

(Translation)

**Minutes of the 2nd Special Meeting of the
Signature and Other Community Healthcare Projects Steering Committee (2018)
of Kwai Tsing District Council**

Date: 20 April 2018

Time: 2:30 p.m. - 4:27 p.m.

Venue: K&T DO Conference Room

<u>Attendee</u>	<u>Time of Arrival</u>	<u>Time of Departure</u>
Mr LAW King-shing, BBS, MH (Chairman)	Start of Meeting	End of Meeting
Ms TAM Wai-chun, MH (Vice Chairman)	Start of Meeting	End of Meeting
Mr Chow Yick-hay, BBS, JP	Start of Meeting	End of Meeting
Mr Chan Siu Man Simon	Start of Meeting	End of Meeting
Ms Cheung Wai-ching, Clarice	Start of Meeting	End of Meeting
Mr CHOW Wai-hung, Rayman	Start of Meeting	2:41p.m.
Mr. HUI Kei-cheung	Start of Meeting	End of Meeting
Ms. KWOK Fu-yung	Start of Meeting	3:22 p.m.
Ms LAM Chui-ling, Nancy, MH	Start of Meeting	End of Meeting
Ms LAU Mei-lo	Start of Meeting	2:45 p.m.
Mr LEE Chi-keung, Alan, MH	Start of Meeting	End of Meeting
Mr LEUNG Chi-shing	2:45 p.m.	End of Meeting
Mr LEUNG Wai-man, MH	Start of Meeting	End of Meeting
Mr LI Sai-lung	3:01p.m.	End of Meeting
Miss LO Yuen-ting	Start of Meeting	End of Meeting
Miss Mak Mei Kuen, Alice	3:07 p.m.	End of Meeting
Mr PAU Ming-hong	Start of Meeting	End of Meeting
Mr POON Chi-shing, MH	Start of Meeting	End of Meeting
Mr. TANG Shui-wah, MH	Start of Meeting	End of Meeting
Mr TSUI Hiu-kit	Start of Meeting	End of Meeting
Mr WONG Bing-kuen	2:20 p.m.	3:29 p.m.
Mr WONG Yiu-chung, MH	Start of Meeting	End of Meeting
Mr WONG Yun-tat	Start of Meeting	End of Meeting

In Attendance

Professor Chan Siu-chee, Sophia, JP	Secretary for Food and Health
Dr CHUI Tak-yi, JP	Under Secretary for Food and Health
Miss YUEN Wai-yin, Amy	Deputy Secretary for Food and Health (Health) 2
Dr Tsang Sau-hang, Caroline	Senior Medical & Health Officer (Primary Care) 2
Ms WAI Kwok-bik, Rebecca	General Manager, Kwai Tsing Safe Community and Health City Association
Ms WONG Suet-ying, Sharon	Manager, Kwai Tsing Safe Community and Health City Association
Miss YIM Yik-huen, Bonnie	District Officer (Kwai Tsing) (Acting), Kwai Tsing District Office
Ms CHEUNG Wing-sze, Amy	Senior Liaison Officer (2), Kwai Tsing District

Office
Miss WONG Tsz-man, Portia(Secretary) Executive Officer (Signature Project Scheme), Kwai
Tsing District Office
Miss YIM To-ming Community Health Administrator, Kwai Tsing District Office

Absent with Apologies

Miss CHU Lai-ling	(With prior notice)
Mr. NG Kim-sing	(With prior notice)
Mr. LEUNG Kam-wai	(With prior notice)
Mr. LEUNG Tsz-wing, Dennis	(Without prior notice)
Mr. NG Ka-chiu	(Without prior notice)

Opening Remarks

The Chairman welcomed everybody to the 2nd Special Meeting of the Signature and Other Community Healthcare Projects Steering Committee (2018) of Kwai Tsing District Council (K&T DC).

2. Members unanimously endorsed the leave applications of Miss CHU Lai-ling, Mr. NG Kim-sing, Mr. POON Chi-shing and Mr. LEUNG Kam-wai (Mr. POON Chi-shing subsequently cancelled his leave application).

