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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 18 January 2016

Public hospital development

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on public hospital development in the Fifth Legislative Council ("LegCo").

Background

2. The Hospital Authority ("HA") currently manages 42 public hospitals and institutions, 47 specialist outpatient clinics and 73 general outpatient clinics. These facilities are organized into seven hospital clusters, namely, Hong Kong East ("HKE") Cluster, Hong Kong West ("HKW") Cluster, Kowloon Central ("KC") Cluster, Kowloon East ("KE") Cluster, Kowloon West ("KW") Cluster, New Territories East ("NTE") Cluster and New Territories West ("NTW") Cluster, according to their geographical locations. At present, HA provides about 27 600 hospital beds, accounting for almost 90% of inpatient services (in terms of number of bed days) in Hong Kong. The estimated number of general beds¹ in HA per 1 000 geographical population by hospital clusters in 2015-2016 is in **Appendix I**.

3. To cater for the long-term demand for healthcare services, a number of public hospital projects are currently underway. These include the redevelopment of Yan Chai Hospital; the construction of Tin Shui Wai Hospital ("TSHW") and Hong Kong Children's Hospital ("HKCH")²; the reprovisioning of Yaumatei

¹ General beds refer to acute, convalescent and rehabilitation beds (infirmary beds and beds for mentally ill and mentally handicapped persons are not included).

² HKCH was formerly known as the Centre of Excellence in Paediatrics.

Specialist Clinic at Queen Elizabeth Hospital ("QE"); the refurbishment of Hong Kong Buddhist Hospital ("HKBH"); and the expansion of United Christian Hospital ("UCH"). Public hospital projects which have policy commitment and are under planning include the redevelopment of Kwong Wah Hospital, Queen Mary Hospital ("QMH") and Kwai Chung Hospital ("KCH"); the extension of the Operating Theatre Block of Tuen Mun Hospital ("TMH"); and the phase one development of an acute general hospital, including the establishment of a neuroscience centre therein, in the Kai Tak Development Area ("KTDA"). These projects are expected to complete at different times during the period of 2016 to 2023. A total of 2 800 additional beds will be provided upon completion of these projects. The projected general bed capacity of HA per 1 000 geographical population by hospital clusters in 2021 is in **Appendix II**.

4. Other public hospital projects which are under different stages of planning include the expansion of Haven of Hope Hospital; the redevelopment of QE and Our Lady of Maryknoll Hospital; and the phase two redevelopment of Prince of Wales Hospital ("PWH"). In the longer term, future expansions of the North District Hospital, Sha Tin Hospital and Tai Po Hospital ("TPH") have been catered for by reserving the residual development potentials of the respective hospital sites. The adjoining site of the future TSWH has been reserved for its possible future expansion. Further expansion of Pamela Youde Nethersole Eastern Hospital through optimizing the utilization of its site area is being explored. The Administration also plans to reserve the adjoining site of North Lantau Hospital for its future expansion and to construct a new hospital in the Hung Shui Kiu New Development Area ("HSK NDA").

Deliberations of the Panel

5. The Panel discussed the overall redevelopment and expansion plans of public hospitals in July 2013. Issues relating to public hospital development were further discussed by the Panel on various occasions, including the meetings to receive briefings from the Secretary for Food and Health on the Chief Executive's 2014 and 2015 Policy Addresses and the recommendations of the Steering Committee on Review of HA ("the Steering Committee"), and to consider the Administration's individual public hospital project proposals. The deliberations and concerns of members are summarized below.

Service capacity of public hospitals under the clustering arrangement

Ratio of hospital beds to population

6. Members were concerned about whether the increase in service capacity of public hospitals to be brought about by the redevelopment and expansion of some of the existing public hospitals could adequately meet the healthcare needs

of the catchment population of each hospital cluster. They sought information on breakdowns by hospital clusters of the catchment population, the number of hospital beds per 1 000 geographical population of catchment districts, and the range of services provided. There was a concern that the current overall bed to 1 000 population ratio was lower than the planning ratio of 4.2 as proposed by the Medical Development Advisory Committee in the 1980s.

