> </ul> <p>(2000)</p>	<ul style="list-style-type: none"> <li>As at August 2001, the HA has provided new psychiatric drugs to an additional 1 071 patients. The HA remains on target to provide to an additional 2 500 patients with the new drugs in 2001-2002.</li> </ul> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To carry out a pilot programme for early detection and treatment of young people with psychotic illnesses</p> <p>(HA)</p>	<p>To assess 1 400 persons aged under 25 in 2001-2002 to identify for early treatment those suffering from psychotic problems</p> <p>(2000)</p>	<p>The HA has set up four early intervention teams to assess persons aged under 25 to identify for early treatment those suffering from psychotic problems. As at end-August 2001, 171 young persons have been assessed under the pilot programme. The HA remains on target to assess 1 400 young persons in 2001-2002.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To introduce a Patient Transport Service to facilitate easy access by frail elderly patients living in the community to receive out-patient services in hospitals and clinics</p> <p>(HA)</p>	<p>To implement the pilot scheme in 2001-2002</p> <p>(2000)</p>	<p>The pilot scheme has commenced operation on 1 September 2001 to serve frail elderly patients in two clusters. The Patient Transport Service will be gradually rolled out by phases to serve elderly patients in all eight clusters by March 2002.</p> <p><i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To provide out-patient Chinese medicine services in the public sector (DH/HA)</p>	<p>To finalise options on modes of provision, with a view to introducing pilot services in 2001-2002 (2000)</p>	<p>Pilot services in the public sector will commence in early 2002. <i>(Action in Progress: On Schedule)</i></p>
<p>To construct a Trauma and Emergency Centre at the Accident and Emergency (A&amp;E) Department of the Prince of Wales Hospital (HA)</p>	<p>To complete the project by 2001 (2000)</p>	<p>Superstructure works have been completed. The HA remains on target to complete the project by 2001. <i>(Action in Progress: On Schedule)</i></p>
<p>To re-model Tsan Yuk Hospital into an ambulatory centre (HA)</p>	<p>To commence the re-modelling of Tsan Yuk Hospital in 2001-2002 after the relocation of its obstetric in-patient services to the Queen Mary Hospital (2000)</p>	<p>Relocation of in-patient services of Tsan Yuk Hospital to Queen Mary Hospital will be completed by the fourth quarter of 2001. The HA remains on schedule to commence the re-modelling of Tsan Yuk Hospital in 2001-2002. <i>(Action in Progress: On Schedule)</i></p>
<p>To re-model the Tang Shiu Kin Hospital into an ambulatory care centre after the removal of its A&amp;E services to the Ruttonjee Hospital (HA)</p>	<p>To commence planning for the re-modelling project, with a view to completion in 2004 (2000)</p>	<p>Pre-decanting works have commenced in July 2001. The HA remains on schedule to complete the re-modelling project in 2004. <i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To improve the general physical conditions in public hospitals (HA)</p>	<p>To implement a special two-year minor works programme to enhance the repairs and maintenance of the hospitals (2000)</p>	<p>A total of 90 projects will be undertaken under this special programme. As at end-August 2001, two projects have been completed, 43 are in progress and the remaining 45 projects are under planning.  <i>(Action in Progress: On Schedule)</i></p>
<p>To develop an electronic health information database for storage of medical records and exchange of knowledge within the health sector  (Health and Welfare Bureau/HA)</p>	<p>To conduct a project definition study in 2001 (2000)</p>	<p>We are conducting the project definition study with a view to completion by 2002.  <i>(Action in Progress: On Schedule)</i></p>
<p>To rationalise obstetric services to achieve optimal utilisation of delivery service and to re-deploy resources for the enhancement of other services  (HA)</p>	<p>To relocate in-patient obstetric services from Tsan Yuk Hospital to Queen Mary Hospital by 2001 (1999)</p>	<p>The HA remains on schedule to complete the relocation by 2001.  <i>(Action in Progress: On Schedule)</i></p>
<p>To rationalise the services provided at Tang Shiu Kin Hospital, Ruttonjee Hospital and Tang Chi Ngong Specialist Clinic (HA)</p>	<p>To complete the rationalisation by 2003 (1999)</p>	<p>Construction works have commenced in May 2001. The HA remains on schedule to complete the project by 2003.  <i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To redevelop and expand Pok Oi Hospital to meet the rising demand for services in Northern New Territories</p> <p>(HA)</p>	<p>To complete the redevelopment and increase the number of beds in Pok Oi Hospital by 272 to 742 by 2006</p> <p>(1998)</p>	<p>We have obtained funding approval for the site formation and foundation works. Initial building works have commenced in June 2001. The HA remains on schedule to complete the project by 2006.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To establish a radiotherapy centre with 68 in-patient beds and out-patient facilities at Princess Margaret Hospital (PMH)</p> <p>(HA)</p>	<p>To open the centre by 2003</p> <p>(1998)</p>	<p>To maximise site utilisation, achieve better overall planning for the hospital and enhance operational efficiency, we have combined this project with the project on improvement works for the A&amp;E Department of PMH. The scope of the combined project is to redevelop the existing A&amp;E Department Block of PMH into a new block to house both the proposed radiotherapy centre and the reprovisioned A&amp;E Department. The combined project is scheduled for completion in mid-2006.</p> <p><i>(Action in Progress: Under Review)</i></p>

<b>Initiative</b>	<b>Target</b>	<b>Present Position</b>
<p>To reduce the average queuing time at all specialist clinics <i>(HA)</i></p>	<p>To reduce the average queuing time from 120 minutes to 60 minutes by 2000 <i>(1994)</i></p>	<p>The HA has achieved the target to reduce the average queuing time to 60 minutes at all specialist clinics. <i>(Action Completed)</i></p>
<p>To reduce the average waiting time for all non-urgent operations <i>(HA)</i></p>	<p>To reduce the average waiting time from nine months to four months by 2000 <i>(1994)</i></p>	<p>The HA has achieved the target to reduce the average waiting time to four months for non-urgent operations. <i>(Action Completed)</i></p>