

LegCo Panel on Health Services

Redevelopment of Staff Quarters for the Establishment of a Rehabilitation Block at Tuen Mun Hospital

Purpose

This paper briefs Members on the redevelopment of staff quarters for the establishment of a rehabilitation block at Tuen Mun Hospital (TMH).

Background

2. At present, the Hospital Authority (HA) provides medical services for Yuen Long and Tuen Mun districts through its New Territories West (NTW) hospital cluster, which comprises TMH, Pok Oi Hospital (POH), Castle Peak Hospital and Siu Lam Hospital. The cluster has a provision of 1 671 general beds (or 1.58 general beds per 1 000 population), which is insufficient to meet the increasing needs due to population growth. Notwithstanding that the territory-wide ratio of acute beds to convalescent / rehabilitation beds is around 3 to 1, at present the cluster has only 266 convalescent / rehabilitation beds. According to the latest projections of the Census and Statistics Department, the population in the NTW cluster will increase from 1 062 500 in 2002 to 1 216 800 in 2010, representing a 15% rise. The number of elderly people aged 65 and above in the NTW cluster will increase by 22%, from 88 000 in 2002 to 107 500 in 2010. With an ageing population and the increasing prevalence of chronic illnesses, there is increased demand for rehabilitation services. HA estimates that by 2010, the projected shortfall in the provision of general beds in the NTW cluster will be in the region of 700 general beds. In July 2002, the Finance Committee (FC) of the Legislative Council approved funding for project **5ME** to upgrade POH to a modern acute general hospital and to expand its capacity by adding 272 acute beds. To cope with the demand for rehabilitation services, address the shortage in the supply of convalescent / rehabilitation beds in the cluster and to meet the balance of the projected shortfall in general beds in the NTW cluster by 2010, we propose to

provide an additional 512 convalescent / rehabilitation beds at TMH. By so doing, we can bring the ratio of acute to convalescent / rehabilitation beds in the NTW cluster in line with the territory-wide provision.

3. Day rehabilitation services can enhance continuity of care and reduce the need for inpatient services. At present, there are no designated day rehabilitation facilities in the NTW cluster. We propose to set up a day rehabilitation unit at TMH with a capacity of 155 day places to cater for the rehabilitation needs of patients suffering from chronic illnesses. The annual throughput of the unit is 2 700 patients and 40 000 attendances.

Scope of Project

4. To cope with service needs in the NTW cluster, we propose to construct a rehabilitation block at TMH to accommodate the addition of 512 convalescent / rehabilitation beds, a day rehabilitation unit, and related support and ancillary facilities. For this purpose, we propose to demolish Staff Quarters Blocks B and C and build the proposed rehabilitation block on the site. Staff Quarters Blocks B and C were constructed in the 1980s. When HA took up the management responsibilities of public hospitals in 1991, it decided that no more residential accommodation should be provided to hospital staff. Staff Quarters Block B has since been converted for use as callrooms, overnight rooms, staff canteen and administration departments, while Staff Quarters Block C for storage. Some units of both blocks have been rented out to hospital staff. To enable the redevelopment project to proceed, those hospital facilities currently accommodated in Staff Quarters Blocks B and C will be reprovisioned to Staff Quarters Block A following refurbishment of the Block.

5. The site where the proposed rehabilitation block is situated is physically separated from the main hospital compound by Tsing Lun Road and the Light Rail Transit. The operation of the proposed rehabilitation block relies heavily on the support of existing medical staff and ancillary support services in the main hospital compound. We propose to construct a link bridge to connect the proposed rehabilitation block and the Ambulatory Care Centre in the main hospital compound to facilitate sharing of staff and major facilities with the Main Block to meet the operational needs of the rehabilitation block.

6. The opportunity is taken to conduct certain improvement works to the existing facilities in TMH. These include -

- (a) improvement of lift services in the Main Block

The Main Block is now served by eight bed / passenger lifts. An on-site survey conducted in 2002 revealed that the waiting time is around 4 minutes on average, but can be up to 15 minutes during peak hours. The existing lifts in the Main Block of TMH also experienced frequent breakdowns. We propose to install three additional passenger lifts and upgrade the existing lifts in the Main Block to improve its lift service; and

- (b) the installation of a wheelchair lift in the existing subway connecting the Staff Quarters site and the Main Block of TMH for use by disabled person.

Project Cost

7. The estimated cost of the project is in the region of \$1,180 million, of which site formation and piling account for some \$120 million, building and building services (including refurbishment) \$750 million, and furniture and equipment \$120 million*.

Public Consultation

8. HA consulted the Tuen Mun District Council in May 2000. Members of the District Council supported the proposed project, and urged HA to expedite the construction of the proposed rehabilitation block.

* At the Panel meeting held on 13 May 2002, some Panel members requested that in future, detailed breakdown of the cost of funding a capital project should be provided. As we are in the process of finalizing the project cost, we are only able to provide rough estimates of the project cost as well as major cost components at this stage.

Way Forward

9. We plan to seek the approval of the FC of the Legislative Council in March/April 2003 for funding of the project at about \$1,180 million. Subject to FC's approval, the construction works will commence in mid 2003 for completion in mid 2007.

Advice Sought

10. Members are requested to note the content of this paper.

Health, Welfare and Food Bureau
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