



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref: FHB/H/33/101/25 Pt. 6
Your Ref:

Tel: 3509 8928
Fax: 2840 0467

6 April 2016

Ms Maisie LAM
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central

Dear Ms LAM,

**Legislative Council Panel on Health Services
List of Follow-Up Actions**

Provision of Supplementary Information

At the meetings of the Panel on 12 December 2011 and 16 November 2015, the Panel requested that supplementary information on the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Item 1 of “List of Follow-up Actions”) and \$10 billion endowment fund to the Hospital Authority (HA) for public-private partnership initiatives (Item 2 of “List of Follow-up Actions”) be provided respectively. Having consulted HA, we provide the relevant information in the ensuing paragraphs.

(a) *The respective average cost incurred under the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector by HA*

2. The Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (the Project) was launched in May 2012. It aims at exploring a new operation model to cope with the increasing demand for cancer radiological investigation services through purchase of Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) services from the private sector. Subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management can be invited to join the Project. The services were initially provided to selected patients with colorectal cancer, breast cancer, nasopharyngeal cancer or lymphoma. Since May 2014, the Project has been extended to cover selected patients with prostate cancer, stomach cancer, corpus uteri cancer, cervix cancer, head and neck cancer, sarcoma or germ cell tumor.

3. Up to December 2015, payment of approximately \$57 million has been made to the private sector, representing a total of 27 787 examinations. The cost per examination is around \$2,000. The reference costs of CT and MRI examinations provided by HA are tabulated as follows:-

Examination	Reference cost*(\$)	
	Minimum	Maximum
CT	950	4,500
MRI	3,000	20,000

*The reference cost of examination is provided with reference to the fee of HA's private patient service (which is set on the higher of cost or market price).

4. Nevertheless, the cost per examination may vary and is contingent on a number of factors, such as the type of examination, the duration of examination and the medication used in conjunction with individual examination. Moreover, owing to the different settings in the public and private sectors, the ball park average costs may not be directly comparable.

(b) The average waiting time for HA's radiological investigation services before and after the implementation of the Project

5. The overall waiting times for CT and MRI by cluster from 1 April 2015 to 31 December 2015 are set out below:-

Waiting time from 1 April to 31 December 2015 (days)								
Cluster	CT				MRI			
	25th	50th	75th	90th	25th	50th	75th	90th
	Percentile				Percentile			
Hong Kong East	<1	<1	28	114	40	130	233	346
Hong Kong West	<1	1	91	162	74	218	377	436
Kowloon Central	<1	<1	28	141	47	165	202	361
Kowloon East	<1	<1	35	116	51	92	158	212
Kowloon West	<1	<1	25	96	47	138	249	394
New Territories East	<1	<1	4	157	4	78	304	514
New Territories West	<1	<1	1	103	8	150	345	455
Overall	<1	<1	26	120	30	132	258	411

Note: "<1" means that the patient can receive service within 1 day

6. As mentioned in paragraph 2 above, subject to clinical eligibility screening, patients from selected cancer groups that are in need of CT/MRI examinations for sequential clinical management can be invited to join the Project. Invited patients will take part in the Project on a voluntary basis under full subsidy and can choose their own service providers from HA's panel of contractors. Generally speaking, the result of radiological investigation conducted by a private service provider is returned to HA within five working days after the day of service booking to meet the service requirements.

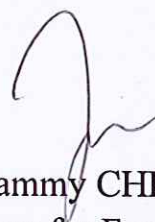
7. Given that the annual throughput of the Project is only about 1% of HA's total number of CT and MRI scans performed, it is indeed difficult to assess the impact of this public-private partnership (PPP) initiative on the overall CT/MRI waiting time quantitatively. However, the Project has been well-received by both referring clinicians and patients, who consider timely scans provided under the PPP model helpful in expediting the care process of needy patients. Like other PPP

initiatives, the Project has enhanced the service capacity of HA through diversion of demand to the private sector, releasing resources for patients who are in need of services provided by the public sector.

(c) The target number of patient participants for the General Outpatient Clinic Public-Private Partnership Programme (GOPC PPP), which would be extended to 18 districts in phases, to explain how the extended Programme could help shortening the waiting time for HA's general outpatient services

8. With a projected progress of benefiting some 35 000 patients annually by 2020/21 upon the territory-wide roll-out of GOPC PPP, the capacities vacated could be utilized by other patients in genuine need. This would help HA cope with the demand for general outpatient service. HA will continue to closely monitor the demand for and utilization of general outpatient service so as to map out appropriate measures to better serve the community.

Yours sincerely,



(Tammy CHENG)
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority (Attn: Ms Emily Chan)