

**Legislative Council Motion Debate on
“Improving the public hospital services in Kowloon East” on 12 March 2008**

Progress Report

Background

At the meeting of Legislative Council on 12 March 2008, the following motion moved by Hon Alan LEONG Kah-kit, as amended by Dr Hon KWOK Ka-ki, Hon Tommy CHEUNG Yu-yan, Hon Fred LI Wah-ming, Hon Albert HO Chun-yan, Hon Ronny TONG Ka-wah, Hon James TO Kun-sun, Dr Hon Joseph LEE Kok-long and Hon Frederick FUNG Kin-kee was carried:

“That, since the formation of hospital clusters by the Hospital Authority, many clusters, particularly the New Territories West Cluster, are facing the problem of insufficient funding provision for a long time, and this cluster is allocated the least resources among all of the seven hospital clusters, the funding provision for the Kowloon East Hospital Cluster is also far more insufficient than other clusters and lags far behind the needs of the population and the communities of Kwun Tong and Tseung Kwan O, resulting in the Kowloon East Hospital Cluster failing to provide comprehensive health care services, which is not only contrary to the vision of ‘meeting community demands and expectations’ but also exerts tremendous pressure on the frontline health care personnel and impedes their provision of most suitable services for the residents within the districts, this Council strongly urges the Administration to:

- (a) taking the opportunity of the present huge surplus and not affecting the services of other hospital clusters, allocate more resources, according to the population and community structure of the Kowloon East Hospital Cluster, to increase health care manpower, set up specialties which are lacking in the Kowloon East Hospital Cluster, and should especially implement expeditiously the provision of specialist services, such as obstetrics and gynaecology, ophthalmology and ear, nose and throat, psychiatry, etc, in the Tseung Kwan O Hospital, and additionally provide oncology and neurosurgery services as well as provide more general and rehabilitation beds in the districts, thereby expeditiously improving the public hospital services in Kwun Tong and Tseung Kwan O, and solve the problem of residents in the two districts having to seek medical treatments in other clusters, and in particular, the implementation of the United Christian Hospital’s reconstruction plan must be expedited; and

- (b) expeditiously focusing on the long-term demand of health care services in various districts, study and review the mechanism of hospital cluster planning as well as the logic of operation of hospital services;
- (c) focusing on the problem that the Kowloon East Hospital Cluster is the only one without a cancer centre among the seven hospital clusters, look for improvement options to ensure that cancer patients in Kowloon East can obtain convenient and appropriate health care services; and
- (d) set up an independent committee and invite the participation of representatives of frontline staff and patients' groups to comprehensively review the clustering arrangement; and
- (e) when taking the opportunity of the present huge surplus and not affecting the services of other hospital clusters to allocate more resources for the Kowloon East Hospital Cluster to expeditiously improve the public hospital services in Kwun Tong and Tseung Kwan O, also allocate additional resources to hospital clusters which are in serious shortage of resources, such as the New Territories West Hospital Cluster which covers Tin Shui Wai, Tung Chung and Tuen Mun, so as to enable them to provide services at standards comparable to those of other clusters; and
- (f) focusing on the needs of residents in Tseung Kwan O, expand and upgrade the Tseung Kwan O Hospital to a general hospital, and increase the health care manpower, particularly to expeditiously provide additional services in neonatology, etc; and
- (g) when taking the opportunity of the present huge surplus and not affecting the services of other hospital clusters to allocate more resources for the Kowloon East Hospital Cluster to expeditiously improve the public hospital services in Kwun Tong and Tseung Kwan O, at the same time provide the resources required to address the specific needs of the population in various clusters (such as providing interpretation services at the Kwong Wah Hospital to meet the needs of the many South Asians in the Kowloon West Hospital Cluster, and enhancing the public health care services in districts such as Sham Shui Po where the elderly and low-income populations are relatively high and have to rely on public health care services), and

- (h) regarding the study and review of the mechanism of hospital cluster planning as well as the logic of operation of hospital services, especially focus on the demand related to elderly health care services, and examine the long-term health care manpower planning, so as to alleviate the pressure faced by frontline health care personnel and enhance the quality of public hospital services; and
- (i) taking into account the ageing population situation in the Kowloon East Hospital Cluster, appropriately increase the resources for elderly health care services and additionally provide Chinese medicine services in the public hospitals in Kwun Tong and Tseung Kwan O.”

