

Motion on
“Improving the medical services of
the various clusters under the Hospital Authority”
at the Legislative Council Meeting of 13 July 2011

Progress Report

Background

At its meeting of 13 July 2011, the Legislative Council passed the motion on “Improving the medical services of the various clusters under the Hospital Authority”, moved by Hon Fred LI Wah-ming as amended by Hon Frederick FUNG Kin-kee, Hon CHAN Hak-kan, Dr Hon PAN Pey-chyou, Hon Tommy CHEUNG Yu-yan and Hon Ronny TONG Kawah, was carried. The wording of the motion is at Annex.

Progress

Enhancement of hospital/clinic facilities

2. In recent years, the Hospital Authority (HA) has carried out a number of hospital expansion and renovation projects to cope with service demand. The construction of the North Lantau Hospital (NLH) is in good progress and scheduled for completion in December 2012. Meanwhile, the expansion project of the Tseung Kwan O Hospital (TKOH), which commenced in 2009, is scheduled for completion in early 2013. HA will monitor closely the manpower situation with regard to obstetric and paediatric services and will review in 2012-13 the appropriate timing for the phased commissioning of the obstetric and neonatal intensive care unit (NICU) services in TKOH. Before such services are provided in TKOH, the demand for these services in the Kowloon East region will continue to be catered for by the United Christian Hospital (UCH).

3. On the other hand, the redevelopment of the Yan Chai Hospital (YCH) has just begun. The construction of the building for the new community health and wellness centre is scheduled for completion in 2014. The remaining works, including the landscaped areas with car parking facilities, are expected to be completed in the first half of 2016. The provision of urology outpatient services will be resumed in YCH after the redevelopment has been completed. To enhance the provision and quality of primary care services for residents of Kowloon, HA will carry out renovation and facility upgrading works at the West Kowloon General Outpatient Clinic to provide more consultation rooms and improve patient flows. We will also consider, in the overall context of formulating policy and planning services, the feasibility of developing a community health centre at the Shek Kip Mei Estate redevelopment site for reprovisioning the Shek Kip Mei Health Centre.

4. In the New Territories, following the completion of the redevelopment project in 2006, the Pok Oi Hospital has rolled out various services in phases in the light of the healthcare needs of the local population and the healthcare manpower supply. These include the opening of medical beds, surgical services and the accident and emergency department. To cater for the development of the Tin Shui Wai community, HA is pressing ahead with the construction of the Tin Shui Wai Hospital for provision of accident and emergency service, in-patient care and specialist out-patient services, etc. The new hospital is scheduled for completion in 2016. To strengthen the primary care services in the district, Hong Kong's first purpose-built community health centre will be commissioned in Tin Shui Wai north in the first half of 2012 for provision of general out-patient, family medicine and other allied health services, etc. to the residents.

5. Meanwhile, planning of other hospital development projects is currently underway. HA started preliminary planning on the UCH expansion project in 2008. We accepted this project in principle. HA is now conducting preliminary planning work for the expansion project. Upon completion of the preliminary planning work, we will seek funding approval

in accordance with the established procedures, with a view to commencing the works as soon as possible. In addition, about seven hectares of land have been reserved for hospital development under the Kai Tak Development. The departments concerned and HA are currently undertaking studies and preliminary planning on the hospital development project.

6. As for Chinese medicine services, the Government plans to set up one public Chinese medicine clinic (CMC) in each district. A total of 15 CMCs have been set up so far. We have also firmed up the site for a public CMC in Kowloon City District and plan to have it completed and opened within this year to serve the public. We will continue to identify suitable sites in Yau Tsim Mong and Islands Districts with a view to setting up public CMCs in all 18 districts as soon as possible.

Service improvement measures

7. The Government has been increasing the funding provision allocated to HA in the past years to increase its service volume and enhance the quality of its healthcare services. Recurrent provision allocated to HA by the Government has increased from \$29.1 billion in 2007-08 to \$36.1 billion in 2011-12. With the additional provision, HA will implement a number of new improvement measures in 2011-12, including provision of additional hospital beds and enhancement of surgical services in the New Territories West Cluster; strengthening various specialist services such as cataract surgeries, joint replacement and magnetic resonance imaging and diagnostic computerised tomography scanning services; expanding the coverage of the Drug Formulary; recruitment of additional healthcare staff; provision of enhanced palliative care to end-stage cancer patients and patients with end-stage organ failure through a multi-disciplinary team; and strengthening various mental health services, etc.

