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LegCo Panel on Health Services

Transfer of General Out-patient Clinics (GOPCs) from Department of Health (DH) to Hospital Authority (HA)

Purpose

This paper informs Members of the latest progress in the transfer of DH's GOPCs to HA.

Background

2. In the Consultation Document on Health Care Reform released in December 2000, one of the strategic reform proposals pertaining to delivery of services was to transfer DH's GOPCs to the management of HA to facilitate integration of the primary and secondary levels of care in the public sector and to introduce the practice of family medicine.

3. Family medicine with its family focused, health oriented and holistic approach in dealing with illness, is a core component of primary care. It is a specialized discipline of medicine that provides primary, continuing and comprehensive care to an individual and the family in their own environment. HA's taking over of DH's general out-patient service will facilitate integration of the primary and secondary levels of medical care in the public health care sector, thus enhancing the effectiveness of the public system. Such integration will also help mitigate the existing interface problems between primary care service operated by DH and secondary care service provided by HA.

4. At the Panel meeting held on 17 July 2001, we reported that this

proposal had received wide support from the community, and that an inter-departmental working group had been set up to examine various issues pertaining to the transfer.

The Pilot Scheme

5. On 14 May 2001, we briefed Members on the Administration's plan for implementing a pilot scheme to transfer 5 GOPCs from DH to HA within 2001-02. The pilot scheme was intended to experiment and achieve a number of important objectives, including improving the interface between the primary and secondary levels of care; developing a family medicine-based primary care model that promotes holistic care; providing suitable venue for the training of family physicians and other primary care professionals; and accumulating operational and administrative experience for the subsequent transfer of the remaining GOPCs.

6. By end of March 2002, HA has completed the takeover of the 5 pilot clinics as follows:

Clinic	Date of Transfer
East Kowloon Polyclinic	10.09.2001
Cheung Sha Wan Jockey Club Clinic	12.11.2001
Yan Oi Polyclinic	17.12.2001
Tseung Kwan O Jockey Club Clinic	04.02.2002
Sai Ying Pun Jockey Club Clinic	25.03.2002

7. The Administration has been closely monitoring the progress of the pilot scheme, and held regular meetings with HA to ensure not only the smooth transfer but also the subsequent effective operation of the clinics under HA. Performance of the 5 pilot clinics was evaluated in various aspects, such as clinical service improvement, work flow improvement, patient profiles, prescription pattern, referral to other HA services and patient satisfaction. It is noted from the evaluation to date that clinic workflow has

been streamlined and enhanced, and that the performance pledges for provision of services to patients were largely met. The management of these clinics by HA has also served to facilitate seamless flow of information between the clinics and other HA units, hence improving efficiency and service quality. In terms of service level, HA has maintained the same level of patient services provided by DH before the transfer, which has been about 500,000 consultations per full year. The level of elderly priority discs is also maintained. The operation cost of these 5 clinics under HA management also was maintained at the same level as when they were under DH, with the average cost of one consultation under HA being $221, compared to $226 under DH.

Transfer Arrangements for the Remaining Clinics

8. The Administration has formulated an implementation plan to transfer the management of the remaining 59 GOPCs as well as other related services (including 6 mobile clinics/dispensaries) to HA in one go and this is expected to take place in the second half of 2003. We have communicated the proposed arrangement to the affected staff of the 59 GOPCs on 28 June 2002. This marks the commencement of the staff consultation period of no less than 12 month as required under the Civil Service Regulations. The transfer of the GOPCs will take place upon satisfactory completion of the staff consultation exercise.

Service to the Public

9. Upon transfer, the GOPCs will primarily cater for, as is at present, the needy, financially vulnerable and patients with chronic illnesses, who are exposed to high financial risk because of the long-term treatment required. It is envisaged that a significant number of patients with chronic illness will be handled by the GOPCs under the improved treatment and referral protocol, and this has been a growing trend in past years.

10. Under HA management, the level of service delivered by the GOPCs will be maintained. While the overall number of consultations may be slightly reduced because under the family medicine mode, each consultation would take longer time than before, the number of patients attended to could be similar as each patient would need to be treated less frequently. In general, it is not envisaged that the level of service to the public will be adversely affected after the transfer.

11. After the GOPCs are transferred to HA, family medicine will be practiced in these clinics and some of these clinics will also become training ground for family medicine trainees, as well as other relevant primary care practitioners, such as allied health professionals. Under the practice of family medicine, patients will be treated in a family-focused, health-oriented and holistic manner in dealing with their illness. The care provided will be holistic, incorporating the interaction and inter-relatedness of psycho-social and physical elements in health.

