

# Healthcare for the People of Hong Kong

15 Years of the Hospital Authority



醫院管理局  
HOSPITAL  
AUTHORITY

The background features a solid grey vertical band on the left side. Overlaid on this and the white right side are several thin, elegant, wavy lines in a light grey color, creating a sense of movement and flow.

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# *Congratulatory Message from Secretary for Health, Welfare & Food*



It is with great pleasure that I congratulate the Hospital Authority on the occasion of its 15<sup>th</sup> anniversary.

Since it took over the management of all public hospitals in Hong Kong in December 1991, the Hospital Authority has, under the able leadership of its past and present chairmen, and with the hard work of all of its staff, successfully enhanced Hong Kong's public healthcare services and the overall quality of patient care. I take pride in the many notable achievements of the Authority over the past 15 years covering, but not limited to, the opening of new hospitals including Pamela Youde Nethersole Eastern Hospital, Alice Ho Miu Ling Nethersole Hospital, Wong Chuk Hang Hospital, Tai Po Hospital, North District Hospital and Tseung Kwan O Hospital to meet the needs of the local community; taking over all general outpatient clinics from the Department of Health to enhance primary healthcare services to the public; and the provision of state-of-the-art facilities in collaboration with the Centre for Health Protection to bolster Hong Kong's capacity to handle major infectious disease outbreaks.

In addition to these enhanced services, the Authority has adopted many modernising initiatives, such as the computerised Clinical Management System which has been implemented in all public hospitals to enhance patient record management and to facilitate the public-private interface. Training and career development for healthcare professionals have also been improved through the organisation of annual conventions and revamping of specialist training programmes to focus on staff who are the most valuable assets of the Authority.

With all the efforts of the Authority, Hong Kong's public healthcare service is renowned and envied internationally as an effective, efficient, and affordable healthcare system.

Looking ahead, the viability of our healthcare model will depend on whether the community can continue to enjoy quality healthcare services which are sustainable, affordable and accessible to all in the future. I am glad to see that the Hospital Authority is taking concrete steps towards developing family medicine and preventive care; enhancing community healthcare networks in collaboration with district elderly and rehabilitation care agencies to encourage provision of home care for patients; and establishing specialised tertiary centres for the treatment of catastrophic illnesses. These are undoubtedly the essential attributes of a successful healthcare model. I am also glad to see that there is an increasing partnership between the public and private healthcare sectors to provide patients with more choices.

As a dynamic, highly respected and innovative healthcare service provider, the Hospital Authority has over the past 15 years been well known both locally and internationally for its superior services and committed healthcare professionals. With the continued dedication and innovation of its staff, I am confident that the Authority will continue to succeed in meeting the daunting challenges ahead and to sustain a professional and high-quality healthcare service.

Once again, I would like to extend my heartfelt congratulations to the Hospital Authority on its 15<sup>th</sup> anniversary. I would also like to take this opportunity to express my continued support and wish you all every success in the years to come.

A handwritten signature in black ink, appearing to be 'Y.N. Chow'.

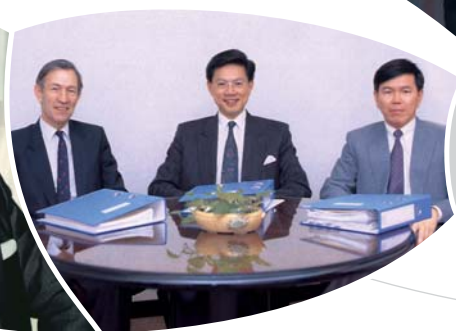
York Y.N. CHOW  
Secretary for Health, Welfare & Food



# 15 Years at a Glance

## 1990

- Ordinance setting up the Hospital Authority (HA) was passed by the Legislative Council in July.
- HA was inaugurated in December with 27 members, chaired by Sir S Y CHUNG.
- Appointment of Dr E K YEOH, Mr S M PANG and Mr J W CHAMBERS as Director of Operations, Chief Development Officer and Secretary General of HA respectively.



- Formulation of HA's mission statement, outlining its relationship with patients, public, staff, Government and agencies/bodies in February.
- Agreements signed with all parent organisations of subvented hospitals in May, paving way for full integration.
- Terms and conditions of remuneration of HA staff approved in August.
- HA officially took over the management of public hospitals/institutions with the transfer of staff from Government and subvented hospitals to HA employment in December.
- Inauguration ceremony performed by the Governor of Hong Kong, Sir David WILSON.

## 1991

## 1992

- HA published its first Annual Plan for the public, setting out detailed programmes and specific targets for the year ahead.
- Visit of Sir David WILSON, the Governor of Hong Kong.



- HA organised its first Annual Convention at the Hong Kong Convention & Exhibition Centre to promote a learning culture in the organisation.
- Corporate vision and corporate strategies published: 'HA will collaborate with other healthcare providers and carers to create a seamless healthcare environment which will maximize healthcare benefits and meet community expectations.' The five strategies were: developing outcome-focused healthcare; creating seamless healthcare; involving the community as partners in health; cultivating organisation transformation and development; promoting corporate infrastructure development and innovation.
- Government published 'Towards Better Health' consultation document in June, outlining different options for reforming healthcare under the policy that no one should be denied care through lack of means.
- Pamela Youde Nethersole Eastern Hospital was opened.

## 1993

1994

- Appointment of Dr E K YEOH as the first Chief Executive of HA.
- Wong Chuk Hang Hospital was opened.



- Implementation of the Clinical Management System took place in major acute hospitals to improve the efficiency and effectiveness of clinical services.



- Appointment of Mr Peter K C WOO to succeed Sir S Y CHUNG as Chairman of HA.
- HA completed a comprehensive review, resulting in the reduction of beds in its two major psychiatric hospitals and the development of community psychiatric services.

1995

1996

- HA opened North District Hospital and Tai Po Hospital.
- Team of economists, physicians, epidemiologists and public health specialists from Harvard University undertook a review of Hong Kong's healthcare system.
- Completion of an internal review resulted in more emphasis on the development of community care, patient self care, disease prevention and health promotion. Professional accountability, specialist-led clinical services and senior staff coverage were stressed in service delivery following a number of clinical incidents.



- HA opened Alice Ho Miu Ling Nethersole Hospital and moved its Head Office to the new HA building.
- HA completed a review on its corporate plan, resulting in the enhancement of evidence-based medicine, development of family medicine, and establishment of collaborative networks with community partners to improve public-private interface.