8. Regarding obstetric services, it is the Government's policy to ensure that Hong Kong residents are given proper and adequate obstetric services. We are very concerned about the surge of demand for Hong Kong obstetric services by non-local women (including

Mainland women) in recent years, which has caused tremendous pressure on the overall obstetric and neonatal services in Hong Kong. To ensure that local women can receive priority obstetric services, and to maintain the high professional standard of our obstetric services, we have decided to cap the number of non-local pregnant women giving birth in Hong Kong to about 35 000 in 2012. Public hospitals will continue to reserve sufficient places for delivery by local pregnant women as usual and will only accept booking from non-local pregnant women when spare service capacity is available. Private hospitals have also agreed to reduce bookings from non-local pregnant women in 2012 in light of their individual circumstances. As for those Mainland pregnant women whose husbands are Hong Kong residents, they are non-Hong Kong residents. Under the existing policy, public hospitals will provide priority services only for Hong Kong residents. On the other hand, HA has implemented improvement measures to address the manpower situation of obstetric departments and NICUs, including the provision of additional supporting staff to relieve doctors and nurses from non-clinical duties, the granting of additional increment for practising midwives, and the increase in the capacity of midwives training, etc.

Healthcare manpower

9. Service enhancement must be supported by availability of healthcare manpower. We are very concerned about the healthcare manpower situation of public hospitals and gratefully appreciate the dedication and devotion of frontline staff in serving the public despite the heavy work pressure. In recent years, HA has proactively employed additional healthcare staff to meet the increasing demand for healthcare services and endeavoured to attract and retain talents by improving the career development structure, promotion and training opportunities, remuneration package and working environment etc. of its healthcare staff. After thorough consultation with its staff, HA is now implementing a series of measures to further improve the manpower situation, including employing around 330 doctors, 1 720 nurses and 590 allied health staff this year. A multi-pronged approach has also been

adopted to retain talents by creating additional promotion posts, increasing the rate of training subsidy, and pursuing measures to improve working environment, etc. In the long run, we will continue to encourage tertiary institutions to increase the student places for healthcare disciplines to ensure that there will be sufficient manpower for various services.

Healthcare reform

10. The challenges to our healthcare system brought forth by our aging population and advances in medical technology call for healthcare reform through wide consultation with the community. We have conducted two stages of public consultation on healthcare reform, first in early 2008 – on service reform and supplementary financing options – and then in end 2010 – on the proposal of introducing a voluntary, government-related Health Protection Scheme (HPS). The Government’s overall direction for healthcare reform, which receives broad-based public support on both consultations, is to continue to strengthen the public system as the core of our healthcare system while reforming the private healthcare system to promote healthy competition, enhance market transparency and strengthen consumer protection.

11. We have been strengthening public healthcare services (mostly through HA) and implementing service reform based on the outcomes of the first stage public consultation on healthcare reform through enhancement of primary care, development of electronic health record sharing, promotion of public-private partnership in healthcare and strengthening of healthcare safety net. The government’s health budget has risen from \$30.5 billion in 2007-08 to \$39.9 billion in 2011-12, and is set to further increase as we move towards the target of increasing our health budget as share of government’s recurrent expenditure from 15% to 17% by 2012.

12. There is general support in the community, as revealed from the second stage public consultation on healthcare reform, for the introduction of a voluntary HPS and regulation of the private health insurance and healthcare services provided under the aegis of HPS. We will adopt a three-pronged action plan to take forward healthcare reform and roll out HPS step by step. First, we will set up a Working Group on HPS to formulate detailed proposals on the operation of HPS, including those on the supervisory and institutional frameworks, as well as provision of financial incentives. Second, we will set up a high level steering committee to conduct a strategic review on healthcare manpower planning and professional development, so as to ensure an adequate supply of healthcare manpower to cope with the future demand and to enhance the professional standards of various healthcare professions. Third, we will facilitate the development of healthcare services, including enhancement of market transparency and development of supporting infrastructure.

13. Healthcare reform must build on the foundation of a robust and strengthened public healthcare system. Public healthcare is and will continue to be the cornerstone of our healthcare system. While we take forward healthcare reform, we will uphold our commitment to public healthcare, as evidenced by the increase in health budget. We will also continue to support the work of HA to provide quality and efficient public healthcare services for the public.

Food and Health Bureau

September 2011

**Motion on
“Improving the medical services of
the various clusters under the Hospital Authority”
moved by Hon Fred LI Wah-ming
at the Legislative Council meeting
of Wednesday, 13 July 2011**

Motion as amended by Hon Frederick FUNG Kin-kee, Hon CHAN Hak-kan, Dr Hon PAN Pey-chyou, Hon Tommy CHEUNG Yu-yan and Hon Ronny TONG Ka-wah

