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**Panel on Health Services**

**Information note prepared by the Legislative Council Secretariat  
for the meeting on 15 July 2013**

**Redevelopment and expansion plans of public hospitals**

There are currently 41 public hospitals and institutions under the management of the Hospital Authority ("HA"). From time to time, the Administration carries out redevelopment or expansion projects of existing public hospitals to address the demand for public healthcare services. According to the Administration, it will take into account the future population growth and ageing in the region, the demand for healthcare services, the overall provision of healthcare services in the various clusters under HA, and the development of public and private healthcare services in determining the order of priority for the redevelopment or expansion of the various public hospitals.

2. A number of hospital redevelopment or expansion projects are underway and will be completed in the coming years. These projects include the expansion of Tseung Kwan O Hospital, redevelopment of Caritas Medical Centre Phase 2, redevelopment of Yan Chai Hospital, expansion of United Christian Hospital, and redevelopment of Kwong Wah Hospital. At the meeting of the Panel on Health Services on 21 January 2013 to receive a briefing from the Secretary for Food and Health on the 2013 Policy Address in relation to health matters, members were advised, among others, that the Administration planned to renew Queen Mary Hospital and redevelop Kwai Chung Hospital.

3. Two written questions concerning the redevelopment projects of Queen Mary Hospital and Prince of Wales Hospital were raised at the Council meetings of 24 April and 22 May 2013 respectively. The questions and the Administration's replies are in **Appendices I** and **II** respectively.

Council Business Division 2  
Legislative Council Secretariat  
9 July 2013

**Press Releases** *24 April 2013*

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LCQ19: Queen Mary Hospital redevelopment project  
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Following is a question by the Dr Hon Kenneth Chan and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (April 24):

Question:

The Government has approved the project of Hospital Authority (HA) to redevelop the Queen Mary Hospital (QMH) by phases. Yet, HA has not announced the concrete redevelopment arrangements and post-redevelopment service arrangements. In this connection, will the Government inform this Council:

(a) whether it knows the latest progress of the redevelopment project; whether it can provide the details and schedule of the entire redevelopment project; if it cannot, of the reasons for that;

(b) whether it knows the details about the number of beds and the new services to be provided as well as the healthcare manpower requirements after the redevelopment of QMH; whether HA has adopted specific measures to ensure sufficient healthcare staff to provide services in QMH upon completion of the redevelopment project; if it has, of the details; if not, the reasons for that;

(c) of the latest estimated expenditure for the redevelopment project; given the comment of some healthcare staff of QMH that the earlier estimated amount of \$7 billion might not suffice, whether there is room for the authorities to increase the budget; if there is, of the details; if not, the reasons for that;

(d) given the comments of some patients that the waiting time for specialist out-patient services, examinations with the aid of advanced medical apparatus and operations is currently very long in QMH, whether it knows if the waiting time for such services will be shortened upon completion of the redevelopment project; if so, of a breakdown of the anticipated figures by specialty and type of examination item and operation;

(e) whether it knows if the services provided by QMH will be reduced when the redevelopment works are in progress, and whether part of the service needs will be shared out by other public hospitals; if so, of the details; the measures to be taken by the Government and HA to alleviate the impact of the redevelopment project on the patients of QMH and the residents on Hong Kong Island as well;

(f) given that some concern groups on women's affairs have all along longed for the authorities to set up a one-stop support centre for victims of sexual violence, whether the authorities will consider taking the opportunity of the redevelopment of QMH to set up such a centre in the hospital, so as to strengthen the support for victims of sexual violence; if they will, of the details; if not, the reasons for that; and

(g) whether it knows if HA will initiate public engagement activities in the course of drawing up plans for the redevelopment project and designing the buildings, so as to gauge

the views of patients, healthcare personnel and other stakeholders; if HA will, of the details; if not, the reasons for that?

Reply:

President,

(a) and (c) In order to make the redeveloped Queen Mary Hospital (QMH) better serve its mode of service as a modernised medical centre, the Government and the Hospital Authority (HA) are modifying the outline of the redevelopment project, with a view to expediting the progress of the redevelopment works and shortening the time required to complete the entire project.

The Architectural Services Department is carrying out a technical feasibility study on the modified project and it is expected to be completed in the third quarter of 2013. By then, specific project details and a working schedule could be confirmed. Since the technical feasibility study on the redevelopment project is still in progress, the estimates of expenditure in this respect are not available at this stage.