7. According to the Administration, the size of the catchment areas' geographical population alone, or the number of hospital beds per 1 000 geographical population of the catchment districts, might not truly reflect the service needs of the respective hospital clusters as the socio-demographics of the population varied among districts. In particular, the proportions of population that were aged 65 or above and population that were living in old age homes were two important factors that would affect the level of healthcare services utilization in individual districts. According to the statistical data of the Census and Statistics Department ("C&SD"), the three hospital clusters with the largest catchment population in 2013 was the KW Cluster, the NTE Cluster and the NTW Cluster (with a respective geographical population size of 1 931 800, 1 258 200 and 1 088 300), whereas the hospital clusters with the highest percentage of population aged 65 or above which stood at 17% were the HKE Cluster and the KC Cluster, followed by the KW Cluster at 16%. The 2011 Population Census by C&SD showed that the hospital clusters with the highest proportion of population living in old age homes were the HKW Cluster (i.e. 1.4%), the KC Cluster (i.e. 1.3%) and the KW Cluster (i.e. 1.1%).

8. The Administration further advised that patients might receive treatment in hospitals other than those situated in their own residential districts, and some specialized services were available only in certain hospitals such that the hospital beds in the relevant hospital clusters were utilized by patients from other districts or throughout the territory who required such specialized services. In 2013-2014, the KC Cluster and the HKW Cluster were the two hospital clusters with the highest proportion of cluster's inpatient and day inpatient services being utilized by patients living outside the catchment districts, which stood at 65% and 35% respectively. It should be noted that the KC Cluster and the HKW Cluster, the two hospital clusters having the highest number of general bed capacity per 1 000 geographical population which stood at 5.9 and 5.4 respectively in March 2014, were the hospital clusters having the highest proportion of catchment population living in old age homes; serving a very high proportion of patients living outside their catchment districts; and providing highly specialized services for patients throughout the territory through the tertiary referral centres of QEH³ and QMH⁴.

³ QEH was the tertiary service centres for kidney transplant, paediatric surgery and cardiothoracic surgery.

⁴ QMH was the tertiary service centres for liver transplant, kidney transplant, paediatric surgery, cardiothoracic surgery and management of major burns.

The three Kowloon Clusters

9. Noting the Administration's plan to complete the phase one development of a new acute general hospital in KTDA, which included the setting up of an oncology centre and the provision of inpatient and ambulatory services with some 800 beds, by 2021, members were concerned about the schedule for the phase two development of the hospital. The Administration advised that it would work with HA to plan for phase two development of the new hospital in parallel with the carrying out of the phase one construction works.

10. Members were concerned about the service co-ordination among the refurbished or redeveloped hospitals (such as HKBH and QEH) and the newly developed hospitals (including HKCH and the acute general hospital in KTDA) in the KC Cluster. There was a question as to whether QEH would continue its role as an acute hospital to serve the population in the KC Cluster after the development of the new acute general hospital in KTDA. In the context of discussing the recommendations of the Steering Committee in July 2015, members were advised that HA would formulate Clinical Services Plans on a cluster basis to map out the respective future service delivery models of a cluster and delineate the roles of each hospital within the cluster to guide the hospital development and redevelopment projects. Clinical services plan was first drawn up for the HKW Cluster in 2013, and then for the KE Cluster in 2014, and clinical services planning was currently underway for the KC and NTE Clusters. According to the Administration, given the proximity of QEH to the new acute hospital in KTDA, its redevelopment would be planned in conjunction with the new hospital.

11. While members supported the expansion of UCH in the KE Cluster and the phase one redevelopment of KCH in the KW Cluster, some of them remained concern about the adequacy of a respective increase of about 560 (i.e. from around 1 400 to 1 960) and 80 (i.e. from 920 to 1 000) beds in UCH and KCH in meeting the healthcare needs arising from a growing and ageing population of their catchment districts.

The two New Territories Clusters

12. Some members had urged HA to expedite its study on the phase two redevelopment of PWH to meet the service demand of the NTE Cluster. The Administration agreed that there was a need to provide additional inpatient beds in PWH in order to meet the huge demand. In the light of the latest projection of population growth and expected changes in demographic structure in the NTE Cluster, HA had started the planning for the phase II redevelopment of PWH. The Administration further advised that future expansion of TPH, which belonged to the same Cluster, had been catered for by reserving the residual development potentials of a site between TPH and Alice Ho Miu Ling Nethersole Hospital.

13. Members had long expressed concern about the service capacity of TMH and Pok Oi Hospital ("POH") to meet the increasing demand for public hospital services from the growing population of the NTW Cluster, a large proportion of which belonged to the low-income group. In particular, some members were of the view that the proposal to provide at least 18 operating theatres in the proposed extension of the operating theatre block of TMH was far from adequate, as POH and the future TSWH lacked supportive facilities for carrying out emergency surgeries. There was a suggestion that HA should make use of the opportunity of the extension project to provide additional hospital beds in TMH to meet the demand of a growing and ageing population. Concern was also raised about the limited range of services to be provided by TSWH which was expected to commence operation in 2016-2017.

