

立法會
Legislative Council

LC Paper No. CB(2)2261/05-06
(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 8 May 2006 at 8:30 am
in Conference Room A of the Legislative Council Building

- Members present** : Dr Hon KWOK Ka-ki (Chairman)
Dr Hon Joseph LEE Kok-long (Deputy Chairman)
Hon Albert HO Chun-yan
Hon CHAN Yuen-han, JP
Hon Bernard CHAN, JP
Dr Hon YEUNG Sum
Hon Andrew CHENG Kar-foo
Hon LI Fung-ying, BBS, JP
Hon Vincent FANG Kang, JP
Hon LI Kwok-ying, MH
- Members absent** : Hon Fred LI Wah-ming, JP
Hon Mrs Selina CHOW LIANG Shuk-ye, GBS, JP
Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP
- Members attending** : Dr Hon Fernando CHEUNG Chiu-hung
Hon Ronny TONG Ka-wah, SC
- Public Officers attending** : Items IV and V
Miss Susie HO, JP
Deputy Secretary for Health, Welfare and Food (Health) 1

Ms Ernestina WONG
Principal Assistant Secretary for Health, Welfare and Food
(Health) 2

Item IV

Dr FUNG Hong
Hospital Chief Executive of Prince of Wales Hospital

Mr Stephen TANG
Project Director 2
Architectural Services Department

Item V

Dr Allen W L CHEUNG
Director (Professional Services & Operations)
Hospital Authority

Dr TOM Kam-tim
Hospital Chief Executive of Tung Wah Eastern Hospital

Dr K M CHOY
Senior Executive Manager (Professional Services) 5
Hospital Authority

Ms Ivis CHUNG
Co-ordinator (Allied Health)
Hospital Authority

Clerk in attendance : Ms Doris CHAN
Chief Council Secretary (2) 4

Staff in attendance : Miss Mary SO
Senior Council Secretary (2) 8

Miss Maggie CHIU
Legislative Assistant (2) 4

I. Confirmation of minutes
(LC Paper No. CB(2)1870/05-06)

The minutes of meeting held on 10 April 2006 were confirmed.

II. Information paper(s) issued since the last meeting

2. There was no information paper issued since the last meeting.

III. Items for discussion at the next meeting
(LC Paper Nos. CB(2)1871/05-06(01) to (02))

3. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on 12 June 2006 at 8:30 am -

- (a) Future plans and challenges of the Hospital Authority; and
- (b) Recovery of public hospital fees and charges incurred by non-entitled persons.

4. The Chairman asked when the Administration would be ready to report to members on the measures it intended to take to regulate health maintenance organisations (HMOs), the regulation of the use of Hydrophilic Polyacrylamide Gel (PAAG) for breast augmentation purpose, and the work it had done in storing a person's organ donation details through electronic means.

5. Deputy Secretary for Health, Welfare and Food (Health) (DSHWF(H)) responded that the Administration would be in a position to revert to members on the measures it intended to take to regulate HMOs in July 2006 and on the regulation of the use of PAAG for breast augmentation purpose in June 2006 in the form of an information paper initially. As regards storing a person's organ donation details through electronic means, DSHWF(H) said that the Administration planned to report to members on this later in the year. The Chairman hoped that the proposal could be implemented within this year.

IV. Redevelopment of Prince of Wales Hospital, Phase 1
(LC Paper No. CB(2)1871/05-06(03))

6. Hospital Chief Executive, Prince of Wales Hospital (HCE/PWH) briefed members on the proposed phase 1 redevelopment of the PWH with the aid of a powerpoint, details of which were set out in the Administration's paper.

Subject to members' views, the Administration planned to seek the approval of the Public Works Subcommittee (PWSC) and the Finance Committee (FC) of the Legislation Council in June and July 2006 respectively to fund the proposed project at an estimated cost of about \$1,882 million in money-of-the-day prices. Subject to FC's approval, tenders would be invited in the third quarter of 2006. Construction works were planned to commence in mid-2007 for completion in mid-2010.

7. Mr Andrew CHENG asked the following questions -

- (a) what was the reason for choosing the option of redevelopment over that of refurbishment for the PWH, given that the hospital was only built some 22 years ago in 1984; and
- (b) how much money would still be required to improve the PWH after the completion of the phase 1 redevelopment project.