1997

1998



## 2000

- Facing financial constraints and increasing demand, HA published six priority areas to improve service quality and planned for 5% cut in recurrent funding allocations over three financial years.
- Dr K S LO succeeded Mr Peter K C WOO as Chairman.
- Government's consultation document on healthcare reform entitled 'Lifelong Investment in Health' was published.
- Formulation of short, medium and long term strategies for developing a pluralistic primary care model with expanded roles for private practitioners, nurses and allied health professionals.



- HA opened the Health InfoWorld and Tseung Kwan O Hospital.
- Opening of Kowloon Hospital Rehabilitation Building with merge of Margaret Trench Medical Rehabilitation Centre to Kowloon Hospital.
- Government published a consultation document entitled 'Improving Hong Kong's Healthcare System: Why and for Whom?' (Harvard Report). Three months later, HA submitted its response, proposing a number of key directions for healthcare reform.
- Dr E K YEOH resigned as HA Chief Executive in September to take up appointment as Secretary for Health and Welfare and was succeeded by Dr William HO.

## 1999

## 2002

- Implementation of a charge for use of Accident & Emergency Services and announcement of fee revisions on public healthcare services from April 2003.
- Dr C H LEONG succeeded Dr K S LO as Chairman.
- Tsan Yuk Hospital was remodelled into an ambulatory care centre.

- Reorganisation of senior management of HA and appointment of first Cluster Chief Executives to oversee planning development and operations of healthcare.
- Lai King Building was completed to provide rehabilitation and infirmary services to Princess Margaret Hospital.
- HA started converting Lai Chi Kok Hospital into a long-stay care home under the subvention of Social Welfare Department until its decommission in 2004.
- HA hosted the 32<sup>nd</sup> International Hospital Federation Congress.

## 2001

2004

- HA successfully implemented the recommendations of the two SARS Review Committees and tested new contingency plans for infectious disease outbreaks. Comprehensive follow-up programmes were developed and implemented for SARS patients.
- Centre for Health Protection was established in June with collaboration between HA and Department of Health to bolster Hong Kong's capability to handle major outbreaks of infectious diseases.
- LegCo SARS Select Committee published report in July, criticising Government and HA.
- Dr E K YEOH resigned as Secretary for Health, Welfare & Food and Dr C H LEONG resigned as Chairman of HA.
- Dr York CHOW appointed as Secretary for Health, Welfare & Food, and Mr Anthony WU took up chairmanship of HA in October.
- Nam Long Hospital was closed with relocation of its services to other hospitals following the implementation of an outreach community-oriented cancer rehabilitation and palliative care programme.



- Outbreak of SARS epidemic in March with the enforcement of a state of emergency throughout Hong Kong.
- SARS outbreak successfully contained by end of May.
- HA took over all 59 General Outpatient Clinics from the Department of Health to further develop Family Medicine and the primary care system.
- HA Review Panel and Government Expert Committee published separate reports on investigations into the SARS outbreak in September/October.
- HA set up its first three research-oriented Chinese Medicine Clinics and a Clinical Toxicology Laboratory to promote evidence-based Chinese Medicine practices.

2003

2006

- Mr Shane SOLOMON assumed duty as the new HA Chief Executive in March.
- Tang Shiu Kin Hospital was remodelled into an ambulatory care centre.



- Publication of 'Building a Healthy Tomorrow' consultation document on the future of healthcare provision by Government's Health and Medical Development Advisory Committee in July.
- Dr William HO relinquished post of HA Chief Executive in September with the appointment of Dr Vivian WONG as Chief Executive during the interregnum.

2005



# First 15 Years of the Hospital Authority – Reports and Quotations

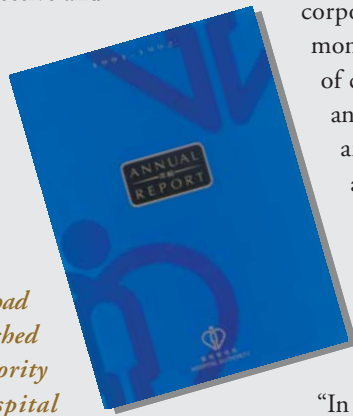
*In 1985 the Hong Kong Government commissioned a report on the future of hospital services from a firm of management consultants, W D Scott Pty Co.*

*‘The Delivery of Medical Services in Hospitals’ (The Scott Report) 1985*

“The aim has been to develop a framework within which the system for the delivery of medical services in hospitals can become more effective and efficient, and thus be better able to address specific problems that exist already or may arise in the future. ... A statutory Hospital Authority is recommended, outside the Civil Service but largely funded by Government.”

*With the Scott Report receiving broad support, the Government established the Provisional Hospital Authority (PHA) in 1988 and the Hospital Authority in 1990. At the end of 1989, the PHA reported their work to the then Governor of Hong Kong, Sir David WILSON. The Report is largely a technical document but the PHA also made a significant point about primary care services.*

“Coordination between primary healthcare services and the hospitals should be strengthened; the Provisional Authority notes that a case could be made for integrating primary healthcare with hospital services in the long run.”



*The early Annual Reports of the Hospital Authority made clear just what an enormous task was being attempted for Hong Kong. Here the first HA Chairman, Sir S Y CHUNG wrote in the first Annual Report:*

“Bringing together 37,000 people from 16 different employers working under different regulations and traditions into one unified system and a new corporate culture overnight was in itself a monumental operation. There were months of consultation with different staff groups and unions ... There was also considerable anxiety and concern among some staff about the management transfer.” (Chairman’s Foreword, 1991/92 Annual Report)

*The next year, the Chairman saw cause for cautious optimism:*

“In the year the community began to see the first benefits from the management reform. Camp beds, which for decades had been looked upon as the symbol of what was wrong with Hong Kong’s public hospitals, were eliminated in two major acute hospitals. The long queues in the specialist clinics began to shorten significantly.” (Chairman’s Foreword, 1992/93 Annual Report)

*Concerned at rising healthcare costs, an ageing population and rising expectations, in June 1993 the Government published ‘Towards Better Health’,*

*a consultation paper on the future financing of health care in Hong Kong. Its introduction starkly set out the problem:*

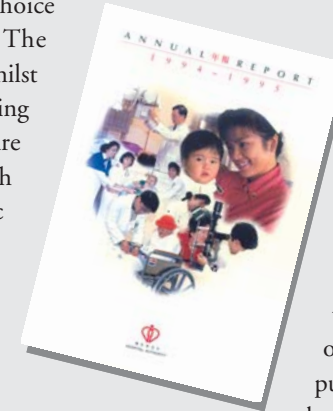
“Hospitals constitute a major component in Government’s public healthcare expenditure. Access is inequitable and uncoordinated in both the public and private sectors. Choice at affordable prices is lacking. The population as a whole is ageing whilst the working population is decreasing proportionately. Medical costs are rising at a rate faster than the growth of the economy; and public expectations about standards of medical care are rising.”

