For discussion
On 19 April 2004

Legislative Council Panel on Health Services
Rationalization of Maternal and Child Health Services

PURPOSE

This paper briefs members on the continuous efforts of the Department of Health (DH) to improve its Maternal and Child Health (MCH) services to meet community needs, and to this end, DH's plan to rationalize provision of the services.

BACKGROUND

2. DH safeguards the health of children and women mainly through a range of health promotion and disease prevention services provided at the MCH centres (MCHCs). Over the years, the role of MCHCs has evolved significantly in the light of changing circumstances and public health needs. With the initial primary focus in protecting and promoting maternal and child health, MCHCs started introducing family planning service and education in 1970s as a Government policy when the birth rate of Hong Kong was climbing to its peak. In view of the rapid change of the social-economic environment, services to address in particular the physical and developmental need of children were provided since the late 1970s, and those on their psychosocial needs were developed since 1990s.

3. At the moment, a total of 50 MCHCs are in operation, providing a comprehensive range of services for women of childbearing age, expectant parents as well as infants and children and their parents. Women receive antenatal and postnatal care and cervical screening for promotion of reproductive health. Couples may obtain contraceptive advice and infertility counseling. A comprehensive immunization programme is provided at MCHCs to protect infants and children from common childhood infections. Physical examinations and structured observations are carried out to assess the physical and developmental progress of infants and children. Health education and guidance in childrearing are also offered at MCHCs.

CHANGES IN SERVICE DEMAND

4. DH keeps its various services under regular review and assesses how best evolving community needs should be met through optimal use of resources. In the last decade, the MCH services were faced with the following challenges –

(a) A sharp decline in birth rate. The number of registered live births fell from some 72,000 in 1992 to 48,000 in 2002, representing a drop of 33%;

(b) A corresponding drop in attendances at MCHCs. The annual attendances fell from about 1.7 million in 1992 to less than 1.2 million in 2002, representing a drop of 30%; and

(c) Rising customer demand for quality services. As the society further developed, there was a concurrent rise in customer expectation of and demand for more comprehensive, better integrated, higher quality and more customer-oriented services.

5. Given the above changes, DH has been strategizing the provision of MCH services to make them cost-effective and keep them abreast with local needs. Since mid-1990s, 16 MCHCs with lower utilization have been identified and gradually converted into part-time operations. This approach has allowed manpower to be deployed more flexibly to other MCHCs which have a comparatively greater service demand.

6. To tackle the continuing drop in client population and at the same time to meet their demand for better services, continuous service enhancement through service improvement, process re-engineering and service rationalization is called for.

CONTINUOUS SERVICE ENHANCEMENT

Service Improvement

7. Since 2000, there has been a major overhaul of MCH services. They have been redefined to focus on the more strategic part of the provision of family health services where DH, as a public health authority, has a clear responsibility to provide, such as preventive care, health education and the monitoring of child development.

8. In this connection, an "Integrated Child Health & Development Programme", now a flagship programme of MCHCs, has been developed as a package of enhanced services integrating the three core businesses of MCHCs, namely the Comprehensive Immunization Programme, the Child Health and Developmental Surveillance Programme and the Parenting Programme. Under this integrated Programme, child development monitoring methods and equipments are upgraded and developed based on international research findings, and best practices in various aspects of family healthcare are developed through preparation of manuals and systematic training of healthcare professionals to ensure quality service delivery. Moreover, under the Parenting Programme, parents can receive advice on the specific problems they encounter through interactive individual counseling and group sessions. The aim is to equip parents with the necessary skills to bring up healthy and well-adjusted children.

Process Re-engineering

9. An appointment system for Child Health Service has been introduced in MCHCs since October 2003. As a result, attendances are now more evenly distributed among different sessions and the waiting time for service is markedly reduced.

10. Under the Customer Service Improvement initiative, existing workflow and administrative procedures have been simplified and streamlined, resulting in greater client satisfaction.

11. Plans are in the pipeline to deliver structured health talks to expectant parents through the use of audiovisual technology. This will optimize resource use as well as assure high quality health education. In the longer term, selected MCHCs will be developed into designated antenatal care centres whereby expertise can be strengthened and pooled together, and better economies of scale can be achieved.

