

Southern District Council

District Health Centre in Southern District

Purpose

This paper introduces and seeks members' views on the setting up of the Southern District Health Centre (S-DHC).

Background

Primary Healthcare Services

2. A comprehensive and coordinated primary healthcare system that can attend to the healthcare needs of individuals more conveniently in a community setting is crucial to improving the overall health status of the population and reduce unwarranted admissions and re-admissions. For years, the Government has been developing the primary healthcare system in Hong Kong through strengthening the services of the Department of Health (DH) and the Hospital Authority (HA), subsidising non-government organisations in providing primary healthcare services, launching public education, etc.

3. To effectively change the current focus of our healthcare services on treatment and to alleviate the pressure on public hospitals, we are committed to enhancing district-based primary healthcare services. We recognise nonetheless the need to promote individual and community involvement, enhance coordination among various medical and social sectors and strengthen district level primary healthcare services. There is also the need to establish a more systematic and coherent platform to incentivise the community to manage their own health, to promote awareness of the importance of primary healthcare services and to improve service accessibility.

District Health Centres

4. In her 2017 and 2018 Policy Address, the Chief Executive announced to set up District Health Centres (DHC) in all 18 districts to provide primary healthcare services. The first DHC in Kwai Tsing District (K&TDHC) has commenced operation in late September 2019. The Government plans to set up the S-DHC and five other DHCs by mid-2022. Referencing the K&TDHC service model, we will identify a non-government entity to operate the DHC by way of tender and form a medical and healthcare service network in the Southern District. The network is in Southern District but includes some providers in adjacent districts for the convenience of local residents, providing services in health promotion, health assessment, chronic disease management, community rehabilitation, etc.

5. The objective of setting up DHC is to encourage people to establish a healthy life style for disease prevention and early identification of health problem, properly manage chronic diseases, and enhance self-care capability through the community rehabilitation programme. With the K&TDHC as a blueprint, the Government will subsidise local residents to receive specific primary healthcare services in the community through paying the DHC Operator and network service providers.

District Health Centre Services

Health Priorities

6. In determining the scope of services to be provided by DHC, the Steering Committee on Primary Healthcare Development (Steering Committee) examined the findings of four large-scale surveys/data sources to better understand the health profile of the Hong Kong population, namely:

- (a) Chronic Disease Virtual Registry of HA;
- (b) Population Health Survey conducted by DH;
- (c) Thematic Household Survey conducted by the Census and Statistics Department; and
- (d) The collaborative project entitled “FAMILY: A Jockey Club Initiative for a Harmonious Society” (FAMILY Project) conducted by the School of Public Health of The University of Hong Kong and funded by the Hong Kong Jockey Club¹.

¹ The FAMILY Project covers a territory-wide household survey and a series of family support project and public education activities, promoting the message of health, happiness, and harmonious family. The said household survey tracked the data of around 1% of Hong Kong households with reference to district-based data collected over six years.

7. With reference to the findings of the four surveys/data sources, the top four prevalent chronic diseases in both Hong Kong and Southern District were:

- (a) obesity and overweight;
- (b) Hypertension;
- (c) musculoskeletal diseases; and
- (d) diabetes mellitus.

8. The Steering Committee considered that DHC should direct resources to tackle the most prevalent chronic diseases that consume substantial medical resources and explore how to, through health risk management and early intervention, reduce the unwarranted use of hospital services. Community care can help management of chronic diseases, thereby reducing reliance on hospital services. And, providing education and counselling services to individuals with habits of smoking and alcohol consumption may be an important aspect of DHC services.

9. Prevalence of diabetes mellitus, coronary heart disease, and “alcohol consumption” are found to be higher in the Southern District than the overall Hong Kong population. Details are at **Annex**.

10. Based on the above information, the S-DHC will accord priority to handling the following chronic diseases and health risk factors:

- (a) hypertension;
- (b) diabetes mellitus;
- (c) overweight/obesity;
- (d) fall risk; and
- (e) lifestyle risk factors, such as smoking, alcohol consumption, physical inactivity, unhealthy diet, etc.

Service through Networking

11. The DHC services will focus on primary, secondary and tertiary prevention. Health management advice as well as community rehabilitation are both inseparable parts of the healthcare eco-system. The proposed S-DHC will be a hub with multiple service access points which, building on the district service network concept, through medical-social collaboration and supported by information technology connecting various facilities, will provide a range of co-ordinated care and support services. Strengthening medical-social collaboration is essential to coping with an ageing population.

12. We shall identify a non-government entity to operate the DHC by way of tender. The DHC Operator would be required to operate a Core Centre and four Satellite Centres, employ a Core Team and build the DHC Service Providers Network. It should also collaborate with non-government organisations in the community as partners to enhance the local support network.

Core Centre and Satellite Centres

13. The DHC will consist of a Core Centre serving as headquarters. And, the DHC Operator will be required to set up four Satellite Centres in different locations of the District.

DHC Core Team and Network Service Providers

14. The DHC Operator would need to form a Core Team of staff, consisting of an executive director, chief care coordinator, care coordinators, dietitian, pharmacist, physiotherapist, occupational therapist, social worker and administration, information technology and finance personnel, providing health risk factor assessments and other related services.

