

**Legislative Council Panel on Health Services
Meeting on 9 December 2002**

Working Groups on Public/Private Interface – Progress Report

Introduction

This paper briefs Members on the progress made by the two Working Groups on Public/Private Interface, and sets out the ongoing and future initiatives undertaken by the Hospital Authority (HA) in enhancing the collaboration between the public and private sectors.

2. In the Consultation Document on Health Care Reform (Consultation Document) published in December 2000, we have proposed the improving of public/private interface as one of the strategic directions in our reform to the health care delivery system. This, together with other reform proposals, including strengthening preventive care, re-organizing primary medical care, and developing a community-focused, patient-centred and knowledge-based integrated health care service, would facilitate a more efficient and effective distribution of work between the different levels and sectors of health care provision.

The Government's Policy and Commitment

3. As stated in the Consultation Document, we are committed to maintaining a viable dual system of health care in Hong Kong, with the public and private sectors playing a role complementing each other. A viable dual system not only permits patients to enjoy different choices of care based on individual needs, but also allows cross fertilization between the public and private health care sectors which leads to improvement in quality and standard of care, and more efficient use of total health care resources and health talents.

The Working Groups on Public/Private Interface

4. Under the Chairmanship of the Secretary for Health, Welfare and Food, two dedicated working groups, one involving private medical practitioners and the other private hospitals, were set up in October 2001. The list of membership and Terms of Reference for the two Working Groups are at Annex. Essentially, the Working Groups serve as forums for candid exchange of ideas and exploration of options to allow better collaboration between the public and private sectors, with a view to improving the public/private interface and enhancing choice for patients in the range of services provided.

5. Since their establishments, the two Working Groups had each held three meetings. Some of the major issues discussed at these meetings and the follow-up actions are summarized below:

Review of the Current Patient Referral System within HA in respect of Specialist Out-patients

6. HA introduced the pilot triage system in Pamela Youde Nethersole Eastern Hospital for its Medical Department. Protocols are being developed to facilitate efficient referrals between primary and secondary level services for selected clinical conditions. HA is also developing with the private sector shared-care models of service provision in individual specialities.

Possible Financial Support from Small and Medium Enterprises (SME) Development Fund for private hospitals

7. The SME Development Fund currently provided by the Trade and Industry Department was identified as a suitable source of funding for the private hospitals to undertake market research and certain promotional activities.

Promotion of Private Hospital Services of Hong Kong

8. Meetings between the Trade Development Council (TDC) and representatives of private hospitals were held. TDC expressed interest

in organizing promotional activities for local private hospitals in selected Mainland cities, and have provided an estimated budget for interested participants to consider.

Liaison with the College of Cardiology on the Feasibility of Purchasing Selected Medical Equipments Jointly with the Private Sector through Bulk Contract Arrangement

9. HA is exploring with industry representatives on the feasibility of assisting the private sector in drug/medical equipment procurement.

10. As mentioned above, HA is working on the triage system and referral protocols, and is also exploring the issue of joint purchase of drugs. As an ongoing effort to enhance the collaboration between the two sectors, HA has further devised a series of public/private interface measures in its Annual Plan 2002/2003. Details of these proposals are set out in the ensuing paragraphs.

Ongoing and Future Initiatives

The Hospital Authority's Annual Plan 2002/2003

11. HA has included in its latest Annual Plan the development of public/private interface as one of the major directions for 2002/2003. The objectives are, through enhancing collaboration with its private sector counterparts, to achieve better distribution in workload and improve efficiency in the use of available health resources. It is supported by a series of initiatives under five broad categories. The progress of these initiatives under each category is set out below:

(a) Specialist Out-patient Initiatives, including development of referral protocols, specialized out-patient triage protocols, and enhanced information sharing, aimed at enhancing collaboration between primary and secondary level healthcare providers

- The referral protocols aim to delineate more clearly the indications for referral between primary and secondary health

care providers, and vice versa, as well as the priority of services in each setting. The protocols could also include standardized referral letters to enhance the communication of essential patient information between healthcare practitioners.

