

Response of the Hong Kong College of Paediatricians  
to  
Building a Healthy Tomorrow: Discussion Paper on the Future Service Delivery  
Model for Our Health Care System  
by the  
Health and Medical Development Advisory Committee  
Health, Welfare, and Food Bureau  
Hong Kong Special Administrative Region Government

The Hong Kong College of Paediatricians welcomes the opportunity to respond to the consultation paper on the future service delivery model for our health care system outlining the background information and the elements of such a model.

**Need for Change**

We appreciate the concern over the sustainability of the current system of provision and funding of health care but the consultation paper seems to place undue emphasis on the rise in the ageing population and chronic illnesses in adults while little is mentioned of the other extreme of age. It is exactly because the ageing population and patients with chronic illnesses are increasing that Hong Kong needs a healthy childhood population; children that will grow into healthy and productive adults capable of shouldering the responsibility of caring for both the young and the aged; children that are groomed to adopt a healthy life style hence preventing or delaying many of the illnesses inflicting our adult population. Population projections are projections. With the clarification of the basic law that children born to mainland Chinese residents are Hong Kong residents, there has been a rise in births in Hong Kong. If we are not prepared for such deviations from projections and prematurely reduce training of professionals (both nurses and medical practitioners) in the care of infants and children or redeploy such professionals with the expertise, we will not be giving our children the best start in life. We need to be aware that children with chronic illnesses are also surviving longer because of our improvement in healthcare while children born in Hong Kong whose parents normally do not reside in Hong Kong also tend to use Hong Kong's health care system.

**Future Service Delivery Model**

We agree that currently there is an over reliance on remedial services and not enough on primary and secondary preventive measures. We therefore welcome the focus on primary medical care and the interpretation that a family doctor can be of any specialty that has training in managing problems at the primary care level in a holistic way. Paediatricians in the community are well positioned to perform such a role

providing continuous care to the children throughout their formative years. Multidisciplinary collaboration with other professionals is very much part of our daily practice and holistic care is our normal approach. Our current training curriculum has already been modified to include a mandatory rotation to Maternal and Child Health Centres to cater for paediatricians who will work in the community providing primary care to our children after leaving the employment of the Hospital Authority. Further enhancement is being looked into in areas like child development and psychosocial care.

### **Hospital Services**

On the other hand, in the “Positioning of the Public and Private Sectors” there should be awareness that the public health care service sector should not only deal with “acute and emergency care”. The Department of Health is of course very much involved in primary prevention of illnesses and health promotion. Although hospitals do not provide primary medical care, hospitals are involved in primary prevention of ill health as well. An example is the promotion, support and protection of breastfeeding. This is a major primary preventive measure which has implication on infant and maternal health, prevention of physical illnesses in infancy and childhood, in adults and in the aged. It also has implication on psychosocial health so that children grow up feeling more secure and are confident in ensuring their own physical and mental health. Taking up activities like smoking and substance abuse does not come from lack of knowledge but the lack of will power to resist peer and other influences. Secondary prevention can also start in hospitals as is part of the aim of the new programme - Comprehensive Child Development Services. Many parents at risk of inadequate parenting can be identified in the antenatal and perinatal period. For children who do develop illnesses, prevention of recurrence or rehabilitation has always been the emphasis of paediatricians. Even hospitalization itself can be a positive experience so that children and their parents can be motivated to live a healthier life when they return home.

The factors outlined in the consultation paper to be taken into account in the future provision of hospital beds are much more comprehensive than the current population-based funding according to resident population and their age distribution. We hope the present provision can also be modified according to number of births in the various districts, a significant number of which are from non-Hong Kong residents and the health care utilization pattern of mobile populations in addition to the factors already listed.

Our College is very much involved in training. The input of the public health care

system in the training of professionals is well recognized. Hence there should be an appropriate balance of the demand of service provision and training of healthcare professionals. There should also be a continuous intake of new trainees to avoid vacuums in the progression of experience in the profession.

### **Rehabilitation**

The first statement in the Charter for Children in Hospital says “Children shall be admitted to hospital only if the care they require cannot be provided equally well at home or on a day basis.” In order to support children with chronic illnesses being cared for in the community and especially within their families, support for such care in terms of education and training of the carers, financial assistance, space and facilities and specialized help is important. There needs to be complementary development of paediatric community nursing service and respite care for such children with special medical needs to make their care in the community possible and sustainable.

