

ITEM FOR ESTABLISHMENT SUBCOMMITTEE OF FINANCE COMMITTEE

HEAD 37 - DEPARTMENT OF HEALTH Subhead 001 Salaries

Members are invited to recommend to Finance Committee the creation of the following supernumerary post in the Department of Health for 18 months -

- 1 Senior Principal Executive Officer
(D2) (\$116,650 - \$123,850)

PROBLEM

The Director of Health (D of H) requires dedicated support at the directorate level to coordinate the planning of the initiatives to be undertaken by the Department of Health (DH) under the Health Care Reform.

PROPOSAL

2. We propose to create a supernumerary post of Senior Principal Executive Officer (SPEO) (D2) for 18 months to coordinate necessary preparatory and planning work related to the Health Care Reform.

JUSTIFICATION

3. In December 2000, the Government published a Consultation Document entitled "Lifelong Investment in Health" for public consultation. The Document sets out the strategic directions for changes and the specific reform proposals for the three main pillars of our health care system, i.e. service delivery, quality assurance, and financing arrangements. The issues are complex and the

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changes are far-reaching. While we are analyzing the feedback received during the consultation period, it is obvious that DH will in the future take on a more important role in health advocacy and reduce its role in provision of direct curative services. To prepare for such a transition, the Department needs to start planning work on a number of proposals.

Strengthen Preventive Care

4. The Health Care Consultation Document proposes that the role of the DH in preventive care should be strengthened. Preventive care is the science and art of preventing disease, promoting and protecting health and improving the quality of life through organized community efforts. Effective preventive care has a significant impact on the health care needs of the community. It reduces the incidence of diseases, enhances the health status of the population and lowers the overall burden of disease and disability of the community. Better preventive care can be achieved through organized community efforts and personal ownership and responsibility. We propose that the Administration should provide the necessary information, encouragement and infrastructure as well as identify and assess the impacts of social and environmental variables to health. The Department plans to centralize its health promotion functions, such as organization of health campaigns and education programmes, publication and dissemination of health information, to improve their effectiveness. The move will be supported by corresponding organizational and operational changes.

Re-organize Primary Health Care

5. One of the strategic directions is for DH to phase out its direct medical services and focus on preventive care. As a first step, it will have to consult stakeholders and work out possible arrangements for the staff affected by the proposed transfer of the general out-patient clinic (GOPC) services to the Hospital Authority (HA). The logistics of the transfer and the human resource management implications will have to be carefully considered, taking into account the views of concerned parties, in order to minimize disruption of service and gain general acceptance by both the public and staff..

Enhance Quality Assurance

6. To ensure that quality health services are always maintained and delivered, DH will review the present statutory regulations on the operation of clinics, use of medical facilities/equipment and provision of medical services. In addition, it will examine how to take forward the various proposals and options on quality assurance and look into the recommendations of continuous education for health care professionals and peer review with suggestions on the logistics.

/Improve

Improve Patient Complaint Mechanisms

7. In recent years, there are increasing demands in the community for a more transparent and credible patient complaint mechanism. There is a concern that while complaint channels are available, they are not sufficiently user-friendly nor transparent. Some also perceive the existing mechanism as being biased in favour of the health care providers and professionals. The recent spate of medical incidents has illustrated the magnitude of the underlying problems, which call for immediate action in revamping the current complaint system. The Legislative Council Panel on Health Services (Health Panel) has also formed a sub-committee to deliberate on this issue. Given the complexity and the sensitivity of medical complaints and the diverse interests of various health care professional and patient rights groups, DH will work with the Health and Welfare Bureau and other stakeholders, including the Health Panel sub-committee, to develop an improved complaint system that is generally acceptable to all parties.

Need for a SPEO to Coordinate the Planning Work

8. The above tasks are complex and imminent, and will have significant bearing on the shaping of the future health care services of Hong Kong. Many of the proposals involve thorough examination of existing systems, comprehensive review of related Ordinances and extensive consultation with parties of divergent interests. D of H considers it necessary to have a dedicated directorate officer to assume overall responsibility for coordinating the planning and preparatory work required for taking the proposals forward. The additional directorate support will be crucial to ensure effective coordination of a wide range of initiatives. His major functional responsibilities will embrace the following -

- (a) to develop a detailed plan and timetable for various proposals;
- (b) to seek the views of stakeholders on the relevant proposals and take them into account in drawing up new arrangements;
- (c) to work out the logistics, financial and staffing implications arising from various proposals;
- (d) to propose a revised organization of the Department to support the changes and the new initiatives; and
- (e) to review related legislation and recommend amendments where necessary.