Service Rationalization

12. The last few years saw a further drop in the birth rate in a larger scale, causing a further reduction in attendance to MCHCs, including those already running in part-time mode. A few of the full-time centres are also dilapidated or underutilized. In this connection, DH considers that the MCH services can be provided more strategically and efficiently through rationalizing its existing 50 service outlets. The rationalization plan involves merging 16 part-time centres and four full-time centres with nearby services.

13. In re-configuring the distribution of MCHCs, the following principles will be adopted –

- *To ensure accessibility of servicing centres to clients*

  Through upgrading services at selected sites better endowed with space, facilities, physical environment and accessibility by public transport by pooling together existing services, DH will continue to operate one or more MCHCs in every district, in accordance with local needs. The planned distribution of MCHCs upon completion of rationalization is set out in **Appendix**.

- *To maximize use of existing resources*

  Resources released from the under-utilised centres, upon their merging with others, will be deployed to other centres to enhance their services. For instance, the manpower of the centres in service will be strengthened by combining various teams of staff from other centres. With more manpower and resources, health education activities like health talks and parenting training groups could also be organised at MCHCs more frequently, hence promoting health messages to a larger group of clients.

- *To facilitate users in the rationalization process*

  DH will notify clients in advance of the rationalization plan through various channels, such as notices in the MCHCs, HA hospitals, District Offices, and through direct contact with some clients. DH will also allow sufficient time for clients to choose and change the centre for their next appointments, and ensure smooth transfer of appointments between centres before the implementation date.

14. Service rationalization is planned to commence in mid-2004 for completion in the first quarter of 2005. The exercise will start with the centres with the lowest utilization rates. DH will soon start the process of briefing district councils and their relevant sub-committees.

15. Members are invited to comment on the content of the paper.

Department of Health
April 2004

Appendix

Rationalization Plan of MCHCs

District	MCHCs to be merged with nearby centres	MCHCs in operation from 2005 (first quarter) onwards
Central & Western	Central MCHC*, Western MCHC*, Kennedy Town MCHC*	Sai Ying Pun MCHC
Eastern	Shaukeiwan MCHC*	Anne Black MCHC*, Sai Wan Ho MCHC, Chai Wan MCHC
Wanchai	---	Tang Chi Ngong MCHC
Southern	Aberdeen MCHC, Stanley MCHC*	Ap Lei Chau MCHC
Kowloon City	Lions Clubs MCHC*	Robert Black MCHC, Hung Hom MCHC
Kwun Tong	Kwun Tong MCHC, Yung Fung Shee MCHC*	Lam Tin MCHC, Ngau Tau Kok MCHC
Sham Shui Po	Cheung Sha Wan MCHC*	West Kowloon MCHC
Wong Tai Sin	---	East Kowloon MCHC*, Wu York Yu MCHC*, Wang Tau Hom MCHC*
Yau Tsim Mong	Li Po Chun MCHC	Yaumatei MCHC
Island	Peng Chau MCHC*, Tai O MCHC*, North Lamma MCHC*	Cheung Chau MCHC*, Mui Wo MCHC*, Tung Chung MCHC*
North	Shautaukok MCHC*	Fanling MCHC
Sai Kung	Mona Fong MCHC*, Tseung Kwan O MCHC	Tseung Kwan O Po Ning Road MCHC
Shatin	Shatin MCHC*	Lek Yuen MCHC, Ma On Shan MCHC
Tai Po	---	Wong Siu Ching MCHC
Kwai Tsing	Mrs Wu York Yu MCHC*	North Kwai Chung MCHC, South Kwai Chung MCHC*, Tsing Yi MCHC
Tsuen Wan	---	Maurine Grantham MCHC
Tuen Mun	---	Tuen Mun Wu Hong MCHC, Yan Oi MCHC
Yuen Long	Kam Tin MCHC*	Madam Yung Fung Shee MCHC, Tin Shui Wai MCHC

* Part-time centres