*The Government favoured restructuring the fee system and introducing semi-private rooms, to generate more income. Yet despite mounting pressures HA continued strongly. In his final report before retiring in April 1995, Sir S Y CHUNG expressed satisfaction at what had been achieved:*

“The Authority now manages 39 hospitals and institutions, employs over 40,000 staff, and provides over 90 percent of the hospital services in Hong Kong. Today, camp beds are gone, waiting queues are significantly shortened, staff morale is high, and ward conditions and patient services are much improved.” (Chairman’s Foreword, 1994/95 Annual Report)

*As the handover year of 1997 approached, new Chairman, Mr Peter WOO warned about difficult choices ahead:*

“Despite the introduction and rolling out of new improvement initiatives, the Authority will be facing daunting challenges ahead. With an increasing elderly



population and rising community’s expectations, the demand for quality hospital services is ever increasing ... Hong Kong is at the cross-roads in this historic year of 1997. There will be many opportunities and challenges ahead.” (Chairman’s Foreword, 1996/97 Annual Report)

*The next year was indeed difficult, as the Authority battled with a series of media scare stories which seemed to have little basis in what Hong Kong’s hospitals were actually doing. The outcome was a demoralised staff and an anxious public:*

“While we achieved all but one of the 222 targets ... these accomplishments were over-shadowed by a number of widely publicised clinical incidents. Our colleagues have coped admirably, not only with an increasing volume of patients as more and more members of the community chose to use our services, but also with the increasing complexity in the organisation and delivery of the healthcare process driven by advances in medical science and technology.” (Chief Executive’s Overview, 1997/98 Annual Report)

*The next year the Asian economic recession was also biting hard:*

“In line with much of the region, Hong Kong continued to experience economic recession after years of robust economic growth. This dramatic downturn has affected many in our community and has placed escalating demands on





our public hospital services as more people have chosen to use the inexpensive public sector.” (Chairman’s Foreword, 1998/99 Annual Report)

*In 1997 the Government commissioned a major review of Hong Kong’s healthcare from a team of health experts from Harvard University. Their report, “Reforming Hong Kong’s Healthcare: Why and for Whom?” was published in early 1999.*

“Hong Kong can take pride in its system of health care where every resident has reasonably equal access to essential healthcare, and in the cost-effectiveness of the healthcare system that is equal to its neighboring Asian nations and better than many European countries. ... On the other hand, the present organisational structure, the role of government and use of resources are outdated. Rapid changes in epidemiological conditions, advancements in health practice and organisation over the past decades have contributed to the need for change.”

*With little support for the recommendations of the Harvard Report, the Government published its own proposals for healthcare reform, ‘Lifelong Investment in Health: Consultation Document on Health Care Reform’ in 2000:*

“We have further reviewed the three main pillars of our healthcare system – the organisation and provision of health services (service delivery system), mechanisms to assure the quality of healthcare provided (system of quality assurance) and the funding and financing for healthcare services (health financing system) – and formulated strategic directions for reforms to ensure that the system

would be able to meet the needs and aspirations of our future generations.”

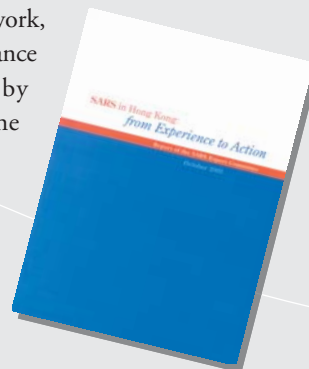
*The Government favoured developing an integrated healthcare service, including continuing professional training for all healthcare professionals, improved public/private interface, improved patient complaint mechanisms, and options for financing healthcare. Implementation continued throughout 2001 and 2002. However, the worst crisis in HA’s history was about to strike.*

*In March 2003 an unknown, new and virulent infectious disease, later identified as a coronavirus, infected 1,755 people in Hong Kong and over the course of a few weeks brought Hong Kong perilously close to shut-down. Although SARS was successfully contained by the end of May, the repercussions are still being felt today.*

*Enquiries into the SARS outbreak reported before the end of 2003. The Report of the SARS Expert Committee, an independent panel of international health experts, was a constructive attempt to rectify systemic weaknesses. Its Report made 46 recommendations to strengthen Hong Kong’s ability to respond in future:*

“The more our Committee learnt about the experience of SARS in Hong Kong, the more impressed we were by the extraordinary service, hard work, attention to duty and acceptance of responsibility shown by numerous people during the outbreak.

“It is always easy to criticise with the benefit of retrospective knowledge and hindsight. SARS was



a new and emerging disease.” (‘SARS in Hong Kong: From Experience to Action’, SARS Expert Committee Report of the HKSAR Government)

*Legco Select Committee Report looked at individual responsibility rather than the organisation of infectious disease control. Although critical of aspects of leadership, the Report acknowledged the huge contribution of HA staff:*

“Hong Kong’s healthcare workers worked extremely hard and were fearless in the battle against SARS. They risked their own lives gallantly in trying to save others. These highly professional and committed [healthcare workers] are one of the key strengths of Hong Kong’s public health system.” (Legco Select Committee Report, July 2004)

*HA’s own Chief Executive who had contracted SARS, was eloquent in his own summary of the experience:*

“The year 2003 will long be remembered as a year of grief and sorrow for the Hong Kong society under the attack of the Severe Acute Respiratory Syndrome (SARS). The epidemic claimed 299 lives among the 1,755 victims. The disease also disproportionately affected healthcare workers, 376 in all and mostly staff of the Hospital Authority. Eight healthcare workers died, among whom six were from the HA.