9. Specifically, the SPEO will need to consult stakeholders and collect views extensively on both the medical complaint mechanism and the proposed

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transfer of the GOPC service to HA. The issues are sensitive with staffing and financial implications. Various options have to be explored and discussed with the parties concerned. Once a decision is made, proper strategies and detailed logistics will have to be mapped out carefully. In respect of the patient complaint mechanism, the work of the SPEO will include consulting the public, the professions, patient groups and service providers with a view to devising an improved complaint mechanism, developing an administrative framework for the improved complaint mechanism and developing detailed complaint procedures.

10. On the enhanced role of DH in health promotion under preventive care, the change in the emphasis of the Department will have to be supported by a corresponding adjustment in the organization of the Department. The SPEO will have to conduct numerous reviews of the existing operations, including the current health promotion units under various services. He will propose organisational changes and, where applicable, more efficient and innovative ways to deliver the desired outcome. The option of outsourcing non-core activities such as exhibitions and publications will be considered.

11. The review of related legislation will be another heavy task. Amendments to various ordinances will be required to effect the regulation of medical institutions and equipment and implementation of an improved complaint mechanism. There is also a need to prioritise the action on the various initiatives and co-ordinate with the professionals on an integrated time-table for implementation. The SPEO will have to work very closely with the Director and Deputy Directors to map out the future plan for DH. Given the complexity of the above assignments, it will take about 18 months for the SPEO to complete the various reviews and present a practical implementation plan.

12. The effective performance of the above duties calls for an officer with broad departmental administration and operational management experience. He should be able to deal with the divergent interests of different professional and staff groups, provide input from the resource management angle in the formulation of proposals, communicate effectively at all levels and supervise a wide span of work within a tight time-frame. Having regard to the complexity and executive nature of the tasks involved, D of H considers that the wide-ranging tasks should be undertaken by a dedicated directorate officer pitched at the SPEO level. D of H has reviewed her directorate support and advised that none can afford to take on the additional responsibilities without affecting service operations. A job description of the proposed SPEO(Special Duties) post and the proposed organization chart are at Enclosures 1 and 2 respectively.

Encls.
1 & 2

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FINANCIAL IMPLICATIONS

13. The additional notional annual salary cost of this proposal at mid-point is \$1,443,000.

14. The full annual average staff cost of the proposal, including salaries and staff on-cost, is \$2,394,000. We have included sufficient provision in the 2001-02 Estimates to meet the cost of this proposal.

BACKGROUND INFORMATION

15. The consultation period for the Consultation Document ended on 31 March 2001. We are analyzing carefully the feedback received and shall work together with the stakeholders to develop detailed proposals in each area. Meanwhile, to provide additional support to DH for carrying out such work, we have consulted the Legislative Council Panel on Health Services on 11 June 2001 the proposal to create a supernumerary SPEO post. Panel Members did not object to the proposal but expressed concerns about the grade and rank of the proposed post and whether the creation of the post represented an attempt by the Administration to prepare for the setting up of a complaint office in DH. The Administration clarified the executive nature of the duties concerned and the need to have an experienced officer who can handle complex issues on his own. The Administration assured Panel Members that it would take into account the views of all concerned parties before coming to a decision on an improved complaint mechanism.

CIVIL SERVICE BUREAU COMMENTS

16. The Administration has considered carefully alternative means to provide the required directorate support to meet the service need bearing in mind the need to ensure efficiency and effectiveness. The Administration considers this proposal the most appropriate way to proceed. Having regard to the justifications put forward, the Civil Service Bureau supports the creation of the proposed supernumerary directorate post for 18 months and considers the grading and ranking of the post to be appropriate. As at 1 May 2001 there are 58 directorate posts out of a total of 6 705 posts in DH.