Mr CHENG said that unless the Administration could come up with very sound reasons for choosing the redevelopment option for the PWH, which involved the construction of a new block of about 800 in-patient beds, it would be very difficult for the public to support the proposed redevelopment at an estimated cost of \$1.882 billion, when they had to face ever increasing fees and charges for public health care services. Mr CHENG queried whether the reason for choosing the redevelopment option for the PWH was due to the poor condition of the buildings.

8. DSHWF(H) responded that the main reason for choosing the redevelopment option for the PWH was because the space constraint of the hospital would make it very difficult to undergo refurbishment without generating disruption to some of its services. Furthermore, it would be extremely difficult for other hospitals in the New Territories East (NTE) cluster to share the workload of the PWH for a prolonged period of time. As regards Mr CHENG's second question, DSHWF(H) said that she did not have the answer at this stage. The Administration intended to conduct an assessment, after the completion of phase 1 redevelopment of the PWH, to decide whether the future improvement works to meet the hospital's long-term functional needs would take the form of refurbishment or redevelopment.

9. Project Director 2, Architectural Services Department (PD2, Arch SD) supplemented that due to the problem of space constraint of the PWH, the only way to enable the hospital to undergo improvement works to meet service needs was to construct a new block at the existing helipad and tennis court to ensure there was no disruption of medical services throughout the redevelopment period. Another reason for constructing a new block was because the structural frame of

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the existing buildings imposed limitations on their potential to be upgraded to meet present-day standards and future demands. For instance, the structural headroom of 3.5 m was insufficient to allow for installation of service trunkings to support the necessary engineering services, hospital operational systems and the information technology infrastructure. As an example for comparison, the structural headroom of the North District Hospital (NDH) was 4.5 m.

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10. Mr Andrew CHENG requested the Administration to provide the following information before seeking the FC's approval for the necessary funding to implement the proposed phase 1 redevelopment of the PWH -

- (a) major improvement works undertaken by other major acute hospitals in recent years; and
- (b) the preliminary plan for improving the existing buildings after the completion of the of phase 1 redevelopment of the PWH, i.e. whether the future improvement works would take the form of refurbishment or redevelopment, and the estimated cost involved.

DSHWF(H) agreed, but pointed out that it would not be possible for the Administration to provide an estimated cost for the improvement works on the existing buildings of the PWH at this stage.

11. Ms LI Fung-ying asked the following questions -

- (a) how many additional in-patient beds and what new services would be provided/introduced after the completion of the phase I redevelopment of the PWH; and
- (b) whether any additional amount of money would be required for equipment to put the PWH redevelopment project into service.

12. HCE/PWH responded to Ms LI's first question as follows -

- (a) the number of in-patient beds in the PWH would be kept at the existing number of 1 300 to 1 350 after the completion of the redevelopment project;
- (b) the reason why the PWH could still meet its service needs without increasing any in-patient beds was due to the hospital clustering system under which each hospital within the cluster took on a specific role and service provision. For instance, the PWH was a major acute hospital in the NTE cluster providing tertiary care, whereas the NDH was a acute general hospital providing secondary

care; and

- (c) although no additional in-patient beds were planned for the redevelopment project, the project was aimed at improving the space between beds inside the in-patient wards and increasing the observation beds in the accident and emergency department from 16 to 40, the intensive care beds from 22 to 32 and the operating theatres from 10 to 16.

(Post-meeting note : The number of operating theatres would be increased from 10 to 18 instead of from 10 to 16.)

13. Regarding Ms LI's second question, HCE/PWH said that the estimated project cost of \$1,882 million was inclusive of all facilities and services, i.e. no additional money would be required to put the new block into service.

14. Mr LI Kwok-ying expressed concern about possible delay in conveying emergency patients in NTE to the PWH, upon the use of the helipad site for the redevelopment of the PWH.