Discussion items

Kwai Tsing District Health Centre Pilot Project

(SCHPSC Paper no. 6/I/2018)

3. Under Secretary for Food and Health (USFH) introduced the above paper.
4. Miss LO Yuen-ting suggested to pay more attention to increasing incidence of women's diseases in younger females, especially grass-roots women who ignore or have little knowledge about women's diseases.
5. Mr. LEUNG Wai-man queried the purpose of setting up the District Health Centre (DHC). The current concept proposed by the Government outlines the DHC with a function similar to public hospitals or district clinics. He questioned whether the DHC could take care of the needs of people of different ages and genders, and hopes that the Bureau would provide a clear blueprint.
6. Mr. WONG Yiu-chung agreed with Mr. LEUNG Wai-man's concerns with regards to the ambiguous positioning of the DHC. He supported the importance of primary healthcare in relieving the burden on the traditional medical systems, but was worried

that the blurred positioning of the DHC would cause too much expectation. He also enquired about the budget of this pilot project.

7. The consolidated response of USFH was as follows:

- i. With reference to the data of previous population health survey and risk factors of chronic diseases, the proposed DHC would accord service priority to handling chronic diseases that are more prevalent such as hypertension, diabetes, musculoskeletal disorders, coronary heart disease and stroke. The DHC would not overlap with existing medical and healthcare services for children and women from grass-roots families;
- ii. DHC's Core Centre and Satellites Centres would be venues for providing health information, nursing care, and rehabilitation services ;
- iii. The Government would identify the DHC Operator by way of tender;
- iv. The purpose of setting up the DHC was to strengthen primary healthcare and to reduce the public's over-reliance on the public healthcare system. For example, the DHC could help channel patients to doctors beyond public healthcare system to receive appropriate treatment and care as soon as possible; and
- v. The DHC would provide continuous rehabilitation training and follow-up services for chronic disease patients who had been discharged from hospitals and whose physical mobility was affected by illness.

8. Mr. LEE Chi-keung, Alan suggested the following services to be provided by the DHC to the public:

- i. Raising public awareness of disease prevention by organizing health talks and providing information on diseases;
- ii. Providing citizens with various preventive vaccines;
- iii. Providing health check services, such as for coronary heart disease;
- iv. Teaching citizens about health-improving services, such as healthcare and food therapy;

- v. Providing citizens with long-term health maintenance service upon completion of medical treatment; and
 - vi. Providing rehabilitation services such as physiotherapy.
9. Mr. PAU Ming-hong stated that the district council is concerned with the site selection of the official core centre and the five official satellites of the DHC. He opined that setting up the DHC in Government buildings will be relatively stable and will help develop the local network, while setting up in private properties may lead to issues such as tenancy renewal and forced relocation.
10. Ms. TAM Wai-chun was concerned with the fees and hoped to know the difference in fees between the DHC and public clinics and the length of the waiting time.
11. Mr. WONG Yun-tat put forth his enquiries as follows:
- i. How would the Government encourage people to confidently use the services of the DHC, where the public would only meet with nurses or health practitioners other than doctors in the DHC, as people have more confidence in diagnosis by doctors. Hence, the public might not have enough confidence to use the DHC; and
 - ii. How many resources would the Government prepare to use on the DHC.
12. Mr. WONG also put forth the following suggestions:
- i. Social workers, district councilors and local groups could improve the effectiveness of social medical cooperation of the DHC;
 - ii. The DHC could provide health checkups for certain groups, for example providing low-cost or free health check-ups for people over the age of 40 in Kwai Tsing District, so that citizens could know about their physical conditions and prevent diseases as early as possible, and eventually help reduce the burden on the public medical system;
 - iii. Opposed outsourcing the services of the DHC to other agencies before employing personnel to master the service experience and effectiveness, and suggested otherwise; and
 - iv. DHC's service charges should be at competitive rates amongst current charges of

public health organizations.