“Yet SARS also brought out the best among Hong Kong people. The whole society was united to fight this unknown enemy. Support for frontline healthcare workers was overwhelming. The image of brave and selfless healthcare staff risking their lives day and night to attend to patients and save Hong Kong and the world from the deadly disease conjured up feelings of heroism and solidarity.” (Chief Executive’s Overview, 2003/04 Annual Report)

*With SARS over and strengthened infectious disease controls in place, the new HA Chairman, Mr Anthony WU, returned to a recurrent theme:*

“The Authority’s success in transforming the quality of patient care delivered by public hospitals during the past 15 years has been well recognised. However, improvements in the quality of our heavily subsidised services have boosted demand, which put tremendous pressure on both our staff workload and our financial resources.” (Chairman’s Overview, 2004/05 Annual Report)

*This was also discussed in the final significant document to be published in this 15-year period. ‘Building a Healthy Tomorrow: Discussion Paper on the Future Service Delivery Model for our Health Care System’ was published by the Health, Welfare and Food Bureau in July 2005.*

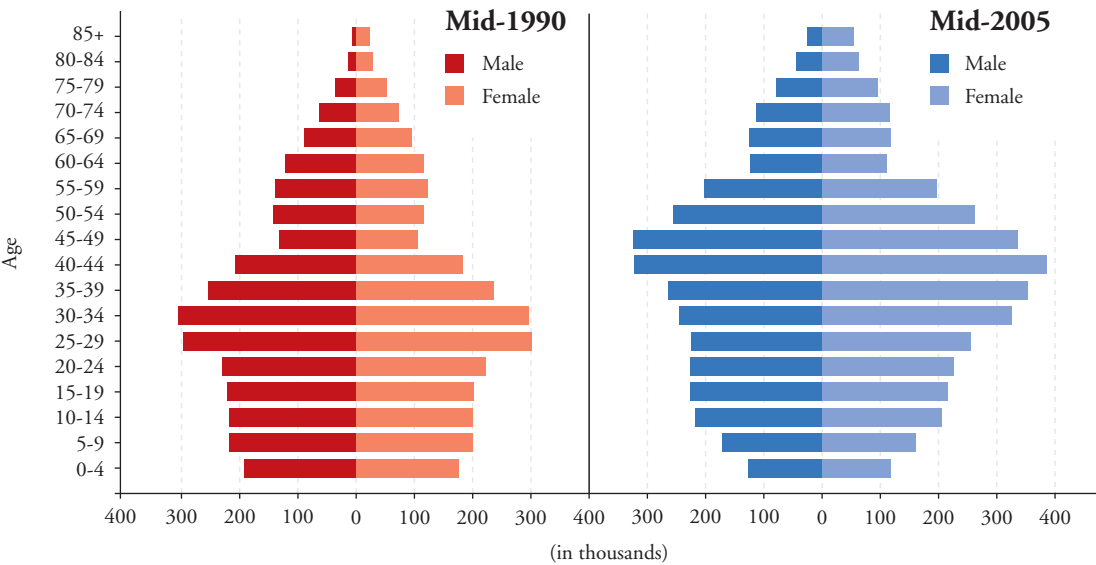
*The document unites the issues discussed in previous papers to present an affordable health system for Hong Kong which would ensure that everyone has access to good quality primary, secondary, tertiary and long-term care, whatever their circumstances. With its emphasis on primary care and a gate-keeping role for the family doctor, better integration of public and private care, more emphasis on prevention and public health measures, and more effective targeting of resources and services at need, the document echoes observations made in the original 1985 Scott Report.*

*Over the past 15 years, health and healthcare in Hong Kong have been transformed. The constant is the integrity and commitment of the people who continue to deliver one of the best healthcare systems in the world.*



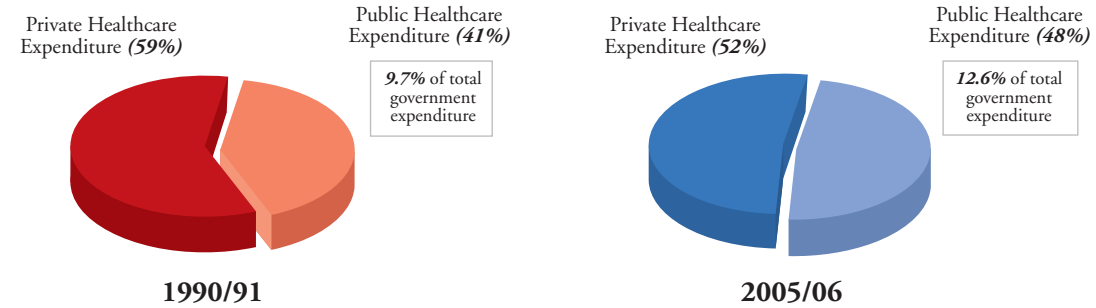
# Then and Now – Health and Healthcare in Hong Kong

Hong Kong Population Age Pyramid



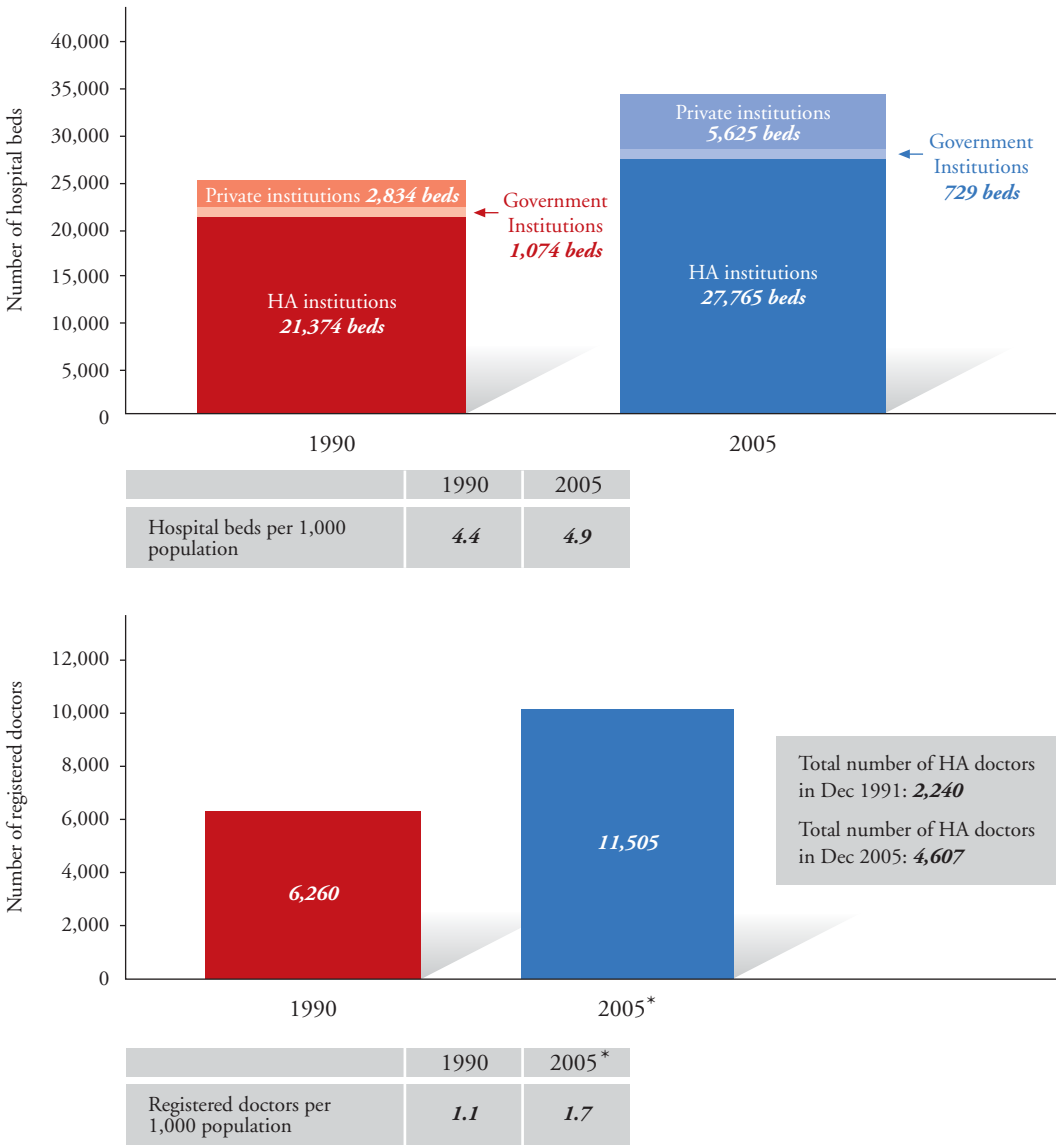
Note: Mid-year population for 1990 and 2005 are compiled, using “extended de facto” & “resident population” approaches respectively.  
Source: Census and Statistics Department