/ADVICE

**ADVICE OF THE STANDING COMMITTEE ON DIRECTORATE
SALARIES AND CONDITIONS OF SERVICE**

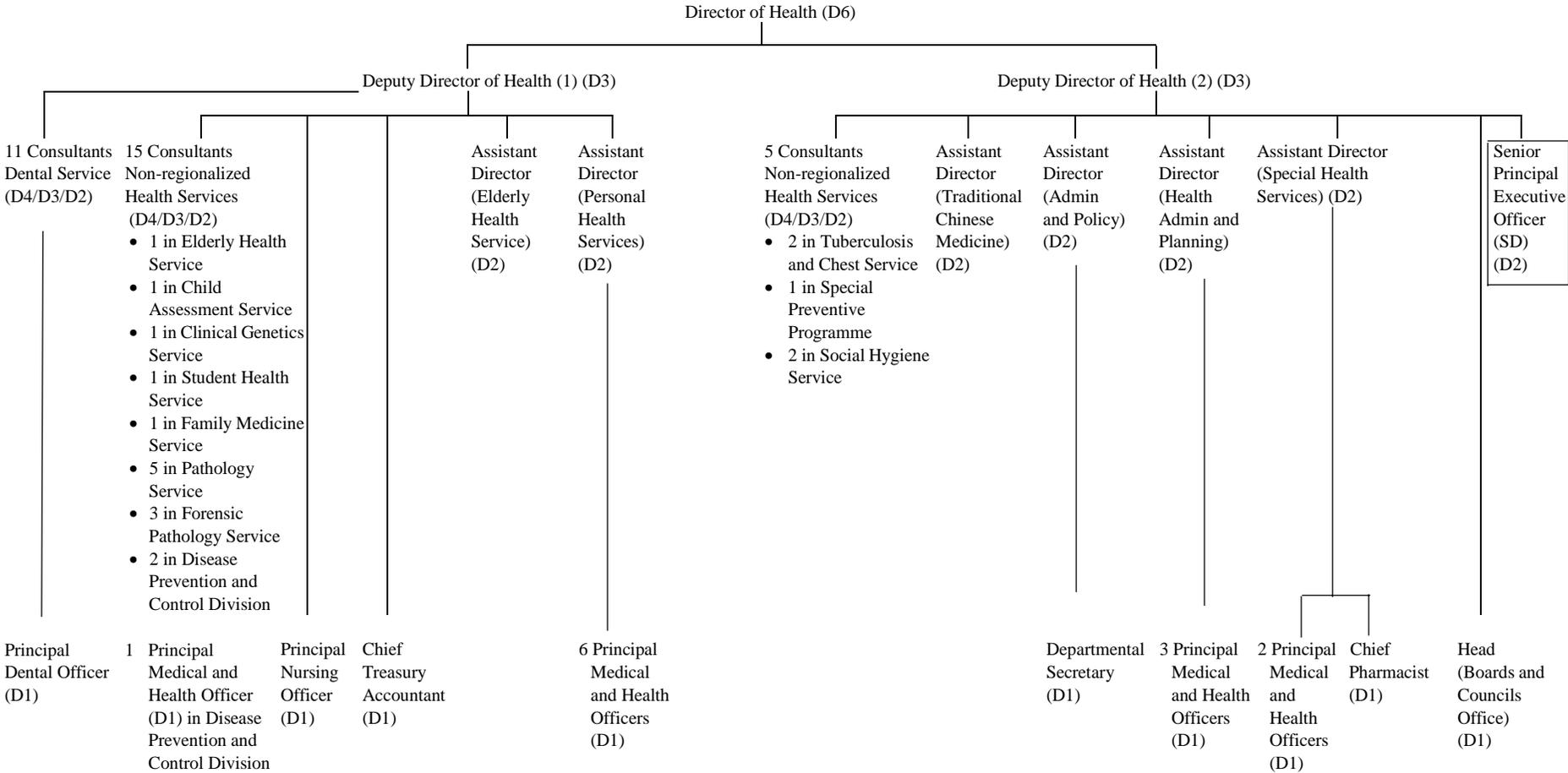
17. As the SPEO post is proposed on a supernumerary basis, we will report its creation, if approved, to the Standing Committee on Directorate Salaries and Conditions of Service in accordance with the agreed procedure.

Health and Welfare Bureau
June 2001

**Job Description of the Proposed Post of
Senior Principal Executive Officer (Special Duties)**

1. To develop a detailed plan and timetable for various proposals;
2. to seek the views of stakeholders on the relevant proposals and take them into account in drawing up new arrangements;
3. to work out the logistics, financial and staffing implications arising from various proposals;
4. to propose a revised organization of the Department to support the changes and the new initiatives; and
5. to review related legislation and recommend amendments where necessary.

Proposed Organization Chart of the Department of Health



Legend: Supernumerary post proposed to be created