

MESSAGE

We have been pressing ahead with the Review of Hong Kong's Health Care System. The consultancy study conducted by the Harvard team has been completed and the consultancy report was released for public consultation in April 1999. We have received a total of 2 100 submissions from different organisations and individuals, and are now analysing the comments and proposals received. We aim to issue a consultation paper early next year to seek public support for our proposed way forward.

The consultancy affirms that the long-term financial sustainability of our current health care system is questionable. The Harvard team has identified that there is a clear need for reforms to address the delivery and financing problems that exist in our current system. For many years, our health care system has ensured that no one is denied adequate medical treatment through lack of means. In contemplating any future reforms, we shall continue to uphold this policy. We aim to develop a sustainable health care system which can provide the public with continued access to quality and affordable health care services in the future.

Meantime, we will continue to ensure the availability of quality public health care service by investing in our public medical infrastructure, enhancing the quality and competency of health care professionals and providing any necessary new and improved services. With only limited resources to cope with growing demands placed on the public health care sector, we shall actively look for new and innovative ways to achieve improved productivity and to provide cost-effective care.



(Dr E K Yeoh)

Secretary for Health and Welfare

CURATIVE SERVICES

Our Policy Objective is to provide quality, affordable and accessible curative services.

Our targets this year in pursuing this Policy Objective are –

- to ensure adequate provision of medical services to cater for population growth
- to improve customer satisfaction in public hospital services, and measure it through regular customer opinion surveys

Progress Made

Recognising that a healthy population is a pre-requisite for increased productivity and growth, we have continued to invest in health care service to ensure that there is adequate provision to cater for population growth. In 1998-1999, we provided an additional 754 hospital beds. In 1999-2000, we aim to provide another 853 hospital beds, increasing the total number of public hospital beds to about 28 500. We will continue our efforts to reduce the queuing and waiting time for specialised out-patient services by reviewing the mode of operation and through redeployment of resources. The Hospital Authority (HA) has conducted surveys which revealed that the public are generally satisfied with the existing public hospital service. Meantime, the consultancy study on Review of Hong Kong's Health Care System has been completed. We are analysing the public comments received on the consultancy report. We aim to develop a health care system that will adequately cater for Hong Kong's long-term needs.

KEY RESULT AREAS (KRAs)

To ensure that this Policy Objective can be achieved, we must deliver results in a number of key areas, that is, we must –

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|----------|--|----------------|
| 1 | Review the needs and modes of health care services | Page 3 |
| 2 | Ensure that a supportive legislative and policy framework is in place | Page 6 |
| 3 | Ensure the availability of qualified, competent and committed health care professionals to deliver quality medical services | Page 9 |
| 4 | Ensure the availability of adequate medical facilities to meet the health care needs of the community | Page 13 |

1

Review the needs and modes of health care services

Our public health care services are heavily-subsidised by general revenue. Given that we have a growing and ageing population, that our recurrent public health care expenditure already represents 14.6% of total public recurrent expenditure and the general constraints on resources available to the public sector, our present level of subsidy may prove unsustainable in the long term. To ensure that every resident could have access to reasonable quality and affordable health care through a system of shared responsibility between the government and resident, the Health and Welfare Bureau is undertaking a comprehensive review of the health care financing and delivery system in Hong Kong.

Progress Made

The consultancy study on Review of Hong Kong's Health Care System has been completed and the consultancy report was released in April 1999 for public consultation. The study confirms that there is a clear need to introduce reforms to the current delivery and financing systems in order to ensure their long-term sustainability. The report has generated considerable discussion within the community on what reform options to adopt. We have received a total of 2 100 submissions from different organisations and individuals, and are analysing their comments and proposals. We aim to issue a consultation document in the coming year to set out our proposed way forward.

