

Executive Summary

With an ageing population and the growing prevalence of chronic diseases in Hong Kong, the hospital-based healthcare services are facing heavier burden. On one hand, it reflects that the service facilities in the community cannot fully meet the public's needs, and the service provisions are still insufficient. On the other hand, individuals have not been aware of the importance of preventive care and need to proactively instil habits towards maintaining healthy lifestyles.

2. To realise the vision of 'Health for All', Hong Kong needs innovative thinking in order to advance primary healthcare (PHC). PHC refers to the first point of contact for individuals and families in the healthcare process. The service is not confined to medical treatment, but instead emphasises on health promotion, disease prevention and chronic disease management. It aims to divert the focus of service delivery model from hospitals to communities by consolidating existing resources in districts and promoting multi-disciplinary collaborations, so that people can enjoy basic healthcare services regardless of financial means and the universal health coverage can be achieved.

3. As early as in 1978, the World Health Organization published the 'Declaration of Alma-Ata' to promote PHC. PHC underpins the principle that 'health is not a luxury'. The government, healthcare professionals and citizens should share the responsibility to promote healthy living for all. The government should ensure that no one is deprived of the access to healthcare due to the lack of service facilities or resources, and members of the public should be responsible for personal health and bringing awareness to preventive care.

4. Since the 1990s, the Government has been trying to take forward PHC services. From the planning of development, the construction of healthcare systems, and the implementation of PHC measures in recent years, the Government has continuously guided the public to use the community's medical and healthcare facilities through different strategies and improvements of services.

5. Some 30 years, the Government's efforts to shift the healthcare paradigm remain in a standstill. In the 2017 Policy Address, the Government has clearly stated that Hong Kong lacks community-based and universal preventive care services. The Government also announced the first District Health Centre (DHC) with a new operation model will be set up in Kwai

Tsing. The pilot project, scheduled to open in September 2019 is expected to enhance community participation, as well as diverting resources to the community and private service providers. In the long run, it aims to ease the pressure on public hospitals and attach greater importance to preventive services, instead of merely emphasising on treatment.

6. In view of the situation, the Bauhinia Foundation Research Centre (the Centre) examined through this study, the current situation and development of PHC services, analysed the challenges and obstacles encountered as well as proposing short-to-medium, and long term recommendations with a view to charting the way forward for improving PHC services.

7. The Centre, having made references to international literatures, attempted to evaluate the various aspects of PHC services in Hong Kong based on six assessment principles as an analytical framework. These include 'All-embracing care', 'Alliance and cross-sectoral collaboration', 'Quality Assurance', 'Accessibility', 'Awareness and empowerment', and 'Accountability'. The 6-A principles help define the excellence and inadequacy of PHC services and identify feasible options to strengthen the services.

8. As observed, throughout the development of PHC in both global and local contexts, the core value of the services is 'people-oriented' where service delivery is district-based and the primary policy objective is to improve public health. Findings of the study showed that to construct a district health system that provides continuous and comprehensive services hinges on creating an empowered environment for the community, the healthcare team and individuals. The study concluded four pivotal factors for developing PHC services: (1) effective collaboration by medical and social sectors; (2) high level of self-health awareness; (3) quality PHC service team; and (4) broad participation in Electronic Health Record Sharing System (eHRSS). Nevertheless, concerted efforts are needed to overcome the obstacles.

9. The Centre has proposed four short-to-medium term recommendations from the perspectives of integrating various service resources, raising health awareness, building the PHC workforce and facilitating health record sharing; two long term recommendations on how to perfect the evaluation and regulatory mechanisms. In the light of local development needs, four complementary measures are also introduced with a view to enhancing the district-based PHC service delivery model.

