

**For discussion on
20 March 2018**

**LEGISLATIVE COUNCIL
SUBCOMMITTEE ON CHILDREN'S RIGHTS**

Healthcare Services and Support for Ailing Children

Purpose

This paper briefs members on the healthcare and support services provided by the Government and the Hospital Authority (HA) for ailing children.

Children Health Service of the Department of Health

2. The Department of Health (DH) provides different types of public health services for children, including Family Health Service, Student Health Service, School Dental Service, Child Assessment Service, Clinical Genetics Service, etc. These service units provide different programmes, mainly on prevention and screening, professional assessment, health education and rehabilitation services in order to promote and protect healthy growth and development of children. If indicated for further treatment, paediatric patients will be referred to appropriate service provider, for example paediatric specialist clinics of the HA, for further management. Details of some key public health services provided by the DH to children are outlined in the ensuing paragraphs.

Family Health Service

3. The Maternal and Child Health Centres (MCHCs) under the Family Health Service provide a range of health promotion and disease prevention services (“the child health service”) to children from birth to 5 years of age. The components of the child health service are immunisation, health and developmental surveillance, and parenting.

4. Healthcare professionals of MCHCs work in partnership with parents/caregivers in the continual monitoring of children, with the aim to achieve timely identification and referral of children with health or

developmental problems to specialist outpatient departments of the HA or the Child Assessment Service of the DH. The developmental surveillance component includes a physical examination of the newborn child, monitoring of the child's growth parameters and nutrition, newborn hearing screening for children who did not receive the screening test at the birthing hospitals, preschool vision screening, and developmental surveillance conducted at scheduled ages. In addition, needy children and families identified in MCHCs are referred to relevant service units for appropriate health and/or social services for management.

Student Health Service

5. The Student Health Service (SHS) was introduced by the DH in the school year 1995/96. It aims to safeguard the physical and psychological health of school children through comprehensive, promotive and preventive health programmes, and enable them to gain the maximum benefit from the education system and develop their full potentials. The SHS provides health promotion and disease prevention services to students at 12 Student Health Service Centres (SHCSs) and through school outreach service.

6. The service is offered to all primary and secondary day school students. Enrolled students will be given an annual appointment to attend a SHSC for a series of health services designed to cater for the health needs at various stages of their development. These services include physical examination; screening for health problems related to growth, nutrition, blood pressure, vision, hearing, spinal curvature, psychosocial health and behaviour; as well as individual counselling and health education. Students found to have health problems will be referred to special assessment centres, specialist clinics or other institutions for detailed assessment and follow-up.

Student Dental Care Service

7. Primary school students, as well as students with intellectual disabilities and/or physical disabilities (such as cerebral palsy) studying in special schools who have yet to reach the age of 18, can join the School Dental Care Service (SDCS) of the DH to receive annual check-ups at a designated school dental clinic, which cover oral examination, basic restorative and preventive treatment. The service is carried out by qualified dental therapists who work under the supervision of dental surgeons. More complex dental procedures may be undertaken by dental surgeons if necessary. The SDCS

also helps educate students on the importance of maintaining good oral hygiene and preventive care at the early stage.

Child Assessment Service

8. The Child Assessment Service (CAS) provides comprehensive assessments and diagnosis, formulates rehabilitation plan, provides interim child and family support, conducts public health education activities, as well as reviews evaluation to children under 12 years of age who are suspected to have developmental problems. After assessment, follow-up plans will be formulated according to the individual needs of children. Children will be referred to other appropriate service providers identified for training and education support. While children await rehabilitation services, the CAS will provide interim support to their parents, such as seminars, workshops and practical training etc., with a view to enhancing the parents' understanding of their children and community resources so that the parents could provide home-based training to facilitate the development and growth of the children.

9. The multi-disciplinary group of healthcare and professional staff in the CAS comprises paediatricians, nurses, audiologists, clinical psychologists, occupational therapists, optometrists, physiotherapists, speech therapists and medical social workers. Currently, there are seven Child Assessment Centres (CACs) under the DH, including one temporary CAC.

Paediatric Services by the Hospital Authority

10. HA's Paediatrics Service provides neonates, children and adolescents with comprehensive paediatric services, from outpatient to inpatient services, and from acute care to rehabilitation services. Clinical services are provided by the specialties of General Paediatrics, Paediatric Surgery as well as Child Psychiatry. Apart from doctors and nurses, a multidisciplinary team including physiotherapists, speech therapists, occupational therapists, social workers and clinical psychologists provides children with necessary support.

