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Subcommittee on the Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018

Background brief prepared by the Legislative Council Secretariat

Purpose

This paper provides background information on the Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 ("the Amendment Order") and gives a brief account of the discussion by 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")).

Background

2. Following the announcement of conducting a study on the establishment of a CEP 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.

3. In June 2013, the Finance Committee approved a sum of $12,985.5 million in money-of-the-day prices for the construction of the new hospital at a site in the Kai Tak Development Area. The construction work commenced in August 2013. In February 2014, the hospital was officially named as HKCH. It will serve as a tertiary specialist hospital for management of complex paediatric cases, working closely with the existing 13 paediatric departments in public hospitals under the Hospital Authority ("HA") through a hub-and-spoke model to form a coordinated service network. The hospital will have a total planned capacity of 468 inpatient and day-patient beds, operating theatres, ambulatory

surgery or day procedure centre, integrated rehabilitation centre and child development assessment services, children recreation and play therapy areas, family rest area, as well as research and training facilities. It is expected that HKCH will commence operation in the fourth quarter of 2018.

The Amendment Order

4. On 2 February 2018, the Administration published in the Gazette the Amendment Order. The Amendment Order is made by the Chief Executive under section 20 of the Hospital Authority Ordinance (Cap. 113) to amend Schedule 1 to the Ordinance by adding HKCH as one of the prescribed hospitals the management and control of which may be vested in HA under an agreement with the Government. The Amendment Order would accord HKCH proper legal status to enable the establishment of its Hospital Governing Committee before the hospital coming into operation.

Deliberations of the Panel

5. The Panel discussed the establishment of HKCH at three meetings held between 2012 and 2015. The deliberations and concerns of members are summarized in the following paragraphs.

<u>Proposed model of clinical care</u>

6. Members generally expressed support for the establishment of HKCH in the South Apron of the Kai Tak Development Area. They, however, were gravely concerned about the feasibility of the hub-and-spoke model for paediatric services to be implemented by HA upon commissioning of HKCH. Under the model, HKCH 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. HKCH 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 HKCH 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 HKCH, another concern was that private hospitals might transfer all complex cases to HKCH and thus causing tremendous pressure on HKCH's capacity.

7. According to HA, the existing tertiary specialized beds on paediatric oncology, cardiology and nephrology of HA would be trans-located to HKCH. Most paediatric surgery would also be centralized to be performed at HKCH. This arrangement could improve clinical outcome through pooling of expertise and state-of-the-art facilities. An integrated service network would be formed for HKCH 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. Paediatric doctors in HA would be employed under and serve in the paediatric network in HA to provide support for both HKCH and regional hospitals. The Administration stressed that the local paediatrician community was supportive of the development of HKCH. A Clinical Management Committee, comprising senior clinicians from different paediatric sub-specialties and representatives from the universities, had been established under the Planning and Commissioning Committee[1] to develop the paediatric service models and advise on the reorganization of sub-specialty services. More than 20 clinical Work Groups on various sub-specialties had also been formed to, among others, review the existing service arrangement, work on the details of proposed service models and referral mechanism, and work out the projected caseload to be managed in HKCH.

8. Given the decreasing trend in local birth rate, concern was raised about whether there would be sufficient caseload for HKCH. 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 HKCH, HA would take into account, among others, the demand for paediatric services from children born to Mainland women in Hong Kong.

Eligibility and charges

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

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[1] The Planning and Commissioning Committee, chaired by the Chief Executive of HA and with membership that includes senior professors from the two local medical schools as well as experienced clinicians of good standing, provides oversight and steer to the overall HKCH project. The Committee reports to the HA Directors' Meeting and the HA Board.

rationale for setting the eligible age for receiving services to be provided by HKCH at the level of under the age of 18. HA advised that the eligible age was set with reference to the specific healthcare and psychological needs required by child and adolescent patients aged 18 or below. The same eligible age was adopted by the existing paediatrics departments of HA whereby Adolescent Medicine was a sub-specialty under the specialty of the Paediatrics. The arrangement was also in line with international practice. 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.

10. Noting the provision of private beds in HKCH, members were concerned about whether the public and private services of HKCH would be of the same standard. HA assured members that the public and private services of HKCH 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 HKCH could invite external specialists and experts to engage in the treatment, HA advised that it was open-minded about the arrangement.