Healthcare Expenditure in Hong Kong



Source: Census and Statistics Department

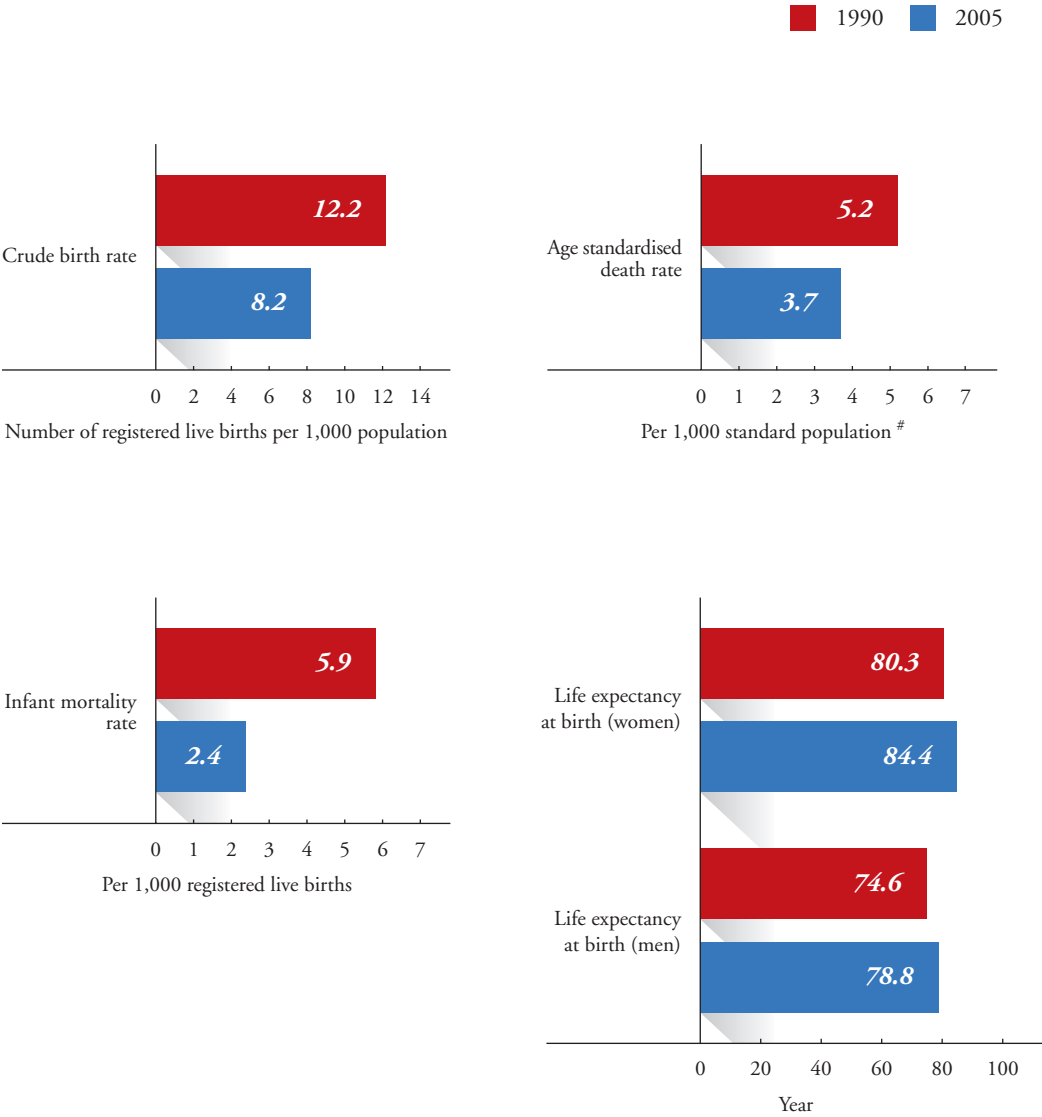
Healthcare Facilities and Manpower in Hong Kong



Notes: \* Provisional figure.  
Figures are as at end of the year and refer to the doctors/dentists with full registration on both the local and overseas lists.  
Sources: Census and Statistics Department, Department of Health, Hospital Authority

