

MESSAGE

Health is fundamental to life and integral to the well-being of an individual over a life time and is the key to a productive, vibrant and prosperous community. The ultimate aim of a health care system is to enhance the quality of life of the population and enable individuals to develop their full human potentials. To achieve this aim, a health care system must be able to protect and promote health, to provide lifelong holistic care to each citizen at affordable prices, and to be financially sustainable in the long term.



In 1997, we appointed the Harvard University to conduct a review of our health care system. The report of the study was released for public consultation in 1999. We have received about 2 200 submissions from the public, commenting on the report findings and proposals. I am most grateful for the many constructive views presented, which have been most helpful to our policy deliberation process.

One most important observation from these submissions is that the public are generally supportive of the need for changes. We have now further reviewed 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 - and have formulated strategic directions for the future. We shall be consulting you on the proposed changes shortly. I look forward to developing a blueprint for the evolution of our health care system in collaboration with the community.

Meanwhile, we will continue to upgrade the levels of competence and skills of the health care professionals, initiate new preventive programmes to promote health and provide additional hospital and ambulatory services to meet the needs of the population. Pursuit of good health, however, must start with the individual and is a lifelong process. Many of the initiatives set out in this booklet, in particular the preventive programmes, cannot

achieve their desired results with Government efforts alone. We all want the Hong Kong population to be healthy and prosperous, and we can only achieve this by working together.

I welcome your comments and suggestions.

A handwritten signature in black ink, appearing to read 'Yeoh E K', with a horizontal line underneath the signature.

(Dr E K Yeoh)
Secretary for Health and Welfare

Health Services

Policy Objective and Key Result Areas

HEALTH SERVICES

In order to present a comprehensive overview of the policies and programmes on health services, we have this year combined the previous “Public Health Programmes” and “Curative Services” Policy Objective booklets into this single booklet for easy perusal.

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 consult the public on strategic directions for reforming the health care system

Progress

Public Health Programmes

We have strengthened our capacity for maintaining an effective programme for the surveillance, prevention and control of communicable diseases, through enhanced co-ordination and networking with local, Mainland and overseas health care authorities and providers. A new service was introduced in July 2000 to provide vaccinations and health-risk advice to local outbound travellers. The development of an electronic Public Health Information System, which will monitor the community’s health status and disease patterns, is in good progress. We remain on target to set up the System by 2003.

New public education resource materials, both in printed and electronic formats, have been produced and widely disseminated to enhance public awareness of different health issues and to promote community participation in health programmes. Major themes covered include healthy eating, physical activity, anti-smoking and patients' rights and responsibilities.

With the establishment of the Environment and Food Bureau (EFB) in January 2000, undertaking the policy responsibility for, inter alia, food safety and environmental hygiene matters, progress in respect of our previous initiatives related to food safety, pesticide control and healthy living is now reported in a separate Policy Objective booklet under EFB's purview.

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

1. Ensure that a supportive legislative and policy framework for public health is in place

We made good progress towards the establishment of a supportive legislative framework for the regulation of Chinese medicine. With the enactment of the Chinese Medicine Ordinance in July 1999, the Chinese Medicine Council of Hong Kong was set up in September 1999, taking up the responsibility for putting into operation an appropriate regulatory framework and enforcing the regulatory measures. Subsidiary regulations providing for the establishment of a registration system for Chinese medicine practitioners were passed in June 2000. The registration process has commenced. The Chinese Medicine Council of Hong Kong is now preparing the subsidiary legislation for regulating the trading and manufacture of Chinese medicines.

2. Develop community awareness of public health obligations and personal responsibilities

We have successfully launched the "Healthy Eating Movements" and the "Healthy Exercises for All" campaigns to arouse public awareness of the benefits of healthy eating habits and to encourage community participation in physical activities. The former targets, in particular, young children in primary schools, kindergartens and child care centres. In parallel, promotional efforts on other important health

issues, such as mental health and anti-smoking, continue. The EFB reports in a separate Policy Objective booklet the progress in respect of improving environmental and food hygiene.

