

**For Discussion  
on 2 April 2007**

**Legislative Council Panel on Health Services**

**Rationalization of Public Hospital Services**

**Purpose**

This paper briefs members on the rationalization of public hospital services.

**Background**

2. At the Panel meeting held on 12 February 2007, a Member requested to discuss the issue of the reduction of convalescent beds in the Tseung Kwan O Hospital (LC Paper No. CB(2) 1068/06-07(01). After discussion, Members asked to be briefed on the wider issue of rationalization of public hospital services.

**Clustering of Hospitals in the Hospital Authority (HA)**

3. Rationalization of public hospital services should best be understood in the overall context of the clustering arrangements of hospitals in the HA.

4. Since the establishment of HA in 1990, public hospital services had been integrated with the formation of geographical networks. The hospital networks were formed around the major acute hospitals with a view to providing timely acute and emergency services together with a full range of other medical services within each network, including long term rehabilitation or community based service.

5. In the past decade, with opening of new hospitals and restructuring of services, geographical and facility-linked clusters were delineated. To facilitate cluster-based service development and to strengthen cluster management, the formal cluster management structure was developed and implemented in mid 2001.

6. As a result of the evolution of the clustering concept and implementation of cluster arrangements in the past few years, the HA currently provides medical services for the community through seven hospital clusters, namely Hong Kong East, Hong Kong West, Kowloon East, Kowloon Central, Kowloon West, New Territories East and New Territories West. 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 utilization pattern of hospital services in that region as well as the demographic structure of the region.

7. In sum, the main advantages of hospital clustering are –

- (a) ***Provision of comprehensive medical care in a single cluster*** i.e. grouping hospitals into a cluster would facilitate continuity of patient care and provide the framework for hospital role delineation and service planning within the cluster.
- (b) ***Service rationalization*** i.e. with the formation of seven hospital clusters, rationalization of services within and across clusters would be possible. Different types of medical services could be relocated and provided in the most appropriate institutions.
- (c) ***Enhanced collaboration with other care providers*** i.e. collaboration with primary care providers in pre-hospital care and with carers in the community, patients and their families in post-hospital care could be developed and enhanced following the formation of the hospital clusters.
- (d) ***Enhanced provision of community based services*** i.e. community based specialist care and out-reach specialist services in the community is reorganized in the context of the hospitals and ambulatory institutions within each cluster.

## **Rationalization of hospital services in the Kowloon East (KE) Hospital Cluster**

8. In general, rationalization of services will secure the necessary critical mass of workload to sustain quality outcomes and to ensure value for money for patients. Patients would be able to get better services by the appropriate expertise, easy access to appropriate technology, ready support by co-located specialized services etc.

9. Using the KE Cluster as an illustration of rationalization of hospital services, at present, the Cluster, which consists of the United Christian Hospital (UCH), the Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital (HHH), provides services to residents in East Kowloon, Tseung Kwan O (TKO) and Sai Kung districts. The KE Cluster started cluster based collaboration since 2000, initially in clinical supporting services such as radiology service. Ear, Nose and Throat (ENT) service was built up in UCH. HHH is the major extended care hospital in the cluster providing specialized rehabilitation and convalescent services. As another illustration of the rationalization and streamlining of service provision in the KE Cluster, while outpatient and inpatient services in gynaecology and outpatient antenatal care for pregnant women are provided in both TKOH and UCH, inpatient obstetric services and neonatal intensive care services of the KE Cluster are concentrated in the UCH, which is the largest hospital in the Cluster.

10. The KE Cluster has been closely monitoring the service utilization to ensure that adequate services are made available to meet the needs of the residents. It will also arrange for re-deployment of resources among the hospitals under the Cluster for enhanced efficiency and better utilization of resources, having regard to changes in demand and service development.

11. A recent initiative of rationalization of hospital services in KE Cluster is to re-structure the services of TKOH and concentrate convalescent service under HHH early this year. According to the re-organization plan, TKOH will close down 38 convalescent beds, while HHH in the same district will re-deploy a similar number of beds internally to support TKOH's convalescent service. The KE Cluster will adopt complementary measures to tie in with the re-structuring plan, which include enhancement of non-emergency ambulance service for convalescent patients and rationalization of the delivery process of various hospital services.

12. The above plan to re-deploy TKOH's convalescent beds is aimed at re-structuring services of the KE cluster and achieving better utilization of resources. Implementation of the plan will not affect the relevant medical services in TKO district, nor will it affect the future provision of services and the expansion plans for TKOH and HHH. Indeed, by concentrating convalescent and rehabilitation services in HHH, the rationalization plan improves quality of services.

### **Advice Sought**

13. Members are invited to note the content of this paper.

**Hospital Authority  
Health, Welfare and Food Bureau  
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