- An important component of the referral protocols is the explicit acknowledgement that the priority of public specialist out-patient services would be defined by “medical triage”, i.e. appointments for a patient would be allocated according to the degree of medical urgency of his/her clinical condition.
- Three clinical conditions, namely, low back pain, rectal bleeding and management of cataracts, were selected for initial collaboration between the HA and the private sector. Partnering of private and public specialists in each condition have resulted in initial drafts of the referral protocols being prepared.
- When drawing up the referral and triage protocols, references have been made to overseas guidance materials, such as those prepared by the National Institute of Clinical Excellence (NICE) of the United Kingdom.
- Individual specialties and clusters/hospitals will explore further opportunities to develop useful protocols along the same vein.
- Another initiative concerns the enhanced sharing of information about private sector services. For instance, a pilot “Health Care Logistic Support Service” has been carried out in the medical specialist clinics of a hospital in the New Territories East (NTE) Cluster, whereby new referrals to the specialist clinics are proactively given information on referral options to private hospitals or clinics.
- Referral protocols developed could form the basis of Continuous Medical Education (CME) conducted by HA or other healthcare bodies for healthcare professionals, in particular primary practitioners, to encourage common adoption.

(b) Development of collaborative models of service provision in individual specialties with the private sector

- Ophthalmology – Two HA protocols on management of eye disease have been shared with the private sector. A private eye clinic in Our Lady of Maryknoll Hospital to offer choice of care by private practitioners has been set up.
- Obstetrics & Gynaecology – The Prince of Wales Hospital is practising shared antenatal care in its Obstetrics and Gynaecology Department. The NTE Cluster is now looking to extend the shared antenatal care participation to private doctors practising in the NTE region.
- Family Practice – More than 20 private family medicine specialists have been recruited as part-time consultants to provide training and service in integrated clinics, general out-patient clinics and staff clinics. Placements for trainees have been arranged in private sector clinics. Clinical practice guidelines and referral references are being developed in 2002/2003 for selected chronic illnesses, such as hypertension, diabetes, asthma and prostatism, etc.
- Renal Medicine – A protocol for sharing cadaveric kidneys between HA and two private hospitals has been drawn up. A pilot self-care Haemodialysis Programme is being initiated to invite the private sector to provide haemodialysis service to chronic patients who are willing to top up their own payments in obtaining the service.

(c) Enhancing information linkage and flow with the private sector

- A pilot scheme was launched in October 2001 in HK Island Clusters to share patient discharge summary with private practitioners. Similar scheme will be extended to all other clusters in 2002/2003, in collaboration with a number of private doctors' groups.

- A pilot programme is being developed in the NTE Cluster to allow sharing of antenatal care and records between the Prince of Wales Hospital and locate private obstetricians through electronic means.

(d) Other initiatives within HA clusters

- Individual clusters have set up Committees of Public/Private Interface to develop step-down and shared-care protocols which aimed at enhancing information flow with private counterparts.

(e) Collaborative procurement programmes with private sector

- HA is exploring the feasibility of assisting private hospitals in drugs procurement and is in discussion with the Hong Kong Association of Pharmaceutical Industries on this issue.
- Arrangement is being made for the supply of surplus blood products, on a cost-recovery basis, by the Hong Kong Red Cross Blood Transfusion Service to private hospitals.

Other Measures

12. In addition to the deliberations took place within the context of the Working Groups and the initiatives being undertaken by HA, other measures that can enhance collaboration between the public and private sectors are as follows:

(a) Revamp Fees Structures

13. We have completed a comprehensive review of the existing fees and charges of our public health care system and briefed Members on the revised fees structure on 5 November 2002. Apart from reducing inappropriate use of public medical services, a revamping of the fees structure could also influence the distribution of workload between the public and private sectors, and create more scope for closer cooperation with the private medical sector and the insurance industry.

(b) Health Information Infrastructure

14. The Government is exploring the feasibility of developing a computer-based Health Information Infrastructure which would facilitate sharing of patient information between the public and private health care sectors, and hence implementation of shared-care programs and referral of patients between the two sectors.

