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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 2 April 2007

Rationalisation of public hospital services

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the rationalisation of public hospital services.

Background

2. The Hospital Authority (HA) currently provides health care services for the community through seven hospital clusters, namely, Hong Kong East, Hong Kong West, Kowloon Central, Kowloon East, Kowloon West, New Territories East and New Territories West.

3. According to the Administration, 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 utilisation pattern of hospital services in that region as well as the demographic structure of the region. Through the clustering arrangement, gaps and duplications in the provision of health services can be avoided; coordination among hospitals within the cluster to facilitate continuity of patient care can be enhanced; and services within the cluster can be consolidated or rationalised to improve cost-effectiveness in the delivery of health care services.

Past discussions

4. At the meeting of the Panel held on 11 June 2001, the Administration briefed members on HA's plan to implement a new cluster management structure to further improve the hospital clustering arrangement. Under the new structure, a cluster would be led by a Cluster Chief Executive who would assume overall responsibility for the operations of hospitals and services in the cluster and be in charge of the cluster budget.

5. As the Cluster Chief Executive would be in charge of the cluster budget, a question was raised on whether Hospital Chief Executives would continue to have a say in the budget of the hospital under their purview.

6. HA advised that in deciding the allocation of resources among the hospitals within a cluster, the most important thing was to achieve the best health outcomes rather than dwelling on whether it was fair or unfair to a particular hospital. Notwithstanding, the Cluster Chief Executive would consult Hospital Chief Executives before coming to a decision on the allocation of resources among the hospitals.

7. On whether each cluster could decide independently its own provision of health care services, including that of specialised services, members were advised that although each cluster would have considerable autonomy in the provision of health care services, HA Head Office would continue to play a major role in determining such. In particular, decisions on the provision of specialised services must be made at the Head Office level through a committee. Views of outside experts would sometimes be sought if the specialised service in question was complicated in nature.

8. Members were further advised that due to resource constraints, it would not be possible to provide each hospital in a cluster with a comprehensive range of specialised services. Moreover, it would not be conducive to the training of health care staff if a specialised service only serviced a very small number of patients. Although not all hospitals would be provided with a comprehensive range of specialised services, there were established procedural guidelines to facilitate inter-hospital transfer of patients.

9. Responding to an enquiry on the basis for determining the level of accident and emergency (A&E) service to be provided in a cluster, HA advised that the provision of health care services in a cluster, including that of A&E service, would always be based on the demand of people living in the geographical area of that cluster. While the provision of acute and intensive care services and facilities should preferably be concentrated in one major acute hospital in a cluster, where there was an extensive geographical spread of population and facilities, notably in the New Territories, A&E service could be provided in more than one acute hospital.

Relevant papers

10. Members are invited to access the LegCo's website (<http://www.legco.gov.hk>) for details of the relevant paper and minutes of the meeting.