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Press Release

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## **The Hong Kong College of Family Physicians announces the findings of a survey on the perception of the District Health Centres in Hong Kong.**

**About 70% of respondents knew what District Health Centre (DHC) was, although fewer were aware of the objectives of DHC. In general, members felt the services provided by the DHC were appropriate despite some barriers were identified. The College urges for more engagement with private family doctors on the development of DHCs in Hong Kong.**

In order to explore Family Doctors' understanding of the DHC and to collect opinions from family doctors to enable the DHC and the primary healthcare team to fulfill her mission and vision, the Hong Kong College of Family Physicians (HKCFP) conducted an online survey "Family Doctors' Perception of the District Health Centre in Hong Kong" in January 2021. A total of 1706 HKCFP members were invited and 321 respondents (18.8%) provided a complete and valid response to the survey, of which 164 (52.7%) were Family Medicine (FM) Specialists and 278 (86.6%) were practising full-time. A total of 144 (44.9%) respondents worked in private sector; 171 (53.3%) worked in public sector; 6 (1.9%) worked in both sectors. A total of 22 (7%) respondents worked in Kwai Tsing District, where the DHC was running in Hong Kong at the time of survey.

More than half of the respondents knew what DHC was (69.8%), while less than half of the doctors knew the objectives of the DHC (45.5%). Respondents thought the services DHC provided were appropriate with a mean score of 3.3 (1= Very inappropriate; 5=Very appropriate) and would recommend other medical practitioners to join the DHC as a Network Medical Practitioner (NMP) (a mean score of 3.3 with 1= definitely not recommend; 5= highly recommend). Eleven (3.4%) respondents have joined the DHC as a NMP and they worked in the private sector; no public doctors have joined the DHC. Among the 144 private doctors who have not joined the DHC, 71 (49.3%) did not consider to join. For private doctors, the most common reason of not considering to join the DHC was that DHC was unhelpful to their existing practice. Other reasons described including limited private clinic's capacity, complicated application process and reimbursement procedures, and the fact that the district of their private clinics were not under the coverage of any existing DHC. For public doctors, the most common reason was that they worked in public healthcare.



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For private doctors, the main difficulties encountered in practice when managing patients with chronic conditions were: 1) lack of financial subsidies from the government (55.9%); 2) lack of allied health support (48.3%). Respectively, 61.8% of private doctors and 82.5% of public doctors viewed the government's financial subsidy of \$250 per consultation to the NMP for diabetes mellitus (DM) or hypertension (HT) screening a reasonable amount. Most doctors (79.8%) rated DHC as useful (5-10) with a mean score of 5.8 (1= Not useful at all; 10= Very useful). They thought DHC could benefit the general public based on the following reasons: (1) DHC provided comprehensive care or higher quality services to patients and provided an alternative option for the public; (2) increased access to allied health services. Age was found to be associated with the usefulness rating of the DHC. Doctors who aged 65 or above tend to think the DHC was useful for the public. Apart from age, no statistically significant association was found between DHC usefulness and other demographic factors. Regarding the likelihood of using DHC services (social work services, cognitive function assessment, fall prevention assessment & class), mean scores of doctors in private sector were statistically lower than those of doctors in the public sector (3.8 and 4.0; 3.9 and 4.1; 3.8 and 4.0 for private and public doctors respectively).

DHC is an important initiative to strengthen district-based primary healthcare services in Hong Kong. Most primary care providers found DHC useful and findings from the current survey provide information on areas of improvement to further increase the utilisation of DHC by primary care doctors.

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