13. The consolidated response of USFH was as follows:

- i. When deciding whether to conduct health screening for certain population group, consideration would be given to health conditions and diseases which would bring heavy burden to the citizens and the public healthcare system in future;
 - ii. As regards the location issue, the DHC would lease a premise for its operation for the time being, given the difficulty in identifying suitable site and the immense time constraint (the DHC was planned to commence services in the third quarter of 2019). Premises that would allow longer-term operation would be chosen when the DHC expanded to other districts;
 - iii. At present, the Government had established system and framework to handle the prevention (such as injection and screening) and education of communicable diseases and non-communicable diseases (such as cancer). Therefore, the DHC would not replace existing large-scale screenings, but might facilitate these large-scale screenings; and
 - iv. The Government had not yet been able to provide specific figures on resources required for the DHC because the scale and content of DHC services were still being deliberated.
14. Mr. POON Chi-shing opined that residents might not be able to adapt if the DHC's location changes in the future as the DHC is tentatively planned to be run in leased premises. He queried whether the Government have any measures to actively look for the appropriate service groups for the DHC.
15. Mr. POON also opined that the Government should co-ordinate the services of the service providers during the initial period of operation of the DHC to avoid problems with the handover to outsourcing agencies.
16. Mr. LEE Chi-keung, Alan opined that the Government's efforts in promoting flu vaccination and large-scale screening to the public were inadequate, and the vaccination services should not be confined to one specific group. He did not agree that the DHC should first be operated by the Government and then handed over to other outsourcing agencies, as non-government organizations' non-bureaucratic and more flexible mode of operation can achieve better results.

17. Mr. CHAN Siu-man, Simon said that Offices of District Councilors have been serving residents in the long term and have established a trust relationship with residents. He also took the example of how District Councilors promoted the participation of citizens in Kwai Tsing's Signature Project Scheme and queried whether the Government could establish mutual trust with residents within a short period of time, making it difficult to promote the use of DHC services by residents.
18. The consolidated response of USFH was as follows:
- i. Agreed that the success of the DHC required those who were familiar with the community network to assist in promotion and publicity efforts;
 - ii. The DHC would play a role in promoting disease prevention services (such as vaccinations and screenings);
 - iii. With regard to the fees of the DHC, the Government had been studying the payment model and the subsidization level; and
 - iv. Supplemented that the DHC could help strengthen the hardware network and the applications of healthcare data, such as providing information on the location and service content of different service providers in the community so as to speed up referrals of patients with different health needs.
19. The Chairman stressed the importance of local networks in promoting the services, and suggested that the DHC could take advantage of the resources of the District Council's networks in terms of relevant publicity could be reached in in the local community.
20. Mr. HUI Kei-cheung asked the Government what kind of health promotion could be made through the DHC to benefit residents. He also hoped that the Government could define the operating model and direction of the DHC, clarifying how the DHC could refer citizens to the public or private medical systems.
21. Mr. WONG Yun-tat asked whether the DHC services would be monitored by third party organizations.
22. Ms. LAM Chui-ling, Nancy asked whether the DHC would provide medicine dispensing services to strengthen primary healthcare and reduce the burden on public hospitals.

23. The consolidated response of USFH was as follows:
- i. The DHC was not designed to cover all aspects of primary healthcare services. It would focus on providing preventive services against prevalent chronic diseases identified in big data analysis; relevant details were being deliberated;
 - ii. Having regard to the chronic diseases that warranted priority, the DHC could further arrange and consolidate service information of private doctors, nurses and service providers in the district so as to strengthen the community network;
 - iii. The Government had been considering how the management and service quality of the DHC shall be evaluated; and
 - iv. The Government would consider whether the DHC will provide drug dispensing service.
24. Mr. LEUNG Wai-man hoped that the Government would define the positioning of the DHC as soon as possible to avoid overlapping of services which would waste public money.
25. Mr. LEE Chi-keung, Alan suggested to include Sports Therapy services in the DHC.
26. Mr. CHAN Siu-man, Simon suggested that the DHC cooperates with District Councilors in the promotion of health services. For example, the current cooperation between District Councilors and the Hospital Authority (HA) allows residents to enquire about colon-screening service at the Offices of District Councilors which helps improve residents' confidence in accepting the service.
27. Mr. CHOW Yick-hay put forth suggestions as follows:
- i. Strengthening the liaison with HA so as to expedite citizens' referral to suitable medical services and avoid deterioration of their health conditions;
 - ii. The DHC should have a new mode of operation. It may not be able to attract citizens to use its services and will affect its effectiveness if its service and efficiency are the same as those of the existing public hospitals;
 - iii. He suggested that drug management measures could be established to prevent patients from taking excessive medications.

28. The consolidated response of USFH was as follows:

- i. Agreed that the DHC should work in conjunction with community network in order to maximize its impact;
- ii. The Government had considered providing sports therapy and cardiac rehabilitation and would allocate space in the DHC for these services; and
- iii. Would follow up on how to strengthen the liaison between the HA and the Department of Health (DH).