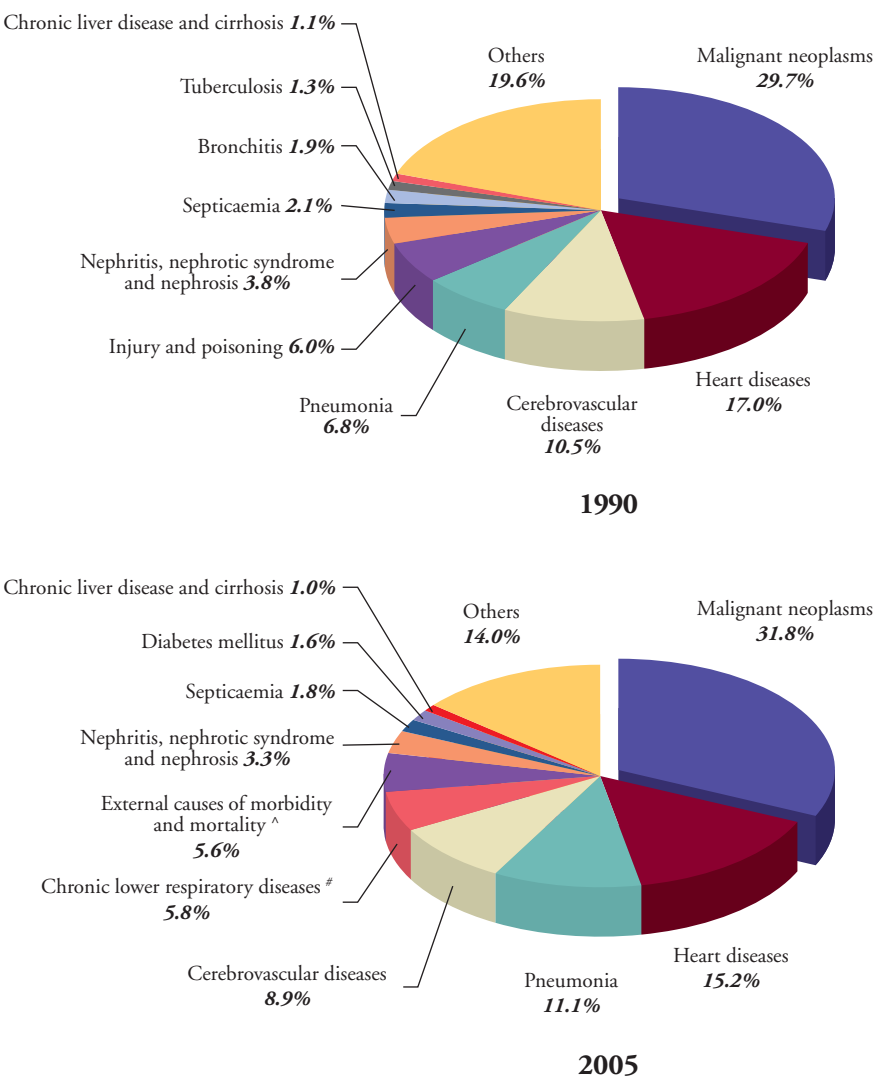


Vital Statistics in Hong Kong



Notes: # The standard population was based on world standard population published in the 1997-99 World Health Statistics Annual.  
Source: Census and Statistics Department, Department of Health

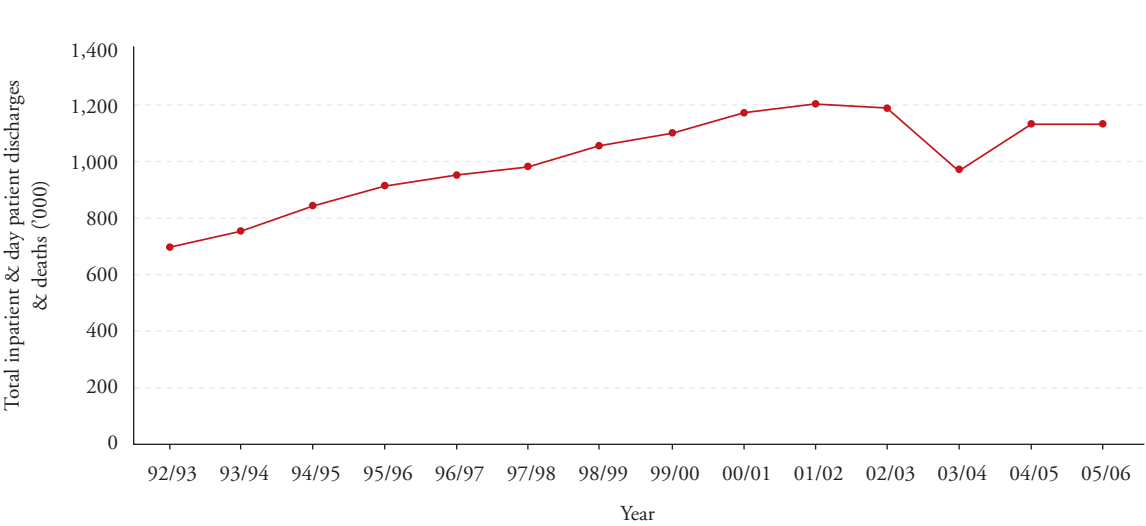
Ten Leading Causes of Death in Hong Kong



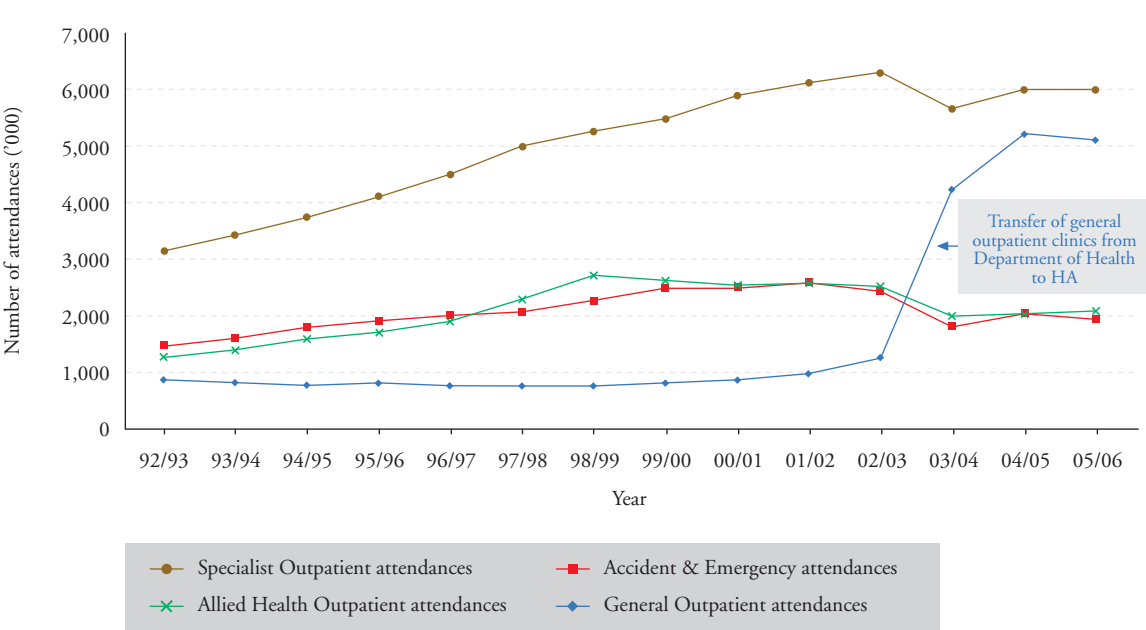
Notes: Percentage may not add up to 100% due to rounding.  
# Chronic lower respiratory diseases have been included as a disease group for the purpose of ranking the causes of death since 2001.  
^ According to the ICD 10th Revision, when the morbid condition is classifiable under Chapter XIX as “Injury, poisoning and certain other consequences of external causes”, the codes under Chapter XX for “External causes of morbidity and mortality” should be used as the primary cause of death.