Short to Medium Term Recommendations (5 to 10 years)

Obstacle 1: Immature cross-sectoral collaboration and community resources have yet to be consolidated

10. PHC services require professions from healthcare, welfare sectors and community organisations working as a team. At present, the PHC system has yet to build core dynamics, resources are rather fragmented, service units work on their own without coordination and collaboration. There is no mechanism in place to help pool together or mobilise potential forces such as volunteers, making it difficult to optimise social capital to meet the common needs in the community. Inter-disciplinary collaboration can help promote community-based PHC services. Therefore, it is important to clearly delineate roles and responsibilities of all team members, in order to enable all professions to fully unleash their talents and avoid conflicts or overlapping of powers and responsibilities.

Recommendation 1: Consolidating resources across sectors to develop community health network

11. At present, PHC services are provided by the Department of Health (DH), Hospital Authority (HA), private service providers and community organisations without effective coordination and collaboration, rendering these services fragmented and repetitive. The Centre recommends the Government to establish a community health network in order to integrate and coordinate resources in the society, thereby allowing individuals to conveniently use services and receive health information. The community health network can connect with specialised care and hospital services from the HA, so as to promote synergies in the healthcare system. The centralised electronic platform can also coordinate different PHC services in the network and disseminate relevant information.

Obstacle 2: Weak health awareness and health promotion failed to yield satisfactory results

12. Regardless of gender, age, rich or poor, everyone needs to understand their health status, and pays attention to establish a healthy living. From acquiring knowledge on health to treatment plan, individuals should be responsible for their own health. With the popularisation of education, more and more people could master basic and even more in-depth health information. Doctors and nurses have given up the unidirectional or authoritative way of

communication but become more accustomed to explaining patients' health conditions patiently.

13. People need to take actions after understanding more about healthcare. Taking body check as an example, most people in Hong Kong do not have the habit of receiving regular health check-ups. Although DH provided targeted services to different groups of people, say for students and women, the programmes' participation rates are still less than satisfactory. It is possible that the people do not have sufficient knowledge about the services, or consider them unnecessary. In the long run, health awareness has to be raised to enable people to translate knowledge into actions and make good use of PHC services.

Recommendation 2: Launching a personalised '321: One Person, One Health Plan' to provide one-stop holistic care

① Free health check-ups

14. Having regard to the fact that most people do not have the habit of regular health check-ups and one-stop PHC services are rarely available, the Centre suggests the Government to launch a personalised '321: One Person, One Health Plan' (the Plan), and DHC will be the coordination and operation unit. People aged 45 or above will be eligible for the Plan and receive free health check-ups. To be precise, the Plan will cover the measuring of three hyperts (high blood pressure, hyperlipidemia and hyperglycemia), screening of two cancers (colorectal cancer and cervical cancer), and provision of one vaccination service (influenza vaccine). Undergoing health check-ups will facilitate early identification and timely intervention of people at higher risk, and citizens will be more proactive to take disease prevention measures. This Plan aims at addressing the prevalence of chronic diseases in Hong Kong. It is expected that under the guidance of healthcare professionals, the public will reduce the risk of disease through adoption of healthy lifestyles.

15. Upon completing the above health check-ups, individuals with health risks may need to receive further medical treatment or follow-up services. The Centre proposes the Government to launch a 'Community Continuous Care Plan' and subsidise users as needed where additional charges are involved. The merits of this subsidised plan are to encourage citizens to use private medical services and make good use of existing resources, such as family doctors in the community. Eligible elders can meet the additional expenses by

using their health care vouchers.

② Matching Subsidy (MS)

16. Effective delivery of PHC services can improve public health and help prevent chronic diseases. The Centre suggests the Government to introduce a 'Health Check-up MS Pilot Scheme' which aims at subsidising citizens aged under 45 to participate in the Plan. Through a rule of one-to-one pay ratio, eligible participants will share just half of the health check-up fee with the Government. Participants can receive health check-ups from DHC or network doctors, in order to conduct chronic disease risk assessment to determine the need for further care. This will help expand the scale of health check-up services to all ages. MS mechanism also helps instil the concept of shared responsibility for health care and emphasise that every member in the community is duty bound to keep healthy.