(b), (d) and (e) The QMH redevelopment project aims to renew the hospital equipment and turn the hospital into a modernised medical centre with additional space and floor area to meet operational needs, cope with the demand of service development and facilitate research and education development so as to further enhance its function and role as an academic medical centre. The redeveloped QMH will be more capable of providing patient-oriented, inter-departmental and cross-disciplined quality services, and will provide more advanced, more appropriate and more efficient healthcare service for the public.

The details of the redevelopment project are yet to be finalised and the completion of construction works will take time. QMH will, according to the timeframe of the redevelopment project, discuss with various departments as and when appropriate the service and operational demand and consider in details the service items to be provided by individual units upon completion of the redevelopment project, so as to formulate a detailed operational plan, including the number of hospital beds and the manpower requirements of healthcare staff, etc. To address the shortage of overall healthcare manpower, the Food and Health Bureau has established a high level Steering Committee to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong. The Steering Committee is studying the manpower demand of various healthcare professions across the board. Having regard to the findings of the strategic review, it will formulate recommendations on ways to cope with the anticipated demand for healthcare manpower, strengthen professional training and facilitate professional development, so as to help us plan for the long-term supply of high-quality healthcare professionals to ensure the sustained and healthy development of Hong Kong's healthcare system.

Since QMH will be redeveloped in situ, the project will be carried out on the principle that clinical services would not be affected as far as possible. Any disruption of services, if unavoidable, will be kept to a minimum through corresponding arrangements by the hospital. If decantation service is required, QMH will take the initiative to negotiate with other hospitals in the Hong Kong West Cluster so as to decant some services to other hospitals and provide suitable space for

departments being affected by the redevelopment project.

(f) The Social Welfare Department (SWD) set up the Multi-purpose Crisis Intervention and Support Centre in 2007 to provide one-stop crisis intervention and support services, including short-term accommodation, to victims of sexual violence and their family members through a service model involving designated social workers and multi-disciplinary co-operation. The Centre has been operating effectively. SWD has no plan to set up another support centre for victims of sexual violence in QMH or any particular hospital.

(g) QMH will collect views from its staff and report the work progress on a regular basis through different channels such as the staff consultative committee, seminars, website and newsletter. It will also maintain regular communication with various stakeholders within the hospital. As for the outside parties, QMH will regularly report to them the project plan and work progress, collect their views and timely address their concerns through the Central and Western District Council, the Southern District Council, patients' groups and neighbouring residents' organisations, etc.

Ends/Wednesday, April 24, 2013  
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**Press Releases** 22 May 2013

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LCQ22: Redevelopment project of Prince of Wales Hospital  
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Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (May 22):

Question:

A survey conducted by a political party has found that the waiting time for consultation in the Accident and Emergency (A&E) Department of the Prince of Wales Hospital (PWH) in the New Territories East (NTE) Cluster is much longer than the average waiting time in the A&E Departments of other public hospitals (101 minutes) and it is the longest in Hong Kong. Over half of the respondents have indicated that there were occasions on which they had waited for over five hours for consultation, while 20% of the respondents had the experience of waiting for up to eight to 12 hours. According to information of the Hospital Authority (HA), the average daily attendance of the A&E Department of PWH exceeds 410, and its attendance last year was 160 000, representing a year-on-year increase of 7.1% which was higher than the average rate of increase of 4.4% across HA. Meanwhile, the residents have been continuously complaining about the prolonged waiting time for consultation at various specialist outpatient clinics in PWH and the shortage of hospital beds. It has been reported that as the bed occupancy rate of the medical wards in PWH in January this year was as high as 130%, temporary beds accounting for 30% of the total number of beds had to be placed in the corridors. Faced with the ageing population in Shatin and the pressure of rapid population growth brought about by the completion of a number of new housing estates in Ma On Shan, the demand for PWH's healthcare services has far exceeded its capacity for a long period of time. As a result, members of the public are concerned that PWH's epidemic prevention and infection control capabilities have been hampered. On the other hand, the Sha Tin District Council endorsed the Phase Two expansion project for PWH (the expansion project) in 2006 and PWH finalised the proposal for the expansion project in June 2010. However, up to now, funds have not yet been allocated for the implementation of the project and there is no timetable for its completion. In this connection, will the Government inform this Council if it knows:

(a) the progress as well as the expected commencement and completion dates of the expansion project; if there is no timetable, of the reasons for that;

(b) whether the authorities have formulated any short, medium and long term measures to tackle the problem of prolonged waiting time for consultation for various specialties of PWH; if they have, of the details; if not, the reasons for that;

(c) the details of the expansion project; how the expansion project will strengthen the services provided by various specialties of PWH, especially those specialties with longer waiting time for consultation (e.g. mental health services for young people, medicine and A&E services), including by how long the waiting time for consultation for various specialties may be shortened;

(d) the respective bed-to-population ratios for the various specialties in each cluster at present, and the relevant ratios

in the NTE Cluster upon completion of the expansion project; and

(e) given that the population of Shatin and Ma On Shan will continue to grow in the coming few years, whether the authorities have assessed if the NTE Cluster will, upon completion of the expansion project, meet the proposed standards in relation to healthcare services as set out in the Hong Kong Planning Standards and Guidelines, and the results of comparison of the NTE Cluster with other clusters regarding the relevant standards of services?