15. The above team will need to work with the good number of family doctors and allied health professionals providing primary healthcare services at the district level. The DHC Operator is required to establish a district service network consisting of doctors, allied health professionals (such as physiotherapist, occupational therapist, optometrist, dietitian) and Chinese Medicine practitioners. The DHC Operator needs to establish service agreement with these network service providers. For better client accessibility, we would also invite practitioners from the adjacent districts (namely, Central and Western, Wan Chai and Eastern) to join the S-DHC as network service providers.

16. We will require the DHC Operator to provide appropriate services for individuals with special needs, such as ethnic minority and individuals with sensory impairment. We will request the DHC Operator to conduct outreach activities to enhance contacts with the general public, particularly the “hard-to-reach” population.

Eligibility for DHC Services

17. Individual who is a holder of the Hong Kong Identity Card², a resident of Southern District, and agrees to enroll in the electronic Health Record Sharing System (eHRSS) and the sharing of information on eHRSS for relevant service needs will be eligible to join the SHC scheme. Patients may join the scheme through direct access to the DHC, referral by DHC network service providers and community service partners, or through DHC outreaching activities.

Proposed Service Packages

(a) Health Promotion

18. The DHC will, provide personalised health information in the community, whether face-to-face or through on-line communication. It would organise programmes helping the public to adopt healthy habits and to prevent chronic diseases, and provide health advice and counselling services by its multi-disciplinary healthcare team. Health promotion activities would cover smoking cessation, alcohol abstinence advice, exercise classes, fall prevention training, talks on healthy diet, diabetes mellitus and hypertension risk management, etc. These activities will be open for enrolment with no medical referral required.

19. The DHC also assumes the role of a resource hub by providing healthcare services information to its clients. If required, the DHC will also refer clients (for example for smoking cessation, vaccination, etc.) to the network service providers or other community partners.

(b) Health Risk Factors Assessment and Screening

20. The DHC will provide health risk factors assessment to facilitate early identification of risk of chronic diseases. Concerned clients will be referred for dietary advice, medication counselling and/other services as indicated.

² An individual who is a holder of the Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap. 177, the Laws of Hong Kong), except those who obtained their Hong Kong Identity Cards by virtue of a previous permission to land or remain in Hong Kong granted to him and such permission has expired or ceased to be valid; or a child who is a Hong Kong resident and under 11 years of age.

21. Clients identified with target chronic diseases (diabetes mellitus and hypertension) after health risk factors assessments will be referred to a DHC network doctor for further consultation and examination and diagnosis of diabetes mellitus and hypertension.

(c) Chronic Disease Management

22. Patients with hypertension, diabetes mellitus or musculoskeletal problems (including knee pain and low back pain) referred by network doctors can join the Government's protocol driven service programme, including doctor consultation, laboratory tests, individual allied health services, Chinese Medicine acupuncture and acupressure services, etc.

(d) Community Rehabilitation

23. This service targets at stroke, hip fracture, or post-acute myocardial infarction patients having completed hospital rehabilitation and in need of step-down care and rehabilitation services in the community. Patients would be referred largely by HA, or by network doctors.

24. The referring doctor would draw up the rehabilitation plan and goals upon referral. During the course of community rehabilitation, the referring doctor would regularly review patient progress to ensure the attainment of rehabilitation goals. Besides allied health services, Chinese Medicine (i.e. acupuncture and acupressure) would also be included for stroke patients.

Government Financial Subsidy

25. Primary prevention services provided by the Core Team, including nursing, pharmacy and social worker consultation service, and health promotion and activities are free of charge. To encourage healthy lifestyle for disease prevention and early health risk identification, proper chronic diseases management and strengthening of self-care capability through rehabilitation, the Government will provide subsidies to patients for medical laboratory tests, individual allied health services, Chinese Medicine acupuncture and acupressure by private service providers in the community. Co-payment for part of the service costs will be required to strengthen the ownership of individuals on health management.

26. The use of Health Care Vouchers would be allowed at the DHC. For patients who are eligible for medical fee waiver for public hospital and clinic services will continue to receive the extra subsidy for DHC services.

Proposed Governance Structure and Monitoring

27. To ensure service standard, efficiency and cost-effective use of public funds of the DHC (and its service network), we will set up a Management Committee, to be chaired by Head (Primary Healthcare Office) and members including representative of the Southern District Council, to guide and oversee the DHC Operator.

28. The Management Committee would report to the Secretary for Food and Health on the operation of the DHC, including the review of DHC services, especially the effective and smooth operation of the service network; provision and development of services up to professional standards, and achievement of the objectives set. The Management Committee would also conduct regular public consultation, collect the views of services users and the public on DHC services.

29. The DHC Operator has to comply with guidelines by Food and Health Bureau (FHB) for the effective and responsible administrative and financial management of the DHC, and regularly report to FHB on its performance and financial status. We shall draw up guidelines on the reporting and handling of medical incidents, including client injury and complaints. We shall also evaluate the DHC services and its effectiveness.

Progress

30. Since the permanent site for the Southern District DHC will take a long time, which may be up to 10 years, to be ready, the Government Property Agency is actively identifying suitable rental premises for the Core Centre of the DHC. Depending on the progress in rental site identification, we shall start tendering for operation of the S-DHC in due course.

31. FHB will follow the Stores and Procurement Regulations of the Government in inviting tender proposal for the operation of the DHC and services required. We shall consider both the content quality (70% of the total score) and price (30% of the total score) when evaluating the tender.

Advice Sought

32. Members are invited to offer views on the DHC scheme.

Food and Health Bureau
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