### **Integration between the Private and Public Sectors**

We agree that a platform on a regional / district basis should be established to facilitate collaboration among medical and other professionals, public and private. The consultation paper focuses on the medical aspects of service provision. In fact we have already proposed a model which not only involves partnership with the public and private sector, hospitals and Department of Health, but also education and social welfare, and community services in our response to the 2000 consultation paper “Lifelong Investment in Health”. (See Annex.) To ensure children’s optimal growth and development and to prevent or manage the ‘new’ morbidities in our children such as obesity, suicide, substance abuse, peer violence, etc, a comprehensive and cohesive model in service provision is essential for success.

### **Conclusion**

We support the targets of the “Future Service Delivery Model” but the importance of the childhood population should not be overlooked. The crux of the matter may be the future proposals on options for health care financing and their implementation. We would like to reiterate our comments in our response to “Lifelong Investment in Health” in that “children cannot speak for themselves and they have no income and cannot insure for themselves”. The right of the child to the “enjoyment of the highest attainable standard of health” should not only be professed but made a reality for his sake and for that of our society.

**Annex**

**Response of the Hong Kong College of Paediatricians to the  
Consultation Document on Health Care Reform:  
'Lifelong Investment in Health' by the Health and Welfare  
Bureau,  
Government of the Hong Kong Special Administrative Region,  
The People's Republic of China**

The Hong Kong College of Paediatricians welcomes the commitment and determination made by the Government of Hong Kong SAR in reviewing the three major elements of our health care system - the service delivery system, system of quality assurance and health financing system - and to formulate strategic directions for reforms.

The College has earlier submitted our comments to the Government on the Report "Improving Hong Kong's Health Care System: Why and For Whom?", as we felt that the Report has put much emphasis on options to improve financial sustainability of the health care system, without addressing the more important issues of improving equity, quality and efficiency of health care delivery for children in Hong Kong. The College thus proposed that the Government should concentrate on the following important issues in the delivery of services related to child health:

1. Preventive Paediatrics:
  - Primary prevention: to reduce incidence of disease
  - Secondary prevention: to reduce the prevalence of disease by early diagnosis and treatment
  - Tertiary prevention: to reduce the complications of established disease
2. Proper interface and collaboration among providers in child health:
  - Dual system of public and private practice
  - Better coordination between health care services and other service providers, such as education and social services
3. Professional accountability and quality improvement programmes
  - Accreditation
  - Peer review practice
  - Development of safety and quality of care indicators

#### 4. Professional development:

- Maintenance of a high professional standard

The College thus welcomes the release of the Consultation Document “Lifelong Investment in Health” which emphasized the importance of a comprehensive and seamless health care service to the population. However, the document primarily emphasized on enhancing primary medical care through the promotion of family medicine, without recognizing the importance of developing an integrated system on child health. Evidence has shown that better health in childhood will lead to reduced mortality and morbidity in adult life which in turn, has a great effect on productivity and output of a society. Therefore, we are of the opinion that children should be cared for by professionals who are trained and experienced in recognizing the needs of children. We would thus like to propose a network of health services for children in which various child health disciplines will be integrated and contribution by professionals in the private and public sectors will be better coordinated. (Appendix 1)

We strongly believe that proper interface and collaboration should be established among various healthcare providers, namely the Department of Health, Hospital Authority and the private sectors. This could be achieved by the establishment of effective communication channels, streamlining of referral and follow-up services, development of shared care programmes, formulation of clinical practice guidelines and establishment of a common database for continuity of care. We thus propose that the Government should establish “**Child and Adolescent Health Centres**” in the region. The major responsibilities of these health centres are twofold, namely delivery of preventive and curative services for children and coordination of medical, health and social services for children in need. These include provision of immunization services, health promotion programmes, neonatal and developmental screening programmes, child surveillance programmes and provision of medical treatment. These centres will establish partnership with private paediatricians in the sharing of health care information and the care of children in the community (**public-private interface**). These centres will also have the full backup service from the local hospitals of which information can be shared and referrals made for children requiring hospitalization or secondary and tertiary care (**primary-secondary-tertiary service interface**). We propose that these centres should be run by **community paediatricians** who are trained and experienced in the care of children. They are able to provide a continuing spectrum of care from preventive paediatrics to providing medical treatment to children. As specialists in the field of community paediatrics,

they will effectively provide one-stop service for children and reduce referrals to specialized care; hence significantly reduce pressure on secondary and tertiary care and the overall health care expenditure of the community.

