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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 15 June 2015**

Hong Kong Children's Hospital

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on the development of the Hong Kong Children's Hospital ("HKCH") (formerly known as Centre of Excellence in Paediatrics ("CEP"))¹.

Background

2. Following the announcement of conducting a study on the establishment of a children's hospital in the public healthcare system in the 2007-2008 Policy Address, a Steering Committee was set up in 2008 to examine the scope of services, mode of operation and physical infrastructure of the project. According to the Administration, the hospital aims to raise the professional standards and quality of clinical services to children patients suffering from complex and serious illnesses and enhance the standards of research and training through cross-fertilization of expertise in the specialty of paediatrics. It will perform two key functions -

- (a) concentrating low-volume-cum-high-complexity cases for tertiary care by experienced teams in a home-like, age-appropriate and child-friendly environment and facilities that promote parental engagement; and

¹ It was announced in the 2007-2008 Policy Address that the Government would explore, among others, the establishment of a multi-partite CEP to cater for children and adolescents up to 18 years old. The hospital was officially named as HKCH at the Ground-breaking Ceremony held on 25 February 2014.

- (b) facilitating the related medical and laboratory research as well as training in the paediatric discipline through concentrating the caseload, co-location of research facilities and pooling of expertise in paediatrics.

3. Under the "Design and Build" model, the overall design objective of the hospital is to create a non-institutional, home-like, child-friendly, comfortable and cozy environment that provides the best clinical practice under a patient-centred approach, and facilitates multi-disciplinary and cross-specialty collaboration. Apart from inpatient and ambulatory care services facilities which include 468 beds, the hospital will also have an integrated rehabilitation centre, main operating theatres, clinical laboratories, research laboratories, hospital data centre, and education and training facilities.

Deliberations of the Panel

4. The Panel discussed the establishment of CEP at its meetings held in March 2012 and April 2013. The deliberations and concerns of members are summarized in the following paragraphs.

Proposed model of clinical care

5. Members generally expressed support for the establishment of CEP in the South Apron of the Kai Tak Development. They, however, were gravely concerned about the feasibility of the hub-and-spoke model for paediatric services to be implemented by the Hospital Authority ("HA") upon commissioning of CEP in mid 2018. Under the model, CEP would serve as a tertiary referral centre for complex and rare cases, whereas the paediatric departments in other public hospitals would provide emergency, secondary, step-down and community paediatric care. CEP would also cater for patients under the care of the private healthcare system. Concern was raised about whether there would be duplication of resources in the provision of paediatric services in HA. There was also a view that other public hospitals might be reluctant to refer complex cases to CEP as this might affect their future allocation of manpower and financial resources from HA. While some members cast doubt on whether the private sector would be willing to refer cases under their management to CEP, another concern was that private hospitals might transfer all complex cases to CEP and thus causing tremendous pressure on CEP's capacity.

6. According to HA, the existing tertiary specialized beds on paediatric oncology, cardiology and nephrology of HA would be trans-located to CEP. Most paediatric surgery would also be centralized to be performed at CEP.

This arrangement could improve clinical outcome through pooling of expertise and state-of-the-art facilities. An integrated service network would be formed for CEP and other public hospitals with paediatric departments to work together to provide patients with the appropriate level of care at different stages of their disease. The Administration stressed that the local paediatrician community was supportive of the development of CEP. HA would work closely with the academic, private and public sectors in finalizing the detailed service reorganization plan for HA's paediatric services. Referral guidelines, common clinical protocols and practical shared care models would also be developed prior to the commencement of services of CEP. In addition, a mechanism would be put in place to involve the medical professionals of the referring hospitals in the care of the patients concerned.

7. Given the decreasing trend in local birth rate, concern was raised about whether there would be sufficient caseload for CEP. There was another view that the large number of children born locally to Mainland parents in recent years might result in surge in demand for paediatric services, as these children were eligible to use the subvented public healthcare services. HA advised that the present caseload of childhood cancer, which required multi-disciplinary management, was about 200 new cases each year. The number of complicated paediatric surgical cases performed in public hospitals was about 5 000 each year. In planning for the services of CEP, HA would take into account, among others, the demand for paediatric services from children born to Mainland women in Hong Kong.