15. HCE/PWH responded as follows -

- (a) at present, all emergency patients taken to hospitals by helicopters were conveyed to either the Pamela Youde Nethersole Eastern Hospital or the Tuen Mun Hospital by the Government Flying Service. When necessary, the Government Flying Service might also land their helicopters at the Sha Tin Fire Station, with the patients being transferred to the PWH by ambulance afterwards. The Sha Tin Fire Station was 5-minute drive away from PWH; and
- (b) to include the provision of a helipad in the phase 1 redevelopment project now would delay the implementation of the project, as some two years were needed to assess the safety and environmental issues involved, having regard to the proximity of the project site to the nearby high rise buildings and the Ma On Shan Rail, and to design the helipad. Nevertheless, the provision of a helipad in the next phase improvement works of the PWH would not be ruled out as the hospital also served as a trauma centre.

16. The Chairman asked whether deferring the provision of a helipad to the next phase improvement works of the PWH would increase the cost. PD2, Arch SD replied in the negative. The Chairman further asked whether work on planning for a helipad in the next phase improvement works of the PWH could start now in order to save time. PD2, Arch SD replied that it might not be

meaningful to do so now when it was not yet known what form of development the next phase would take.

17. Dr Joseph LEE requested the Administration to shed more light on its overall plan for improving the PWH to meet long-term service needs, without which it would be very difficult for Members to support the proposed project. Dr LEE further requested the Hospital Authority (HA) to enlist frontline staff in designing the layout of the new block and further improvement works of the PWH.

18. HCE/PWH responded as follows -

- (a) the improvement works of the PWH were preliminary envisaged to be carried out in two phases. Phase 1 involved the construction of the proposed new block for the provision of all essential services for the acute, emergency and critical care of adult patients, details of which were set out in paragraph 11 of the Administration's paper;
- (b) services, such as obstetrics and gynaecology, paediatrics and clinical oncology, would continue to be provided in the existing hospital buildings, until a decision on further improvement plans of the PWH was made;
- (c) with the moving of the accident and emergency department to the proposed new block, the functions of the existing trauma centre would be changed to ensure that it was put to good use;
- (d) in view of the limitations imposed by existing structural frame, consideration was being given to converting the existing buildings for the provision of day and ambulatory services upon the completion of the proposed new block. The provision of rehabilitation beds would however not be considered in the future plans of the PWH, as these beds were already provided by other hospitals in the NTE cluster, such as the Shatin Hospital and the Tai Po Hospital;
- (e) the decision on whether the next phase of improvement works of the PWH should take the form of refurbishment or redevelopment could only be made after a thorough assessment of the conditions of the buildings was made by Arch SD and other departments concerned. To do so, existing services needed to be decanted which could only be achieved upon the completion of the proposed new block;
- (f) there was a need to conduct a thorough assessment of the conditions

of the existing buildings before deciding on the option of refurbishment or redevelopment. The decision would have to take into consideration the heavy utilisation of the hospital after 30 years, which would have accelerated the deterioration of finishes, fixtures and other installations and shortened their life span, the problems normally faced by ageing buildings, as well as whether the buildings would fit the future functions and development of medical services in the next 10-20 years;

- (g) there was no plan to increase the number of in-patient beds in the PWH in the future, which would remain between 1 300 to 1 350 at all times; and
- (h) the hospital had involved its professional staff in the planning and design of the redevelopment project. The views and suggestions were all passed to Arch SD for incorporation as the user requirements.

19. Dr Joseph LEE said that he could not see why an assessment of the conditions of the existing buildings could only be carried out after the sites were vacated. Dr LEE suggested that the Panel make a visit to the PWH to better understand the current conditions of the hospital. Members agreed.

20. The Chairman asked whether with the completion of the phase 1 redevelopment project, the problem of the scattering of related facilities and services over different locations in the PWH would be solved. According to paragraph 7 of the Administration's paper, patients presently in need of an operation had to be transported for about 20 minutes among buildings from Blocks E and F to operating theatres located in the Clinical Sciences Building.

21. HCE/PWH advised that the redevelopment project would not fully solve the problem of the scattering of related facilities and services over different locations in the PWH, as some medical services, such as obstetrics and gynaecology, would continue to be provided in the existing buildings.

22. Mr Vincent FANG echoed members' view on the need for the Administration to come up with an overall improvement plan for the PWH, in order to enable members to consider whether the proposed new block should be supported. Mr FANG opined that the redevelopment project did not appear to be justified, as it meant tearing down the PWH and re-building it from scratch without increasing the number of in-patient beds and services of the hospital, albeit the cramped condition of the hospital would be improved. Mr FANG asked whether there were other public hospitals with the structural headroom of 3.5 m, having regard to the fact that one of the main reasons for launching the

redevelopment project was due to the limitations imposed by the existing structural frame.

