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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 9 February 2009

Allocation of resources among hospital clusters by the Hospital Authority

Purpose

This paper gives an account of the past discussions by the Panel on Health Services (the Panel) on the allocation of resources among hospital clusters by the Hospital Authority (HA).

Background

2. The allocation of resources among hospital clusters is basically premised on the annual plans, which are developed having regard to the service priority areas, baseline service level as well as new initiatives and service programmes.

3. The annual plan at each hospital is formulated at the management level and discussed by the respective Hospital Governing Committee where applicable. The annual plan of individual hospitals would then form the basis for developing the cluster plan. The annual plans from clusters would in turn form the basis for developing the HA annual plan, which gives an overview of the major direction, priority areas and programme initiatives as well as the service plans of individual clusters including the relevant targets and key performance indicators.

4. The allocation of resources within each cluster is essentially based on the service programmes and targets as defined in the process of drawing up the annual plan. The management of the respective cluster would allocate resources to their hospitals having regard to the service priority areas, baseline service requirements as well as the implementation of any reorganisation/rationalisation plans and new programmes/initiatives making reference to the agreed annual plan.

Deliberations of the Panel

5. The Panel discussed the allocation of resources among hospital clusters by HA at its meeting on 14 January 2008. Six deputations also attended the meeting to give views on the matter. Major views/concerns expressed by members and the Administration's responses are summarised in the ensuing paragraphs.

6. Members urged HA to address the uneven allocation of resources among hospital clusters. A case in point was that although the Kowloon East Cluster served a population of some one million of the Kwun Tong and Tseung Kwan O districts, its annual funding only came to some $2.6 billion, as opposed to some $6.3 billion for the Hong Kong East and Hong Kong West Clusters serving a combined population of less than 1.5 million.

7. HA responded that its objective was to ensure that all hospital clusters were provided with adequate baseline resources for maintaining the delivery of the required level of primary and secondary services. In so doing, consideration would also be given to the size of population, demographic profile and service utilisation of each cluster to allow it to maintain, develop and expand its current services as appropriate. To that end, additional resources would be provided to clusters which were currently under-provided. For instance, more beds would be added to the Pok Oi Hospital and the Tuen Mun Rehabilitation Block in the New Territories East Cluster in 2007-2008 and expansion plans for the Tseung Kwan O Hospital and the Haven of Hope Hospital in the Kowloon East Cluster were being drawn up.

8. HA, however, pointed out that under-provision of healthcare services in specific clusters had to be solved step-by-step, as crucial elements, such as physical capacity and staffing resources, could not be made available overnight. The general principle held by HA in the allocation of resources among/within clusters was that resources should be similar in hospitals if they were treating similar patients. In other words, money provided to hospitals for performing, say, a cataract operation, should be the same across all hospitals for providing such operation. The development of a new internal funding allocation model to address the unfairness in the allocation of resources to existing services was well advanced. It was HA's intention to come up with a draft budget model in 2008 for implementation in 2009. Depending on how large any inequities were among/within clusters, full implementation of the new internal funding model might need to take more than one year.

9. Concern was also raised about the allocation of resources by HA being skewed to regional acute hospitals.

10. HA explained that it would not be an efficient use of resources for every hospital in a cluster to be 100% self-sufficient in the provision of primary and

secondary care, as some patients might prefer to seek treatment from other hospitals in the cluster, for example, close to their place of work. Moreover, it was necessary for certain specialised services to be centralised in one or two hospitals within a cluster to ensure the necessary critical mass of workload to sustain quality outcomes and to ensure value for money for patients.

11. In response to Hon Andrew CHENG's enquiry about the criteria for allocation of additional resources to specific clusters for implementation of new initiatives and designated programmes, HA advised that it would meet with the co-ordinating committee of each of the 35 clinical specialty each year to discuss their funding needs for new clinical programmes, which would then be prioritised by the Medical Policy Group by using an evaluation methodology based on the strength of evidence, service impact and degree of achievability.

12. Some members, including Hon Vincent FANG, urged the Administration to increase funding to HA, as the root of many grievances from patients and staff lay in insufficient funding to HA.

13. The Administration advised that based on the agreed funding arrangements for the three years from 2006-2007, the recurrent funding to HA for 2008-2009 would be increased by no less than $300 million. Apart from this, the Administration would also allocate non-recurrent funding to HA to cover the expenditure on equipment and information systems.

14. On the suggestion of rotating Hospital Chief Executives (HCEs) to concurrently serve as Cluster Chief Executive (CCE) to prevent a CCE from favouring the hospital which he also served as HCE, HA considered that the best solution was to put in place a mechanism to see how resources were allocated from the cluster level to the hospital level. To that end, a new internal funding allocation model, referred to in paragraph 8 above, was being developed by HA.

15. A member held the view that an independent expert committee comprising all stakeholders should be set up to conduct a comprehensive review of the clustering arrangement of HA hospitals, so as to stem out inequities on the allocation of resources.

16. HA advised that the HA Cluster Review Panel already had a strong element of independence to it, as it was chaired by a retired CCE and comprised two overseas experts from Australia. The Cluster Review Panel had conducted one round of consultation so far, and would re-convene some time next month. HA would be happy to organise a meeting for deputations attending the meeting to meet with the Cluster Review Panel. The Administration would follow-up with HA on the suggestions regarding the appointment of CCE and HCE, as well as the findings and recommendations of the review by HA on the clustering arrangement of public hospitals.

17. The Panel passed a motion urging the Government to demand HA to reform its clustering arrangement so as to address the uneven distribution of resources among clusters and among hospitals within the same cluster; allocate more funding to improve the serious shortage of resources in hospital clusters such as the Kowloon East, the New Territories West and the New Territories East Clusters; and set up an independent committee comprising frontline staff and patents' groups to comprehensively review the effectiveness of the clustering arrangement.

Relevant papers

18. Members are invited to access the Legislative Council website (http://www.legco.gov.hk) for details of the relevant paper and minutes of the meeting.

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