3. Enhancing preventive measures, programmes and capabilities

We made good progress in enhancing our capability to monitor and control communicable diseases. We have expanded the disease surveillance system, including drawing in more doctors from the private sector into the surveillance network. We have strengthened our public health laboratory services, and enhanced our networking with overseas and Mainland health authorities. These efforts have enabled our staff to quickly identify the source as well as take prompt preventive and control measures to curb the spread of any communicable diseases. We remain on schedule to set up a new Public Health Laboratory Centre by 2002, and an electronic Public Health Information System to monitor the community's health status and disease patterns by 2003.

Curative Services

We have made good progress with various public hospital projects, ensuring adequate provision of medical services to meet the needs of the community. Tseung Kwan O Hospital has commenced operation, providing in-patient, out-patient and 16 hours of accident and emergency services. Preparatory work for the redevelopment of Pok Oi Hospital has commenced. Planning work for the establishment of a radiotherapy centre at Princess Margaret Hospital and for the rationalisation of the services provided in Tang Shiu Kin Hospital, Ruttonjee Hospital and Tang Chi Ngong Specialist Clinic is in progress. In parallel, we have extended and improved our ambulatory services to provide more and better community care to our patients to enhance their quality of life. We are committed to improving customers' satisfaction in our services and we have worked to further improve the quality of our services, taking into account the findings of our customer opinion surveys.

We also achieved the following progress in our four KRAs.

4. Review the needs and modes of health care services

We have completed an analysis of the public submissions on the report of the consultancy study on our health care system conducted by the Harvard University. Based on these comments, we have developed strategic directions to reform and improve our health care system, and shall proceed to consult the public shortly. Work to identify new data sources to further enhance the content of the Domestic Health Accounts is continuing.

5. Ensure that a supportive legislative and policy framework is in place

The Human Reproductive Technology Ordinance was enacted in June 2000. The Council on Human Reproductive Technology will be set up shortly. The Council's first task will be to prepare the subsidiary legislation required for implementing the regulation of reproductive technology. Separately, the review of the current licensing requirements for private hospitals is proceeding well. We expect to put forward recommendations for consultation before end-2000.

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

As an on-going policy and programme, the Hospital Authority has continued to provide many clinical and non-clinical training programmes and opportunities to doctors, nurses and allied health professionals to upgrade their knowledge and skills. These include, inter alia, providing training in family medicine to medical practitioners and facilitating registered nurses to attend conversion courses designed for nurses with a hospital-based training to obtain a degree qualification. To support long-term manpower planning, we have monitored closely the manpower needs for health care professionals to identify any surpluses or shortfalls.

7. Ensure the availability of adequate medical facilities to meet the health care needs of the community

We have continued to invest in our public medical infrastructure. We provided an additional 853 public hospital beds in 1999-2000, and we remain on target to provide another 460 hospital beds in 2000-2001, increasing the total number of public hospital beds to about 29 000 - a ratio of 4.2 beds per 1 000 population. Despite the increased workload and pressure on the public hospital system, we remain on schedule, as undertaken, to reduce the waiting time for various services.

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 KRA structure –

- Ensure that a supportive legislative and policy framework is in place for the protection of public health and the delivery of quality health services
- Ensure the availability of qualified, competent and committed health care professionals to deliver quality health services
- Ensure the availability of a comprehensive and holistic preventive programme which promotes health and lifelong wellness
- Ensure the availability of adequate health care facilities and services to meet the needs of the community

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 require a firm policy and legislative framework in the health sector to enable and support the continual delivery of, by both the public and private sectors, quality health services to the community. Our existing framework has served us well for many years, but it has to evolve and develop to meet changing circumstances. We are carrying out an overall review of our existing health care system in Hong Kong, and we shall be consulting the public on our recommended strategic directions for the future. These proposals, covering the delivery, quality assurance and financing systems, will involve many changes, including legislative changes. Subject to the outcome of the public consultation, these changes will be implemented in an incremental manner over the next decade. We will consult the community in developing the reform options and improvement measures. A Research Office will be set up within the Bureau to support the policy formulation efforts.

