

For discussion
on 11.6.2001

LegCo Panel on Health Services
Meeting to be held on 11 June 2001

Rationalization of Public Hospital Services

Purpose

This paper briefs Members on the existing clustering arrangement for public hospitals, the principles used for long term planning of public hospital services and the recent development of cluster management in the Hospital Authority (HA).

Clustering Arrangement of Public Hospitals

2. HA currently provides medical services for the community through eight hospital clusters (see cluster map at Annex). Each hospital cluster comprises a number of acute and convalescent/rehabilitation hospitals and institutions, providing a full range of comprehensive health care services to meet the health care needs of the community. Hospitals are grouped into clusters based on the best match of portfolios of public hospitals in a geographical region in terms of role delineation and service provision, the utilisation pattern of hospital services in that region as well as the demographic structure of the region.

3. Hospital clustering provides a framework for hospital role delineation and a basis for planning the organisation and provision of health care services. Through the clustering arrangement, gaps and duplications in the provision of hospital services can be avoided. A comprehensive range of secondary health care services for the cluster complemented by specialised tertiary services can be mapped out systematically. Clustering can enhance coordination among hospitals within the cluster, thus facilitating continuity of patient care. Services within the cluster can also be consolidated or rationalized to improve cost-effectiveness in the delivery of health care services.

Long Term Planning of Hospital Services

4. In planning long term hospital services, HA would have regard to the following planning parameters :

- (a) the population base;

- (b) the planning indicators for the provision of hospital services;
- (c) the optimum size of a cluster and a hospital; and
- (d) the ideal hospital service delivery model.

That said, the planning of hospital services has to respond to changes in a number of major socio-economic factors in our community. For the purpose of long term planning of hospital services, we need to develop strategies on an incremental basis having due regard to the impact of changes in socio-economic factors on the health care needs of the population.

The population base

5. Each existing cluster is currently targeted to serve an effective population of about 1 million. The effective population of a cluster represents the number of patients actually served by the cluster and is not necessarily the same as the population living in that cluster. It takes into account the inter-cluster flow of patients due to factors such as patient preferences, location of a patient's work place and distribution of specialised services in different clusters. In estimating the need for hospital services within a cluster, the impact of effective population will be taken into account.

Planning indicators for hospital services

6. For general planning purposes, HA has established planning indicators for the provision of public hospital services. The requirement for general beds is estimated to be around 2.1 acute beds and 0.8 convalescent/rehabilitation beds per 1000 population. The provision of psychiatric beds is targeted at 0.7 beds per 1000 population, while that for infirmary beds at 5 beds per 1000 population aged 65 and over. The actual provision at each cluster would however take into account the geographic and effective population of the cluster, the demographic structure of the cluster, and other factors that would affect the utilization pattern of hospital services (such as the number of private hospitals and the provision of specialised tertiary services in the cluster). The aforesaid parameters are reviewed by HA on a regular basis to ensure that they can cope with the changing needs of the community.

The optimum size of a cluster and a hospital

7. Overseas territories organise health care by area or regional health authorities. The population served by each authority is usually in the range of 300 000-750 000, and the optimum size of a hospital is set at around 600 beds. In Hong Kong, we need to have larger clusters and hospitals with larger capacity because of the high density of our population, scarcity of land for development of health facilities, and the need to achieve economy of scale

in operation due to funding constraints. Each cluster is targeted to serve about 1 million population and major acute hospitals in Hong Kong have a capacity of about 1 200 beds - 1 500 beds.

The ideal model of hospital service delivery

8. To ensure quality of patient care and efficiency of services, it is important to avoid duplications in the provision of expensive acute and intensive care services and facilities within a cluster. The provision of acute and intensive care services and facilities should preferably be concentrated in one major acute hospital in a cluster. Where a cluster is historically served by more than one acute hospitals, there should be a differentiation in the role and scope of services to be provided by each of the hospitals in question. Where there is an extensive geographical spread of the population and facilities in a cluster, notably in the New Territories, accident and emergency services could be provided in more than one acute hospitals. Hospitals are encouraged to develop more ambulatory and community based services in order to achieve the best health outcomes.