Reply:

President,

Apart from being the largest acute hospital serving the New Territories East (NTE), the Prince of Wales Hospital (PWH) is also the teaching hospital of the Faculty of Medicine of the Chinese University of Hong Kong, as well as a referral centre for various specialties in the territory, including adult and paediatric oncology, cardiothoracic surgery, paediatric surgery, neurosurgery and major trauma. In addition to the 1.3 million population in the NTE including Sha Tin, its service users also include cross-district patients.

In recent years, the NTE Cluster, which includes PWH, is facing an increasing demand on healthcare services from local elderly population (including the large number of residents in elderly homes within the district) and cross-boundary patients. The elders are mainly in need of medicine in-patient service whereas the cross-boundary patients mainly require trauma treatment and paediatric service. As for PWH, the hospitalisation rate of patients attending the Accident and Emergency (A&E) Department has been on the rise. The occupancy rate of acute medical beds saw an increase of over 6% in the past two years. The hospital has to open more wards and add beds to meet the demand.

My reply to various parts of the question is as follows:

(a) PWH was planned in the 1970s and opened in 1984. It is the largest hospital in the NTE Cluster, providing acute and tertiary healthcare services. It is also the teaching hospital of the Faculty of Medicine of the Chinese University of Hong Kong. In order to provide adequate space to meet the long-term health care needs of the district and health care training, the Government and the Hospital Authority (HA) carried out the Phase 1 Redevelopment of PWH in 2007. The fourteen-storey new building, the Main Clinical Block and Trauma Centre, provides in-patient services including intensive care unit and intensive care center, operating theatres and day services. The new building, with a total gross floor area of 71,500 square meters to provide a better hospital environment for patients, was opened in late 2010.

The original proposal for the phase two redevelopment project of PWH was to demolish Staff Blocks A, C and D and the lecture hall of the nursing school for the construction of a new block and provision of sufficient clinical space and facilities in compliance with the current design and standards. Provision of additional beds was not included in the original plan. In light of the relevant government departments' latest projection of population growth and expected changes in demographic structure in NTE, HA is reviewing the phase two redevelopment project, with considerations given to increasing the number of beds and expanding the inpatient services so as to meet the long-term medical service demand of the NTE Cluster, including Sha Tin.

Upon completion of the review, HA will conduct a technical feasibility study on the new proposal and draw up an overall development plan for PWH. As the review is in progress and will take some time to complete, the estimated timetable for the commencement and completion of the phase two redevelopment project is not yet available for the time being.

(b) and (c) Although there has been a shortage of manpower in recent years, to cater for the increasing demand for medical services, PWH has implemented various measures to improve its A&E service, specialist outpatient (SOP) services and the waiting time for hospital beds, with a view to enhancing the overall service quality.

As for SOP services, the NTE Cluster will improve the management of SOP waiting lists in 2013/14. Additional consultation sessions for Ophthalmology will be conducted to manage a total of 4 000 new cases. Moreover, anti-vascular endothelial growth factor treatment will be provided to 60 new age-related macular degeneration cases and 500 new cases of diabetic related eye diseases, including sight threatening diabetic retinopathy.

Additional resources are allocated to the NTE Cluster for granting special honorarium to doctors who work overtime voluntarily to speed up the handling of routine cases in Surgery, Gynaecology and Psychiatry. New patients who are considered to be in suitable condition after assessment may be given an earlier appointment.

HA has implemented a new initiative since August 2012 to facilitate patients in certain specialties with stable condition to seek earlier SOP appointment through cross cluster arrangements. HA is now exploring a similar arrangement to transfer some gynaecological patients in NTE Cluster to Hong Kong East Cluster for consultation.

There is an established mechanism in PWH for referral of patients in SOP clinics who are in stable and simple medical condition to Family Medicine Training Centre or general outpatient clinics for follow-up treatment, so as to spare places in SOP clinics for handling new patients.