14. The Administration advised that most of the ultra-major and major operations in the NTW Cluster would continue to be carried out in TMH, POH and the future TSWH would mainly provide less complicated and ambulatory surgeries. As regards hospital beds, the scope of the extension project of the operating theatre block of TMH had already maximized the plot ratio of the site. It should, however, be noted that there had been an increase in the number of beds in TMH and POH in recent years. Additional acute beds and convalescent beds would also be opened in POH and TMH in 2015-2016. In addition, the future TSWH would provide a total of 300 inpatient and day beds. Future expansion of TSWH had been catered for by reserving the residual development potentials of its adjoining site. The Administration was also exploring the construction of a new hospital in HSK NDA to complement TSWH.

Geographical boundaries of the hospital clusters

15. Members were of the view that the coverage of certain hospital clusters needed to be adjusted given the high level of cross-cluster activities, particularly in the three Kowloon Clusters. There was a suggestion that consideration should be given to re-delineating part of the catchment districts of the KW Cluster to the NTW Cluster.

16. In the context of discussing the recommendations on the management and organization structure of HA put forth by the Steering Committee in July 2015, members were advised that the Steering Committee had recommended HA to consider re-delineating the Wong Tai Sin district from the KW Cluster to the KC Cluster by adjusting the cluster boundaries of the KW Cluster and the KC Cluster so as to bring about greater benefits and convenience to the patients. The Administration assured members that HA would consider how the overall delineation of cluster boundary should be refined having regard to the supply and demand for healthcare services, as well as the hospital development or redevelopment plans in the respective cluster.

Manpower requirements

17. Members called on the Administration to ensure the adequacy of healthcare manpower, in particular medical manpower, to support the operation of all new, redeveloped and expanded public hospitals. The Administration advised that the strategic review on healthcare manpower planning and professional development was expected to complete in the first half of 2016. Meanwhile, HA had implemented measures to augment its medical manpower. These included, among others, recruitment of non-local doctors under limited registration, enhancement of promotion prospect, enhancing professional training opportunities and re-engaging some of the retiring doctors to work part time for HA or on full-time basis under contract terms.

Recent developments

18. On 22 October 2015, HA released its Action Plan for implementing the recommendations of the Steering Committee in three years. An extract of the relevant parts of the Action Plan on the implementation of the recommendations relating to the management and organization structure of HA, which include, among others, the delineation of cluster boundary and the role of individual hospitals within a cluster, is in **Appendix III**.

19. The Chief Executive announced in the 2016 Policy Address that, to meet new demand and improve existing services, the Government had worked with HA to devise an overall hospital development plan, and \$200 billion would be used to implement the plan in the next 10 years. The projects would provide some 5 000 additional public hospital beds and over 90 new operating theatres. The Administration would brief the Panel on the 10-year hospital development plan at the meeting on 18 January 2016.

Relevant papers

20. A list of the relevant papers on the LegCo website is in **Appendix IV**.

**Estimated number of general beds in the Hospital Authority
per 1 000 geographical population of each hospital cluster in 2015-2016**

Hospital cluster	Number of general beds (Estimate)	% of overall Hospital Authority ("HA")	Number of general beds per 1 000 geographical population of catchment districts	Number of general beds per 1 000 geographical population aged 65 or above of catchment districts	Catchment districts
Hong Kong East Cluster	2 065	9.6%	2.7	14.5	Eastern, Wan Chai, Islands (excluding Lantau Island)
Hong Kong West Cluster	2 860	13.2%	5.4	32.7	Central & Western, Southern
Kowloon Central Cluster	3 029	14.0%	5.6	31.6	Kowloon City, Yau Tsim
Kowloon East Cluster	2 331	10.8%	2.1	14.2	Kwun Tong, Sai Kung
Kowloon West Cluster	5 244	24.3%	2.7	16.1	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
New Territories East Cluster	3 610	16.7%	2.8	21.1	Sha Tin, Tai Po, North
New Territories West Cluster	2 448	11.3%	2.2	18.9	Tuen Mun, Yuen Long
Overall HA	21 587	100%	3.0	19.4	

Note: The bed to population ratios involve the use of the mid-year population estimates by the Census and Statistics Department and the latest projection by the Planning Department.