Recent Development in Cluster Management

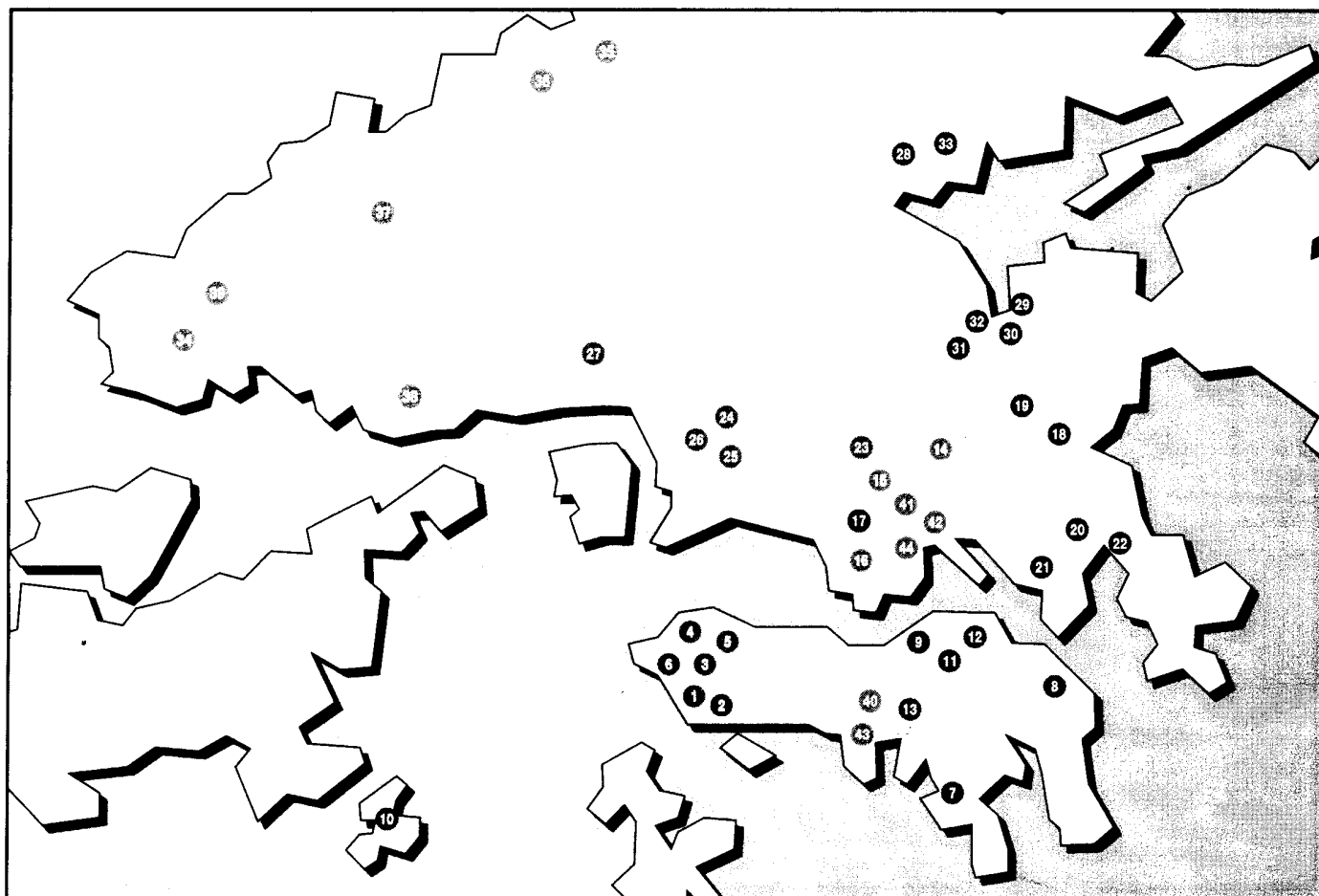
9. In order to facilitate the further streamlining and rationalization of hospital services within a cluster, HA plans to further improve the hospital clustering arrangement by introducing a more integrated cluster management structure. Under the new cluster management structure, a cluster will be led by a Cluster Chief Executive who will assume overall responsibility for the operations of hospitals and services in the cluster, and be in charge of the cluster budget. The new cluster management will be tasked to organize hospital services within the cluster in a more integrated manner, focusing in particular on the development of preventive and community care. As a first step, the Hong Kong East Cluster has been selected to pilot the new cluster management arrangement with effect from 1 June 2001. Subject to the successful implementation of the pilot scheme, the new management structure would be rolled out to all the eight hospital clusters.

