

CHAPTER 9 CONCLUSION

OVERVIEW

9.1 This chapter sets out the deliberations of the SC and the Government on the implementation of the review findings.

9.2 The SC observes that patients and many other stakeholders in general appreciate HA's professional services and quality. They are however most concerned about the stringent capacity of HA in meeting the public demand for service. There are strong requests for urgent means to cut the long waiting time at various pressure areas such as the GOPC, SOPC and A&E admissions. The HA staff, particularly the frontline ones and many other healthcare professionals, also point to the manpower shortage faced by HA which cannot be eased within a short period of time. They however consider that HA should take measures to streamline the administrative procedures and resource allocation process, enhance transparency and fairness in human resources management, and last but not least, provide better training and career development for staff. This would alleviate the work pressure on the staff and help retain the talents and maintain the morale in HA.

9.3 With the above in mind, the SC comes up with a list of recommendations to drive HA to improve its operation towards the direction that meet the expectation and needs of patients, stakeholders and staff. The SC is also mindful that HA should be allowed the flexibility to formulate specific and detailed measures for implementing the recommendations, with suitable engagement with its staff at appropriate stages. The SC therefore looks to HA to come up with an action plan in no slow time and to the Government to jumpstart the implementation and monitor the progress.

Ultimate Goal : Benefits to the Public Healthcare system

9.4 The purpose of the Review is to find ways to improve the service and operation of HA for the ultimate goal of bringing better healthcare services to Hong Kong. The most important stakeholders for public healthcare services are undoubtedly HA staff and patients who are the respective providers and ultimate users of the services. The SC is keen to see that the Review and the implementation of the recommendations would bring about the following benefits

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For Patients

- Better services with shorter waiting time
- Increased service capacity to meet the growing public demand of services
- More efficient use of resources, greater choices and more diverse modes of service delivery to cater for different needs
- More consistent service provision among clusters
- Enhanced safety and quality of services
- Increased sustainability of the development of our healthcare system amid the challenges of increasing cost and ageing population

For HA Staff

- More equitable and transparent resource allocation
- Provision of additional manpower support and resource to pressure areas
- Streamlined administrative and resource allocation procedures
- Greater transparency, consistency and fairness in staff management practices
- Better training and staff development
- Improved clinical governance and more advance service development

IMPLEMENTATION OF RECOMMENDATIONS OF THE REPORT

9.5 In making the above recommendations, the SC is mindful that the recommendations should provide HA with the directions towards which it should implement enhancement measures to improve its operation. HA should be allowed the flexibility to formulate specific action plans for implementing the recommendations, with suitable engagement with its staff at appropriate stages. As proposed by the SC, the Government has set aside additional time-limited resources totalling \$1,170 million for 2015-16 to 2017-18, on a one-off basis, on

areas where further financial support would be necessary to facilitate HA in implementing the recommendations, as described in paragraphs 9.6 to 9.13 below.

Enhanced allocation of resources

9.6 The SC recommends HA to adopt a refined population-based resource allocation model by reviewing the present approach and refining it to take into account the different age groups within the population, as well as the patient population served by HA. The SC appreciates that it would take time and detailed deliberations to develop and agree on an appropriate methodology for incorporating relevant factors into the refined population-based model.

9.7 To assess the impact of the proposed change of funding model, HA should conduct an initial review of the population distribution, demographics and healthcare utilisation pattern of difficult clusters to identify those clusters which would receive a higher allocation of resources under the proposed new refined population-based model. This is to enable the early planning and formulation of catch-up plans to lessen the impact on individual clusters when the change in resource allocation model is implemented in future years. As a first step, it is found that there is a priority need for topping up funding for three clusters, namely NTWC, NTEC and KEC, so that they can build up the capacity progressively now to serve the growing population demand in their catchment districts before the switch over to the proposed refined population-based funding model. This echoes the concerns expressed at some staff consultation fora on the under-provision of resources for some hospitals in these three clusters.

9.8 The Government plans to allocate a time-limited funding of \$300 million for the next three years from 2015-16 to 2017-18 to enhance the existing services of these three clusters pending the implementation of the refined population-based funding model.

Enhanced manpower

9.9 The Government fully shares the concern of the SC and the general public on the insufficient level of services with manpower shortage being a major cause. Indeed, the successful implementation of a number of recommendations made by the SC (e.g. Recommendation 5 concerning staff deployment, Recommendation 6 concerning training, Recommendation 8 concerning the reduction in waiting time, and Recommendation 9 concerning the enhanced service capacity) hinges on, among other things, a sufficient supply of manpower.

