
INFORMATION NOTE

Development of private hospitals in Hong Kong

1. Introduction

1.1 In Hong Kong, private hospitals provide a range of primary care, specialist and inpatient services to complement the healthcare services provided in the public sector. According to the Hong Kong's Domestic Health Accounts published by the Food and Health Bureau, expenditure on private inpatient services amounted to HK\$8,162 million in 2007-2008, accounting for 10% of the total health expenditure. This compared with the corresponding figures of HK\$22,280 million and 28% for the expenditure on public inpatient services¹. In 2010, private hospitals provided about 11% of hospital beds and served 21% of inpatients in Hong Kong².

1.2 The Government has been promoting the development of private hospitals in recent years as part of its healthcare reform initiatives to improve the long-term sustainability of the healthcare system of Hong Kong. In particular, the Government has supported the expansion and redevelopment plans of existing private hospitals, as well as reserving four pieces of land for developing new private hospitals. In April 2011, the Government invited tenders for developing private hospitals at two of the reserved sites. The Panel on Health Services ("the Panel") will discuss the land disposal arrangements for the development of private hospitals at the two reserved sites on 7 May 2012.

¹ Inpatient services include inpatient curative care, inpatient rehabilitative care, inpatient and institutional long-term care, and day patient hospital services. See Food and Health Bureau (2011a).

² The figures are calculated based on inpatient services provided in private hospitals, public hospitals, hospitals in correctional institutions and nursing homes. See Census and Statistics Department (2011).

1.3 This information note provides information on the following aspects of the development of private hospitals in Hong Kong:

- (a) regulatory framework;
- (b) services provided by private hospitals;
- (c) Government policy on the development of private hospitals;
and
- (d) issues and concerns.

2. Regulatory framework

2.1 Private hospitals in Hong Kong are required to register with the Department of Health ("DH") and subject to the regulation of DH on matters of accommodation, staffing and equipment under the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* (Cap. 165). In order to ensure the quality of healthcare services provided by private hospitals and patient safety, DH has set out the standards of good practices in the Code of Practice for Private Hospitals, Nursing Homes and Maternity Homes ("the Code") for adoption by private hospitals³. The Code covers general requirements on areas including accommodation and equipment, human resources management, quality management of services, rights of patients, patient care, and risk management. It also includes requirements on specific types of clinical and support services.

2.2 DH regulates private hospitals through conducting routine and unannounced hospital inspections, investigating sentinel events⁴ and handling complaints lodged against private hospitals.

³ The Code was first issued in August 2003 and the latest version was issued in April 2010.

⁴ A sentinel event is any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness.

3. Services provided by private hospitals

3.1 At present, there are 12 private hospitals registered in accordance with the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* in Hong Kong. Among these 12 private hospitals, 10 are charitable institutions which are exempt from tax under section 88 of the *Inland Revenue Ordinance* (Cap. 112)⁵. **Appendix I** lists the information on the 12 private hospitals in terms of their status (being a charitable institution or not), total floor area, and number of beds provided.

3.2 Private hospitals provide a range of healthcare services, including general outpatient, specialist outpatient, inpatient, health screening, diagnostic, and allied health services. They provided 3 946 inpatient beds in 2010, up from 3 122 in 2006. According to the government estimate, the redevelopment and service expansion of some existing private hospitals and the planned development of a new private hospital should provide an additional 500 to 600 beds between 2011 and 2015⁶. The inpatient bed occupancy rate of private hospitals was 64% in 2009, comparing with public hospital's 82%. Statistics on the number of beds and usage of the inpatient services provided by private and public hospitals in Hong Kong between 2006 and 2010 are shown in **Appendix II**.

⁵ According to section 88 of the *Inland Revenue Ordinance*, any charitable institution or trust of a public character shall be exempt from tax. Tax-exempt charitable institutions must be established solely for charitable purposes recognized by the law. As required by the Inland Revenue Department, charitable institutions applying for tax exemption must have a governing instrument which states their objects clearly. The incomes and properties of these charitable institutions may only be used for attainment of their stated objects and any distribution of their incomes and properties amongst their members is strictly prohibited.

