

On behalf of the patients that we have treated, and on behalf of other medical colleagues who have agreed with but have not signed in this letter, we ask for an open and comprehensive review of the HA hospital clusterization structure and performance, which we think is already long overdue.

In the past five years, we have witnessed how the clusterization management structure was forced into our hospitals, and with it we have also witnessed how both HA patients and HA staffs have suffered from this new management structure. There are numerous examples to quote and we are happy and ready to provide details if requested to do so.

Patients and staffs of most community hospitals have suffered because large resources from these hospitals were channeled to the major hospital of the clusters in the past years. Staff morale in our hospitals was hard hit.

We think the cluster structure is inefficient, the allocation of resources is unfair, most patients are uninformed (of how clusterization may possibly affect them adversely) and staffs are unhappy. Hence we think an immediate review and revamp, with representatives from both major and community hospitals is urgently needed. In order to avoid repeating the same mistakes, we suggest:

1. Cluster chief executive be selected from outside the cluster
2. Cluster chief executive should not act as the HCE of any hospitals within the cluster
3. Abolish cluster specialty COS and replace it by cluster specialty committee with representative from hospitals within the cluster.

From : Dr LAU Yuk-kong