Hong Kong Children's Hospital

11. The Hong Kong Children's Hospital (HKCH) is scheduled to commence services by phases starting the fourth quarter of 2018. HKCH consists of two towers of 11 stories tall with a planned capacity of 468 inpatient and day beds. There will also be operating theatres, ambulatory care centre,

specialist outpatient clinic, integrated rehabilitation centre, as well as research, teaching and training facilities like laboratories, simulation training centre, auditorium, library, etc. The hospital adopts a children-centred and family-friendly design to create a better patient experience. Its colourful interior, abundant greenery coverage, natural light, harbour-front scenery and animals-themed wayfinding system help create a home-like environment to relieve the fear and stress of child patients. There are various facilities in the hospital to support the care, leisure, social and learning needs of patients and their family, such as play areas, central rehabilitation garden, parents' quarters, baby care rooms, learning facilities, as well as railings, toilet seats and wash basins appropriate to children's height.

12. Upon service commissioning of HKCH, HA's paediatric services will be reorganised and operate under a hub-and-spoke model. HKCH will serve as a tertiary referral centre for complex, serious and uncommon paediatric cases requiring multidisciplinary management, providing diagnosis, treatment and rehabilitation services for needy patients from birth to 18 years of age territory-wide. It will also pool together expertise to strengthen research and training regarding paediatric and genetic diseases. The existing 13 paediatric departments in regional public hospitals will continue to provide secondary, acute, emergency and community paediatric care. Under this hub-and-spoke model, HKCH and regional hospitals will work together to form a coordinated and coherent paediatric service network in HA, enhancing the quality of the overall public paediatric services.

13. The first phase of HKCH's service commencement (i.e. from the fourth quarter of 2018 to the second quarter of 2019) will begin with specialist outpatient service, followed by the gradual opening of inpatient service. As in other new hospital projects of HA, such arrangement allows reasonable time for testing the service models and clinical work flow before the hospital is in full service, so as to ensure patient safety, quality of service and smoothness in operation.

14. The following services will be provided in HKCH in its first phase of service commencement:

- (a) Oncology: Services of the five existing children cancer centres under HA (located in Queen Mary Hospital, Queen Elizabeth Hospital, Princess Margaret Hospital, Prince of Wales Hospital and Tuen Mun Hospital) will be translocated to HKCH. All

children cancer patients will then be transferred to HKCH for treatment and follow-up;

- (b) Cardiology and Cardiac Surgery: All existing tertiary and quaternary paediatric cardiology and cardiothoracic surgery service will be translocated from Queen Mary Hospital to HKCH, where treatment and surgeries will be provided to children with congenital and serious heart diseases;
- (c) Nephrology: All existing tertiary paediatric nephrology services will be translocated from Princess Margaret Hospital to HKCH, where treatment and services will be provided to children with chronic and serious kidney diseases. Secondary and step down nephrology care would be provided in regional centres;
- (d) Paediatric Surgery: Paediatric surgical service is being provided by Queen Mary Hospital, Queen Elizabeth Hospital, United Christian Hospital and Prince of Wales Hospital. In future, these services will be consolidated. All neonatal surgeries and all high risk / complex surgeries will be concentrated at HKCH, while non-neonatal, relatively simple, emergency and trauma surgeries will continue to be done in Queen Mary Hospital and Prince of Wales Hospital. HA will implement the above arrangement by phases, starting with the translocation of relevant paediatric surgical teams at Queen Elizabeth Hospital and United Christian Hospital to HKCH to provide surgical support to neonatology, oncology, nephrology and ear, nose and throat services;
- (e) Anaesthesia: To provide anaesthetic support to operations, sedation for procedures and cardiac catheterisation, pre-anaesthetic assessment and pain service;
- (f) Paediatric Intensive Care Unit: To support complex tertiary surgical cases;
- (g) Neonatal Intensive Care Unit (NICU): NICU at HKCH will mainly provide support to neonatal surgical cases, while NICUs at regional hospitals will continue the role to support local deliveries;

- (h) Critical Care Transport Service: A designated team will be set up to handle the emergency transfer of high risk and critically ill children and neonates between regional hospitals and HKCH;
- (i) Radiology: To provide diagnostic and interventional radiology service and support the management of tertiary and quaternary cases at HKCH as well as secondary cases at the Kowloon Central Cluster;
- (j) Pathology: To provide services in anatomical pathology, chemical pathology, genetics, haematology, immunology and microbiology;
- (k) Palliative care: HA will set up at HKCH a centrally coordinated multidisciplinary paediatric palliative care team in 2018-19 to coordinate and develop territory-wide paediatric palliative care services; and
- (l) Primary cleft and palate surgery.