⁶ It is planned to develop a new private hospital with about 280 beds at Clearwater Bay. See Food and Health Bureau (2010a).

3.3 With the proposed implementation of the Health Protection Scheme ("HPS"), a voluntary and government-regulated health insurance scheme⁷, the Government projected that an increase of around 9% to 30% in capacity for private healthcare services in terms of total number of hospital admissions and ambulatory procedures might be required in the next 10 years⁸.

Inpatient services

3.4 Inpatients of private hospitals are usually charged on an item-by-item basis according to the range of services used during hospitalization, such as fees for surgeons, anaesthetists, laboratory tests, and medications, and the price scale will increase with the level of accommodation. Some private hospitals may offer certain services at packaged pricing, such as maternity, surgical operation and health check packages. As stipulated under the Code, private hospitals are required to prepare a schedule of charges with respect to room charges, investigative and treatment procedures, medical supplies, medicines and any other charges that will be levied. The schedule is available for reference of patients at the admission office, cashier and where appropriate.

3.5 According to the Hong Kong's Domestic Health Accounts published by the Food and Health Bureau, the major financing sources of expenditure on private inpatient services in 2007-2008 were private household out-of-pocket expenditure (43% of HK\$8,162 million), employer-provided group medical benefits (30%) and private insurance (18%)⁹.

⁷ The Government has proposed to implement HPS the earliest in 2015 with a view to enhance the long-term sustainability of the healthcare system by making the private healthcare sector and private funding as a supplementary healthcare financing source more sustainable. The Government also aims to ease the pressure on the public healthcare system by encouraging individuals who are able and willing to choose and pay for private healthcare services to subscribe to private health insurance and enabling them to use private healthcare services on a sustained basis.

⁸ Food and Health Bureau (2010b).

⁹ Food and Health Bureau (2011a).

3.6 In 2010, private hospitals served 381 554 inpatients, up from 279 470 in 2006. The number of inpatients served in private hospitals in 2010 accounted for 21% of the total number of inpatients served in both the private and public sectors, up from 19% in 2006.

Obstetric services

3.7 In recent years, there has been high growth in service demand for obstetric services in private hospitals, mainly due to the increase in number of Mainland pregnant women giving birth in Hong Kong. In 2011, about 48 924 live births were delivered in private hospitals, of which some 33 465 or 68% were born to non-local pregnant women¹⁰. In order to address the strain posed by non-local pregnant women on the local obstetrics and neonatal services, the 10 private hospitals offering obstetric services have agreed with the Government to reduce the number of bookings for delivery by non-local pregnant women from around 33 000 in 2011 to 31 000 in 2012¹¹.

3.8 On 16 April 2012, the Chief Executive-elect stated that the incoming administration needed to study in detail the impact of babies born from Mainland parents on Hong Kong's social welfare, education and medical services, and suggested that the quota of bookings for delivery in private hospitals among non-local pregnant women whose spouses are also non-local residents in 2013 should be set at zero. The incumbent Government responded that it would discontinue discussion with the private hospitals on the quota of bookings for delivery in 2013 for these non-local pregnant women.

3.9 On 24 April 2012, the Hong Kong Private Hospitals Association indicated that private hospitals would not accept bookings for delivery in 2013 among non-local pregnant women whose spouses are also non-local residents, but they may accept bookings for delivery among non-local pregnant women whose spouses are Hong Kong residents. On 25 April 2012, the incumbent Government announced that four private hospitals would provide delivery services in 2012 to some 100 to 200 non-local pregnant women married to Hong Kong residents who had not yet obtained bookings for delivery provided that they could provide relevant documents to prove their status.

¹⁰ The total number of live births born in Hong Kong was about 95 500 in 2011, of which about 43 900 were born to Mainland women. See Food and Health Bureau (2012d).

¹¹ The public hospitals may allocate some 3 400 booking places of obstetric services for non-local pregnant women in 2012.