Progress

Enhancement of services of Kowloon East Cluster (KE Cluster)

2. The hospital clusters under the Hospital Authority (HA) have been closely monitoring the service demand and utilization of healthcare services in various districts, to ensure that adequate services are provided to meet the demand of residents. In 2008-09, in view of the service demand of the Kowloon East region, the Government has allocated an additional \$17.7 million to HA to implement a number of initiatives for service enhancement. These initiatives include -

- (a) \$8.2 million to expand the service of the Tseung Kwan O Hospital (TKOH) Ambulatory Surgery Centre to provide 900 day surgeries per annum;
- (b) \$3.9 million to set up an integrated breast centre to provide one-stop and comprehensive multi-disciplinary services to breast cancer patients. It is estimated that an additional 1 800 breast cancer patients will be benefited each year; and
- (c) \$5.6 million to set up an ear, nose and throat (ENT) specialist centre at the United Christian Hospital (UCH). It is estimated that the waiting time for ENT specialist outpatient cases triaged as routine cases could be shortened by four months.

3. In addition, UCH will enhance its services for stroke patients and physiotherapy assessment services on neck and back. It will also set up an oncology outpatient clinic to serve 300 cancer patients each year, provide occupational therapy services

for psychiatric patients and provide 24-hour pharmacy services for patients of the Accident and Emergency department and other in-patients. Meanwhile, KE Cluster will improve the services for expectant mothers and newborns, as well as the psychiatric and nephrology services.

4. To enhance the support for the elderly dischargees and their carers, UCH, in collaboration with Labour and Welfare Bureau, has launched a pilot programme of the “Integrated Discharge Support Programme for Elderly Patients” in Kwun Tong District in March 2008 to provide one-stop care services for the elderly dischargees. The programme also covers transitional rehabilitation and visiting home care services.

5. Apart from the above initiatives, KE Cluster has in recent years carried out other improvement works on its facilities. For example, the newly constructed elevators and other relevant building facilities at the S block of UCH have come into operation since July 2007. TKOH Ambulatory Surgery Centre, which costs about \$10 million, was commissioned in end 2007 to provide one-stop service including pre-anaesthetic assessment, post-operative care and discharge patient support. Services of the Ambulatory Surgery Centre could minimize the need and length of hospital stay, relieving the overall demand on in-patient beds of the district and enabling optimum utilization the resources.

6. To satisfy the additional demand on healthcare services arising from the future population growth in Tseung Kwan O and Sai Kung districts, the Government is planning for the expansion project of TKOH. The Sai Kung District Council and Legislative Council Panel on Health Services have been consulted on the expansion project. The Government will seek funding approval for the project from the Finance Committee of Legislative Council in July 2008. The expansion project mainly involves the construction of a new ambulatory block to accommodate the expanded clinical services and other ancillary facilities. The project also involves the development of necessary facilities for operating obstetric and neo-natal services, including one neo-natal intensive care unit with eight baby cots. HA will closely monitor the number of births in Tseung Kwan O district, so as to assess the need to launch obstetric services in TKOH.

7. Separately, HA has started preliminary planning on the redevelopment project of the Haven of Hope Hospital and expansion project of UCH. HA will examine the project plans and submit them to the Government for consideration in accordance with its established procedures.

Enhancement of services of other regions and improvement on other services

8. HA will also enhance services of other clusters in 2008-09. For example, the New Territories West Cluster will provide 34 additional general beds in Pok Oi Hospital, and to provide about 300 additional general beds in Tuen Mun Hospital and Pok Oi Hospital in the next three years according to service demand. Additional allocation will also be provided to all/some cluster to improve existing service and commission new service. These include -

- (a) building up surge capacity for neonatal intensive care services;
- (b) building up surge capacity for obstetric services and conduct of midwifery training programmes;
- (c) additional provision for haemodialysis;
- (d) enhanced provision of new cancer drugs to improve cancer services;
- (e) development and expansion of molecular diagnosis for emerging infectious diseases and haematologic malignancy; and
- (f) provision of psychiatric consultation liaison service at accident & emergency departments in public hospitals to enhance community support for frequently re-admitters discharged from hospital, and extension of psychogeriatric outreach service to enhance mental health services.