23. HCE/PWH explained that the reason why a new block had to be built at the PWH was due to the problem of space constraints. Similar problem was faced by the PMH before, and hence various extension blocks had been built in the PMH in the past years to address the space problem. However, the refurbishment of the main blocks of the PMH also had not solved the problem of inadequate ceiling height in these buildings. The result was therefore still far from ideal.

24. Mr Ronny TONG asked the following questions -

- (a) whether resources would be wasted if the improvement works of the PWH stopped at the phase 1 redevelopment project;
- (b) whether capping the number of in-patient beds between 1 300 and 1 350 at the PWH would be sufficient to meet the needs of people living in the NTE region. According to the latest projections of the Census and Statistics Department, the population of the NTE cluster would increase further by 4.4% and 7.9% by 2010 and 2013 respectively. In 2005, the population in the NTE region had grown to over 1 300 000; and
- (c) whether the infectious diseases facilities to be provided in the proposed new block would be sufficient for handling future outbreaks of infectious diseases.

25. DSHWF(H) responded as follows -

- (a) phases 1 and 2 of the redevelopment project could be dealt with independently. The new block was meant to address the problem of shortage of space in the existing hospital buildings by decanting patients to the new block and would not give rise to surplus of in-patient beds; and
- (b) maintaining the number of in-patient beds at around 1 300 to 1 350 was considered adequate to meet the future growth in the population of the NTE cluster, as a result of the continuous efforts made by the HA in developing its ambulatory and outreach programmes, not to mention the sharing of workload among hospitals within the cluster.

26. HCE/PWH said that the phase 1 project should more appropriately be considered as an extension project, given its aims, among others, were to relieve the space constraint in the existing hospital buildings, and that no decision had

been made on future plans regarding the existing hospital buildings and building new ones on the same site. HCE/PWH further said that the only hospital in the NTE cluster which might warrant an increase in the number of in-patient beds was the NDH, in view of the rapid development in northern NT. As regards Mr TONG's last question, HCE/PWH said that the number of infectious disease beds in the PWH would remain at about 100 after the completion of the phase 1 redevelopment project, although the number of isolation rooms to accommodate these beds would increase.

27. Mr Ronny TONG noted that the latest average room occupancy rate at the PWH was close to 90%, and asked whether this was too high.

28. HCE/PWH responded that being a major acute hospital in the NTE cluster, it would not be an efficient of resources by the PWH if its average room occupancy rate fell below 85%.

29. Dr YEUNG Sum said that the Administration should make clear whether the construction of the proposed new block was a redevelopment or an extension project. If it was a redevelopment, it was necessary for the Administration to provide information on the overall plan. If it was an extension, the project could be considered on its own. Miss CHAN Yuen-han concurred. Mr Vincent FANG urged the Administration not to take the easy way out to obtain funding from the FC by treating the proposal as an extension project. If the conditions of the PWH required major improvement works to meet service needs, the Administration should come forward with a redevelopment plan for the hospital so that the NTE region could have a world class acute hospital as soon as possible.

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30. DSHWF(H) responded that the Administration would make clear in its submissions to the PWSC and FC that the construction of the proposed new block was an extension project. The Administration would also make clear in the submissions that it would not rule out the possibility of redeveloping some of the existing hospital buildings after the completion of the proposed new block. DSHWF(H) assured members that the Administration would consult the public before taking forward the next phase of improvement works on the PWH.

31. The Chairman was of the view that the rapid deterioration of the PWH warranted an investigation by the Director of Audit, as many building problems had been cropping up since the 1990s, although the hospital was only put into service in 1984. The Chairman asked about the measures which the Administration would take to ensure that the same situation would not occur in the proposed new block.

32. DSHWF(H) responded that there was no cause for concern that the Design-and-Build approach proposed for adoption by the PWH project would fall

short of users' expectation, as the NDH and the Tseung Kwan O Hospital, which had also adopted the same approach, was well received by both patients and healthcare workers.