That, although the proportion of the Government’s expenditure on medical and health services in its recurrent expenditure has increased from 15.9% in 2007-2008 to 16.5% in 2011-2012, population ageing and population growth have resulted in increased healthcare costs, and the Government’s development of the healthcare industry and private medical services in the absence of proper manpower planning has led to a serious wastage of healthcare manpower and manpower shortage in the public healthcare system, and the manpower retention measures adopted by the Hospital Authority (‘HA’) have resulted in further increases in the costs of public medical services; at the same time, owing to the uneven distribution of resources among the various clusters and the lack of transparency in the allocation of manpower and resources within individual clusters, many community hospitals are unable to improve services in response to the demands of residents within the communities; in this connection, this Council urges the executive authorities to face up to the problems of increasing healthcare costs and healthcare manpower shortage, review the policy direction and the pace of developing the healthcare industry and private medical services to reduce the impact on the public medical system, improve the management of HA, set a staffing establishment so as to ensure that public medical resources are put to proper uses and spent on the districts and fields with the greatest need, and apart from handling problems commonly found in various districts, such as the HA Drug Formulary rendering many patients unable to get the required drugs, long waiting time for services of accident and emergency departments as well as specialist out-patient services, long booking periods for surgical operations, difficulties in booking out-patient services and the non-provision of dental services in the public medical system, etc., focus particularly on clusters facing a particularly severe shortage of medical resources and manpower, such as New Territories West Cluster and Kowloon East Cluster, etc., and allocate more resources and manpower to respond to people’s aspirations and improve services within the districts; the relevant measures should include:

- (a) to expand United Christian Hospital and include the provision of oncology services;
- (b) to extend the services of Tseung Kwan O Hospital, provide a more comprehensive range of healthcare services, and draw up a timetable for equipping it with delivery rooms;
- (c) to introduce 24-hour out-patient services or services of the Accident and Emergency Department in Our Lady of Maryknoll Hospital;
- (d) to expeditiously and fully launch the new facilities at Pok Oi Hospital, which was redeveloped in 2007, for service commencement;
- (e) to relocate Shek Kip Mei Health Centre and upgrade it to an integrated health services centre, so as to rectify its existing problems of remote location and inadequate facilities, etc.
- (f) to extend the services of North District Hospital by providing in-patient services in its Paediatrics and Adolescent Medicine Department, strengthen the support for its Accident and Emergency Department, and, in view of the various major medical incidents at North District Hospital, to raise the number and quality of its healthcare personnel; and
- (g) to improve transportation support for Lantau Island residents going to Princess Margaret Hospital, and expeditiously complete the construction of North Lantau Hospital, so as to provide medical services for Lantau Island residents;
- (h) to finalize the planning details of the district hospital under the Kai Tak Development, and require that the hospital must benefit the residents in Wong Tai Sin District;
- (i) to reinstate emergency obstetric services at North District Hospital;

- (j) for facilitating the integration and comprehensive development of public medical services on Lantau Island, to relocate the existing Tung Chung Health Centre to North Lantau Hospital under construction, and develop an integrated Chinese medicine services centre in the existing site vacated by the health centre;
- (k) focusing on the impact of mainland pregnant women giving birth in Hong Kong on the medical system in Hong Kong, including the impact on obstetrics and gynaecology, neonatal intensive care as well as maternal and child health centre services, to conduct a comprehensive assessment and proceed with planning of manpower and resources, so as to avoid affecting the quality of overall medical services; and
- (l) to expeditiously establish the remaining three public Chinese medicine out-patient clinics for honouring the undertaking of establishing public Chinese medicine out-patient clinics in all 18 districts, and proactively introduce Chinese medicine in-patient services and conjoint Chinese medicine and Western medicine consultations in the various clusters;
- (m) to expeditiously introduce men's medical check-up and specialist services;
- (n) apart from the Centre of Excellence in Paediatrics and the Centre of Excellence in Neuroscience, to expeditiously implement the establishment of an acute general hospital at the Kai Tak site, so as to share the burden of meeting Kowloon East residents' demand for public medical services;
- (o) to expedite the completion of Tin Shui Wai Hospital, and before the commencement of the Hospital's services, to expeditiously launch the integrated clinic building in Tin Shui Wai Area 109, so as to cope with the demand of Tin Shui Wai's residents for medical services;
- (p) to honour the undertaking of reinstating the provision of urology services at Yan Chai Hospital after its redevelopment;
- (q) to introduce obstetrics and gynaecology hospitalization and delivery care services at North District Hospital;

- (r) before the completion of North Lantau Hospital, to maintain and improve the holiday and evening clinic services in Tung Chung; and
- (s) to implement the provision of general out-patient and family medicine clinic services in Siu Sai Wan; and
- (t) to conduct studies on separately handling Hong Kong people's pregnant wives on the Mainland and other Mainland pregnant women under the quota system for admission of non-local pregnant women giving birth in public hospitals, and provide the former with opportunities of waiting for quota places of giving birth in Hong Kong on a priority basis;
- (u) to increase the resources allocated for New Territories West Cluster and improve the services of Tuen Mun Hospital; and
- (v) to strengthen mental health services in the various clusters and shorten waiting time.