Obstacle 3: Lack of resources for Family Medicine (FM) training and a significant shortage of PHC talent in the community

17. The PHC workforce comprises different healthcare practitioners and supporting staffs. However, the training programmes provided to various professions and the manpower supply may not meet the needs of the community. For example, in the community and the private sector, there has been insufficient training support for FM. Meanwhile, doctors are also reluctant to pursue further FM training. Nursing students and nurses working at public hospitals pointed out that although nursing work in the community receives public recognition, the uncertainties in career prospect discourage nurses to pursue work in the community. If there is a lack of institutional support, it will be difficult to attract talented personnel to provide PHC services in the community.

Recommendation 3: Allocating resources to develop FM and establishing a career path for community nursing staff

18. Family doctors are capable of providing comprehensive, holistic, continuous and preventive primary care to their patients and are regarded as the 'gatekeepers' of the health of every individual. Due to insufficient resources and incentives, many doctors are not motivated to receive training related to PHC or FM. As such, the Centre suggests the Government to provide strong incentives for more doctors to receive FM training, as well as organising more induction courses and continuing education related to PHC in the community. The programmes must include people-oriented care, empowerment of patients

to health promotion and disease management, and communication skills for maintaining doctor-patient relationship so as to enhance the professionalism of doctors, thereby improving the efficiency and quality of PHC services and promoting the trust relationship between citizens and family doctors.

19. Appropriate training and clear positioning of community nurses will be critical to unleash the potentials of nursing staff in PHC. Currently, the nursing career path is more stable in hospitals which may not be favourable to attract talents providing services in the community. As such, the Centre suggests the Government to establish a clear career path for community nurses. Generally speaking, the Government should set standards of qualifications and experiences for nursing staff in the community, and consider clinical skills and leadership as relevant qualities for promotion. This strategy could help solicit higher public receptivity towards community nurses. In order to ensure a sufficient supply of professional nursing staff in the community, there could be greater flexibility in the appointment arrangements to attract and retain experienced nurses, in particular those who would like to work on a part-time basis or work in-situ. A 'Revolving Door' arrangement should be introduced to enable nurses to acquire experiences in different settings, i.e. receiving clinical training continuously in hospital, and applying PHC knowledge in local district, thereby facilitating flow of talent between hospital and districts.

Obstacle 4: Unsatisfactory participation in the eHRSS curtailing free flow of health records

20. A safe and easy-to-use information platform is helpful for enhancing the continuity of PHC services. However, the current participation rate of eHRSS is not as good as expected. Members of the public are discouraged to use the system due to difficulties in accessing the personal health record and lack of understanding of the importance of health record sharing. On the other hand, doctors are not enthusiastic to register because of complicated registration procedures, technical difficulties and insufficient incentives.

Recommendation 4: Including the obligation of joining eHRSS to facilitate health record sharing

21. At present, only one-third of private clinics have registered to join the eHRSS, while those who registered may not be able to upload patient health records to the system due to some technical difficulties, making it

hard to facilitate sharing of health records between the private and public healthcare sectors. Given that the registered citizens account for only around 15% of the population, the Government should continue their promotional efforts. The Centre suggests the Government to reform the voluntary participation mechanism, by requiring all medical practitioners in the private sector to participate in the eHRSS before joining public-private partnership (PPP) programmes so as to boost the participation rate. To ensure private healthcare service providers whose systems could be connected with eHRSS, the Government should provide them with adequate software and hardware support, and help improve their information updating and uploading capability.

22. The effective use of eHRSS hinges on the keen participation of the key stakeholders, including the public and private medical sectors and the citizens. With a view to strengthening users' confidence, the Centre proposes the DH and Electronic Health Record Office (eHR Office) to step up their reform efforts to introduce an improvement mechanism in four areas, including cybersecurity, notification system, use of data, and promotion strategies to ensure proper management of health records. Promotion strategies should be more proactive, particularly by targeting people of different age groups as well as different institutions. A database should be established to facilitate in-depth research to inform health policies. In the long run, the Government may explore the feasibility of setting up an independent trust body with a view to protecting medical data in a safe, fair and ethical manner.

