

Summary of Discussion
Seminar on Education, Health and Social Welfare

The Education, Health and Social Welfare Committee (EHSWC) of Sai Kung District Council (SKDC) held a seminar on education, health and social welfare on 8 July 2021. The major issues discussed at the seminar were summarised as follows:

The District Health Centre (DHC) Scheme: “DHC Express” in Sai Kung District

2. The following representatives of the Food and Health Bureau (FHB) and Haven of Hope Christian Service (HoHCS) attended the seminar: Dr CHOI Yu-sze, Cissy, Head (Primary Healthcare Office), Mr WU Yeung-key, Jimmy, Director (District Health Centre Team), and Dr LAI Sheung-siu, Florence, Associate Consultant (Primary Health Office)^{1A} of FHB; Ms WO Chung-ching, Candy, Head, Ms YU Mei-wan, Mary, Operations General Manager, and Ms TONG Pui-wai, Connie, Advance Practitioner (Social Worker) of HCCS Primary Health Service.

3. Representatives of FHB and HoHCS introduced the District Health Centre (DHC) Scheme to EHSWC and reported on the progress of setting up a “DHC Express” in Sai Kung district.

4. The views and enquiries of Members in attendance were consolidated as follows:

- Members welcomed the setting up of an interim “DHC Express” and Sai Kung DHC in the district to enhance district-based primary healthcare services and shift people’s mindset from treatment-oriented to prevention-focused.
- Members enquired whether the setting up of DHC could shorten the average waiting time for services of the Tseung Kwan O Hospital (TKOH), thus alleviating the pressure on hospital services.
- Members enquired about the Chinese medicine (CM) services provided by the “DHC Express”.
- Members enquired about the mode of co-operation and referral mechanism between the “DHC Express” and the Chinese Medicine Hospital (CMH).
- Members enquired about the differences between the Core Centre and other service points of the “DHC Express” in terms of service provision and facilities.
- Members enquired about the charges for use of smart gym and fitness equipment of the “DHC Express” by participants of the Low Back Pain or Osteoarthritis of knee Pain Patient Empowerment Programme (PEP) and other service users.
- Members enquired whether the “DHC Express” would set up an outreach service team to provide home-based support services to rural residents in Sai Kung, such as elderly persons with mobility difficulties residing in Ho Chung Village and Nam Wai Village.
- Members enquired whether the “DHC Express” would provide occupational therapy and support services for rehabilitated persons.
- Members enquired whether the “DHC Express” would work in collaboration with

the District Elderly Community Centres (DECCs), Neighbourhood Elderly Centres (NECs) and Day Care Centres for the Elderly in the district, to offer emotional support and home-based rehabilitation services to residents in Tseung Kwan O and to carry out health promotion work.

5. Dr Cissy CHOI of FHB gave the following consolidated reply:

- The Government would set up DHCs in all 18 districts in Hong Kong to enhance public awareness of disease prevention and their capability in self-management of health, thus alleviating the pressure on public hospitals. Given the brand new operation mode of DHCs, change in the average waiting time of patients for TKOH services after the establishment of a DHC in the district could not be estimated at this stage.
- FHB had all along been maintaining a close contact with the Labour and Welfare Bureau and Social Welfare Department (SWD) through mutual support and referral of cases. Patients who attended follow-up consultations in TKOH could join the health education programmes or PEPs to be launched by the “DHC Express” to reduce the number or frequency of follow-up consultations after gradual stabilisation of their conditions, thereby alleviating the pressure on the public healthcare system in the long run.
- DHC operators would recruit and develop a multi-disciplinary network of medical and healthcare practitioners practising within the district or in neighbouring districts, including physiotherapists, occupational therapists, dietitians, pharmacists, social workers, etc.
- Both DHCs and “DHC Express” would promote the health maintenance culture of CM and provide acupuncture treatment for patients suffering from Low Back Pain and Osteoarthritis of Knee Pain. In the long run, FHB would further explore CM services that could be provided.
- Both DHCs and “DHC Express” would build up a co-operative relationship with CMH for close collaboration and interaction. Since patients of CMH would be from all 18 districts in Hong Kong, patients discharged from the hospital would receive support services at the DHC in their respective district of residence.

6. Ms Candy WO of HoHCS gave the following consolidated reply:

- The charge for using the two sets of smart gym and fitness equipment of the “DHC Express” would be \$10 each time, but persons aged above 50 and recipients of the Comprehensive Social Security Assistance Scheme could use the equipment for free.
- The “DHC Express” would work in tandem with village offices and subvented non-governmental organisations (NGOs) serving Sai Kung rural areas in organising health promotion activities and carrying out basic health risk assessments for rural residents. The operator would continue to expand its local network to reach out to local residents, in particular residents in remote rural areas.
- The operator understood that it might be inconvenient for individual elderly persons to visit the Core Centre and other service points. Therefore, the “DHC Express” would, on an appointment basis, send its outreach service team to locations near the service users’ residence to provide appropriate support and services in groups or on a one-on-one basis.

- The “DHC Express” project team would comprise at least one social worker, who could provide emotional support to people in need, such as elderly persons as well as their family members and carers. When necessary, the “DHC Express” would refer the cases to the DECCs and NECs under HoHCS or other subvented NGOs for follow-up actions in accordance with SWD’s procedural guidelines for case referral. The “DHC Express” would also recommend that service users to participate in JC JoyAge: Jockey Club Holistic Support for Elderly Mental Wellness (JC JoyAge) depending on their actual circumstances.
- Hong Kong Jockey Club Charities Trust had launched JC JoyAge in 2016 to assist in improving the social issue of depression among the elderly, and the Haven of Hope District Elderly Community Service was one of the co-operating partners. HoHCS would offer standardised prevention and intervention services to elderly persons with risks and symptoms of depression. Based on the result and experience from the 3-year trial at selected locations, HoHCS would continue to implement the programme in the coming three years.