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 establish the Hong Kong Domestic Health Accounts as the basis for evaluation and monitoring of our health care system <i>(Health and Welfare Bureau (HWB))</i> | To release findings of the first Domestic Health Accounts in 1999 <i>(1998)</i> | We have released the findings of the first Domestic Health Accounts in April 1999. <i>(Action Completed)</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 |
|--|---|--|
| To complete a consultancy study as the first step in a comprehensive review of the health care financing and delivery system in Hong Kong (HWB) | <ul style="list-style-type: none"> ● To complete the consultancy study by end 1998 ● To consider the reform options recommended by the consultancy in 1999 ● To commence a public consultation exercise on the way forward within 1999 (1998 and 1997) | <p>The consultancy study was completed and the report released to the public in April 1999. Public consultation on the report was completed in mid-August 1999. We are analysing the feedback and considering the way forward.</p> <p>(Action Completed)</p> |

Looking Forward

In the next 12 months, we will assess our performance in respect of this KRA against the following indicators –

| Indicator | 1999 Target |
|--|--|
| Domestic Health Accounts which illustrate the funding sources and spending pattern within the health care system | To establish a framework for the ongoing compilation of the Domestic Health Accounts |
| Formulation of reform options for the Review of Hong Kong's Health Care System | To set out our recommended reform options and seek public comment on them |

We will undertake the following initiatives to deliver results in this area –

| Initiative | 1999 Target |
|--|--|
| <p>To identify the scope for further refinement of the Domestic Health Accounts <i>(HWB)</i></p> | <p>To identify and include new data sources in the Domestic Health Accounts in 2000</p> |
| <p>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></p> | <p>To complete the surveys in 2000</p> |
| <p>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></p> | <p>To complete the analysis of the submissions and issue the Government document in early 2000</p> |

2

Ensure that a supportive legislative and policy framework is in place

In the health care sector, we require a firm legislative framework to help safeguard public health and to ensure professional competence. In the coming years, we will continue to build on the solid foundation of existing policy and legislation by enacting new laws or amending existing legislation, as appropriate.

Progress Made

In our 1998 Policy Objective booklet, we undertook to put in place statutory measures to control Human Reproductive Technology and the use of Chinese medicine. Good progress has been made on both subjects. The Human Reproductive Technology Bill has been introduced into the Legislative Council and the scrutiny of the bill by a Bills Committee of the Legislative Council is close to completion. We aim to seek enactment of the bill before the end of 1999. The Chinese Medicine Bill, which sets out a statutory framework for the regulation of the practice, use, trading and manufacture of Chinese medicine, was introduced into the Legislative Council in February 1999 and enacted into Ordinance by the Council in July 1999. Subject to the enactment of relevant subsidiary legislation, we shall commence registration of Chinese medicine practitioners and phase in controls over the sale and manufacture of Chinese medicines in 2000.

To achieve results in this area, the following initiative has been undertaken in the past year –

| Initiative | Target | Present Position |
|---|---|--|
| <p>To put in place statutory measures to ensure that human reproductive technology will be safely practised</p> <p><i>(Health and Welfare Bureau (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 <p><i>(1998)</i></p> | <ul style="list-style-type: none"> ● The Human Reproductive Technology Bill is being scrutinised by a Bills Committee of the Legislative Council. The establishment of the statutory Council on Human Reproductive Technology will take place following the enactment of the bill. ● We have issued the draft code of practice for consultation in April 1999. Feedback collected are being examined for incorporation into the code as appropriate. <p><i>(Action in Progress: On Schedule)</i></p> <p><i>(Action in Progress: Behind Schedule)</i></p> |

Looking Forward

In the next 12 months, we will assess our performance in respect of this KRA against the following indicator –

| Indicator | 1999 Target |
|--|--|
| How effectively we legislate to regulate and facilitate the provision of medical and hospital services | To regulate the provision of medical and hospital services by introducing legislation as appropriate and conduct periodic review |

We will undertake the following initiatives to deliver results in this area –

| Initiative | 1999 Target |
|--|---|
| <p>To amend the Human Organ Transplant Ordinance to improve upon the procedures prescribed in the Ordinance <i>(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>To conduct a review of the current licensing requirements for private hospitals <i>(Department of Health)</i></p> | <p>To complete the review and put forward recommendations in 2000</p> |
| <p>To promote within the Hospital Authority (HA) environmentally responsible management <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> |

3

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

Hong Kong at present has a total of about 8 500 registered doctors and 40 000 registered and enrolled nurses. It is important to keep the demand for health care professionals under regular review, and we shall take measures to do this in order to initiate action to fill manpower gaps once identified, and to upgrade levels of competence and skills in the profession.

Progress Made

We have monitored closely the manpower situation of different health care professionals, and the HA has provided numerous in-service training programmes to improve the competence and skills of doctors, nurses and allied health professionals. In particular, good progress has been made in the training of family physicians. In this year, HA has commenced family training to 60 doctors – 30 more than our original target.