33. Mr LI Kwok-ying noted the HA's plan to provide a green area in the existing car park area at the PWH, and asked whether the number of car park space at the hospital would be reduced as a result.

34. HCE/PWH responded that it was the HA's plan to provide a greener environment for the PWH, although how this should be taken forward had not yet been finalised. In so doing, every effort would be made to ensure that the number of car park space at the hospital would not be reduced.

35. Responding to Mr LI Kwok-ying's enquiry on whether the number of car park space at the PWH could be increased, HCE/PWH said that this was not possible as the existing provision had already reached the ceiling stipulated by the Government's planning standards for hospital parking facility.

Admin 36. In closing, the Chairman requested the Administration to provide a fresh paper on the improvement plans for the PWH for members' consideration, before seeking funding support from the PWSC and FC.

V. Discharge planning in public hospitals (LC Paper No. CB(2)1871/05-06(04))

37. Director (Professional Services & Operations), HA conducted a power point presentation on the various aspects of discharge planning in public hospitals and recent cases involving discharge difficulties in public hospitals, details of which were set out in the Administration's paper.

38. Members noted a submission from the Concerning CSSA Review Alliance (LC Paper No. CB(2)1941/05-06(01)) tabled at the meeting.

39. Ms LI Fung-ying requested the HA to provide a breakdown of the reasons set out in paragraph 4 of the Administration's paper on why some patients refused to be discharged from hospital. Ms LI questioned the appropriateness of ceasing to pay the allowance to those Comprehensive Social Security Assistance (CSSA) recipients during their stay in a public hospital, as a means to deter patients from overstaying in hospital. Ms LI pointed out that although all in-patient charges would have already been waived for such patients, it should be pointed out that their CSSA payment would be reduced if their stay in a public hospital exceeded two weeks. Due regard should also be given to the need for money to cover miscellaneous personal expenses during his/her hospitalisation as

well as the impact of the recipient's hospitalisation on the level of expenditure by the remaining members of his/her family.

40. Director (Professional Services & Operations), HA responded that he did not have the breakdown requested by Ms LI in paragraph 39 above, as often a combination of reasons were involved. Although the reasons were many and might vary from one case to another, the reasons given in paragraph 13(b) and (c) of the Administration's paper were the more common ones.

41. Co-ordinator (Allied Health), HA said that although the CSSA payment to a recipient would be reduced after prolonged hospitalisation, a subsidy would be disbursed to him/her during his/her stay in hospital. After deducing the charges they needed to pay, the total amount of money which these recipients would receive during their stay in hospital was more than what they could receive if they stayed in a residential home. The Administration therefore considered that this financial benefit might be one of the reasons for the patient's reluctance to be discharged.

42. Dr YEUNG Sum opposed the proposal of ceasing to pay the allowance to those CSSA recipients during their stay in a public hospital as a means of deterring them from overstaying in hospital. Dr YEUNG pointed out that the main reason why some patients insisted on staying in hospital was due to the lack of community, day and ambulatory services in the community. Miss CHAN Yuen-han echoed similar views, and further said that it was unfair for the Administration to put the blame on CSSA recipients when it had failed to provide adequate aftercare for discharged patients and their carers. Miss CHAN suggested inviting deputations, such as chronically-ill patients, to give their views on the lack of community, day and ambulatory services in the community which forced them to remain in hospital. The Chairman, Dr Joseph LEE , Dr Fernando CHEUNG and Mr Albert HO expressed support. Mr LI Kwok-ying hoped that in addressing the provision of residential care services in the community, the Administration would also give due regard to the quality and affordability of such services.

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43. Mr Albert HO suggested and members agreed to hold a joint meeting with the Panel on Welfare Services to continue discussion on discharge planning in public hospitals. To facilitate better discussion, the Administration was requested to provide a paper setting out the profiles of patients who insisted on staying in hospital, the reasons and duration of their overstay, the measures taken by the HA to address the discharge problem, and the effectiveness of these measures.

VI. Any other business

44. The Chairman reminded members that a joint meeting with the Panel on Welfare Services had been scheduled for 15 May 2006 to discuss the handling of drugs in residential care homes for the elderly.

45. There being no other business, the meeting ended at 10:43 am.

Council Business Division 2
Legislative Council Secretariat
9 June 2006