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中華人民共和國香港特別行政區政府總部食物及衞生局

Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

8 July 2016

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

Dear Ms LAM,

Panel on Health Services on 21 December 2015

Hospital Authority's Private Patients Services

During the discussion on the item of the "Hospital Authority's Private Patients Services" at the meeting of the Panel on 21 December 2015, Members requested the Administration to provide supplementary information on the way forward for implementing the recommendations of the Private Service Review Working Group set up by the Hospital Authority (HA) and the two universities with medical faculties. Having consulted HA, we set out the requested information in the ensuing paragraphs.

(a) Granting of rights to practise private services

2. HA has prepared an internal circular on the provision of private patient services to specify the overarching principles on the granting of rights to practise private services. The circular has specified, for instance, the basic qualification of a doctor who can provide private patient services in HA and the required approval mechanism. It will take effect from 1 September 2016. HA will review the list of approved doctors every year.

(b) Determination of Charges

3. HA has worked with the University of Hong Kong (HKU) and the Chinese University of Hong Kong (CUHK) (the Universities) to establish a set of criteria to guide clinicians to determine case complexity (and hence the level of charges) for private patient consultation services. HA has promulgated the clinical guideline to have the private patient services in all HA hospitals aligned with effect from 1 September 2016.

(c) Billing, fee collection and revenue management issues

4. To better align the billing, fee collection and revenue management issues, HA has completed an IT feasibility study to further automate the system tracking of private services rendered and the interface between clinical and billing systems. HA is exploring how the automation of system tracking would best fit in the hospitals' operation workflow. Upon confirmation of the operation workflow, HA will implement system enhancement within 12 months.

(d) Income sharing between HA and Universities

5. The teaching hospitals and the Universities have maintained a reference list of investigations and procedures subject to income sharing arrangement, taking into account the relative contribution of individual doctors and the ownership of the relevant equipment for such investigations and procedures. The list had been recently reviewed at the Liaison Committee meeting in March 2016 between Prince of Wales Hospital and CUHK and will be discussed at the Liaison Committee meeting between Queen Mary Hospital and HKU in August 2016 (tentatively). Thereafter, the list will be revisited periodically as needed in the Liaison Committees between the respective teaching hospitals and the Universities.

(e) Use of incomes generated from private services

6. HA has prepared guidelines on the guiding principles on the use of incomes generated from private services. The guidelines, which also include a mechanism to monitor compliance, will take effect from 1 September 2016.

7. We hope the above information can help address Members' concern on the way forward for implementing the recommendations of the Private Service Review Working Group.

Yours sincerely,

(Patrick LEE)

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for Secretary for Food and Health

cc: Chief Executive, HA (Attn: Ms Emily Chan)