We propose that the Government should adopt the **health-promoting school concept** which aims at achieving healthy lifestyles for the total school population and the provision of a safe and health-enhancing social and physical environment. The “Child and Adolescent Health Centres” should play a major role, in collaboration with the **Education Department**, in the organization of health promotion programmes. Positive attitude and life styles should be promoted in primary and secondary schools. Physical activities, health education and psychological wellbeing should be actively promoted. Detrimental effects of smoking, alcohol and substance abuse should be promulgated among school children. Each school should have at least one nurse and one social worker, together they can take up the responsibility of promoting physical and psychological health among school children. This will allow early identification of children with learning, behaviour and conduct disorders who can be referred and appropriate treatment instituted. The “Child and Adolescent Health Centres” will provide schools with the necessary health information, advice and support systems whenever necessary.

**Rehabilitation services** for children with disabilities are currently compartmentalized. We thus propose that the “Child and Adolescent Health Centres” should play a major role in the coordination of these services. The services currently provided by the Social Welfare Department, non-Government organizations and Education Department for children with physical disabilities and with learning and behaviour disorders and hearing and visual deficit should be better integrated. The “Child and Adolescent Health Centre” will be the coordinating body to ensure that children with disabilities received appropriate care, attention and educational and social benefits.

Home is the natural environment in which a child grows up. **Positive parenting** should be actively promoted to prevent child abuse and child behavioural problems. The Government should commit to **child protection** to allow early identification of need and promote equality of opportunity for all children, allowing them to fulfil their potential at school and as citizens. This will involve creating environments in which children can flourish and their physical and mental health and wellbeing, and personal development, can be safeguarded. The Government should establish appropriate set of health indicators and specific and measurable objectives to secure maximum

life chance benefits from educational opportunities, healthcare and social care for children. The “Child and Adolescent Health Centres” can play a supporting role in the organization of home care services, patient support and self-help groups for children with chronic illnesses. Community paediatricians in these health centres should also organize outreach programmes to families and special schools to ensure adequate opportunity for medical treatment for children with chronic diseases or disabilities.

In our proposed model of child health delivery, **community paediatricians** will be instrumental in improving the health of children by creating, organizing and implementing changes in communities. They will provide a far more realistic and complete clinical picture by taking responsibility for all children in the community, providing preventive and curative services, and understanding the determinants and consequences of child health and illness, as well as the effectiveness of services provided. The establishment of “Child and Adolescent Health Centres” will enable community paediatricians to adopt an integrated approach in the care of children in the community.

One of the main objectives of the College is to develop and maintain the **good practice** of paediatrics in Hong Kong. Thus, the College is committed to training and professional development of its fellows and members. Since its inauguration in 1991, the College has published its own journal, organized postgraduate training courses and update seminars and conduct examinations in Paediatrics to ensure the highest **professional standards** of competence and ethical integrity among paediatricians in Hong Kong. It is also the role of the College to ensure that standard of care is uniform across all sectors of child health delivery in Hong Kong. We urge the Government to ensure adequate resources for training and research, so that quality of care can be guaranteed. **“Protected time for training”** should be considered in Government’s manpower planning.

The Consultation Document did not address **financing options** for healthcare services for children. However, children cannot speak for themselves and they have no income and cannot insure for themselves. The College would thus like to stress that primary and secondary preventive services for children should remain free of charge. The Government should also subsidize tertiary preventive services, such as multidisciplinary rehabilitation programmes for children with disabilities. The Government should ensure a safety net mechanism to allow children full access to

healthcare services.

Finally, as child advocate, we are obliged to urge the Government to ensure that **quality health service** must be provided **to all children** in need without any barrier, be it financial, administrative or otherwise.

**Appendix I**