Advise Sought

10. Members are requested to note the contents of this paper.

Health and Welfare Bureau
June 2001

醫院聯網分佈 CLUSTER MAP



香港西 HONG KONG WEST

- 大口環根德公爵夫人兒童醫院 ① Duchess of Kent Children's Hospital at Sandy Bay
 * 麥理浩復康院 ② MacLhose Medical Rehabilitation Centre
 瑪麗醫院 ③ Queen Mary Hospital
 贊育醫院 ④ Tsan Yuk Hospital
 * 東華三院馮堯敬醫院 ⑤ Tung Wah Group of Hospitals Fung Yu King Hospital
 東華醫院 ⑥ Tung Wah Hospital
 * ⑤⑥⑦ under same management

香港東 HONG KONG EAST

- 春蟾角慈氏護養院 ⑦ Cheshire Home, Chung Hom Kok
 東區尤德夫人那打素醫院 ⑧ Pamela Youde Nethersole Eastern Hospital
 ◆ 律敦治醫院 ⑨ Ruttonjee Hospital
 長洲醫院 ⑩ St. John Hospital
 ◆ 鄧肇堅醫院 ⑪ Tang Shiu Kin Hospital
 ● 東華東院 ⑫ Tung Wah Eastern Hospital
 ● 黃竹坑醫院 ⑬ Wong Chuk Hang Hospital
 ◆ ● ⑫⑬ under same management

九龍中 KOWLOON CENTRAL

- 香港佛教醫院 ⑭ Hong Kong Buddhist Hospital
 九龍醫院 ⑮ Kowloon Hospital
 伊利沙伯醫院 ⑯ Queen Elizabeth Hospital

九龍西 KOWLOON WEST

- 廣華醫院 ⑰ Kwong Wah Hospital
 聖母醫院 ⑱ Our Lady of Maryknoll Hospital
 東華三院黃大仙醫院 ⑲ Tung Wah Group of Hospitals - Wong Tai Sin Hospital

九龍東 KOWLOON EAST

- 聖貞醫院 ⑳ Heaven of Hope Hospital
 基督教聯合醫院 ㉑ United Christian Hospital
 將軍澳醫院 ㉒ Tseung Kwan O Hospital

新界南 NEW TERRITORIES SOUTH

- 明愛醫院 ㉓ Caritas Medical Centre
 ● 葵涌醫院 ㉔ Kwai Chung Hospital
 ● 荔枝角醫院 ㉕ Lai Chi Kok Hospital
 瑪嘉烈醫院 ㉖ Princess Margaret Hospital
 仁濟醫院 ㉗ Yan Chai Hospital
 ● ㉖②⑦ under same management

新界東 NEW TERRITORIES EAST

- 雅麗氏何妙敏那打素醫院 ㉘ Alice Ho Miu Ling Nethersole Hospital
 白管理寧養中心 ㉙ Bradbury Hospice
 沙田慈氏護養院 ㉚ Cheshire Home, Shatin
 威爾斯親王醫院 ㉛ Prince of Wales Hospital
 沙田醫院 ㉜ Shatin Hospital
 大埔醫院 ㉝ Tai Po Hospital

新界北 NEW TERRITORIES NORTH

- 青山醫院 ㉞ Castle Peak Hospital
 ● 粉嶺醫院 ㉟ Fanling Hospital
 ● 北區醫院 ㊱ North District Hospital
 博愛醫院 ㊲ Pok Oi Hospital
 小欖醫院 ㊳ Siu Lam Hospital
 屯門醫院 ㊴ Tuen Mun Hospital
 ● ㊴②⑦ under same management

其他醫院及機構 OTHER HOSPITALS AND INSTITUTIONS

- 高登洪醫院 ㊵ Grantham Hospital
 * 香港紅十字會輸血服務中心 ㊶ Hong Kong Red Cross Blood Transfusion Service
 * 香港眼科醫院 ㊷ Hong Kong Eye Hospital
 南朗醫院 ㊸ Nam Long Hospital
 復康專科及資源中心 ㊹ Rehabilid Centre
 * ㊹②⑦ under same management