12. It must be emphasised that there is no plan to expand the service of the clinics beyond the present level or to increase the market share in the provision of out-patient services by the public sector. In fact, it is our intention that the public sector should explore ways to improve collaboration with the private sector in the provision of general out-patient services, to assist family medicine trainees to complete their training, and to improve on the quality and continuity of care in both the public and private sectors.

Staffing Arrangements

13. For the pilot exercise, all staff originally working in the GOPCs before the transfer have been re-absorbed by DH. During this process DH has absorbed 141 staff members from the medical, nursing, dispensing, clerical and other common grades to its other operations. In the forthcoming transfer of the remaining 59 GOPCs, about 1,250 staff members now working in the clinics will be affected.

14. As a matter of principle, the transfer of GOPCs should not jeopardize the legitimate claims of all affected staff as civil servants. The Government will first endeavour to redeploy them in DH or other Government departments. The vacancies in the clinics as a result of the above redeployment will be filled by HA employees. Staff who cannot be absorbed or redeployed within the civil service in the first instance will continue to work in the clinics as civil servants working in HA until they are eventually absorbed by the Government or leave the civil service due to retirement or other reasons. Alternatively, they may opt to take up HA's employment.

15. There are now some 4,300 civil servants working in HA, and there is already a well-established mechanism under DH on the personnel management of these staff. With the transfer of management of the clinics to HA, the affected staff will retain their present terms and conditions of civil service while working in HA, and be treated no differently from other HA staff of the same rank in terms of performance appraisal, promotion and training.

16. Civil servants working in the GOPCs will be managed by HA after the transfer. They will be required to comply with the procedural guidelines governing the HA operations. Since they are still civil servants, these staff will continue to be subject to Civil Service Regulations and other rules issued by the Government from time to time.

17. It is envisaged that DH will be able to absorb all staff from the ranks of Nursing Officer, Registered Nurse, Senior Radiographer, Radiographer I, Ganger, Darkroom Technician and Property Attendant. For those departmental staff from the ranks of Senior Medical & Health Officer, Medical & Health Officer, Enrolled Nurse, Senior Dispenser and Dispenser who are not absorbed by DH in the first instance, they will be given a period of two years to consider between two options, either as civil servants working in HA or give up civil service status and take up HA's employment.

Prior consultation with the affected staff

18. The package of staff arrangements was communicated to the affected staff on 28 June 2002. But even before this date, to allay the concerns expressed by staff members currently working in GOPCs, a dedicated sub-committee under DH's Departmental Consultation Committee has been set up as a forum for continued dialogue between the Health, Welfare and Food Bureau, Civil Service Bureau, DH, HA and staff representatives of various grades. Regular meetings have been held to obtain feedback from staff representatives, explain our adopted principle in devising staffing package, clarify any misunderstanding and undue concerns, and keep them informed of the latest progress of the transfer exercise, including the timetable for transfer. We have also given due regard to views and comments expressed the meeting as appropriate when devising the staffing package. Apart from the briefings to staff members given by their respective grade managements, we shall continue to make use of this dedicated sub-committee as an established channel to maintain regular communication with the staff representatives. The ultimate objective is to draw up a package of staffing arrangements acceptable to them.

Publicity

19. As in the case of the pilot scheme, we shall arrange briefings for the relevant District Councils, and the clients of these clinics will be informed of the arrangement of the transfer.

Financial Arrangements

20. The Government has in 2000 approved a sum of $1,135 million to be allocated in 5 years, to implement the transfer of the 64 GOPC's from DH to HA, which included the 5 clinics under the pilot scheme. This amount will be used for the initial setup cost of the 64 clinics after the transfer (e.g., renovation due to increase in consultation rooms, realignment

of information system, etc) and subsidise the subsequent operating cost of the clinics during the immediate transfer period to enable a smooth transfer of services. It should be noted that in respect of the 5 pilot clinics, there was no transfer of staff in parallel with the transfer of the clinics and hence there was also no transfer of recurrent resources to HA.

21. At present, the total operating costs of the 59 GOPCs under DH amount to about $924 million annually. The Administration is working with DH and HA on the detailed financial arrangements for the transfer, including the transfer of recurrent resources which the Government currently needs in operating the GOPCs where they can be transferred to HA. Apart from the allocation mentioned in paragraph 20 above and the necessary transfer of recurrent operating resources of the 59 GOPCs from DH to HA, the transfer exercise is to be cost neutral to the Government.

Health, Welfare and Food Bureau
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