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**Department of Paediatrics &
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A New Era of Paediatric Service

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Centre of Excellence in Paediatrics (CEP)

- Excellence in **clinical service** can only be achieved within an academic culture of **innovation** and **learning**
- Academic Health Science Centres (AHSC) established in US and UK that integrate academic (innovation and learning) and care-delivery systems to address **horizontal disconnection**
- AHSC not sufficient to address **vertical disconnection** of community care and hospital care, hence Academic Health Science System (AHSS) proposed

**Planning for CEP is an opportunity to
re-examine our current state
and
reconfigure the future
for
a better integrated model**

Reality in Hong Kong

- **Horizontal disconnection:-**
 - **Private/NGO**
 - **Department of Health**
 - **Hospital Authority**
 - **Universities**

- **Vertical disconnection:-**
 - **Primary care**
 - **Secondary care**
 - **Tertiary care**

Policy support for reconnecting the disconnected sectors horizontally and vertically

DH	Clinical Genetics Service Child Assessment Service Family Health Service School Health Service
HA	The disconnected Paediatric Departments
Private	> 300 private paediatricians and several thousand private doctors caring for children in community
Universities	2 paediatric departments 3 nursing schools Many allied health programs

- **Horizontal integration** of these stakeholders within the CEP needs to be enshrined by strong policy support and sound **governance** structure, that are still to come
- Vertical integration more complex
- After policy and governance, **solid financial** arrangements also need to be assured, before realistic planning can start for CEP (remembering the budget for GOSH 2008-09 was **£291M** for 34,257 patients from Sir Cyril Chantler Jan 2010)

- **After strong policy, sound governance and solid finances are all assured, we can then focus on at least 6 key success factors**
- **To ensure these success factors be realised, we need to have structures and processes to turn these key concepts into actionable plans**

Six success factors

- 1. Clinical programs need to be evidence-based and research agenda driven**
- 2. Concentration of all rare cases/events in CEP to achieve quality care and research**
- 3. Integrated service configuration within CEP that is patient-centred and at the same time education and research facilitating**

Six success factors

- 4. Recruitment and development of staff committed to clinical service, education and research**
- 5. Effective interfaces among CEP, regional hospitals and community-based child health service to ensure continuity of care**
- 6. Positioning of CEP as a centre for Hong Kong and beyond is critical to ensure regional excellence**

Clinical programs – Evidence-based and Research agenda driven

A. Translational Research Unit (GMP facility)

- stem cell therapy for regeneration
- gene therapy for Mendelian defects
- cellular therapy for cancer and autoimmune diseases

B. Clinical Research Unit (CTC framework)

- clinical trial phase 1, 2 and 3
- clinical device and drugs development for children driven by clinicians

C. Evidence-based Practice Unit

- Identify gaps that can be filled by HK network

D. Core-Research Facility Unit

- Creation of core research support services *YL Lau 2010*

Concentration of all rare cases/events

- Network of referral and shared care among CEP and regional hospitals, with clear clinical path and a **joint patient database** to ensure audit and quality assurance
- Creation and/or participation of national and regional network to promote care and research in these rare diseases (need **Bioinformatics and IT Unit**)
- **Rare Diseases Laboratories**
 - to support diagnosis, management and research in these rare diseases such as IEM and PID, or less rare diseases such as cancer and CHD

Integrated service configuration that is patient-centred and research and education facilitating

Back-to-Basics Committee (B to B Committee)

- **Horizontal disintegration of services is a major concern in highly-subspecialised hospitals. A continuing process to examine this issue and provide solutions need to be structuralised**
- **Possible solutions include named physicians, disease-based wards instead of discipline-based wards according to the degree of the inter-dependency of the disciplines and setting up of general paediatric service responsible for the “multi-handicapped child”**
- **Architectural design of these wards and outpatient services must be patient-centred and facilitate research and education for both staff and patients**

Recruitment and development of human resources

If we need 150 experienced and high quality doctors of different specialties to operate this 450 beds CEP in 6 years time, there must be a **HR Development Committee** with all the policy and financial support to come up with a plan soon

Nurses and allied health workers.....

Effective interfaces among CEP, regional hospitals, community and government

A. CEP - Regional Hospitals Alliance

- To plan the clinical pathways for referral and shared care, joint training programs for specialists and subspecialists, and research network for contributing to regional and global research**

B. Clinical Genetic Service

- To reconfigure current service offered by DH, HA and Universities into an integrated service model with emphasis on research and education**
- To re-visit the newborn screening program**

Effective interfaces among CEP, regional hospitals, community and government

C. Child Public Health and Epidemiology Unit

- To conduct educational and research activities that are able to bridge the knowledge gap between the bed-side and the community, which shall reinforce the interface between CHP of DH and CEP**

D. Community Child Health Unit

- To conduct educational and research activities that promote vertical integration of community-based service and hospital service, which shall reinforce the interface between private paediatricians, FHS/CAS of DH and regional hospitals**

CEP for Hong Kong and beyond

Public Engagement Committee

Deep engagement with HK community and potential partners must be started as early as possible to instill a sense of ownership in our citizens, to ensure their continuing support to have a centre positioned for HK and mainland China

However.....

We still lack

- **Clear and strong policy**
- **Workable and sound governance**
- **Enabling and solid finance**

for the CEP and the reconfiguration of existing services, without which the subsequent steps are not possible