

# **立法會**

## ***Legislative Council***

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### **Panel on Health Services**

#### **Updated background brief prepared by the Legislative Council Secretariat for the meeting on 19 November 2018**

#### **Hong Kong Children's Hospital**

### **Purpose**

This paper provides background information and gives a brief account of the discussion by the Panel on Health Services ("the Panel") and the Subcommittee on Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 ("the Subcommittee") on the development of the Hong Kong Children's Hospital ("HKCH")<sup>1</sup>.

### **Background**

2. Following the announcement of conducting a study on the establishment of a Centre of Excellence in Paediatrics 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

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<sup>1</sup> HKCH was formerly known as Centre of Excellence in Paediatrics.

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.

4. On 2 February 2018, the Administration published in the Gazette the Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018 which sought to amend Schedule 1 to the Hospital Authority Ordinance (Cap. 113) by adding HKCH as one of the prescribed hospitals the management and control of which to be vested in HA under an agreement with the Government.

### **Deliberations of the Panel and the Subcommittee**

5. Issues relating to the development and operation of HKCH were discussed by the Panel at three meetings held between 2012 and 2015 and by the Subcommittee. The deliberations and concerns of members are summarized in the following paragraphs.

#### **Model of clinical care**

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<sup>2</sup> 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 deliberate on the reorganization plan of relevant services, plan suitable service models and manpower arrangement, and align clinical guidelines, treatment protocols, referral mechanisms, etc. for various diseases and cases, so that services of the whole paediatric network under HA could become more consistent and coherent.

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 of individual public hospitals. Question was raised about the rationale for setting the eligible age for receiving services to be provided by HKCH at the level of

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<sup>2</sup> 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.

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 paediatric intensive care unit, the target of HA was to raise the age limit to the age of 18 when resources were available. There was a view that the services of HKCH, in particular oral maxillofacial surgery and dental services, should be made accessible to those mentally-disabled persons over the age of 18 if their mentality remained similar to that of children or adolescents.

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 about 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. HA would estimate the future service workload and manpower requirements of all HA hospitals in the medium to long term based on the population projections by the Government. The medium- to long-term projection would be updated every three to five years.

#### 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 were concerned about the governance structure of HKCH given the existence of fiefdoms among public hospitals. According to HA, HKCH would come under and obtain management and administrative support from the Kowloon Central Cluster. The Hospital Chief Executive of HKCH would oversee the clinical service and operation, human resources, financial management as well as various administrative and supporting functions. In addition, apart from setting up a Hospital Governing Committee which would be

responsible for formulating policy and strategies on the provision, planning and development of HKCH, there would be designated committees on research, education and training, as well as donation management in the hospital governance structure to meet the role of HKCH as the tertiary referral centre for territory-wide paediatric services in collaboration with universities.

17. There was a view that the governance structure of HKCH should include representatives from the private healthcare sector and non-governmental organizations ("NGOs") as well as patient groups representing childhood patients and their carers. Members were advised that HA had been working closely with relevant patient groups and NGOs on the provision of services at HKCH. Briefing sessions were organized for patient groups and NGOs to update them on the latest development of HKCH and exchange views on its future services and facilities.

#### Commencement of services

18. Members were concerned about the clinical services to be provided by HKCH when it commenced services. According to the Administration, HKCH would commence services by phases. The first phase (i.e. from the fourth quarter of 2018 to the second quarter of 2019) would start with specialist outpatient services, to be followed by the gradual opening of about 230 inpatient and day beds. The other services to be provided gradually in the first phase included oncology; cardiology and cardiac surgery; nephrology; paediatric surgery; anaesthesia; paediatric intensive care unit; neonatal intensive care unit; critical care transport service; radiology; pathology; palliative care; and primary cleft and palate surgery. Subject to manpower and resources availability, services such as endocrinology and metabolic medicine; gastroenterology and hepatology; rheumatology; immunology; neurology and respirology; etc. would be commenced in later phases.

19. On members' call to ensure adequate public transport facilities and services to dovetail with the commissioning of HKCH, the Administration advised that there would be a number of bus routes and a minibus route connecting HKCH with the nearby districts and MTR stations. HA would continue to liaise with the Transport Department in this regard.

#### Manpower requirements

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

21. According to the Administration, a total of 1 066 staff members, including, among others, 108 medical staff, 395 nursing staff and 89 allied health personnel, were required for the first phase of service commencement of HKCH. These included those healthcare teams currently providing tertiary services (i.e. oncology, nephrology, cardiology and paediatric surgery) at regional hospitals which would be translocated to HKCH. Separately, HKCH had started the advance recruitment of healthcare staff since 2015. The healthcare staff members so recruited were now attached to various public hospitals for training to equip them with necessary skills and clinical experience to prepare for the service commissioning.

### **Relevant papers**

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

Council Business Division 2  
Legislative Council Secretariat  
14 November 2018

**Relevant papers on the Hong Kong Children's Hospital**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	12.3.2012 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	15.4.2013 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	15.6.2015 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Hospital Authority Ordinance (Amendment of Schedule 1) Order 2018	-	<a href="#">Report</a>

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