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

- Formulation and implementation of reform options for Hong Kong's health care system. Our target is to set out in the coming year our recommended strategic directions for the future and to seek public comments on them.
- Regular review of the legislation related to the provision of medical and health services. Our target is to commence in the coming year the phasing-in of the controls over the trading and manufacture of Chinese medicines.

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

Initiative *	Target
<p>To issue a Consultation Document to seek public views on the strategic directions for reforming the health care system</p> <p><i>(Health and Welfare Bureau (HWB))</i></p>	<p>To conduct the consultation in 2001</p>
<p>To introduce subsidiary legislation to facilitate controls over the trading and manufacture of Chinese medicines</p> <p><i>(HWB)</i></p>	<p>To complete the legislative process in 2001</p>
<p>To develop and set standards for Chinese medicines in partnership with the Chinese medicine and relevant professions</p> <p><i>(Department of Health (DH))</i></p>	<p>To formulate the registration criteria and standards for the registration of proprietary Chinese medicines in 2001</p>
<p>To develop a statutory framework to monitor and regulate the health claims advertised in the market</p> <p><i>(HWB/DH)</i></p>	<p>To study the feasibility of developing such a regulatory framework in 2001</p>
<p>To strengthen the Government's research capabilities in health policy matters</p> <p><i>(HWB)</i></p>	<p>To set up a Research Office in the Health and Welfare Bureau in 2001</p>

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

2

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

We require a team of qualified, competent and committed health care professionals to enable and ensure the delivery of a high quality of care to the patients. To achieve this objective, we establish registration systems to give recognition to the professional status and competence of qualified health care professionals. Members of the professional groups are subject to disciplinary regulation by their peers. In line with rapid advances in medical knowledge and technology, health care professionals must have access to continuing professional education and development to remain updated and competent. The Hospital Authority and the Department of Health play a crucial role in these efforts. In addition to providing training opportunities to their staff, they encourage and facilitate private health care professionals to undergo professional development. To ensure that there is adequate qualified health care personnel to deliver quality medical services, the Health and Welfare Bureau keeps under regular review the demand for health care professionals in Hong Kong to assist in long-term manpower planning.

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

- Establishment and operation of registration systems to recognise professional status and competence. Our target is to commence registration of Chinese medicine practitioners and chiropractors in 2000-2001.
- Provision of continuing professional education and development. Our target is to promote the development of family medicine practice by increasing the number of family medicine trainees in the Hospital Authority from 210 to 316 in 2001-2002.

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

Initiative	Target
<p>To set up and implement the registration system for Chinese medicine practitioners <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>To introduce subsidiary legislation for implementing the registration of chiropractors <i>(Health and Welfare Bureau (HWB))</i></p>	<p>To complete the legislative process and commence registration by 2001</p>
<p>To promote the development of family medicine practice by providing more training opportunities <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>To upgrade basic nursing education to tertiary level to improve the quality of care <i>(HA)</i></p>	<p>To facilitate 200 nurses to take up conversion courses in tertiary education institutions in 2001-2002</p>
<p>To promote clinical audit practice which helps to identify mistakes and improve the overall quality of health care service <i>(HA)</i></p>	<p>To set up a web-based learning forum in 2001-2002 for sharing experience and knowledge in clinical audit practice</p>

3

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

Effective preventive care protects and promotes health, prevents illness and disability and enhances the quality of life. To this end, the Department of Health maintains an effective disease surveillance and control system to prevent the outbreak of communicable diseases. 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, offer 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 would further enhance these preventive programmes to meet societal needs.