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 promote the practice of family medicine by providing more training opportunities <i>(Hospital Authority (HA))</i> | To train 30 family physicians in 1999-2000 to strengthen “gate-keeping” functions and to reduce unnecessary referrals to specialist services <i>(1998)</i> | We have commenced the provision of family medicine training to 60 doctors in 1999-2000. <i>(Action Completed)</i> |
| To improve the training of doctors by conducting in-service training programmes <i>(HA)</i> | To provide in-service training to 4 000 doctors in 1999-2000 <i>(1998)</i> | We have provided in-service training to 1 440 doctors. We remain on target to provide the training to the remaining 2 560 doctors in 1999-2000. <i>(Action in Progress: On Schedule)</i> |

| Initiative | Target | Present Position |
|---|--|--|
| <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 3 290 nurses. We remain on target to provide the training to the remaining 3 710 nurses in 1999-2000. <i>(Action in Progress: On Schedule)</i></p> |
| <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 1 110 allied health professionals. We remain on target to provide the training to the remaining 1 890 allied health professionals in 1999-2000. <i>(Action in Progress: On Schedule)</i></p> |
| <p>To enhance standards of pharmaceutical service in 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"> ● We have secured the resources for employing 23 additional dispensing staff. Preparations for staff recruitment are in progress. ● We have secured the resources for employing five additional pharmacists. Preparations for staff recruitment are in progress. <i>(Action in Progress: On Schedule)</i> |

Looking Forward

In the next 12 months, we will assess our performance in respect of this KRA against the following indicators –

| Indicator | 1999 Target |
|---|---|
| Amount of training that we can provide for health care professionals | The HA to provide 4 000 in-service training places for doctors, 3 000 for nursing staff and 3 500 for allied health professionals |
| Amount of manpower information on health care professionals which we have obtained and collated | To conduct regular manpower review of doctors, nurses and allied health professionals |

We will undertake the following initiatives to deliver results in this area –

| Initiative | 1999 Target |
|---|--|
| To promote the practice of family medicine by providing more training opportunities (HA) | To train 60 additional family medicine physicians in 2000-2001 to strengthen “gate-keeping” functions and to reduce unnecessary referrals to specialist services |
| To improve the training of doctors by conducting in-service training programmes (HA) | <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 |

| Initiative | 1999 Target |
|---|--|
| <p>To upgrade basic nursing education to degree level for enhancement of quality patient care (HA)</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 |
| <p>To examine the present structure of the medical officer grade with a view to developing a two-tier system (HA)</p> | <p>To complete by 2000 consultations with medical staff on the proposed staff structure</p> |

4

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

The Hospital Authority and the Department of Health provide a full range of in-patient, out-patient, ambulatory and community-based services, operating 43 public hospitals, 74 general out-patient clinics and 83 specialist out-patient clinics. In the light of a growing population as well as rising community expectations, we will continue to invest in our public medical infrastructure and introduce new services to cope with demographic and socio-economic changes in Hong Kong.

Progress Made

We have continued to invest in our public medical infrastructure to ensure that there are adequate medical facilities to meet the health care needs of the community. In 1998-1999, we provided an additional 754 beds and 40 day places. In 1999-2000, we shall provide another 853 hospital beds, thereby increasing the total number of public hospital beds to about 28 500. Construction of the Kowloon Bay Primary Health Care Centre and the Tseung Kwan O Hospital has been completed. The former has been put into operation since June 1999. The Tseung Kwan O Hospital will commence service in early 2000. Preparatory work for other capital projects, such as redevelopment of Pok Oi Hospital, are in good progress. In the coming year, we shall further improve the queuing and waiting time for specialised out-patient services by reviewing the mode of operation and through re-deployment of resources.

