

Chairman
Health Panel
Legislative Council

4th Jan 2008

Submission by the Public Consultant Doctors Group on Hospital Authority Clusters
Resources Distribution

The original aim to enhance collaboration and support within the Hospital Authority Clusters failed completely. The resources distribution had been uneven amongst the clusters. There is lack of inter-cluster and intra-cluster collaboration best demonstrated during the SARS crisis. The cluster chief executive who is also the hospital chief executive of the major acute hospital has unavoidably biases towards his / her hospital. The resources are drained from the smaller community hospitals to the major hospitals. The smaller community hospitals cannot offer the same level of secondary care as some of her specialty services were forced to close.

All the Hong Kong people could receive the same level of secondary care from their local major and smaller community hospital. They would enjoyed the same basic diagnostic and therapeutic facilities e.g. MRI. The Hospital Authority should ensure a fair resources allocation between clusters, the major hospitals and the community hospitals. The ratio of acute and convalescent beds to population should be similar. The ratio of profession staff to population / emergency admission should be comparable. There is a fixed ratio of senior staff to bed and population across comparable hospitals.

The Hospital Authority would regularly monitor the performance of the cluster chief executives and hospital chief executives with frontline staff feedback. The practice of the cluster chief executive also appointed as the hospital chief executive of the acute major hospital should be discontinued. The cluster chief executives and hospital chief executives would be regularly rotated between clusters / hospitals to avoid setting up their own personal kingdom. The cluster chief executives and hospital chief executives' contracts should be reviewed every 3 or 6 years and not automatically renewed.

The citizen of Hong Kong can only receive a fair and high standard of care through a cluster management structure reform and resources allocation review.

Dr. Wong Tak Cheung
Hong Kong Public Consultant Doctors Group