Sources: Census and Statistics Department, Department of Health

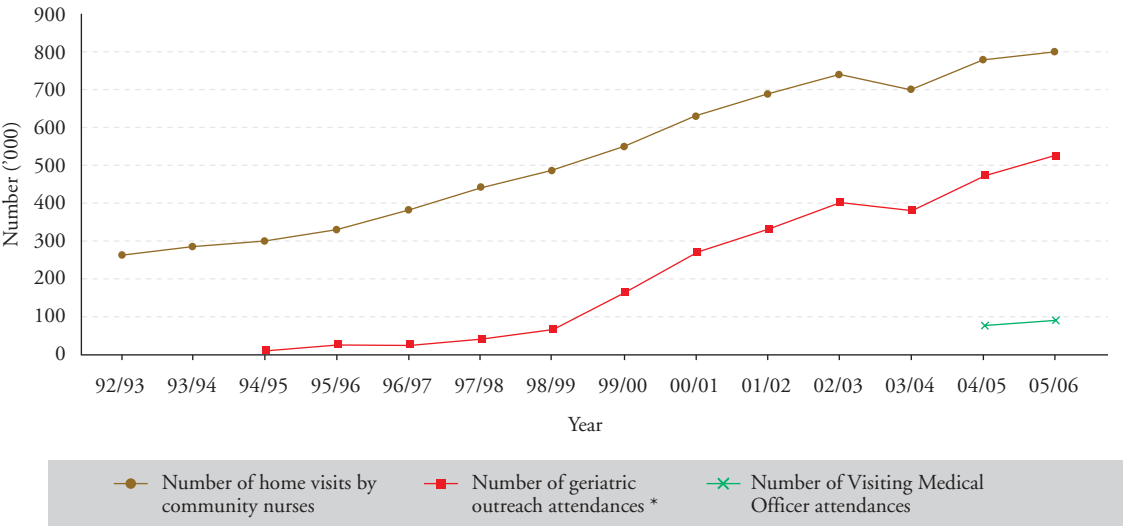
Inpatient Service in Hospital Authority in 1992/93 - 2005/06



Ambulatory Services in Hospital Authority in 1992/93 - 2005/06

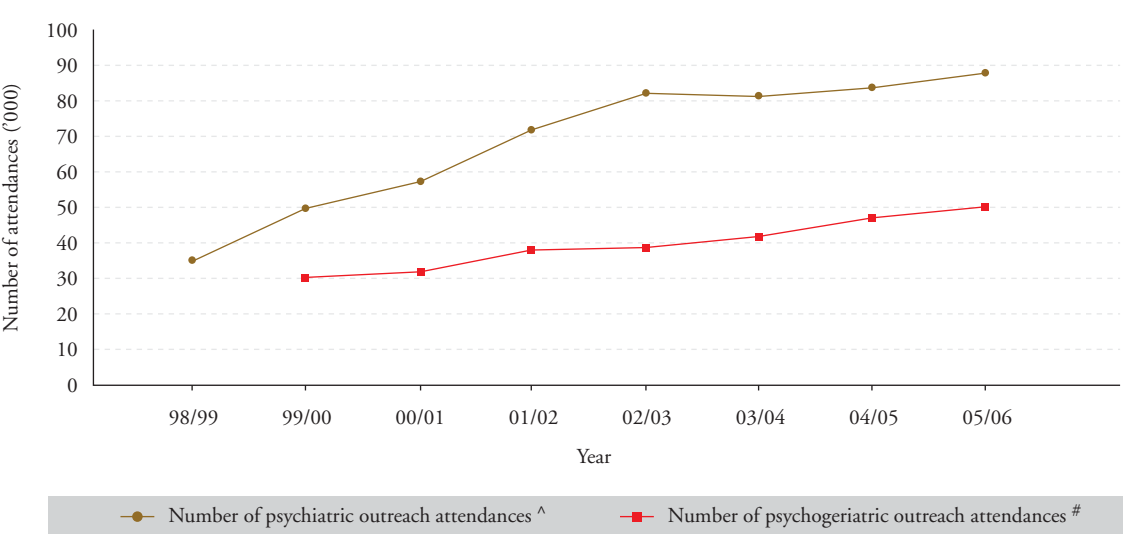


Community Outreach Services in Hospital Authority in 1992/93 - 2005/06



\* Include number of outreach attendances at subvented homes and private aged homes by Community Geriatric Assessment Team.

Community Outreach Psychiatirc Services in Hospital Authority in 1998/99 - 2005/06



^ Since 01/02, Community Psychiatric Team and Community Psychiatric Nursing Service have been integrated into Community Psychiatric Service.

# Include number of outreach attendances, number of home visits and number of consultation-liaison attendances by Psychogeriatric Team.



# *The Chairman and Chief Executive look forward to the challenges ahead for the Hospital Authority*

Comments from  
Mr Anthony WU, JP,  
the Chairman of HA



## **On what Hong Kong's healthcare would be like if HA had not succeeded in the past 15 years:**

"Fifteen years ago the hospital system in Hong Kong was very poor. The quality of services had a lot to be desired, there was overcrowding and many people could not get access to the care they needed. Now we have excellent services and it was both brave and visionary of the Government 15 years ago to create HA as a separate organisation. It would be wrong to say we have got it all right. Resources are still a

problem and we have much still to do, but HA is moving in the right direction."

## **On forging a closer relationship between HA and the private sector:**

"It is not easy, but it has to be the way forward. HA simply cannot do everything so we have somehow to get the balance right between supply and demand. For example, we know that two-thirds of those who attend Accident & Emergency (A&E)



Departments are not emergencies. So we need to look at what resources should be available in the community to prevent people simply going to A&E. If we could establish major community centres in each of Hong Kong's districts, centres where there would be specialist, generalist, private and public provision, with other healthcare such as dentistry and pharmacy, then we may be able to manage demand more effectively."

