

**LegCo Panel on Health Services :
Liver Transplant Arrangement of the Hospital Authority
Supplementary Information**

Background

At the meeting of the Panel held on 21 January, members discussed the liver transplant arrangement of the Hospital Authority (HA). Due to time constraint, the Panel asked the Administration to provide written response to the views and concerns expressed by members towards the end of the meeting.

The Administration's Response

2. Merging the two liver transplant centres and establishing a central registry will not only ensure equity in organ distribution but also serve the best interests of the patients with regard to the quality of clinical outcomes in terms of peri-operative mortality and morbidity, and cost-effectiveness of service delivery. HA will keep in view the demand for liver transplants and will prioritize resources for liver transplant services along with other health care needs of our community. HA will communicate with all interested parties in the merger exercise, and in its future endeavours in service reform and rationalization.

3. The teaching and research needs of the two universities have been taken into account in reaching the decision to merge the two liver transplant centres. In fact, there has been collaboration between the two medical schools on clinical teaching and research in fields other than liver transplants. HA will facilitate such collaboration in the process of preparatory work leading to the merger of the two centres.

4. As explained at the last Panel meeting, the review conducted by the panel of international experts was that of a professional peer review, not a consultancy study. The report was prepared by the experts on the understanding that it was not intended for public consumption. As such, HA is unable to release the report for the Panel's information. HA has prepared at Annex a summary of the gist of the report for members' information.

Summary of the report on follow-up review of surgical services in the Hospital Authority (HA) by the panel of international experts

The earlier review on surgical services in HA conducted in 2000 alluded to the increasing evidence that showed a positive relationship between the quality of outcomes, namely peri-operative mortality and morbidity, achieved by surgical units and the volume of activity. In the two years that have lapsed, the evidence base has strengthened further and there is now unequivocal evidence for a volume: outcome relationship in major arterial surgery, liver transplantation, cardiac surgery, trauma and the surgical treatment of cancers of the breast, oesophagus, pancreas and large intestine.

Notwithstanding the above, the experts also remarked that the volume of activity is only a major but not the only determinant of outcome. The HA also need to strike a balance in achieving cost-efficiency in service networking and service delivery.

The experts noted that the highest number of liver transplants undertaken in any year to date in Hong Kong was 60 (2001), although in the first 9 months of 2002, 56 transplants were performed. The volume of activity in Queen Mary Hospital (QMH) is consistently higher than in Prince of Wales Hospital (PWH) and in the period between January 1997 and end September 2002, the total number of transplants performed in the two units were 199 and 44 respectively.

The experts noted the falling mortality rates over time in both QMH and PWH, and were impressed by the very low mortality rate in QMH in 2001 and 2002.

Given the unequivocal evidence that there is a volume: outcome relationship for liver transplant operations, a substantive number of transplant operations should be undertaken annually by the transplant centre. It was appreciated that the surgeons in PWH considered that their results are acceptable when compared with those of other centres. However, the fact remains that up to 2002, the maximum number of transplants undertaken annually was only 13. The experts were of the view that a unit undertaking this level of activity should not be sustained and that the total number of transplants being undertaken annually in Hong Kong at present can justify only one unit. The predictions that the need for liver transplantation will rise in Hong Kong (in common with other countries) had been taken into consideration, and it is recognized that further expansion in transplant service and transplant centre might be required at some unspecified future date. For the moment, liver transplantation should be concentrated forthwith on the QMH unit.