7. Ms Mary YU of HoHCS gave the following consolidated reply:

- The “DHC Express” operator had recruited a full-time occupational therapist to join the project team, and DHC network service providers would also offer occupational therapy and support services to rehabilitated persons.
- Smart medical testing devices would be provided at the Core Centre and each service point. However, the Core Centre and service points at Sheung Ming House, Sheung Tak Estate and King Yung House, King Ming Estate would have a larger number of meeting rooms and counselling rooms that were more spacious. If necessary, the “DHC Express” operator would contact other NGOs in the local network to borrow venues for organising activities in relation to PEP and other relevant health groups.
- The “DHC Express” operator would develop a web application for self-management of health by service users, particularly diabetic patients and people with hypertension.
- The “DHC Express” had established links with various service providers in the district to form a local network, providing residents with more comprehensive medical and welfare services. For example, the “DHC Express” would refer cases in need to the DECCs, NECs, CM service providers, etc. in the local network in accordance with the established procedures.

8. The views and enquiries of Members in attendance were consolidated as follows:

- Members enquired about the commissioning dates of the Core Centre and each of the service points.
- Members enquired whether patients with diabetes mellitus, hypertension, Low Back pain and Osteoarthritis of Knee Pain would be included as main targets of medical consultation services of DHCs and “DHC Express”; and how the “DHC Express” would promote its medical consultation services to residents.
- Members enquired whether health promotion and disease prevention activities of the “DHC Express” would cover occupational disease such as Carpal Tunnel Syndrome and enquired about the theme of the first phase of health promotion activities.

- Members enquired whether CM service providers in the local network would provide residents with drug dispensing services.
- Members suggested that upon commissioning of the “DHC Express”, FHB should collect residents’ views on its operation on a regular basis and disclose information about its service scope, service quotas, utilisation rate and service quality assessment.

9. Dr Cissy CHOI of FHB gave the following consolidated reply:

- DHC’s secondary prevention services included basic health risk assessment and chronic disease screening for early identification of risk factors for target chronic disease.
- Healthcare personnel would give service users simple physical check-ups to facilitate understanding of their living habits, medical history and family history; their mobility, mental health and physical health would also be assessed. According to the risk assessment results, healthcare personnel would identify the points of health concern with service users to formulate personalised self-health management plans.
- If the risk assessment results showed that the service user was at risk of diabetes mellitus and hypertension, healthcare personnel would refer the service user to a network doctor for disease screening. The Government would provide a subsidy of \$250 to residents, and the “DHC Express” would proactively promote its medical consultation services to local residents.
- The Government would subsidise patients to receive CM services, such as subsidising acupuncture treatment for patients with Low Back Pain and Osteoarthritis of Knee Pain. However, the Government would not offer subsidies for any formulations and CMs prepared and purchased by the general public themselves.
- For effective assessment of the quality and effectiveness of “DHC Express” services, FHB had established service indicators at the stage of inviting proposals for operation of the “DHC Express” and would submit reports regularly upon commissioning of the “DHC Express”. FHB believed that the operator would collect views on “DHC Express” services from the local community for continuous enhancement of service quality.

10. Mr Jimmy WU of FHB said FHB would launch territory-wide publicity and promotional programmes through various media and channels upon commissioning of the “DHC Express”; HoHCS would carry out promotion work in the community to introduce the service scope and operation of the “DHC Express” to district stakeholders.

11. Ms Candy WO of HoHCS gave the following consolidated reply:

- As regards medical consultation, professional healthcare practitioners of the “DHC Express” would carry out basic health risk assessments and risk factor management for service users, and would also suggest people in need to undergo screening for chronic diseases; Hypertension and Diabetes Mellitus were the target chronic diseases.
- It was envisaged that the Core Centre and the service point at Tak Hong House, Hau Tak Estate of the “DHC Express” would commence operation in September 2021,

providing smart gym and fitness equipment for strength training. It was anticipated that the service points at Ming Yat House, Kin Ming Estate and TKO Gateway, Hau Tak Estate would commence operation during the period from October to December 2021, and registered nurses would provide care co-ordination, consultation and counselling services thereat. The service points at King Yung House in King Lam Estate, Sheung Ming House in Sheung Tak Estate and Hong Lam House in Tsui Lam Estate were expected to commence operation in January 2022 in a successive manner. Given the proximity of the service point at Hong Lam House in Tsui Lam Estate to the HoHCS elderly service unit, health consultation and group activities would be provided thereat for the convenience of elderly persons with mobility difficulties.

- Health promotion and disease prevention activities organised by the “DHC Express” would cover various types of diseases, including common occupational diseases such as carpal tunnel syndrome.
- The operator would proactively carry out promotion work to extend its reach to more residents, including students, working people and elderly persons served under DECCs and NECs. The operator would promote the “DHC Express” through the community activity to be held in August 2021 under the project “Healthy Bone, Healthy Living 2021”, which had received the funding support of SKDC earlier.
- The operator would be pleased to give a more detailed introduction on the operation and services of the “DHC Express” to individual Members, and hoped that Members would assist the operator in promoting the “DHC Express” to residents.

Education, Health and Social Welfare Committee
Sai Kung District Council
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