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

- Monitoring of disease patterns and the ability to take preventive action. Our target is to extend the disease surveillance system to cover two more diseases and increase the number of networking agencies in the Mainland and overseas by an additional 20%.
- Provision of a comprehensive, holistic and lifelong health programme for the community. Our target is to initiate in the coming year new preventive programmes for women and adolescents.

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

Initiative	Target
<p>To strengthen further the capability of our disease surveillance and control system <i>(Department of Health (DH))</i></p>	<ul style="list-style-type: none"> ● To include two more diseases under the existing disease surveillance system ● To increase the number of networking agencies in the Mainland and overseas by an additional 20%
<p>To restructure and enhance the existing preventive services <i>(DH)</i></p>	<ul style="list-style-type: none"> ● To initiate a new adolescent health programme ● To develop a cervical screening programme for women ● To develop a programme for men’s health ● To promote healthy ageing, with focus on proper diet and exercise
<p>To enhance health promotion and disease prevention campaigns <i>(DH)</i></p>	<p>To deploy additional staff in 2001-2003 to enhance the level of public awareness and participation in health campaigns</p>
<p>To conduct a territory-wide oral health survey to assess the community’s oral health status and needs <i>(DH)</i></p>	<p>To complete the survey and assessment in 2001-2002</p>

Initiative	Target
<p>To enhance anti-smoking efforts through education and enforcement measures <i>(DH)</i></p>	<ul style="list-style-type: none"> ● To set up a Tobacco Control Office in the DH in 2001 ● To implement a package of publicity and educational programmes in 2001-2003 to discourage smoking
<p>To establish a Cancer Co-ordinating Committee to review the collation of relevant data and devise preventive strategies <i>(DH/Hospital Authority)</i></p>	<p>To set up the Committee in 2001</p>

4

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

The Hospital Authority and the Department of Health provide a full range of in-patient, out-patient, ambulatory and outreach services, operating 44 public hospitals and institutions, 75 general out-patient clinics and 83 specialist out-patient clinics. In recent years, the international trend in the health sector has been to focus on the development of ambulatory and community care programmes. The Hospital Authority has also been following this route, stepping up its development on day surgeries, day care, and community outreach programmes. In the light of the growing and ageing population, we shall continue to invest in new facilities and services to ensure that no one is denied adequate care because of insufficient means.

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

- Number of public hospital beds. Our target is to provide an additional 409 public hospital beds in 2001-2002.
- Development of ambulatory and community-based services. Our target is to increase the number of community psychiatric teams from five to eight in 2001-2002 to support the discharged mental patients living in the community.

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

Initiative	Target
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 (HA)	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

Initiative	Target
<p>To increase the number of public hospital beds (HA)</p>	<p>To provide 409 additional public hospital beds in 2001-2002, increasing the total number to about 29 400</p>
<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</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</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 by 2002</p>
<p>To strengthen the out-patient and outreach support for discharged mental patients (HA)</p>	<ul style="list-style-type: none"> ● To increase the number of community psychiatric teams from five to eight ● To increase visits to and contacts with discharged patients through additional outreach community workers ● To provide to an additional 2 500 patients new psychiatric drugs which improve the quality of life of the mentally ill
<p>To carry out a pilot programme for early detection and treatment of young people with psychotic illnesses (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>

Initiative	Target
<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 the hospitals and clinics</p> <p><i>(HA)</i></p>	<p>To implement the pilot scheme in 2001-2002</p>
<p>To provide out-patient Chinese medicine services in the public sector</p> <p><i>(Department of Health/HA)</i></p>	<p>To finalise options on modes of provision, with a view to introducing pilot services in 2001-2002</p>
<p>To construct a Trauma and Emergency Centre at the Accident and Emergency (A&E) Department of the Prince of Wales Hospital</p> <p><i>(HA)</i></p>	<p>To complete the project by 2001</p>
<p>To re-model Tsan Yuk Hospital into an ambulatory centre</p> <p><i>(HA)</i></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</p>
<p>To re-model the Tang Shiu Kin Hospital into an ambulatory care centre after the removal of its A&E services to the Ruttonjee Hospital</p> <p><i>(HA)</i></p>	<p>To commence planning for the re-modelling project, with a view to completion in 2004</p>
<p>To improve the general physical conditions in the public hospitals</p> <p><i>(HA)</i></p>	<p>To implement a special two-year minor works programme to enhance the repairs and maintenance of the hospitals</p>