4. Government policy on the development of private hospitals

4.1 The Government has adopted the policy to promote and facilitate the development of private hospitals in an effort to enhance the overall capacity and service quality of the healthcare system amid the increasing demand for health services in Hong Kong. By promoting private hospital development, the Government also aims to address the imbalance between the public and private sectors in hospital services and to improve the long-term sustainability of the healthcare system.

4.2 In his 2008-2009 Policy Address, the Chief Executive announced that the Government was identifying suitable sites to facilitate the development of private hospitals. These included the Wong Chuk Hang, Tai Po, Tseung Kwan O and North Lantau areas. Subsequently, the Government launched an Expression of Interest Exercise between December 2009 and March 2010 to solicit market interest in developing private hospitals in the above four identified sites. The views and suggestions in the expression of interest submissions received were considered by the Government in formulating the appropriate land disposal arrangements for the four sites.

4.3 In his 2009-2010 Policy Address, the Chief Executive announced that it had accepted the recommendations of the Task Force on Economic Challenges to promote the development of six industries in Hong Kong¹² with the medical services industry being one of the six industries to be developed. The development of private hospitals is one of the initiatives for promoting development of the medical services industry.

4.4 In April 2012, the Government invited tenders from local and overseas parties for developing private hospitals at Wong Chuk Hang and Tai Po. To ensure that the services of the new private hospitals are of high quality and will cater for the needs of the general public, the Government has set out a set of special requirements in the tender documents, including land use, date of commencement of operation, bed capacity, service scope, packaged charge and price transparency, service target, service standard, and reporting. The Government will dispose of the other two reserved sites at Tseung Kwan O and Lantau at a later stage.

¹² The Government established the Task Force on Economic Challenges in 2008 to monitor and assess the impact of the financial tsunami on the local economy, and recommend specific options for the Government and business community to address the challenges.

4.5 According to the Government, the development of the four new private hospitals at the reserved sites might add about 2 000 private beds to the market. The expansion of capacity of existing private hospitals and conversion of existing service units run by non-governmental organizations into private hospitals would further increase the supply of private inpatient beds. Such additional supply of private inpatient beds in the coming years would be able to meet the increase in service demand arising from the implementation of HPS.

5. Issues and concerns

Service charges

5.1 The public are generally concerned about the level and increase of service charges and the lack of price transparency in private hospitals. According to the Medical Claims Statistics compiled by the Hong Kong Federation of Insurers, the billed amounts for inpatient claims for private, semi-private and ward accommodation averaged HK\$68,676, HK\$34,169 and HK\$24,417 respectively in 2009. These represented respective increases of 6.5%, 3.8% and 6.5% over a year earlier¹³.

5.2 According to the latest survey published by the Consumer Council in December 2011, seven of the 10 private hospitals providing obstetric services increased the charges of their obstetric service packages between May 2010 and November 2011 and two would follow in early 2012. Only one hospital has kept the package price unchanged. Compared with the previous survey, the latest survey also indicated that the increases in the price for normal delivery for local pregnant women ranged from 6.5% to 48.9% while the caesarean section packages have gone up from 2.8% to 45.4%. The number of complaints lodged to the Consumer Council regarding obstetric services of private hospitals increased from three cases in 2010 to 25 cases in the first 10 months of 2011. The complaints were mainly about unexpected price increase after the patients had booked the services, and ambiguous or unreasonable service charges¹⁴.

¹³ The statistics were compiled based on data provided by 18 of the largest medical underwriters in Hong Kong, which represented a total of 86% of the market earned premium in 2009. The statistics included only group medical insurance policies. See The Hong Kong Federation of Insurers (Undated).

¹⁴ Consumer Council (2011).

5.3 At the Council meeting of 9 November 2011, a Member raised a question on how the Government would monitor the use of the funds of non-profit-making private hospitals in view of the high level of profits generated and fiscal reserves of some of these hospitals. He also asked about whether the Government would consider reviewing the tax exemption status of the existing non-profit-making private hospitals, and charge profit tax and land premium based on their profitability.