9. In the meantime, HA has also proceeded with the planning for the construction of a hospital in North Lantau and Tin Shui Wai. It is anticipated that these projects will provide additional beds for New Territories West and North Lantau to meet the increasing service demand in these districts.

10. On the other hand, HA has provided additional support to people with special needs. For example, free interpretation services are at present available to ethnic minorities at public hospitals/clinics under HA. For emergency cases, doctors would provide immediate treatment as required. As for non-emergency cases, frontline

staff may call the interpreters to provide interpretation services for individual patient at the hospitals/clinics. To enhance the support provided to ethnic minorities, HA has launched a pilot programme in the New Territories West Cluster, Kowloon Central Cluster, Kowloon East Cluster and Kowloon West Cluster starting from June 2008 to engage relevant organization to provide part-time interpreters to render on-site interpretation service for a few common foreign languages. In addition, HA will arrange for interpreters to provide interpretation service through telephone or teleconference, where necessary (e.g. during emergency situation or when on-site interpretation is not readily available). HA will step up the promotion of the above service to ethnic minorities and enhance training to frontline staff (such as telephone operators, clerks at enquiry/registration and Patient Relation Officers) on handling of interpretation services .

Cluster service planning and resource allocation mechanism

11. HA's services are provided on a cluster basis. Each of all seven hospital clusters of HA is comprised of a well-balanced mix of acute and convalescent/rehabilitation hospitals. The hospitals in each cluster have their clear delineated roles which could minimize service duplication and facilitate collaboration and support amongst hospitals. Resources for hospitals within the same cluster are flexibly deployed in the light of the change and development of service demand, with a view to enhancing efficiency in resource utilization.

12. At present, each cluster (including KE cluster) provides a range of major services including 24 hour accident and emergency service, in-patient service of general specialties, out-patient services and community services. However, certain services with limited demand and require complex supporting equipment and technicians to deliver, such as neurosurgery and organ transplant, will be centralized by HA at a few tertiary services centres and are provided to the public on a cross-cluster basis. Such arrangements could achieve cost-effectiveness and help pool together the experience of health care professionals and ensure the quality of services. Patients requiring these services will be referred to other clusters for appropriate follow-up through HA's cross-cluster referral mechanism.

13. Each year, HA draws up its annual plan through an established mechanism and conducts service planning and resource allocation according to the annual plan. When allocating its resources to the hospital clusters, HA considers not only the population of the region, but also HA's priority service areas, service needs of the

community, provision of primary and specialist services, new service programmes and initiatives, and resources required in updating facilities, purchasing drugs and staff training. Relevant stakeholders, including the HA Board, executives of both the HA Head Office and clusters, representatives of staff groups and community leaders, are involved in the formulation of HA's annual plan. The HA annual plan would also be published after it was endorsed by the HA Board.

14. HA currently monitors and reviews the utilization of clinical services regularly through various internal review mechanisms, such as the quarterly meetings with hospital clusters and the progress reports on annual plan submitted by hospital clusters to the HA Head Office. Through these arrangements, the clusters can develop their service rationalization programmes and plan for addition or deletion of faculties in the light of the changing service demand, so as to ensure optimum utilization of resources and improve service to meet public needs.

Increasing resources to improve HA's healthcare services

15. When determining the amount of subvention provided to HA each year, the Government takes into consideration a host of factors including population growth and changes in population profile, changes in service mode and utilisation, advancement in medical technology, expenditure on staff cost and training as well as equipment replacement and purchase of drugs. To cope with the increasing service demand from the public, the subvention to HA amounts to about \$30.5 billion in 2008-09, which is 780 million more than that in 2007-09.

16. In addition, the Government would also, having regard to service needs, consider the grant of new additional recurrent or one-off funding to HA each year for launching new services to the public. For example, over \$670 million in the about \$30.5 billion subvention to HA in 2008-09 is new recurrent funds for expansion or improvement of existing services. Besides, it is worth mentioning that the Government's allocation to HA for the procurement of medical equipment and information technology systems amounts to \$699 million in 2008-09, representing a substantial increase over the allocation of \$290 million in 2006-07. HA will use the abovementioned addition allocation to enhance or improve its services.

Food and Health Bureau

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