8. Noting that CEP would provide about 30 private beds, members were concerned about whether the public and private services of CEP would be of the same standard. HA assured members that the public and private services of CEP would be of the same standard and quality. A main difference between the two types of services was choices over doctors and amenities. On the question about whether private patients of CEP could invite external specialists and experts to engage in the treatment, HA advised that it was open-minded about the arrangement.

9. Members noted that at present, either the age of 12 and 15 was presently adopted as the upper age limit for admitting to paediatric intensive care unit ("PICU") of individual public hospitals. Question was raised about the rationale for setting the eligible age for receiving services to be provided by CEP at the level of under the age of 18. HA advised that the age of 18 was adopted internationally as the upper age limit for paediatric population. As regards the upper age limit for admission to PICU, the target of HA was to raise the age limit to the age of 18 when resources were available.

Medical research and professional training

10. Noting that training and research would be a component of CEP, members were concerned about the role of the two teaching hospitals, namely the Queen Mary Hospital and the Prince of Wales Hospitals, in this regard and the funding for CEP to conduct medical research. HA advised that CEP would collaborate closely with the two teaching hospitals. At present, the Health and Medical Research Fund under the Food and Health Bureau would provide funding for health and medical research activities, research infrastructure and research capacity building in Hong Kong. On the hardware side, there would be a clinical research centre, simulation skill laboratory, lecture theatre, and meeting and conference facilities in CEP for pursuing basic and translational research in paediatrics as well as teaching and research activities.

Governance and funding mechanism

11. Some members considered putting CEP under the management of HA undesirable given the existence of fiefdoms among public hospitals. According to the Administration, it was necessary to position CEP as a public hospital within the HA system in order to facilitate the implementation of the referral mechanism and address other operational issues such as the purchase of drugs. Given that CEP would be located in the South Apron of the Kai Tak Development, it would obtain management and administrative support from the Kowloon Central Cluster. Where necessary, provision would also be made for integrating the facilities of CEP with the new major acute hospital to be developed at the adjacent site. The financial resources for CEP, however, might be allocated independently from the current cluster arrangement. After finalizing the service reorganization plan for paediatrics services and facilities, HA would work out the recurrent funding and staffing arrangements for CEP.

12. There was a view that the governing committee of CEP should include representatives from the private healthcare sector as well as patients groups representing childhood patients and their parents. HA advised that the hospital governing committee of CEP would comprise, among others, community leaders, clinician leaders in the private sector, academics and representatives of non-governmental organizations.

Manpower requirements

13. Noting that the speciality of paediatrics in public hospitals was currently falling short of medical manpower, members were concerned about the manpower support for CEP, in particular its neonatal intensive care unit. The Administration advised that with the trans-location of some paediatric facilities in existing public hospitals with paediatric departments to CEP, part of the

associated manpower would be deployed to CEP. It was expected that the manpower shortage problem of HA would improve when the number of local medical graduates started to go up from 2015. This apart, the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development would, among others, formulate recommendations on how to cope with anticipated manpower demand for those healthcare disciplines under statutory regulation.

Recent developments

14. On 21 June 2013, the Finance Committee approved a sum of \$12,985.5 million in money-of-the-day prices for the construction of CEP. The construction works of CEP have been commenced since August 2013 for completion in 2017. At the Ground-breaking Ceremony held on 25 February 2014, the hospital was officially named as HKCH.

15. HA has set up a dedicated governance structure to oversee the service development and capital works of HKCH. According to HA, it is currently working on the service reorganization for the whole paediatric service network, including service model development, training and manpower plan. Examples of services to be provided in HKCH at the initial phase will include paediatric oncology, cardiology, nephrology, surgical and intensive care, as well as radiology, pathology and anaesthesia services. Clinical genetics services will also be developed in HKCH, and the existing Clinical Genetic Services under the Department of Health will also be co-located at HKCH to enhance the service provision in a more coordinated fashion. HA is also in the process of developing new and flexible model to facilitate the recruitment and deployment of healthcare professionals working in the paediatric services network. It will work out the estimated caseload and manpower requirement for service provision of HKCH in the next stage.

Relevant papers

16. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Relevant papers on the Hong Kong Children's Hospital

Committee	Date of meeting	Paper
Panel on Health Services	12.3.2012 (Item VI)	Agenda Minutes
Panel on Health Services	15.4.2013 (Item III)	Agenda Minutes

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