Initiative	Target
To develop an electronic health information database for storage of medical records and exchange of knowledge within the health sector <i>(Health and Welfare Bureau/HA)</i>	To conduct a project definition study in 2001

**Health Services
(Public Health Programmes,
Curative Services)**

Detailed Progress

1

Ensure that a supportive legislative and policy framework for public health is in place

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 facilitate the development of international standards for Chinese medicine-based products <i>(Department of Health (DH))</i>	To collaborate with the World Health Organisation (WHO) in organising a meeting on methodologies for research and evaluation of traditional medicine in April 2000 <i>(1999)</i>	The meeting was held in April 2000. The WHO will publish a set of draft guidelines based on discussions at the meeting. <i>(Action Completed)</i>
To replace the existing drug-related ordinances by new legislation <i>(Health and Welfare Bureau (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 with a view to enhancing the prevention of drug abuse. <i>(Action in Progress: Under Review)</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

Initiative	Target	Present Position
<p>To organise the Tenth International Conference of Drug Regulatory Authorities in Hong Kong in 2001 in collaboration with WHO</p> <p><i>(DH)</i></p>	<p>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</p> <p><i>(1999)</i></p>	<p>A Planning Meeting with the WHO was held in August 2000.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To put in place a statutory framework for regulation and control of Chinese medicine</p> <p><i>(HWB)</i></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</p> <p><i>(1998 and 1997)</i></p>	<ul style="list-style-type: none"> ● Subsidiary legislation for the registration of Chinese medicine practitioners was enacted in June 2000. The registration of practitioners under the transitional arrangements commenced in August 2000. <p><i>(Action Completed)</i></p> <ul style="list-style-type: none"> ● Subsidiary legislation for regulating the trading and manufacture of Chinese medicines will be submitted to the Legislative Council in 2000-2001. <p><i>(Action in Progress: On Schedule)</i></p>

2

Develop community awareness of public health obligations and personal responsibilities

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 public education on patients' rights and responsibilities through exhibitions, publications, enquiry hotlines, etc.</p> <p><i>(Department of Health)</i></p>	<p>To develop new materials and new channels on public education</p> <p><i>(1999)</i></p>	<p>We have developed new public education resource materials such as posters, booklets and exhibition boards and enhanced dissemination of information through the telephone information system and the Internet.</p> <p><i>(Action Completed)</i></p>
<p>To enhance anti-smoking efforts through legislative and educational measures</p> <p><i>(Health and Welfare Bureau)</i></p>	<ul style="list-style-type: none"> ● To implement in 1998-1999 the new anti-smoking measures which have been provided by legislation <p><i>(1997)</i></p> <ul style="list-style-type: none"> ● To improve by encouraging, through the Hong Kong Council on Smoking and Health, private organisations and employers to follow Government's example and make their workplaces smoke-free <p><i>(1996)</i></p>	<ul style="list-style-type: none"> ● All the new measures had been put into effect by 31 December 1999. <p><i>(Action Completed)</i></p> <ul style="list-style-type: none"> ● As at August 2000, a total of 563 companies had pledged support for implementing a smoke-free policy in the workplace. <p><i>(Action Completed)</i></p>

