

LCQ18: Medical public-private partnership

Following is a question by the Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (October 20):

Question:

Regarding the public-private partnership (PPP) programmes implemented by the Hospital Authority (HA), will the Government inform this Council:

(1) whether it knows the following information about the various PPP programmes implemented by the HA: (i) the commencement date, (ii) the cumulative number of participating patients and (iii) the estimated service demand for the coming year;

(2) whether it knows the current average waiting time for cancer patients to receive diagnostic radiological imaging investigations at public hospitals; the cumulative number of cancer patients who have opted to join the Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), with a breakdown by cancer type;

(3) as a public hospital patient suspected of suffering from breast cancer indicated that the Radi Collaboration did not include mammography, and since she had been informed by the HA that she would have to wait for nine months before she would be arranged to receive the examination, the patient eventually went to a private healthcare institution for such an examination at her own expense, whether the Government will propose to the HA that such examination be included in the Radi Collaboration; if so, of the details; if not, the reasons for that;

(4) whether it knows if the HA will review the criteria for inviting patients to join PPP programmes, with a view to enhancing the effectiveness of such programmes;

(5) whether it knows the total number of patients of the specialist out-patient clinics (SOPCs) under the HA who have been diagnosed, since January 2019, to be in need of undergoing surgery and, among them, the number and percentage of those who have been referred to participating service providers of PPP programmes for undergoing the relevant surgeries; and

(6) given that under the General Outpatient Clinic Public-Private Partnership Programme, SOPC patients who are in stable clinical conditions will be followed up by family doctors in the community, and they can return to public hospitals for receiving treatment in case there is a change in their clinical conditions, whether it knows if the HA will consider providing subsidies to those patients whose clinical conditions have changed, so that they may switch to private hospitals to receive treatment and follow-up services

(including follow-up consultations and rehabilitation treatment), thereby easing off the pressure on public hospitals?

Reply:

President,

In consultation with the Hospital Authority (HA), I provide a reply to the various parts of the question raised by the Hon Elizabeth Quat as follows:

(1) Since 2008, the HA has implemented nine Public-Private Partnership (PPP) programmes, namely the Cataract Surgeries Programme (CSP), Tin Shui Wai Primary Care Partnership Project (TSW PPP) (Note 1), Haemodialysis PPP Programme (HD PPP), Patient Empowerment Programme (PEP) (Note 2), Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector (Radi Collaboration), General Outpatient Clinic PPP Programme (GOPC PPP), Provision of Infirmary Service through PPP (Infirmary Service PPP) (Note 3), Colon Assessment PPP Programme (Colon PPP) and Glaucoma PPP Programme (Glaucoma PPP) (Note 4). The commencement dates of these programmes are tabulated below:

Programme	Commencement date
CSP	February 2008
TSW PPP	June 2008
HD PPP	March 2010
PEP	March 2010
Radi Collaboration	May 2012
GOPC PPP	June 2014
Infirmary Service PPP	September 2016
Colon PPP	December 2016
Glaucoma PPP	June 2019

Service provisions by PPP programme from 2016-17 to 2020-21 are tabulated below:

Programme	2016-17 Actual Provisions	2017-18 Actual Provisions	2018-19 Actual Provisions	2019-20 Actual Provisions	2020-21 Actual Provisions
CSP (surgeries)	400	465	514	604	718
HD PPP (places)	204	225	246	267	316

PEP (patients)	17 807	17 979	16 826	14 632	3 542 (Note 5)
Radi Collaboration (scans)	19 078	17 111	18 264	22 728	49 018
GOPC PPP (participating patients)	12 156	21 297	31 239	35 815	39 700
Infirmery Service PPP (beds)	64	64	64	64	64
Colon PPP (colonoscopies)	625	1 130	1 332	1 355	369 (Note 6)
Glaucoma PPP (participating patients)	N/A	N/A	N/A	792	1 486

Moreover, the HA has timely adjusted its non-emergency and non-essential medical services in response to different stages of development of the COVID-19 epidemic since early 2020. To tie in with such service adjustments, the HA has not only expanded the service scope of certain existing PPP programmes but also actively liaised with private hospitals and private healthcare institutions to launch new public-private collaboration initiatives with a view to diverting some patients from public hospitals to receive treatment in the private sector. Relevant items include neonatal jaundice treatment, caesarean delivery, radiotherapy for cancer patients, orthopaedic surgery, cystoscopy, gastroscopy and breast cancer surgery. While most of these initiatives have lapsed, the Trauma Operative Service Collaboration Programme and the Breast Cancer Operative Service Collaboration Programme are still ongoing. In 2020-21, the two programmes have served about 160 and 120 patients respectively.

