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## FACT SHEET

### Establishment of a multi-partite Medical Centre of Excellence in Paediatrics

#### 1. Introduction

1.1 In his 2007-2008 Policy Address, the Chief Executive announced that the Government would study the establishment of a multi-partite Medical Centre of Excellence in Paediatrics ("the Centre") to upgrade the healthcare services of Hong Kong<sup>1</sup>. The Centre would bring together paediatric professionals in the public, private and academic sectors from within and outside Hong Kong to provide multi-disciplinary care for paediatric patients suffering from complex illnesses and to conduct research and training. The Centre would enhance the quality of clinical services, research and training in the discipline of paediatrics through an efficient concentration of expertise, advanced technology and cases of complex illness.

1.2 The Government has set up a steering committee to provide policy directions for the development of the Centre. The steering committee is chaired by the Permanent Secretary for Food and Health (Health) and comprises medical practitioners in the public and private sectors, academics and patient group representatives. After careful deliberations, the Government has planned to build the Centre at the Kai Tak Development Area, co-locating with a multi-partite Medical Centre of Excellence in Neuroscience and a new acute general hospital. The Centre, scheduled to be completed in 2017, will have more than 400 beds.

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<sup>1</sup> The Chief Executive also announced in his 2007-2008 Policy Address that the Government would study the establishment of a multi-partite Medical Centre of Excellence in Neuroscience.

1.3 In December 2009, the Hospital Authority ("HA") launched a service planning exercise to review its current paediatric service provision and consider how the services in public hospitals could be reconfigured and redistributed upon the establishment of the Centre. HA has aimed to develop a well-coordinated network of paediatric services centred around the Centre for the benefit of patients. HA published the "Report on Review of Paediatric Services in Hospital Authority" in 2011, covering the findings of the review and its key recommendations on the future organization of paediatric services in public hospitals upon commissioning of the Centre.

1.4 This fact sheet provides information on the paediatric services currently provided by HA, the service model proposed by HA for delivering paediatric services upon commissioning of the Centre, and previous deliberations related to the development of the Centre at the Legislative Council.

## **2. Paediatric services currently provided by the Hospital Authority**

2.1 At present, HA provides secondary and tertiary paediatric services<sup>2</sup> in 13 public hospitals<sup>3</sup>. The range of tertiary services offered by each hospital varies, depending on the availability of expertise and resources. Five of these hospitals are tertiary referral centres for oncology, cardiology, nephrology or infectious disease, receiving referral of complex cases from other hospitals<sup>4</sup>. There are also two hospitals specializing in providing rehabilitation services for paediatric patients<sup>5</sup>.

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<sup>2</sup> Secondary healthcare services refer to specialized ambulatory medical services and general hospital care that are curative in nature. These services include acute and convalescent inpatient care, day surgery, specialist out-patient, and accident and emergency services. Tertiary healthcare services refer to highly complex and costly hospital services, usually with the application of advanced technology and multi-disciplinary specialized expertise.

<sup>3</sup> The 13 public hospitals providing paediatric services are: (a) Alice Ho Miu Ling Nethersole Hospital; (b) Caritas Medical Centre; (c) Duchess of Kent Children's Hospital; (d) Kwong Wah Hospital; (e) Pamela Youde Nethersole Eastern Hospital; (f) Prince of Wales Hospital; (g) Princess Margaret Hospital; (h) Queen Elizabeth Hospital; (i) Queen Mary Hospital; (j) Tseung Kwan O Hospital; (k) Tuen Mun Hospital; (l) United Christian Hospital; and (m) Yan Chai Hospital.

<sup>4</sup> The five hospitals are: (a) Prince of Wales Hospital; (b) Princess Margaret Hospital; (c) Queen Elizabeth Hospital; (d) Queen Mary Hospital; and (e) Tuen Mun Hospital.

<sup>5</sup> The two hospitals are the Caritas Medical Centre and Duchess of Kent Children's Hospital.

2.2 As at 31 December 2011, HA provided 1 389 beds for paediatric patients in 13 public hospitals, slightly up from 1 372 in 2009. Among these beds, 43 were paediatric intensive care beds and 100 were neonatal intensive care beds.

2.3 There were about 310 paediatric doctors and 1 207 paediatric nurses working in the paediatric departments of HA hospitals as at 31 December 2011. The number of paediatric staff working in HA remained quite stable between 2009 and 2011.