Source: Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

**Projected general bed capacity of the Hospital Authority
per 1 000 geographical population by hospital clusters in 2021**

Hospital cluster	Projected geographical population of catchment districts in 2021[#]	Planned bed capacity* (general beds**) in 2021	General bed capacity per 1 000 geographical population of catchment districts	Catchment districts
Hong Kong East Cluster	746 200	2 244	3.0	Eastern, Wan Chai, Islands (excluding Lantau Island)
Hong Kong West Cluster	513 700	2 860	5.6	Central & Western, Southern
Kowloon Central Cluster	562 000	3 533	6.3	Kowloon City, Yau Tsim
Kowloon East Cluster	1 181 200	2 948	2.5	Kwun Tong, Sai Kung
Kowloon West Cluster	2 040 900	5 534	2.7	Mongkok, Wong Tai Sin, Sham Shui Po, Kwai Tsing, Tsuen Wan, Lantau Island
New Territories East Cluster	1 414 000	3 857	2.7	Sha Tin, Tai Po, North
New Territories West Cluster	1 203 500	3 002	2.5	Tuen Mun, Yuen Long
Overall Hospital Authority	7 662 000	23 978	3.1	

The projected population figures are based on the latest projection by the Planning Department. Individual figures may not add up to the total due to rounding and inclusion of marine population.

* Refers to the number of beds according to planned capacity up to 2021. These include existing beds and beds that are yet to be opened, additional beds that could be accommodated in existing hospitals through planned ward renovations, and planned additional beds that could be provided through hospital development projects already approved with funding commitment which are currently underway or expected to be completed by 2021 (e.g. new Tin Shui Wai Hospital, Hong Kong Children's Hospital, expansion of United Christian Hospital, etc.).

** General beds refer to acute, convalescent and rehabilitation beds (infirmery beds and beds for mentally ill / handicapped are not included).

Source: The Administration's response to issues arising from the discussion of "An overview of the re-development and expansion plans of public hospital" at the meeting of the Panel on Health Services on 15 July 2013 (LC Paper No. CB(2)2162/14-15(01))

E X T R A C T

**Implementation of the Recommendations of the
Steering Committee on Review of Hospital Authority**

Hospital Authority Action Plan

Strategic Goal and Target	Action	Timeline
Management and Organisation Structure		
Strengthening governance and rationalising the organisation structure		
Recommendation 1		
The Hospital Authority (HA) Board, being the managing board, to play a more active role in leading and managing HA	1. Continue to strengthen stewardship by the Board along the directions of the recommendations of its corporate governance review and for ongoing strategic focus on corporate governance	Ongoing and continuous
	2. Set up dedicated Task Force to steer action planning for the implementation of the various recommendations of the HA Review	Task Force proactively set up by HA Board and conducted 4 meetings in August and September 2015
	3. HA Board to closely follow through implementation of the various action plans and monitor progress	Ongoing and continuous in the coming three years
Re-grouping of Wong Tai Sin (WTS) district and Mong Kok area (Kwong Wah Hospital (KWH), WTS Hospital (WTSH) and Our Lady of Maryknoll Hospital (OLMH) from Kowloon West Cluster (KWC) to Kowloon Central Cluster (KCC)	4. Consult stakeholders, both internal (staff, governing bodies of concerned hospitals, etc.) and external (District Councils, patients groups, community, etc.)	2015/16
	5. Effect administrative arrangement for the re-grouping exercise	Late 2016
	6. Re-organise care provision within the new KCC and implement associated changes in KWC, having regard to <ul style="list-style-type: none"> • service planning and coordination, taking into consideration supporting 	Seek HA Board's endorsement on detailed implementation