Long Term Recommendations (10 years above)

Recommendation 5: Perfecting the evaluation mechanism by setting quantitative and qualitative indicators to monitor the service effectiveness

23. The Government has set specific goals in the 'Towards 2025 Plan' aiming to improve the situation of non-communicable diseases by 2025. It is believed that the Government's strategy to develop quantitative performance indicators should also be able to reflect people's health seeking behaviour, thereby evaluating the effectiveness of health education. For example, findings of service users' experience and satisfaction survey, data on 'avoidable hospital admissions and healthcare procedures' can allow the Government to better understand whether inappropriate use of A&E and hospital services could be reduced after citizens receive DHC services. In addition, the

Government should regularly review the proportion of population who has a family doctor and set 'one family doctor for one person' as a long-term goal, thereby ensuring the measures can effectively address the problems.

Recommendation 6: Establishing an independent 'PHC Authority' to monitor PHC services

24. The future DHCs will be operated through PPP. Since public and private organisations have different institutional designs and operational arrangements, the Government needs to develop a comprehensive quality assurance framework to ensure that both public and private organisations are subject to stringent regulatory assessments. In the short run, the PHC Office should draw on the experience of the Kwai Tsing DHC to improve the assessment mechanism of the service quality of DHCs. In the long run, the Government could set up a statutory 'PHC Authority' to independently monitor and evaluate PHC services provided by different organisations. The Authority will also be responsible for supervising the development of PHC services.

Complementary Measures

25. Apart from recommending phased measures, the Centre, from the perspectives of medical-social collaboration, team building, promotion of health platform, and health awareness and behaviour, proposed complementary measures. These measures are designed to encourage and assist the healthcare industry and its practitioners in striving for enhancement in quality that suit the situation in Hong Kong. There are four measures: (1) promoting the concept of 'time bank' for volunteer services, in order to encourage individuals to volunteer in exchange for healthcare services; (2) devising a 'Collaboration Manual' and self-evaluation mechanism for multi-disciplinary teams, so that relevant authorities and responsibilities of each job can be clearly defined and delineated; (3) reviewing the objectives of the 'Primary Care Directory' and developing more practical and diversified applications; and (4) introducing a 'Mobile Health Truck' which offers basic health assessment and education services. These measures are useful to closely follow the needs of the community and further enhance the PHC system.

Concluding Remarks

26. To-date, the concept of PHC has been generally recognised. The Government has put the concept into practice by progressively setting up

DHCs in all 18 districts citywide, proclaiming her determination to strengthen community-based PHC services. The focus of the services will be reoriented from 'cure for illness' to 'holistic care', including from 'medical treatment for sickness' to 'preventive care', from 'specialist care and hospital services' to 'community-based care' and from 'profession-led' to 'community engagement' to completely change citizens' health seeking behaviour. In addition to the existing hospital funding mechanism, the Government should also reserve sufficient and appropriate resources to cater for the provision of community-based PHC services, training of healthcare practitioners and other supporting staff, as well as making the operation of DHCs sustainable.

27. Spending on community-based prevention services may not achieve quick and visible results. However, the social benefits of promoting PHC, including building up continuous caring relationship, fostering mutual trust and help in the community, and reducing health inequity, are important albeit unquantifiable indicators. The intention of promoting PHC is not to denigrate the role of hospital, but to strengthen the complementarities of the health care system.

28. Good health is precious. While living to the age of 70 is no longer uncommon today, people would wish to pursue a healthy and quality life. Although healthcare services in Hong Kong seem to be easily accessible, citizens' lifestyles are still far from the ideal conditions for a healthy life. It can be attributed to the fact that the public places insufficient emphasis on PHC. On the other hand, health covers many other determinants such as living environment, water safety, air quality and life stress, which touch upon the lives of every member of the community. Maintaining good health is something well understood by every individual, but it is easier said than done. It requires all sectors to work together and take a multi-pronged approach to realise the vision of 'Health for all'.