## **On HA's future role as facilitator:**

"There are 12,000 doctors in Hong Kong and HA employs around 5,000 of these. So we have to find a way of facilitating choice for patients through the system. The important thing is to hold on to the principle that nobody should be denied of health services because of lack of means."

## **On future financing of healthcare services:**

"Like every other developed system we face rising cost of technologies and drugs, rising demand and an ageing population. I think Government and ourselves are going about this the right way. First identify what you want the system to provide and look at the funding available. Then, focus on

the gap between what is available and what will be needed, and work out how you are going to fill this. There are indeed many options available."

## **On HA's opportunity of developing into a regional healthcare centre:**

"We should be very pleased that people want to travel to Hong Kong because of our excellent healthcare services. I think there is enormous potential for Hong Kong to become a centre of excellence for the region, attracting patients from many countries. I would certainly like to see Hong Kong as the region's healthcare centre, and I am sure this would bring benefit, including to the economy."

## **On the top issue on his agenda:**

"I continue to put people on the top of my agenda. For a quality service, we need good people who are motivated and happy, with good careers and in an organisation that values people. If we get this right we will be able to provide quality healthcare to the people of Hong Kong."

## **On what he would like to be able to say about HA in the year 2011:**

"That HA has become an organisation that people are proud to work in, and Hong Kong people say that healthcare is in safe hands and that they enjoy the best healthcare system in the world."



## Comments from Mr Shane SOLOMON, the Chief Executive of HA



### On what HA should be doing to achieve the vision of “the future of hospitals is outside hospital”:

“I would like to see the work of the General Outpatient Clinics extended so that they are providing a broad range of services with many more clinical staff, not just doctors. We have to bring primary care services together to provide a package of care that will work for people who most need it, i.e., the socially disadvantaged in Hong Kong.

Part of the problem is that consultation times are too short because of the level of demand, so we have to reduce demand and increase the time spent with patients, which means people coming less often, but getting a better experience when they

come. I would like to see the clinics becoming training places, so we are encouraging excellence in our generalists in primary care not just specialists. It would be good if those most in need in our society were able to access the



best services in the community. This means having a primary care system which matches specialist services, as well as encouraging those who can afford this to make more use of the private sector.”

### On future financing of healthcare services:

“The debate is often polarised as between public (meaning hospital) and private (meaning all other care), but this is much too simplistic. Healthcare financing is complex and needs a great deal of thought to make the best decisions for the future. For example, we know that a 1% reduction in HA capacity would lead to a 10% increase in private hospital demand, which could not be met. Again, two-thirds of the six million patient attendances each year are for drug prescriptions. So we have to look much more closely at the system of care and then review funding as a whole.”

### On how to pay for new technologies:

“The idea of moving towards self-financing improvements has to be relevant to Hong Kong, so that old technologies and practices are stopped when a new technique becomes available. This work is also relevant to the whole idea of patient choice, so that a new technique which as a marginal benefit may be something that a patient wishes to pay for.

Often the debate about patient choice is about

choosing between public or private care, but it is more subtle than this, and we may look in the future at a system which offers a range of choices with part-subsidies.”

### On HA’s strategic priorities in the near future:

“First, we need to address employment and staff morale issues. HA is the largest employer in Hong Kong after the Government and I would like to see it as one of the best. However, to be a top employer we have work to do. Our doctors are working very long hours and career progression has stalled, so we need to rebuild our relationships here and give our young doctors confidence that they want to work for HA.

Similarly we need to provide more opportunities and support for our nurses, whose workload has grown. We have talked about services outside hospital to reduce demand and we will need to work hard here.

My next priority is to improve our quality assurance processes to avoid the tragedies that have happened in other healthcare systems. We have to make sure that quality and safety are priorities and to link these to the work already done on infectious disease control.

Fourthly, I want us to look at our service planning, how we are delivering major services and whether we could provide these more effectively. Service planning and service redesign tend to sit well together and I am sure that we can make progress here.

All these priorities of course must be within a regime of HA cost control although we should look for increased revenues when we can show the benefit. These are big challenges and the Head Office Review now underway will ensure that we have the right team to move forward.”



### On what he would like to be able to say about HA in the year 2011:

“These jobs are positions of trust and stewardship. I hope I will be able to say that we have kept HA operating as a modern health system of quality and that under my watch it has not become second rate. I too hope it can be the best in the world: certainly the system in Asia that people look to for where they would want to be treated. I would like it to be financially sustainable because staff also suffer if this doesn’t happen, and I would like HA to be respected as a top employer that provides good leadership.

I would like HA to have been repositioned as more like a Health Authority, partly through what it will have to offer for services outside hospital, partly through working to enhance the capacity of the private sector, and partly through training a new generation of primary care practitioners. So I hope HA would have brought about a substantial change in care outside hospital during these five years.

Finally I would like HA to be viewed as an open and accountable organisation that the community has confidence in. We should be known for telling people how things are and being swift to acknowledge our mistakes and to learn from them.”



# Hearty Words

## from Staff Members

十五載難忘肩並肩新猶共創  
經歷練謹記手牽手精益求精

不斷革新  
面對挑戰  
居安思危  
臨危不亂

高科技資訊平台 拔地而起  
高接觸全人關顧 從心而動

風雨十五載 總裁三易  
肝膽五萬人 萬眾一心

新思維管理 跨越千禧  
全方位素質 完善永續

溫情十五載  
暖意心中載  
上下共一心  
攜手建未來

醫局十五載 管理創新篇  
專業抗病患 服務譽香江

賀醫院，拒病侵，  
醫護者，父母心。  
管治層，好認真，  
局中人，要加分。

Since its inception, HA has never  
stopped inspiring people to excel  
in their professions through  
quality services to the needy.

精進醫學創佳績  
優良管理求完善  
週年局慶盼民康

Happy Birthday Sweet Fifteen!  
May all our colleagues have a  
healthy and wonderful life!

同心同德，關懷愛護市民健康  
群策群力，建設健康和諧香港

十五寒來暑往  
悲喜苦樂參半  
未憂前路變亂  
心喜朋輩相扶

勤工儉用紓財困  
矜憫為懷解心結

To live out our commitment to environmental protection,  
this Brochure can be found on our website at

**[www.ha.org.hk](http://www.ha.org.hk)**

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