5.4 The Government replied that the Inland Revenue Department would periodically review the charitable bodies granted tax exemption under section 88 of the *Inland Revenue Ordinance*, including non-profit-making private hospitals, to see whether their activities were still of a charitable nature. When carrying out the review, the Inland Revenue Department would require the relevant charitable bodies to submit their account statements, annual reports and other relevant documents to ascertain whether their business and profits derived met the statutory requirements for a charitable body. The Government considered that the existing regulatory framework under the *Inland Revenue Ordinance* was adequate for regulating the incomes of private hospitals. However, it advised that a review on *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* would be conducted to enhance the regulation on the service quality and price transparency of private hospitals.

5.5 At the Panel meeting on 12 December 2011, some members expressed concerns about some private hospitals raising the charges of their obstetric service packages on admission before delivery and low transparency of the related service charges. The Government stated that the existing regulatory framework did not provide for the regulation of the service charge level of private hospitals. However, DH would check whether private hospitals complied with the requirement under the Code to make available a schedule of charges for reference of patients when they conducted inspections of the hospitals.

Provision of low-charge beds

5.6 The Government has required some private hospitals to provide a certain number of low-charge beds in the Conditions of Grant when granting land to them for development by way of private treaty¹⁵. At the Council meetings of 11 November 2009, 27 January 2010 and 9 November 2011, Members raised questions on whether the private hospitals concerned had complied with the requirements of the Conditions of Grant to provide low-charge beds, as well as asking about the mechanism that the Government had put in place to ensure compliance with the conditions.

5.7 The Government responded that the hospitals concerned had provided low-charge beds in their hospitals as required in the relevant Conditions of Grant. DH would examine whether the standard of service of the low-charge beds provided met the requirements laid down in *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* and the relevant Conditions of Grant during its annual inspection of the private hospitals. DH would request the hospitals to make improvements in case of non-compliance with the relevant requirements.

Mechanism for handling medical incidents

5.8 A spate of recent medical incidents in private hospitals has aroused public concern about their quality of services and procedure for handling medical incidents. These incidents included the accidental fall of a newborn baby during delivery¹⁶, and the delayed reporting of a medical incident involving a patient who had to undergo surgical removal of her ovary after an oocyte pick-up procedure.

¹⁵ The St. Teresa's Hospital and the Tsuen Wan Adventist Hospital have been required to provide low-charge beds in their respective Conditions of Grant. See the Government of the Hong Kong Special Administrative Region (2010).

¹⁶ The private hospital concerned had not reported the incident to DH as it considered that the case did not involve severe injury or death. However, DH considered that the case was a sentinel event which should be reported within 24 hours of occurrence according to the sentinel event reporting system for private hospitals.

5.9 According to the Government, private hospitals are required to comply with the requirements on handling medical incidents as stipulated in the Code. Under the sentinel event reporting system for private hospitals effective from February 2007, DH requires private hospitals to report specific categories of sentinel events within 24 hours of occurrence of the events¹⁷, investigate into the root causes of the reported events and submit full investigation reports to DH within four weeks of the occurrence of the events. Private hospitals are also required to develop their own policies and mechanisms to identify, report and manage sentinel events. Between 2007 and 2011, there were about 138 sentinel events reported by private hospitals. Statistics on sentinel events reported by private and public hospitals between 2007 and 2011 are shown in **Appendix III**.

5.10 The Panel discussed the mechanism for handling medical incidents in private hospitals at its meetings held on 9 November 2009, 14 June 2010 and 14 November 2011. Members expressed concerns about the differences in the mechanisms for reporting, managing and disclosing sentinel events in private and public hospitals, and the impartiality of private hospitals in investigating the causes of sentinel events occurred in their hospitals¹⁸. Members were also concerned that private hospitals would not be penalized for non-compliance with the requirements on management of medical incidents under the Code. Members had urged the Government to review *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* to increase the deterrent effect against non-compliance with the *Ordinance*¹⁹.

¹⁷ The categories of sentinel events that are required to be reported by private hospitals include events that lead to death or serious outcomes, and unanticipated events that possibly lead to death or serious injury, or possess significant public health risk.