11. On the eligibility and level of charges for using services of HKCH by children who were not local residents, members were advised that the level of fees and charges for non-eligible persons seeking services at HKCH would be in line with those of other HA hospitals, which were set on a cost-recovery basis.

Clinical services

12. Members noted that consensus had been reached among the paediatric expert groups during the service planning discussion that HKCH would provide one-stop cancer services to all paediatric cancer patients referred by regional hospitals as well as peri-operative services (from pre- to intra- and post-operative phases). The current paediatric cancer services and expertise from Queen Mary Hospital ("QMH"), Queen Elizabeth Hospital ("QEH"), Princess Margaret Hospital, Prince of Wales Hospital ("PWH") and Tuen Mun Hospital would be trans-located to and centralized in HKCH. High-risk and complex surgical cases would also be centralized in HKCH from the current centres in QMH, QEH and PWH. The above apart, HKCH would serve as the hub of paediatric cardiac service, the hub handling complex renal disease patients and providing renal replacement therapy, and the hub of clinical genetic services. Members asked whether neonatal services, treatment for inborn rare diseases and rehabilitative care would be provided in HKCH.

13. HA advised that HKCH would have a neonatal intensive care unit and a special care babies unit. The clinical genetic services to be provided by HKCH

would include clinical assessment of complex genetic cases, laboratory testing of genetic disease, functional diagnostics and genetic counselling. The other 13 paediatric departments of the regional public hospitals would provide, among others, step-down services to those clinically stable patients. On members' call for the provision of non-invasive prenatal test for Down syndrome screening in the public sector, the Administration advised that HA would explore the facilities required for the introduction of non-invasive prenatal test in HKCH as a second-tier prenatal screening test for Down syndrome and make preparations for professional training and service arrangements.

14. As regards the usage of the capacity released from the translocation of the paediatric facilities to HKCH from the respective public hospitals, members were advised that such capacity would be utilized to cope with the increasing healthcare demand of the aging population.

Medical research and professional training

15. Noting that training and research would be a component of HKCH, members were concerned about the role of the two teaching hospitals, namely QMH and PWH, in this regard and the funding for HKCH to conduct medical research. HA advised that HKCH 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 HKCH for pursuing basic and translational research in paediatrics as well as teaching and research activities.

Governance and funding mechanism

16. Some members considered putting HKCH under the management of HA undesirable given the existence of fiefdoms among public hospitals. According to the Administration, it was necessary to position HKCH 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 HKCH would be located in the South Apron of the Kai Tak Development Area, it would obtain management and administrative support from the Kowloon Central Cluster. Where necessary, provision would also be made for integrating the facilities of HKCH with the new major acute hospital to be developed at the adjacent site. The financial resources for HKCH, 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 HKCH. A Work Group on Manpower and Training had been formed under the Planning and Commissioning Committee to advise on the manpower establishment, formulate training plan and guide the development of staff recruitment and deployment model for the commissioning of HKCH.

17. There was a view that the governing committee of HKCH should include representatives from the private healthcare sector and non-governmental organizations ("NGOs") as well as patients groups representing childhood patients and their parents. The Administration advised that the engagement plan for external stakeholders, including patient groups and NGOs, would be formulated by the Planning and Commissioning Committee. A Work Group on Patient Groups and NGOs would be formed under the Clinical Management Committee.

Manpower requirements

18. There was a concern that the commencement of service of HKCH would further strain the healthcare manpower resources of the paediatric departments of existing HA hospitals. Questions was raised about the current paediatric medical and nursing manpower of HA hospitals and the manpower requirement of HKCH, in particular its neonatal intensive care unit.

19. According to the Administration, the paediatric medical and nursing manpower of HA was about 340 and 1 400 respectively in 2014-2015. The existing manpower and expertise serving in the paediatric sub-specialties in various HA hospitals would be transferred to HKCH along its service translocation. They would form the core team of the sub-specialty service. Same as other public hospital development projects, HA would adopt a phased implementation approach for service commissioning of HKCH. The estimated manpower upon full opening of HKCH was around 1 800 staff. The detailed operational arrangements for HKCH, including the manpower requirement, would be worked out when the detailed commissioning plan was finalized.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
22 February 2018

Appendix

Relevant papers on the Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018

Committee	Date of meeting	Paper
Panel on Health Services	12.3.2012 (Item VI)	Agenda Minutes
	15.4.2013 (Item III)	Agenda Minutes
	15.6.2015 (Item IV)	Agenda Minutes

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