29. The consolidated response of Secretary for Food and Health (SFH) was as follows:

- i. The Government would establish the DHCs in all 18 districts;
- ii. It was expected that the DHC would be district-based. Therefore, the Government would make reference to big data (such as the data from DH's population health surveys, data of the HA and the University of Hong Kong) to understand the health needs of residents in Kwai Tsing District, and subsequently designed the DHC service content with an empirical approach;
- iii. With regard to the liaison with District Councilors, Mr. Law King-shing and Mr. WONG Yun-tat had been invited to serve as members of the Working Group on District Health Centre Pilot Project in Kwai Tsing District, and Mr. Shum Ho-kit, who was one of the Chairmen of the 18 District Councils, had been invited to be a member of the Steering Committee on Primary Healthcare Development (SCPHD). A public consultation would be held on 28 April 2018 to gauge views from residents in Kwai Tsing District; and
- iv. There would be more frequent communication in the future in relation to the DHC, including the possible collaboration with the District Councils' Healthy City activities.

30. Mr. LEUNG Wai-man asked how much resources the Government would put on the DHC.

31. SFH responded that the Budget had promised full support for the development of community-based primary healthcare which would accord priority to certain diseases

that would bring the biggest burden to the healthcare system and promote health awareness on the following three levels:

- i. Raising public health awareness;
 - ii. Conducting assessments, checks and early treatments for high-risk individuals; and
 - iii. Preventing complications of chronic patients who had received treatment.
32. Mr. CHOW Yick-hay asked if the name of the DHC would be changed to primary health centre so that the public could better understand the purpose of the centre to avoid an expectation gap among the public. He also hoped that the Government would strengthen the DHC's publicity work and the cooperation among various Government Departments in providing support to the DHC.
33. Mr. LEE Chi-keung, Alan suggested that the Government should collect citizens' health data to facilitate the DHC work. The Government should allocate more resources to the DHC's disease prevention work, which could help reduce the burden on the medical system. In addition, Mr. LEE wanted to know why the facility was named "DHC".
34. The consolidated response of SFH was as follows:
- i. The DHC was not designed to perform as a clinic. It served to promote prevention and early identification of diseases. It would also provide referrals for people in need;
 - ii. To foster effective collaboration among various bureaux/departments, the membership of the SCPHD also included representatives from the Labour and Welfare Bureau, DH, HA and the Home Affairs Department, amongst others;
 - iii. The Government would establish an electronic system for the DHC which would be linked with the HA's existing Electronic Health Record Sharing System. An assessment mechanism would also be set up to evaluate the effectiveness of the DHC; and
 - iv. The rationale for adopting the name of "District Health Centre" was to avoid the confusion with the existing "Community Health Centre" under the HA.

Any Other Business

(SCHPSC Paper no. 7/D/2018)

35. District Officer (Acting) introduced the above paper.
36. Mr. LEUNG Wai-man enquired whether the existing flu vaccines were adequate and how many flu vaccines were used in last year.
37. Mr. POON Chi-shing enquired the number of vaccination sessions had been conducted in the previous year, and questioned whether the estimation of 2,500 flu vaccines a year for Kwai Tsing District would be sufficient.
38. The consolidated response of the Association was as follows:
 - i. In the past year, about 6,000 flu vaccines were used. Since the community panicked about the flu last year, more vaccines were used;
 - ii. A total of more than 30 vaccination sessions were conducted in the previous year, with a great variation in the number of people in each session varied greatly; and
 - iii. As the supplier's resources were also tight, it was estimated that there would be 2,500 influenza vaccines a year in the future.
39. Mr. LEE Chi-keung, Alan agreed that 2,500 flu vaccines a year was sufficient, as the number of people receiving flu vaccines was small in the past apart from the panic in the community in the previous year,.
40. Mr. POON Chi-shing suggested the flu vaccines to be dispersed in each area of Kwai Tsing District to avoid concentrating on one specific area.
41. The above paper was unanimously endorsed by the Committee.
42. There being no other business, the meeting of the Committee ended at 4:27 pm.

Date of Next Meeting

43. To be confirmed.

Kwai Tsing District Council Secretariat
June 2018