3

Enhance preventive measures, programmes and capabilities

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 extend the Woman Health Service <i>(Department of Health (DH))</i></p>	<ul style="list-style-type: none"> ● To maximise the utilisation of the existing three woman health centres ● To increase the quota for new annual enrolment and revisit cases ● To extend the age coverage of the service <i>(1999)</i> 	<ul style="list-style-type: none"> ● The utilisation rates of the three woman health centres have increased significantly following the changes introduced to the Woman Health Service, as described below. ● The quota has been increased by 46% for new annual enrolment and by 175% for revisits starting from January 2000. ● The lower age limit of 45 has been lifted from January 2000. The Service is now offered to all women below the age of 65. <p><i>(Action Completed)</i></p>
<p>To set up a Hong Kong Travellers' Health Service comprising –</p> <ul style="list-style-type: none"> ● preventive services for travellers; and ● advice on travel-related health risks <p><i>(DH)</i></p>	<p>To commence the service in 2000 <i>(1999)</i></p>	<p>The Service was introduced in July 2000. <i>(Action Completed)</i></p>

Initiative	Target	Present Position
<p>To strengthen further the ability of the Government to conduct disease surveillance and enhance control and prevention of infectious diseases</p> <p><i>(DH)</i></p>	<p>To set up a new Public Health Laboratory Centre in Shek Kip Mei by 2002</p> <p><i>(1998)</i></p>	<p>The superstructure works commenced in July 1999 for target completion in 2001.</p> <p><i>(Action in Progress: On Schedule)</i></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><i>(DH)</i></p>	<ul style="list-style-type: none"> ● To establish a Public Health Information System by 2003 ● To expand networking with other health care providers and medical institutions to enhance the level of disease information collection by 50% by 2000 <p><i>(1998)</i></p>	<ul style="list-style-type: none"> ● The feasibility study was completed in July 2000. Funding approval for system development is being sought. ● We have expanded our networking with other health care providers and medical institutions. The total number of our overseas and Mainland health agencies and authorities in regular liaison has increased by 88%. We will continue to keep in touch with health care organisations. <p><i>(Action Completed)</i></p>

4

Review the needs and modes of health care 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
To identify the scope for further refinement of the Domestic Health Accounts <i>(Health and Welfare Bureau (HWB))</i>	To identify and include new data sources in the Domestic Health Accounts in 2000 <i>(1999)</i>	New data sources are being identified. <i>(Action in Progress: On Schedule)</i>
To conduct four surveys for collection of data on health status of the public, doctor consultation, hospitalisation, dental consultation and Chinese medicine <i>(Census and Statistics Department)</i>	To complete the surveys in 2000 <i>(1999)</i>	All four surveys have been completed. <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 <i>(HWB)</i>	To complete the analysis of the submissions and issue the Government document in early 2000 <i>(1999)</i>	We have completed analysis of public submissions. The consultation document is being finalised. We have re-scheduled the date for issue of the Government document. <i>(Action in Progress: On Schedule)</i>

5

Ensure that a supportive legislative and policy framework is in place

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 amend the Human Organ Transplant Ordinance to improve upon the procedures prescribed in the Ordinance</p> <p><i>(Health and Welfare Bureau (HWB))</i></p>	<ul style="list-style-type: none"> ● To complete the Drafting Instructions by end-1999 ● To introduce the bill into the Legislative Council in 2000 <p><i>(1999)</i></p>	<p>The bill is being drafted with a view to introducing it into the Legislative Council in the 2000-2001 session.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To conduct a review of the current licensing requirements for private hospitals</p> <p><i>(Department of Health)</i></p>	<p>To complete the review and put forward recommendations in 2000</p> <p><i>(1999)</i></p>	<p>The review is being conducted, with a view to putting forward recommendations before end-2000.</p> <p><i>(Action in Progress: On Schedule)</i></p>
<p>To promote within the Hospital Authority (HA) environmentally responsible management</p> <p><i>(HA)</i></p>	<p>To publish in 2000-2001 an environmental statement within the HA's annual report for the 1999-2000 financial year</p> <p><i>(1999)</i></p>	<p>An environmental statement will be included in the HA's annual report to be published in March 2001.</p> <p><i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<p>To put in place statutory measures to ensure that human reproductive technology will be safely practised <i>(HWB)</i></p>	<ul style="list-style-type: none"> ● We introduced the Human Reproductive Technology Bill into the Legislative Council in September 1998 and will set up the statutory Council on Human Reproductive Technology in 1999 ● 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 <i>(1998)</i> 	<ul style="list-style-type: none"> ● The Human Reproductive Technology Ordinance was enacted in June 2000. Work is in hand to set up the Council on Human Reproductive Technology. ● 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>