Strategic Goal and Target	Action	Timeline
	<p>network across healthcare services at acute care, extended care, primary care and community care levels</p> <ul style="list-style-type: none"> • service alignment with partners beyond HA, e.g. Fire Services Department and non-governmental organisations (NGOs) • associated staff arrangement, relocation of resources • infrastructure issues 	<p>plan in 3Q 2016</p> <p>Implement by phases from 4Q 2016 onwards, taking into account KWH redevelopment (target 2023) and the new acute hospital in Kai Tak area (Phase 1 target 2021)</p>
	<p>7. Evaluate demand and capacity gap in KCC, KWC and Kowloon East Cluster (KEC), taking reference to service demand projection up to 2026</p>	<p>Result of analysis for Board's endorsement in 3Q 2016; and implementation through subsequent annual planning exercises</p>
<p>Demand and capacity evaluation of the remaining clusters</p>	<p>8. Conduct capacity-demand gap analysis on New Territories East Cluster (NTEC), New Territories West Cluster (NTWC), Hong Kong West Cluster (HKWC) and Hong Kong East Cluster (HKEC)</p>	<p>Seek HA Board's endorsement in 2Q 2017; and implement plans from 3Q 2017 onwards</p>
<p>Interim measures for quick enhancement</p> <p>(a) Catch up improvements for KEC, NTEC, and NTWC</p>	<p>9. Mobilise the additional 3-year funding for catch-up plans for KEC, NTEC and NTWC to help address known deficiencies in service capacity</p>	<p>2015/16 – 2017/18</p>
	<p>10. Continue to enhance service capacity in KEC, NTEC and NTWC, including additional 36 beds to Tseung Kwan O Hospital, 71 beds to Prince of Wales Hospital (PWH) and a total of 122 beds to Tuen Mun Hospital (TMH) and Pok Oi Hospital in 2015/16; Tin Shui Wai Hospital in 2016/17; and other initiatives</p>	<p>2015/16 and ongoing</p>

Strategic Goal and Target	Action	Timeline
	to enhance physical capacity of the 3 cluster	
(b) Enhancing services in WTS District	11. Additional resources to WTSH and OLMH	2015/16
	12. Refurbishment of Hong Kong Buddhist Hospital	Project ongoing with a view to target completion by 3Q 2019
(c) Rationalise acute-rehabilitation service arrangement	13. Pilot project to drive for better vertical integration between acute and rehabilitation service for target patients residing in WTS and Yau Tsui Mong Districts	August 2015 launched
(d) Refine geographical boundaries for ambulance catchment areas	14. Fine-tune the Kowloon ambulance catchment areas to enable more speedy access to patient care in the districts	Ongoing
Recommendation 2		
Set up a mechanism for selection of centres for provision of highly specialised services	15. Establish mechanism to define highly specialised services, formulate selection criteria, and set parameters for highly specialised services	Seek HA Board's endorsement on the mechanism by 1Q 2017
	16. Mechanism to cover planning of training to build up clinical expertise as well	
Refine the cluster management structure	17. Revisit cluster management structure with particular regard to roles and responsibilities of Cluster Chief Executives (CCEs)	Submit findings and proposals to HA Board by 1Q 2017
	18. Actively engage CCEs in HA Head Office (HAHO) management functions e.g. service planning in HA's Service Budget and Planning Committee, allocation of doctor posts to clusters etc.	
	19. Engage the Coordinating Committees (COCs) / Central Committees (CCs) to enhance their roles and responsibilities in clinical governance under Recommendation 10	
Regroup hospitals under one Hospital Chief Executive (HCE) to make	20. Implement the regrouping proposals and follow up on consequential appointment of Deputy HCEs to	Seek HA Board's endorsement on

Strategic Goal and Target	Action	Timeline
HCE job portfolios comparable	<p style="text-align: center;">support HCE of grouped hospitals</p> 21. Arrange job rotations for HCEs	the final regrouping proposals in December 2015 and implement the changes by phased approach in three years, taking into account tenure of service of current incumbents, as well as to dovetail with cluster boundaries
Delineate the roles of hospitals within cluster	22. Develop cluster Clinical Services Plan (CSP) (CSP for HKWC, KEC and NTEC completed) and delineate the roles and functions of hospitals within cluster	KCC CSP under preparation and will be finalised and published within three months after the Board's approval of the cluster boundary revision; and formulation of CSPs for NTWC, HKEC and KWC will commence in phases within next three years

Source: *Extract from the Administration's paper entitled "Action Plan for the Implementation of the Recommendations of the Steering Committee on Review of Hospital Authority" (LC Paper No. CB(2)97/15-16(01))*

Appendix IV

Relevant papers on public hospital development

Committee	Date of meeting	Paper
Panel on Health Services	15.7.2013 (Item II)	Agenda Minutes CB(2)2162/14-15(01)
	20.1.2014 (Item III)	Agenda Minutes
	17.2.2014 (Item III)	Agenda Minutes
	19.5.2014 (Item III)	Agenda Minutes
	21.7.2014 (Item III)	Agenda Minutes
	19.1.2015 (Item III & IV)	Agenda Minutes
	18.5.2015 (Item IV)	Agenda Minutes CB(2)499/15-16(01)
	15.6.2015 (Item IV)	Agenda Minutes
	20.7.2015 (Item II)	Agenda Minutes CB(2)97/15-16(01)