15. Most of the uncommon disorders are either hereditary or due to genetic mutation. Genetic diseases are diseases caused by abnormalities in genetic materials. As a territory-wide tertiary referral centre, not only will HKCH pool together advanced equipment, experts in metabolism and relevant support, the Clinical Genetic Service of the DH will also move into HKCH in 2019. In future, the laboratory tests, diagnosis and family counselling of all relevant diseases will be concentrated at HKCH, while the location of treatment and follow-up will depend on the current clinical conditions of individual patients. The healthcare team will make necessary arrangements as far as possible, e.g. follow-up consultations for different specialties on the same day to reduce the inconvenience to patients and their parents.

16. With regard to the transition care, the paediatric departments of HA will formulate care plan for the patients based on the mechanism set by the concerned paediatric department and the medical department. Designated doctors and nurses will also provide appropriate support to ensure the smooth transition process.

Paediatric Palliative Care

17. The HA has all along attached great importance to enhancing the

quality and sustainability of its palliative care service. Paediatric palliative care service is currently provided by the paediatric departments. In 2017, the HA developed the Strategic Service Framework for Palliative Care, so as to guide the development of palliative care service for the coming five to ten years. Strategies and directions for improving adult and paediatric palliative care were also formulated. In the Framework, there are three strategic directions for establishing structured paediatric palliative care services in HA to address the specific needs of children and their families through a family-centred approach-

- (i) establish territory-wide paediatric palliative care services in HA;
- (ii) promote integrated and shared care with the parent teams; and
- (iii) enhance community support for children and families in need of palliative care.

18. To tie in with the service development of HKCH, a centralised paediatric palliative care team will be set up to focus on paediatric oncology, cardiology, nephrology, surgical and intensive care patients as well as to coordinate the territory-wide paediatric palliative care services. The designated care team of doctors and nurses at regional level will also provide comprehensive palliative care services for the needs of children, playing a significant role in coordinating with community partners, special schools and local paediatric sub-specialty teams; and in the provision of palliative home care service in their local community. Overall, a continuum of paediatric palliative care services is provided, covering inpatient, outpatient, home care, support to schools and bereavement care to improve their life quality at the end of life.

19. A multi-disciplinary approach is adopted, involving paediatricians with special interest and expertise in palliative care, nurses and allied health professionals such as social workers, clinical psychologists, physiotherapists, occupational therapists and dietitians to provide early intervention of palliative care treatment and address the needs of patient at any stage.

20. Service alignment among the palliative care teams will be further enhanced by joint protocols and multi-disciplinary guidelines and have regular collaboration in training. Community services will also be strengthened through enhanced partnership with non-governmental organisations (NGOs) and patient groups. End-of-life care has been included in the Paediatric

Palliative Care service.

Medical Social Services

21. Medical social workers (MSWs) are stationed in public hospitals and some specialist out-patient clinics to provide the following support for ailing children and their families:

- (a) providing counselling services for ailing children and their family members with emotional, family, caring, relationship problems etc. arising from illness, trauma or disabilities;
- (b) formulating discharge plan and conduct psycho-social assessment for ailing children, and making referral for rehabilitation services and community resources for them and their families;
- (c) offering financial/material assistance e.g. waiving of medical charges, application for trust fund, referral for application of social security benefits, and purchase of medical appliance, etc.;
- (d) collaboration with other medical and allied health professionals to identify ailing children and/or their families who are in need of treatment or rehabilitation services, and providing the necessary assistance for them; and
- (e) providing group counselling services or organising seminars for ailing children or their families with similar problems.

22. MSWs provide timely psycho-social intervention to patients including paediatric patients and their families to provide assistance in handling issues arising from illness or disability. As a member in the clinical team, MSW plays an important role in linking up the medical and social services to facilitate a patient's recovery and rehabilitation in the community.

23. Through the introduction of advanced technology, concentration of cases of complex diseases, as well as the pooling of medical expertise to facilitate of research development and professional training, HKCH aims to enhance the quality of medical care in Hong Kong. HKCH will also collaborate with various key stakeholders including the universities, Colleges, patient groups, NGOs, as well as relevant international organisations. In this

connection, there is a need for the MSWs to establish close partnership with a wide variety of relevant child welfare services providers and stakeholders in order to ensure the continuity of care. To strengthen the collaboration and enhance service effectiveness, HA will set up a team of MSWs specialised in paediatric care in HKCH. A stable workforce of MSWs specialised in paediatric care will enforce long-term working relationships with clinical staff and NGOs with to provide quality medical social services to both paediatric patients and their carers.

Advice Sought

24. Members are invited to note the content of this paper.

**Food and Health Bureau
Labour and Welfare Bureau
Department of Health
Social Welfare Department
Hospital Authority**

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