6

Ensure the availability of qualified, competent and committed health care professionals to deliver quality medical 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 promote the practice of family medicine by providing more training opportunities</p> <p><i>(Hospital Authority (HA))</i></p>	<p>To train 60 additional family medicine physicians in 2000-2001 to strengthen “gate-keeping” functions and to reduce unnecessary referrals to specialist services</p> <p><i>(1999)</i></p>	<p>We have commenced the provision of family medicine training to an additional 95 doctors in 2000-2001.</p> <p><i>(Action Completed)</i></p>
<p>To improve the training of doctors by conducting in-service training programmes</p> <p><i>(HA)</i></p>	<ul style="list-style-type: none"> ● 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 ● To provide training programmes on communication for 400 doctors in 2000-2001 to develop their patient-centred communication skills <p><i>(1999)</i></p>	<ul style="list-style-type: none"> ● We have provided training programmes on clinical audit for 50 doctors. We remain on target to provide training to the remaining 110 doctors in 2000-2001. ● We have provided training programmes on communication for 200 doctors. We remain on target to provide the training to the remaining 200 doctors in 2000-2001. <p><i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
	<ul style="list-style-type: none"> To provide in-service training to 4 000 doctors in 1999-2000 <i>(1998)</i> 	<ul style="list-style-type: none"> We have provided in-service training to over 4 000 doctors in 1999-2000. <i>(Action Completed)</i>
<p>To upgrade basic nursing education to degree level for enhancement of quality patient care <i>(HA)</i></p>	<ul style="list-style-type: none"> To achieve the target that by 2000, 40% of the registered nurses in HA are holding degree qualifications To facilitate 200 nurses to attend degree conversion courses in 2000-2001 <i>(1999)</i> 	<ul style="list-style-type: none"> We have achieved the target that by 2000, 40% of the registered nurses in HA are degree holders. <i>(Action Completed)</i> We will facilitate 200 nurses to attend degree conversion courses in 2000-2001. <i>(Action in Progress: On Schedule)</i>
<p>To examine the present structure of the medical officer grade with a view to developing a two-tier system <i>(HA)</i></p>	<p>To complete by 2000 consultations with medical staff on the proposed staff structure <i>(1999)</i></p>	<p>A new medical grade structure was implemented from 1 June 2000. <i>(Action Completed)</i></p>
<p>To promote nursing competence by providing in-service and post-registration training to nurses <i>(HA)</i></p>	<p>To provide in-service and post-registration training to 7 000 nursing staff in 1999-2000 <i>(1998)</i></p>	<p>We have provided in-service and post-registration training to over 7 000 nurses in 1999-2000. <i>(Action Completed)</i></p>

Initiative	Target	Present Position
<p>To improve the training of allied health professionals by conducting in-service training programmes <i>(HA)</i></p>	<p>To provide in-service training to 3 000 allied health professionals in 1999-2000 <i>(1998)</i></p>	<p>We have provided in-service training to over 3 000 allied health professionals in 1999-2000. <i>(Action Completed)</i></p>
<p>To enhance standards of pharmaceutical service in the Department of Health clinics through regular reviews of dispensing procedures and recruitment of additional professional staff <i>(Department of Health)</i></p>	<ul style="list-style-type: none"> ● To provide 23 additional dispensing staff in 1999-2000 to cope with increased workloads and complexity of work, and to ensure that proper dispensing procedures and checking mechanisms are followed ● To provide five additional pharmacists in 1999-2000 to provide professional advice and support to the pharmacies of the Department <i>(1998)</i> 	<ul style="list-style-type: none"> ● Additional dispensing staff have been provided. ● Additional pharmacists have been provided. <i>(Action Completed)</i>