9.10 HA's manpower projection shows that 1,244 of its staff are due for retirement in 2015-16. In order to address the manpower shortage problem and encourage transfer of knowledge and experience, the Government would allocate to HA a time-limited funding of \$570 million for 2015-16 to 2017-18 to re-employ suitable retirees of those grades and disciplines which are facing a severe staff shortage problem, for a specific tenure period to be considered by HA. For retiring medical staff, it is proposed that they would only be re-employed for clinical duties and not management role, so as to help relieve the staff shortage at the service front without blocking normal career progression. The re-employment of retirees would also help retain experienced staff for coaching of new recruits, provide staff relief for training and enhance staff training.

9.11 For the longer term, in line with the Government's strategy, HA has adopted a higher retirement age of 65 for new recruits commencing employment on or after 1 June 2015. For HA staff whose employment commenced before 1 June 2015, their retirement age will remain unchanged at 60. They can apply for HA jobs in compliance with prevailing recruitment policies, practices and selection process should they wish to continue working for HA after retirement at 60.

Enhanced staff training

9.12 Recommendation 6 sets out that HA should enhance its role in central planning and provision of training.

9.13 The Government agrees that training of healthcare professionals is of paramount importance to sustaining the Hong Kong healthcare system and continued improvement of healthcare services, and that implementation of this recommendation should be given priority. For this purpose, the Government would allocate a time-limited funding of \$300 million for the next three years to HA for enhancing staff training, including strengthening of training support for staff, especially clinical staff, through scholarship, commissioned training programmes, staff rotation development programmes, simulation training courses and provision of additional manpower support for training relief.

PPP

9.14 The Government encourages HA to actively explore measures to reduce the long waiting time in certain specialties. HA should also review its service delivery model in order to meet the challenges of the ageing population. To this end, the Government would facilitate HA to expand and roll out more PPP programmes to make better and more efficient use of the capacity in the private healthcare sector to help it cope with increase in service demand and enhance patient access to clinical services, before the supply of new medical and allied health graduates is able to catch up with the growth in demand of the public healthcare sector. The key strategic vision is to achieve an overall improvement in both the waiting time and quality of care for patients by bringing together the resources and expertise from both the public and private sectors, promoting training and sharing of experience and helping to ensure the sustainability of our healthcare system.

9.15 To do so, the Financial Secretary has pledged in the 2015-16 Budget to allocate to HA a sum of \$10 billion as endowment to generate investment return for funding HA's PPP initiatives.

9.16 HA would actively explore more clinical PPP opportunities within the strategic vision, try out new concepts with pilot projects and formulate long-term programmes based on the evaluation of the experience and outcome of the pilot projects.

Timetable

9.17 The recommendations contained in this Report set out the overall direction to guide HA to reorganise its internal management structure, refine its resources allocation system and improve its human resource management policy, among other things, so that it is better prepared to handle its immediate and future challenges. To facilitate HA in implementing these recommendations, the Government has earmarked special allocations where extra resources are called for so that HA can devise detailed plans and operational procedures to implement the recommendations. To ensure timely implementation of the recommendations of the Report, HA will prepare an action plan within three months with a view to implementing the recommendations within three years. HA will report progress on the implementation of recommendations to the Food and Health Bureau on a regular basis.

CONCLUSION

9.18 HA has worked strenuously to look after the health of the public. Over the past two decades, HA has grown in terms of its service scope and capacity, and improved in tandem with the advance in medical technology. Their contribution is well recognised and there is growing public expectation on HA. The purpose of the Review is to take stock of HA's work, and to review and refine its management and operation and set new direction for its betterment. With the guidance of the views gathered and the recommendations in this Report, we are confident that HA will continue to perform well its role under our twin-track healthcare system as the cornerstone of our public healthcare system and to provide a safety net for all, amid the challenges of an ageing population, increased prevalence of chronic diseases and rapid advance in medical technology.

9.19 Lastly, the Chairman of the SC would like to put on record his sincerest gratitude to all Members for their tireless efforts and tremendous inputs in the conduct of this Review. Without their active participation and invaluable advice, it would not have been possible to come up with this comprehensive Report for the betterment of the public healthcare services. The Chairman would like to thank all stakeholders who have put forward their views and participated in the Public Engagement Programme. Their views have provided constructive inputs for the SC to map out the recommendations. The Chairman is also truly grateful for the unfailing and professional support of HA in the conduct of the Review. The support from HA, ranging from provision of background information to professional advice on public healthcare services, has been instrumental to the preparation of this Report.