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Ms Mary SO
Clerk to Panel
Panel on Health Services
Legislative Council Building
8 Jackson Road
Central

Dear Ms SO,

**LegCo Panel on Health Services
Rationalization of Public Hospital Services**

At the Panel meeting on 2 April 2007, Members discussed the captioned subject and the Administration was requested to provide the following information -

- (a) bed-to-population ratio; health care professional-to-population ratio; funding allocation for 2007-2008; utilization rates of various hospital services and their associated median waiting time; and types and capacities of ambulatory and community care services provided to day patients, in each of the seven hospital clusters;
- (b) re-organization of services undertaken in the past and its impact, if any, on the districts served; and

- (c) cross-cluster utilization of hospital services in the past three years.

Response to (a) and (c)

2. The relevant information is set out at Annexes A to D.

Response to (b)

3. As illustrated in the Health Services Panel paper No. CB(2)1454/06-07(03), services of Hospital Authority (HA) are provided through hospital clusters. Hospitals are grouped into clusters based on their geographical location, scope of service, service utilization pattern and the demographic structure of the region they serve. Each hospital cluster is comprised of a well-balanced mix of acute and convalescent/rehabilitation hospitals to provide a full range of comprehensive health care services.

4. Service rationalization is one of the core elements and advantages of the cluster arrangement. Under the cluster arrangement, resources could be flexibly deployed within one cluster and among different clusters to rationalize the services, and this enables the hospitals to cope with the changing demand of services and enhance the efficiency of resource utilization. Through rationalization of services, service duplication could be reduced, resources and expertise could be suitably pooled together to capitalize economy of scales, facilitate development of new services, as well as to ensure adequate volume of cases for maintenance of service quality and training standard.

5. Rationalization of hospital services has all along been ongoing in all hospitals clusters since the implementation of the cluster arrangement. Apart from the example of Kowloon East cluster cited in the abovementioned panel paper, we would like to take Kowloon West Cluster (KWC) as an example to further illustrate the cluster-based rationalization initiatives.

6. KWC currently serves a total population of about 1.7 million in 5 districts. It comprises 7 hospitals, namely the Princess Margaret Hospital (PMH); Kwong Wah Hospital (KWH); Caritas Medical Center (CMC); Yan Chai Hospital (YCH), Our Lady of Maryknoll Hospital (OLMH), Wong Tai Sin Hospital (WTSH) and Kwai Chung Hospital (KCH). There was overlaps and duplication of hospital services when KWC was established in 2002. KWC has therefore launched a series of initiatives to rationalize its services, to reduce

avoidable service duplication and enhance efficiency in resource utilization. The roles of the hospitals of KWC could also be more clearly delineated as below after the rationalization -

- (i) PMH and KWH – these two are major hospitals providing comprehensive acute service;
- (ii) CMC – it is a general hospital providing a full range of acute, extended and community care services;
- (iii) YCH and OLMH – they are community hospitals providing more general services on community basis, such as out-patient services, in-patients services and ambulatory care, as well as allied health services;
- (iv) WTSH – it is an extended care hospital providing rehabilitation and tuberculosis and chest services; and
- (v) KCH – it is a psychiatric hospital.

The service rationalization in KWC covers a number of specialties including Obstetrics and Gynaecology, Paediatrics and Neurosurgery, etc.

Yours sincerely,



(Paul CHENG)
for Secretary for Food and Health

**Bed-to-population Ratio; Healthcare Professional-to-population Ratio
and Funding Allocation for 2007-08 of Hospital Clusters
(as at 31 March 2007)**

Hospital Clusters	Population ¹	No. of General Beds		No. of Healthcare Professional ²	Funding Allocation for 2007-08 (\$ Billion)
		No. of Beds	No. of Beds per 1000 population		
HKE	817 308	1 942	2.38	2 544	3.01
HKW	538 826	2 925	5.43	2 837	3.23
KC	500 799	3 002	5.99	3 316	3.76
KE	948 041	2 039	2.15	2 447	2.70
KW	1 910 686	5 146	2.69	5 748	6.27
NTE	1 311 689	3 471	2.65	3 951	4.46
NTW	1 073 535	1 655	1.54	2 940	3.44
Total	7 100 884	20 180	2.84	23 783	26.87

Remarks

(1) Population figures of 2006.

(2) Number of healthcare professional refers to all full-time equivalent staff of HA, including staff on permanent, contract and temporary terms.

Note –

HKE – Hong Kong East Cluster **KC** – Kowloon Central Cluster **KW** – Kowloon West Cluster **NTE** – New Territories West Cluster
HKW – Hong Kong West Cluster **KE** – Kowloon East Cluster **NTE** – New Territories East Cluster

**Utilization Rates of various Hospital Services
and their associated Median Waiting Time of Hospital Clusters
(from April 2006 to March 2007)**