As the HA's service provisions and arrangements for the coming year are under planning, the relevant information is not available for the time being.

(2) The following table sets out the median (50th percentile) waiting time of cases triaged as Priority 1, Priority 2 and Routine cases for Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasonography and Mammogram in the HA in 2020-21. HA hospitals arrange diagnostic radiological imaging investigations for patients according to their medical conditions as assessed by doctors. Patients confirmed or suspected to have cancer will be triaged as priority cases and examination will be arranged for them according to the urgency of their clinical conditions. The HA does not maintain statistics on the waiting time for diagnostic radiological imaging investigations by cancer type.

Service modality	Priority 1	Priority 2	Routine
	Waiting time (week)	Waiting time (week)	Waiting time (week)
	50th percentile	50th percentile	50th percentile
CT	4	26	78
MRI	4	25	63
Ultrasonography	1	26	60
Mammogram	1	33	59

Through Radi Collaboration, HA cancer patients fulfilling specific clinical criteria can be referred to the private sector for radiological diagnostic examinations (CT and MRI) as part of their cancer care. The programme has been expanded to cover eligible patients of all cancer groups starting from mid-February 2020. Over 126 000 scans have been provided during the period from 2016-17 to 2020-21.

(3) When exploring new PPP programmes, the HA will carefully consider relevant factors including the potential complexity of the programmes as well as the capacity and readiness of the private sector. The HA will continue to communicate with members of the public and patient groups, and will work closely with stakeholders to explore the feasibility of introducing other PPP programmes in the future.

(4) A working group comprising HA Head Office executives and frontline healthcare personnel is set up for each PPP programme to monitor its operation and any unforeseen issues and to review its effectiveness on a continuous basis. In addition to surprise checks conducted by the Head Office on the operation and service quality of the programmes, opinion surveys are carried out among patients and service users with a view to identifying improvements. The HA will continue with such monitoring and, where necessary and practicable, revise the criteria for inviting patients to participate in the programmes so as to achieve continuous improvement.

(5) When selecting patients to participate in the PPP programmes, the HA will consider an array of factors (such as patients' clinical conditions) instead of one single factor (such as a particular disease or a certain clinical condition). Therefore, such patients will not simply be classified as patients in need of surgery, and whether they can eventually participate in the programmes depends on multiple factors, such as changes in their clinical conditions, their willingness to participate, and the capacity of service providers. As the two are not directly correlated, a direct comparison cannot be made.

(6) To tie in with the Government's policy of promoting primary care, the HA has introduced in the third quarter of 2021 a Co-Care Service Model to provide continual chronic disease management by private doctors in the

community riding on the established broad network of participating service providers under GOPC PPP. Under the new service model, HA Specialist Out-patient Clinic (SOPC) patients who are in stable clinical conditions may choose to receive continuous chronic disease management by participating private doctors in the community; and a fast-track referral mechanism is also in place through which private doctors may refer patients with clinical needs back to HA for follow-up. The referred patients will not be taken as new cases and are not required to queue again for the services.

The Co-Care Model has been launched on a pilot basis in SOPC (Medicine) in the third quarter of 2021. The HA has planned to extend it to cover patients of SOPC (Orthopaedics and Traumatology) in the fourth quarter. As it has just commenced and is still in trial run, the HA will review its operation in due course before determining the way forward and other arrangements.

Note 1: The TSW PPP ended on March 31, 2018 and was migrated to the GOPC PPP on April 1, 2018.

Note 2: The HA collaborated with non-profit-making organisations to launch the PEP in 2010, with the aim to further enhance patients' knowledge of chronic diseases and their self-care ability. The programme lapsed upon expiry of the service contract on March 31, 2021.

Note 3: Implemented by the HA on a pilot basis, the Infirmary Service PPP was operated by the Po Leung Kuk through open tender at the Wong Chuk Hang Hospital to provide social infirmary care for clinically stable patients in a non-hospital setting and to provide experience for the Government in developing social infirmary service. The programme lapsed upon expiry of the service contract on September 27, 2021.

Note 4: The Glaucoma PPP is a new clinical PPP programme launched on a pilot basis in June 2019. Clinically stable glaucoma patients currently taken care of by the HA's ophthalmology specialist out-patient clinics in pilot clusters are invited for voluntary participation to receive private specialist services in the community.

Note 5: Due to the COVID-19 epidemic, face-to-face lectures have been fully suspended and conducted via video conferencing since February 2020. Also there has been a drop in the number of participants.

Note 6: In view of the COVID-19 epidemic situation, the programme was suspended between April and October 2020 for launching the Colon PPP Programme Surge Special.