2.4 Statistics on the number of beds provided for paediatric patients and the paediatric workforce in HA between 2009 and 2011 are shown in **Table 1**.

**Table 1 – Number of beds provided for paediatric patients and the size of paediatric workforce in the Hospital Authority between 2009 and 2011**

	2009	2010	2011
<b>Number of beds provided for paediatric patients<sup>(1)</sup></b>			
Total number of beds provided	1 372	1 387	1 389
• Paediatric intensive care beds	45	45	43
• Neonatal intensive care beds	100	100	100
• Other acute paediatric and neonatal beds	1 227	1 242	1 246
<b>Paediatric workforce<sup>(1)</sup></b>			
Number of paediatric doctors	315	312	310
Number of paediatric nurses <sup>(2)</sup>	1 155	1 139	1 207

Notes: (1) Year-end figures.

(2) Figures do not include nurses under "the central pool" who are deployed to the paediatrics specialty.

Source: Food and Health Bureau et al (2012).

### **3. Proposed future service model of delivering paediatric services**

3.1 In the "Report on Review of Paediatric Services in Hospital Authority" published in 2011, HA proposes to reorganize the paediatric services in Hong Kong under a hub-and-spoke model upon commissioning of the Centre, with particular emphasis on partnership between the Centre and HA hospitals. As the hub in the service network, the Centre will serve as a tertiary referral centre for diagnosing and treating complex cases requiring multi-disciplinary management or surgical intervention. As spokes, the HA hospitals with paediatric departments will mainly provide emergency, secondary and community paediatric care and will be, in most cases, the first point of contact for specialized paediatric care.

3.2 HA recommends to develop close partnership between the Centre and HA hospitals to set up integrated territory-wide service networks for all major paediatric subspecialties under the proposed service model. Referral guidelines, common clinical protocols and shared care models should be formulated to link tertiary, secondary, primary and community care services in a holistic way.

3.3 HA also sets out other key recommendations in the Report, which include:

- (a) trans-locating HA's existing tertiary specialized beds on paediatric oncology, cardiology and nephrology to the Centre;
- (b) transferring most paediatric surgery including neurosurgery and cardiac surgery to the Centre, and maintaining some high-volume elective and emergency paediatric surgical cases at two to three regional hospitals which will be fully integrated as part of the Paediatric Surgical Network;
- (c) developing a central patient retrieval system to be operated by the Centre;

- (d) piloting the establishment of short-stay (24 to 48 hours) child friendly Paediatric Assessment Units in the emergency wards of selected HA hospitals;
- (e) developing two to three rehabilitation centres for delivering specialized rehabilitation services, including long-term care for chronic ventilator dependent patients, and providing complex acute rehabilitation services at the Centre; and
- (f) requiring major acute hospitals in individual clusters to co-ordinate the provision of those services with high volume of secondary cases in their respective clusters.

3.4 HA also points out that the following three key enablers are required to be considered when implementing the proposed service model for delivering paediatric services in the future:

- (a) workforce planning – identifying manpower and expertise requirements and training needs based on the proposed model of clinical care, and formulating concrete training and staff development plans;
- (b) building design – adopting a design that will support the proposed model of clinical care and contribute to the healing process of patients; and
- (c) research and development – linking the evidence from research undertaken by the research institute under the Centre into training and education, and clinical practice for improving the clinical outcome for paediatric patients.

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## 4. Deliberations at the Legislative Council

4.1 At the Council meeting of 20 October 2010, a Member raised a question enquiring the Government about the progress of development of the Centre. The Government replied that it had completed the technical feasibility study for the Centre and was finalizing the schedules of accommodation.

4.2 A Member raised a question at the Council meeting of 11 January 2012 enquiring about, among other things, the capital works projects to be taken forward by HA in the coming three financial years. In response, the Government advised that the Centre was one of the four capital projects to be taken forward by HA. The Government stated that the Centre would provide over 400 beds with a number of departments such as the haematology and oncology unit, cardiology and paediatric surgery unit, intensive care unit and neonatal care unit for handling various complicated paediatric cases. The expenditure on the project was estimated at \$9.7 billion.

4.3 The Government updated the Panel on Health Services ("the Panel") on the progress of development of the Centre at the policy briefings between 2008 and 2011. At the special meeting of the Panel on 20 October 2011, the Government advised that it had been examining issues such as detailed design, service scope, operational model and infrastructure of the Centre, and planned to seek funding approval from the Finance Committee of the Legislative Council in 2012 for the establishment of the Centre.

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