PWH has also been improving the environment of specialist clinics as well as the consultation procedures and comfort of patients. For instances, the new Eye Centre opened last year has an increase in area by 60% as compared with the old clinic, the expansion of the psychiatric clinic has also been completed.

As regards A&E service, PWH will continue to actively recruit doctors to fill the vacancies in the A&E Department. At present, staff have been deployed from other departments (such as the Department of Family Medicine) to the A&E Department, part-time doctors have been recruited and support has been sought from doctors who are willing to work extra shifts or sessions through the Special Honorarium Scheme. As for nursing manpower, nine additional nurses were deployed to the A&E Department of PWH in April 2013 to relieve the work pressure of frontline staff. Other contingency measures include increasing the A&E Nurse Clinic sessions from two days a week to seven days a week, subject to the manpower situation. Non-emergency and mild trauma cases will be treated by nurse specialists so that doctors could attend to patients in critical condition.

PWH plans to launch a mobile phone application this year, providing real time information on the number of semi-urgent and non-urgent patients waiting in the A&E Department as well as the



waiting time needed. Information on local private doctors available for services will also be provided for reference of the public so that they can make their own choices on the suitable consultation channels.

To cater for the increasing demand for in-patient services, PWH will provide 30 day beds at the Medical Ambulatory Care Centre in 2013/14 to divert the non-emergency cases of acute wards and alleviate the access block at A&E. Besides, three High Dependency Unit (HDU) beds will be added, 1 500 psychiatric consultation liaison attendances will be provided at the A&E department for patients with probable mental health problems to facilitate timely assessment and early intervention and reduce unnecessary admissions.

In-patient wards of PWH have speeded up the workflow of discharge and transfer of patients to rehabilitation hospitals with a view to vacating beds and receiving in-patients as soon as possible. Beds will be added where necessary to receive patients from other specialties who are in stable condition. During the peak seasons of influenza, the community outreach nursing team will extend service to seven days a week, and strengthen visits to local residential care homes for the elderly so as to reduce the need for hospitalisation of their residents. Direct admission to Shatin Hospital (without going through the A&E Department) will be arranged for the elderly as necessary to alleviate the burden on the A&E Department.

To relieve the work pressure on the frontline staff, an additional 31 nursing graduates will be deployed to the Department of Medicine in August this year. PWH is drafting its work plan for 2014/15 to apply for funds for adding several dozens of medical beds and enhancing the ambulatory services so as to reduce the admission needs of patients.

In the long run, the phase two expansion project of PWH will be implemented to alleviate the shortage of acute beds in the district and shorten the waiting time for in-patient admission.

(d) The Annex sets out the number of general beds in HA per 1 000 population by hospital cluster in 2012-13 (excluding infirmary, mentally ill and mentally handicapped beds).

PWH is revising its phase two redevelopment plan to ensure that the services to be provided upon the completion of the phase two project could better tie in with the demand of the community.

(e) The Hong Kong Planning Standards and Guidelines provide a general indication of the sites reserved by the Government for medical and healthcare services such as public and private hospitals, infirmaries and elderly homes. HA will take into account a number of factors in planning for the provision of public healthcare services, so as to formulate service development guidelines which better tie in with the demand of the community. For instance, it will project the demand for medical and healthcare services by the public in the short, medium and long term having regard to demographic changes, population growth, the rate of patients seeking cross-district medical treatment, the growth rate of services of individual specialties and changes in healthcare services utilisation pattern.

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The number of general beds in Hospital Authority (HA) per 1 000 population by hospital cluster in 2012-13 (excluding infirmary, mentally ill and mentally handicapped beds)

Hospital cluster	Number of general beds per 1 000 population in 2012-13 (as at 31 March of the year)
Hong Kong East	2.5
Hong Kong West	5.3
Kowloon Central	5.9
Kowloon East	2.2
Kowloon West	2.7
New Territories East	2.6
New Territories West	2.0
HA Overall	2.9

Note:

While the ratio of beds per 1 000 population varies among clusters, the difference in such a ratio cannot be used to compare the level of service provision directly among the clusters because:

- in planning for its services, HA has taken into account a number of factors, including the increase of service demand as a result of population growth and demographic changes, advancement of medical technology, manpower availability as well as organisation of services of the clusters and hospitals and the service demand of local community. Population is only one of the factors under consideration;
- patients may receive treatment in hospitals other than those in their own residential districts; and some specialised services are available only in certain hospitals, and hence certain clusters, and the beds in these clusters are providing services for patients throughout the territory.