7

Ensure the availability of adequate medical facilities to meet the health care 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 rationalise obstetric services to achieve optimal utilisation of delivery service and to re-deploy resources for the enhancement of other services <i>(Hospital Authority (HA))</i>	To relocate in-patient obstetric services from Tsan Yuk Hospital to Queen Mary Hospital by 2001 <i>(1999)</i>	We remain on schedule to complete the relocation of in-patient obstetric services from Tsan Yuk Hospital to Queen Mary Hospital by 2001. <i>(Action in Progress: On Schedule)</i>
To increase the number of public hospital beds <i>(HA)</i>	<ul style="list-style-type: none"> ● To provide 460 additional public hospital beds in 2000-2001 thereby increasing the total to around 29 000 beds <i>(1999)</i> ● To provide 853 additional public hospital beds in 1999-2000 <i>(1998)</i> 	<ul style="list-style-type: none"> ● We have since April 2000 provided an additional 426 public hospital beds. We remain on target to provide an additional 460 hospital beds in 2000-2001. <i>(Action in Progress: On Schedule)</i> ● We have provided an additional 853 hospital beds in 1999-2000. <i>(Action Completed)</i>

Initiative	Target	Present Position
<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>We remain on schedule to complete the project by 2003. <i>(Action in Progress: On Schedule)</i></p>
<p>To redevelop and expand Pok Oi Hospital to meet the rising demand for services in the Northern New Territories (HA)</p>	<p>To complete the redevelopment and increase the number of beds in Pok Oi Hospital by 272 to 742 by 2006 (1998)</p>	<p>We have obtained funding approval for the preparatory work. We remain on schedule to complete the project by 2006. <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 (HA)</p>	<p>To open the centre by 2003 (1998)</p>	<p>We aim to complete the project by 2003. <i>(Action in Progress: On Schedule)</i></p>
<p>To reduce the average queuing time at all specialist clinics (HA)</p>	<p>To reduce the average queuing time from 120 minutes to 60 minutes by the year 2000 (1994)</p>	<p>We have achieved the target to reduce the average queuing time for consultation to 60 minutes at 94% of the specialist clinics. We remain on target to reduce the average queuing time to 60 minutes at all specialist clinics by end-2000. <i>(Action in Progress: On Schedule)</i></p>

Initiative	Target	Present Position
<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 the year 2000 <i>(1994)</i></p>	<p>We have achieved the target to reduce the average waiting time for non-urgent operations (namely, General Surgery, Orthopaedics and Gynaecology) to four months. However, the expected increase in the number of new patients seen in specialist out-patient clinics will lead to an increase in the number of patients to be wait-listed for non-urgent operations. HA is closely monitoring the situation and will work to maintain the waiting time at four months by end-2000. <i>(Action in Progress: On Schedule)</i></p>
<p>To reduce the average waiting time for first appointment at all specialist clinics <i>(HA)</i></p>	<p>To reduce the average waiting time from eight weeks to five weeks by the year 2000 <i>(1994)</i></p>	<p>We have achieved the target to reduce the median actual waiting time for first appointments to five weeks at all specialist clinics. <i>(Action Completed)</i></p>

Initiative	Target	Present Position
<p>To improve the conditions in the waiting areas of general clinics</p> <p><i>(Department of Health)</i></p>	<p>To install air conditioners and other amenities in the waiting areas of general clinics</p> <p><i>(1992)</i></p>	<p>We have installed air conditioners in waiting areas of 61 clinics (i.e. 94% of all general out-patient clinics in the Department of Health). The remaining clinics are either due for renovation or redevelopment. Improvement in amenities in all general out-patient clinics has been completed.</p> <p><i>(Action Completed)</i></p>