¹⁸ For sentinel events in public hospitals, the hospital concerned will investigate the causes of the events and submit reports to the Hospital Authority Head Office. The Hospital Authority will appoint a panel to investigate the root causes of the events for risk identification and implementation of improvement measures. The Hospital Authority will consider disclosing a sentinel event if it has immediate major impact on the public or has involved the death of a patient. Private hospitals are responsible for investigating the causes of sentinel events that occur in their hospitals and DH will consider disclosing a sentinel event if it is of significant public health impact, of ongoing public health risk, or preventable by immediate action.

¹⁹ According to the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance*, if any person is guilty of an offence against the *Ordinance*, he or she shall in respect of each offence be liable on summary conviction to a fine of HK\$1,000, and in the case of a continuing offence, to a further fine of HK\$50 in respect of each day on which the offence continues after conviction.

5.11 The Government indicated that it had aimed to develop a set of common standards for measuring the performance of public and private hospitals, including standards on the handling of medical incidents and complaints under the pilot hospital accreditation scheme²⁰ introduced in May 2009. Three private hospitals had participated and obtained accreditation in the pilot scheme and another four private hospitals had obtained accreditation on their own initiatives. The Government reiterated that it would conduct a review on *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance*, focusing on enhancing the service standards and price transparency in private hospitals. The review would also cover the penalty system under the *Ordinance*.

Development of new private hospitals

5.12 Members discussed the development of new private hospitals at the four identified sites at the Panel meeting held on 14 December 2009. Some members were concerned that the Government would reduce its spending on the public healthcare system under its policy to promote the development of private hospitals, and it would affect the patients who could not afford the service charges of private hospitals. The Government responded that it would not reduce its spending on public medical services and its policy to promote private hospital development would not affect the chances of the public to use public medical services. The Government would also seek to ensure that the new private hospitals would provide comprehensive charging information to the public and make available a certain percentage of bed days for services at packaged charges.

²⁰ Accreditation is a voluntary, independent external review process commonly adopted by healthcare service providers worldwide to assess the performance of their services against a set of established standards for driving continuous service quality improvement and assuring users of their service quality.

5.13 Some members expressed concerns about whether there were adequate local healthcare professionals to cope with the development of private hospitals at the four identified sites. They were also concerned that the commencement of operation of the four private hospitals would aggravate the manpower shortage problem in public hospitals. The Government responded that the two local universities providing medical training had increased the annual intake of medical students and the training places for registered nurse and enrolled nurse had been increased recently. The Government would also consider recruiting from overseas medical professionals that were in short supply in Hong Kong.

5.14 At its meeting on 11 July 2011, the Panel discussed, among other things, the capacity of the private healthcare sector to cope with the increase in service demand arising from the implementation of HPS. The Government advised that the Food and Health Bureau would establish the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development ("the Steering Committee") to conduct a strategic review on healthcare manpower planning and professional development. The strategic review would assess manpower needs in the various healthcare professions, taking into account the increase in demand for both public and private healthcare services. The Government advised at a later occasion that the Steering Committee²¹ was set up in January 2012 and aimed to complete the strategic review in mid-2013.

5.15 At the meeting of the Subcommittee on Health Protection Scheme on 19 March 2012, members expressed grave concern on the regulation of private hospitals and how the Government would ensure compliance with the special requirements in the land grant for the development of new private hospitals. Members considered the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance* outdated and lacking deterrent effect. They called on the Government to conduct a comprehensive review of the *Ordinance* with a view to strengthening the regulation of private hospitals, and implement measures to enhance the quality and price transparency of the services of the new private hospitals pending the conduct of the review.

²¹ The Steering Committee is chaired by the Secretary for Food and Health and supported by a Co-ordinating Committee. Members of the Co-ordinating Committee convene six consultative sub-groups to hear and consolidate views from healthcare professions covered by the strategic review.

5.16 The Government responded that as it took time to review and amend the *Hospitals, Nursing Homes and Maternity Homes Registration Ordinance*, the purchaser or grantee of the reserved sites would be required to comply with a list of special requirements for development of the sites. Remedies based on the severity of non-compliance with the special requirements would be included in the conditions of the land grant or service agreement to be entered into with the Government.