Hospital Clusters	Occupancy Rate of General beds	Accident and Emergency Services						General Out-patient Services		Special Out-patient Services			
		Attendance	Average Waiting Time (minutes)					Attendance	Median Waiting Time	Attendance	Median Waiting Time (Week)		
			Triage 1 (Critical)	Triage 2 (Emergency)	Triage 3 (Urgent)	Triage 4 (Semi-urgent)	Triage 5 (Non-urgent)				1 st Priority	2 nd Priority	Overall
HKE	84%	246 884	0	5	15	58	104	453 154	N.A.	771 364	<1	5	5
HKW	73%	123 803	0	5	20	76	129	287 002	N.A.	673 609	<1	5	4
KC	84%	200 487	0	6	18	61	92	444 592	N.A.	892 581	<1	3	5
KE	84%	302 049	0	8	17	79	126	688 706	N.A.	650 345	<1	7	7
KW	81%	561 290	0	7	22	86	96	1 432 697	N.A.	1 383 213	<1	7	7
NTE	86%	387 192	0	7	14	53	61	765 222	N.A.	959 272	<1	4	11
NTW	85%	231 073	0	5	19	100	102	770 874	N.A.	674 858	<1	4	8
Total	82%	2 052 778	0	7	18	73	98	4 842 247	N.A.	6 005 242	<1	5	7

**Ambulatory and Community Care Services
provided to Day Patients by Clusters¹**

	HKE	HKW	KC	KE	KW	NTE	NTW	Total
Rehabilitation & palliative care services								
No. of day attendance	35,114	23,493	727	2,922	1,512	4,702	2,737	71,207
No. of home visits by community nurses	101,877	50,920	59,360	162,512	235,940	101,410	102,221	814,240
No. of allied health (community) attendances	2,090	2,209	3,091	1,508	5,205	5,756	3,165	23,024
No. of allied health (outpatient) attendances	217,959	155,424	276,027	247,859	379,233	324,787	177,275	1,778,564
Geriatric services								
No. of outreach attendances	109,556	30,935	68,699	40,175	123,516	73,000	87,243	533,124
No. of elderly persons assessed for infirmary care service	143	197	113	157	475	164	221	1,470
No. of geriatric day attendances	26,408	7,166	7,959	19,361	31,113	24,958	9,858	126,823
No. of visits by Visiting Medical Officer	20,095	6,560	14,351	10,083	34,292	22,389	14,429	122,199
Psychiatric services								
No. of psychiatric outreach attendances	10,859	5,068	6,113	8,947	23,396	13,499	20,358	88,240
No. of psychiatric day attendances	25,598	14,470	9,991	28,433	53,662	34,190	12,824	179,168
No. of psychogeriatric outreach attendances	5,530	6,933	3,408	4,823	14,434	8,641	7,078	50,847

Remark

(1) As there is no fixed capacity for some of the services shown in the table, the actual attendances of the services in 2006/07 are shown instead to reflect the utilization of the services.

Cross-cluster Utilization of hospital services

Year 2006

Residential District	Utilization of service of different clusters ¹							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total ²
Hong Kong East	77.8	15.4	1.7	0.8	2.9	1.3	0.3	100
Hong Kong West	12.0	82.6	1.5	0.5	1.8	1.2	0.4	100
Kowloon Central	1.5	3.4	62.7	1.8	27.2	3.0	0.4	100
Kowloon East	3.5	3.1	14.4	67.0	8.1	3.5	0.4	100
Kowloon West	1.1	2.8	19.5	3.4	68.9	3.6	0.8	100
New Territories East	0.9	2.0	4.0	4.0	5.7	82.7	0.8	100
New Territories West	1.1	2.7	2.9	0.8	7.0	7.8	77.8	100

Remarks

- (1) The figures denote the pattern of cross-cluster utilization of service by residents of different residential districts. For example, in 2006, for residents of Hong Kong East district, 77.8% of them used service of HKE cluster, while 15.4% of them used service of HKW cluster and 1.7% of them used service of KC cluster. The percentage of residents of Hong Kong East district used service of KE Cluster, KW Cluster, NTE Cluster and NTW Cluster in 2006 was 0.8%, 2.9%, 1.3% and 0.3% respectively.
- (2) Figures may not add up to 100 due to rounding.

Cross-cluster Utilization of hospital services

Year 2005

Residential District	Utilization of service of different clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
Hong Kong East	76.7	16.5	1.7	0.8	2.8	1.2	0.3	100
Hong Kong West	12.1	82.2	1.6	0.6	2.0	1.2	0.4	100
Kowloon Central	1.4	3.3	62.2	1.9	27.8	2.9	0.5	100
Kowloon East	3.6	2.9	13.9	67.9	8.1	3.2	0.4	100
Kowloon West	1.1	2.8	19.2	3.8	69.1	3.1	0.9	100
New Territories East	0.9	2.0	4.1	4.1	5.5	82.5	0.8	100
New Territories West	1.1	2.7	2.9	0.8	6.7	7.3	78.5	100

Cross-cluster Utilization of hospital services

Year 2004

Residential District	Utilization of service of different clusters							
	HKE	HKW	KC	KE	KW	NTE	NTW	Total
Hong Kong East	77.1	16.1	1.7	0.8	2.9	1.2	0.3	100
Hong Kong West	12.0	82.4	1.6	0.6	1.9	1.1	0.4	100
Kowloon Central	1.5	3.5	61.2	2.1	28.7	2.7	0.4	100
Kowloon East	3.6	2.9	14.4	66.8	8.8	3.2	0.4	100
Kowloon West	1.2	2.8	19.2	3.9	69.0	3.0	0.9	100
New Territories East	1.0	2.1	4.6	4.3	6.3	80.9	0.9	100
New Territories West	1.1	2.9	3.0	0.8	7.3	7.1	77.9	100