Way Forward

15. In view of HA's phased roll-out of a series of initiatives set out in its 2002/2003 Annual Plan to facilitate collaboration with its private sector counterparts, members of the two Working Groups agreed that no further Working Group meeting was required at this stage. Nevertheless, HA would continue to maintain regular dialogue with its private counterparts at the working levels to maintain continued communication and ensure smooth implementation of the initiatives in the planning pipeline. Where necessary, the two Working Groups could be re-convened to address specific issues which bear policy substance and implications.

16. Members are invited to comment on the content of this paper.

Health, Welfare and Food Bureau
December 2002

**Working Group on Interface between
Medical Practitioners in the Public/Private Sectors**

TERMS OF REFERENCE

1. To explore and identify areas which allow better collaboration between medical practitioners in the public and private sectors. Such collaboration should aim at improving the interface between the public and private sectors and enhancing choice for patients in the range of services provided
2. To devise viable implementation plans for the areas identified, supported by data and statistics provided by the public and private medical practitioners
3. To explore ways and means to facilitate smooth transfer of patients and patient records between public and private sectors
4. To solicit input from relevant professions and organizations as and when necessary
5. To consider other issues relevant to the interface deemed appropriate by the Working Group

**Membership List of the Working Group on
Interface between Medical Practitioners in the Public/Private Sectors**

Health, Welfare and Food
Bureau:

- Dr E K YEOH,
Secretary for Health, Welfare and
Food (Chairman)
- Mr Thomas YIU,
Deputy Secretary for Health,
Welfare and Food

Department of Health:

- Dr Margaret CHAN,
Director of Health

Hospital Authority:

- Dr KO Wing-man,
Director (Professional Services
and Public Affairs), Hospital
Authority
- Dr Vivian WONG
Director (Professional Services
and Medical Development),
Hospital Authority

Medical Practitioners:

- Dr George T J AU
- Dr CHOI Kin
- Dr CHU Kin-wah
- Dr Michael HO
- Dr LEE Kin-hung
- Dr LEUNG Ka-lau
- Dr TSE Tak-fu
- Dr Raymond WU
- Dr YEUNG Chiu-fat

**Working Group on
Private/Public Interface on Hospital Services**

TERMS OF REFERENCE

1. To explore and identify areas which allow better collaboration between the private and public hospital sectors, and enhancement of choice for patients in the range of services provided
2. To devise viable implementation plans for the areas identified, supported by data and statistics provided by the public and private hospital sectors
3. To explore ways and means to facilitate smooth transfer of patients and patient records between public and private sectors
4. To solicit input from relevant professions and organizations as and when necessary
5. To consider other issues relevant to the interface deemed appropriate by the Working Group

**Membership List of the
Working Group on Private/Public Interface on Hospital Services**

- Health, Welfare and Food Bureau:
- Dr E K YEOH,
Secretary for Health, Welfare and Food (Chairman)
 - Mr Thomas YIU,
Deputy Secretary for Health, Welfare and Food
- Department of Health:
- Dr Margaret CHAN,
Director of Health
- Hospital Authority:
- Dr FUNG Hong,
the former Director (Professional Services and Planning), Hospital Authority;
the incumbent Cluster Chief Executive (New Territories East) and Hospital Chief Executive of Prince of Wales Hospital
 - Dr Pamela LEUNG,
Cluster Chief Executive (Hong Kong East) and Hospital Chief Executive of Pamela Youde Nethersole Eastern Hospital
- Private Sector:
- Dr Susan CHAN
(Hong Kong Baptist Hospital)
 - Dr CHIU Hin-kwong
(Hong Kong Baptist Hospital)
 - Dr Christina CHOW
(St Teresa's Hospital)
 - Dr David FANG
(St. Paul's Hospital)
 - Dr LEE Kai-yiu
(Union Hospital)

- Dr Walton LI
(Hong Kong Sanatorium & Hospital)