Prepared by Ivy CHENG
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Tel: 3919 3636

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Appendix I

Information on the private hospitals in Hong Kong

	Operating as a charitable institution or not ⁽¹⁾	Total floor area (sq m) ⁽²⁾	Number of beds ⁽³⁾
Canossa Hospital (Caritas)	Yes	9 400	174
Evangel Hospital	Yes	1 600	60
Hong Kong Adventist Hospital	Yes	11 800	152
Hong Kong Baptist Hospital	Yes	40 300	877
Hong Kong Central Hospital	Yes	3 700	85
Hong Kong Sanatorium & Hospital Limited	No	62 400	485
Matilda & War Memorial Hospital	Yes	6 000	99
Precious Blood Hospital (Caritas)	Yes	6 900	176
Shatin International Medical Centre Union Hospital	No	24 100	410
St. Paul's Hospital	Yes	15 100	356
St. Teresa's Hospital	Yes	68 100	1 050
Tsuen Wan Adventist Hospital	Yes	5 300	174

Notes: (1) According to section 88 of the *Inland Revenue Ordinance*, any charitable institution or trust of a public character whose profits derived from a trade or business will be exempt from tax if the profits are applied solely for charitable purposes and are not expended substantially outside Hong Kong.

(2) Figures as at June 2011. Figures are rounded to the nearest hundred.

(3) Figures as at December 2011.

Sources: Food and Health Bureau (2012a) and Inland Revenue Department (2011).

Appendix II

Number of beds and usage of inpatient services provided by the private and public hospitals in Hong Kong between 2006 and 2010

	2006	2007	2008	2009	2010
Private hospitals					
Total number of beds provided ⁽¹⁾	3 122	3 438	3 712	3 818	3 946
Inpatient bed occupancy rate	66%	67%	65%	64%	Not available
Total number of inpatient discharges and deaths	279 470	314 024	341 953	361 563	381 554
Percentage of total number of inpatient discharges and deaths in the private and public health sectors ⁽²⁾	19%	20%	21%	21%	21%
Public hospitals					
Total number of beds provided ⁽¹⁾	27 755	27 784	27 229	26 872	26 981
Inpatient bed occupancy rate ⁽³⁾	82%	82%	82%	82%	84%
Total number of inpatient discharges and deaths ⁽⁴⁾	1 140 226	1 201 393	1 268 809	1 341 886	1 423 705

Notes: (1) Figures as at end of the respective years.

(2) The figures are calculated based on inpatient discharges and deaths in private hospitals, public hospitals, hospitals in correctional institutions and nursing homes.

(3) Figures as at end of the respective financial years.

(4) Figures include day-patient discharges and deaths.

Sources: Census and Statistics Department (2011), Hospital Authority (various years) and The Government of the Hong Kong Special Administrative Region (2011).

Appendix III

Number of sentinel events reported by private and public hospitals between 2007 and 2011

	2007	2008	2009	2010	2011
Private hospitals					
Number of sentinel events ⁽¹⁾	39	33	52	9	5
Public hospitals⁽²⁾					
Number of sentinel events ⁽³⁾	Not available	44	40	33	44

Notes: (1) The categories of sentinel events that are required to be reported by private hospitals include events that lead to death or serious outcomes, and unanticipated events that possibly lead to death or serious injury, or possess significant public health risk.

(2) Figures cover sentinel events reported by public hospitals in the 12-month period between October of the previous year and September of the year concerned.

(3) HA implemented the Sentinel Event Policy in October 2007 to make mandatory the reporting of nine categories of incidents, including surgery or interventional procedure involving the wrong patient or body part, retained instruments or other material after surgery or interventional procedure, and medication error resulting in major permanent loss of function or death. HA further improved the reporting mechanism in January 2010 by mandating the reporting of two categories of serious untoward events, namely, medication error and misidentification that could have led to death or permanent harm. HA reported 178 serious untoward events between January 2010 and September 2011.

Sources: Department of Health (2012a and 2012b), Food and Health Bureau and Department of Health (2011), and Food and Health Bureau and Hospital Authority (2012).

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