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 increase the number of public hospital beds <i>(Hospital Authority (HA))</i> | <ul style="list-style-type: none"> To provide 853 additional public hospital beds in 1999-2000 <i>(1998)</i> | <ul style="list-style-type: none"> We have already provided an additional 158 public hospital beds since April 1999. We remain on target to provide an additional 853 hospital beds in 1999-2000. <i>(Action in Progress: On Schedule)</i> |
| | <ul style="list-style-type: none"> To provide an additional 754 hospital beds and 40 day places in 1998-1999 <i>(1997)</i> | <ul style="list-style-type: none"> We have already provided an additional 754 hospital beds and 40 day places in 1998-1999. <i>(Action Completed)</i> |

| Initiative | Target | Present Position |
|--|--|--|
| <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 aim to seek Finance Committee's funding approval for the preparatory work by end-1999. 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 are finalising the project preliminary feasibility study and remain on schedule to open the centre by 2003. <i>(Action in Progress: On Schedule)</i></p> |
| <p>To open the following facilities at the Kowloon Bay Primary Health Care Centre – a new general out-patient clinic; an integrated day treatment centre for patients with skin diseases, sexually transmitted diseases or HIV/AIDS; and a radiography centre to handle 27 000 cases per year <i>(Department of Health (DH))</i></p> | <p>To open the facilities in 1998 (1997)</p> | <p>All services are in operation since June 1999. <i>(Action Completed)</i></p> |
| <p>To provide additional consultations for the evening and public holiday clinic services (DH)</p> | <p>To provide the additional consultations in 1998 (1997)</p> | <p>We have provided additional consultations in four evening clinics and three public holiday clinics in 1998. <i>(Action Completed)</i></p> |
| <p>To complete construction of Tseung Kwan O Hospital (HA)</p> | <p>To complete construction in mid-1999 (1996)</p> | <p>We have completed the construction of the Tseung Kwan O Hospital. The Hospital is expected to commence operation in early 2000. <i>(Action Completed)</i></p> |

| Initiative | Target | Present Position |
|--|---|---|
| <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 maintained the average queuing time for consultation at less than 90 minutes at all specialist clinics. We will deploy additional resources and continue to work to meet the overall target by the year 2000. <i>(Action in Progress: On Schedule)</i></p> |
| <p>To reduce the average waiting time for all non-urgent operations (HA)</p> | <p>To reduce the average waiting time from nine months to four months by the year 2000 (1994)</p> | <p>We have maintained the average waiting time for major operations (in General Surgery, Orthopaedics, Obstetrics and Gynaecology) at six months or less. We will deploy additional resources and continue to work to meet the overall target by the year 2000. <i>(Action in Progress: On Schedule)</i></p> |
| <p>To reduce the average waiting time for first appointment at all specialist clinics (HA)</p> | <p>To reduce the average waiting time from eight weeks to five weeks by the year 2000 (1994)</p> | <p>Despite over 90% increase in the number of patients on the waiting list since 1994, we have maintained the average waiting time for first appointments at less than three months at specialist clinics. Measures have been introduced to increase the number of consultations for first appointments. We will monitor the impact on the average waiting time and deploy additional resources to work to meet the overall target by the year 2000. <i>(Action in Progress: On Schedule)</i></p> |
| <p>To improve the conditions in the waiting areas of general clinics (DH)</p> | <p>To install air conditioners and other amenities in the waiting areas of general clinics (1992)</p> | <p>We have installed air conditioners at the waiting areas of 58 clinics (i.e. 91% of all general outpatient clinics in the Department of Health). Improvements to amenities at all general outpatient clinics have been completed. <i>(Action in Progress: On Schedule)</i></p> |

Looking Forward

In the next 12 months, we will assess our performance in respect of this KRA against the following indicators –

| Indicator | 1999 Target |
|--|---|
| Number of hospital beds and day places available and percentage of day patients in HA institutions | To provide about 29 000 hospital beds and 1 100 day places in HA institutions and to maintain the percentage of day patients at 22% of total discharges |
| Occupancy rates of public hospital beds | To maintain the optimal occupancy rate at 85% |
| Average waiting time for first appointment at public specialist out-patient clinics | To reduce the average waiting time for first appointment at public specialist out-patient clinics to five weeks by end-2000 |

We will undertake the following initiatives to deliver results in this area –

| Initiative | 1999 Target |
|---|--|
| To rationalise obstetric services to achieve optimal utilisation of delivery service and to re-deploy resources for the enhancement of other services (HA) | To relocate in-patient obstetric service from Tsan Yuk Hospital to Queen Mary Hospital by 2001 |
| To increase the number of public hospital beds (HA) | To provide 460 additional public hospital beds in 2000-2001 thereby increasing the total to around 29 000 beds |
| To rationalise the services provided at Tang Shiu Kin Hospital, Ruttonjee Hospital and Tang Chi Ngong Specialist Clinic (HA) | To complete the rationalisation by 2003 |