



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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11 January 2018

Mr Anthony Chu
Clerk to Legislative Council Public Accounts Committee
Legislative Council Complex
1 Legislative Council Road
Central
Hong Kong
(Fax No. : 2543 9197)

Dear Mr Chu,

Public Accounts Committee
Consideration of Chapter 3 of the Director of Audit's Report No.69
Hospital Authority's management of public hospital projects

Thank you for your letter of 22 December 2017 on the above subject.

We provide at Annex a coordinated response to your questions raised for the Public Accounts Committee on issues related to the Food and Health Bureau and Hospital Authority.

Yours sincerely,

(Kevin Ng)

for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority

**Coordinated Responses to PAC's Questions on
Chapter 3 of the Director of Audit's Report No.69
Hospital Authority's management of public hospital projects**

Response from Food and Health Bureau and Hospital Authority

Part 3: Commissioning of facilities of the North Lantau Hospital (Phase 1)

- 1) *According to paragraph 3.9, as of June 2017, only 40 beds (22% of the planned 180 beds) were commissioned at the North Lantau Hospital (Phase 1) ("NLTH Phase 1") to provide public hospital services for some 123 000 Lantau residents. Prior to this audit review, were the Food and Health Bureau ("FHB") and the Hospital Authority ("HA") aware that 120 in-patient beds of NLTH Phase 1 had not yet been commissioned? If so, when were FHB and HA aware of the issue, and has FHB/HA taken any steps to alleviate the shortage of in-patient beds on Lantau? Do FHB and HA consider that NLTH Phase 1 is now able to provide sufficient public hospital services for meeting the demand of Lantau residents? If yes, why did FHB inform the Legislative Council ("LegCo") in 2009 that 180 beds would be sufficient for the Lantau population of 123 000?*

Reply:

Special Considerations for New Hospital in Lantau

In accordance with the general planning standard, an acute hospital would be planned for a district when the population of the district reached 200,000. The Government decided to develop a new hospital in North Lantau before the population in the district reached the relevant planning threshold to cope with the projected population growth of the Lantau Island from 100,000 in 2006 to 123,100 by 2015 and further to around 220,000 upon the full development of North Lantau New Town in the long term. Moreover, having regard to the fact that the Hong Kong International Airport and some major tourist facilities are situated in the North Lantau, the new hospital will play a key role in providing emergency treatment to the most acute cases and augmenting the capability of the public hospital system on the whole to cope with possible major disasters. With that special consideration, the priority of the NLTH was to cover mainly Accident & Emergency (A&E), acute and extended care

in-patient, specialist out-patient, as well as primary and day care services. The NLTH is supported by the Kowloon West Cluster (KWC) where a good referral system is available for acute in-patient services, specialist out-patient (SOP) services, extended care, community care and mental health services etc.

Hospital Service Commissioning Plan

HA commenced the hospital service commissioning planning prior to the completion of the hospital construction with a view to ensuring that the high priority services could commence with the necessary support in resources (especially manpower for clinical services) when the hardware development of the hospital was completed and ready for use. After consulting key stakeholders and considering key factors such as service needs, community expectation, readiness of the service, availability of resources, KWC proposed to HA Head Office (HO) the service scope, proposed service timeline and the manpower and financial requirements for the initial service opening of NLTH. For further expansion in services, a phased approach had been proposed and adopted.

Similar to other service programmes in HA, the initiatives for opening new services in NLTH needed to go through the annual planning (AP) and budgeting process. As the overall public hospital service demand both in quantity and quality exceeded the resource (especially manpower for clinical services) availability, the NLTH services commissioning proposals would have to compete with other service enhancement initiatives in HA. Once supported, AP programmes would be monitored according to the established annual planning mechanism and reported to HA Board Meeting and Bureau quarterly.

Key Factors Affecting Commissioning of NLTH

The key factors affecting the commissioning of medical services at NLTH were the manpower shortage (especially for clinical professional staff) and competing needs across the HA.

Manpower shortage

The persistent manpower shortage of healthcare professionals in Hong Kong could be traced back to the economic downturn two decades ago. Due to the

adverse economic condition in the aftermath of the Severe Acute Respiratory Syndrome epidemic, student intake of the two medical schools in Hong Kong was reduced from 301 to 280 in 2003 and to 250 in 2005. The intake was subsequently increased to 320 in 2009 and to 420 since 2012. With the government policy of upgrading basic nursing education to degree level for enhancing the quality of healthcare services, majority of nursing schools of HA except the nursing school in Queen Elizabeth Hospital, have ceased student intake to the nursing programmes run by the HA since July 1999. It was not until 2009 that the number of places for nursing programmes was increased respectively from 550 to 590 at the degree level and from 110 to 160 at the associate degree level. Also, the student intake for radiographers, occupational therapist and physiotherapist was increased gradually since 2012.

The HA had been adopting a multi-faceted approach to attract and retain staff, and managed to achieve steady growth of manpower including doctor, nurses and allied health in the past years. However, with the accumulative effect over the years, the severe manpower shortage had become one of the major constraining factors confining the pace and extent of the healthcare service expansion to cope with the escalating demand in public healthcare services.

Competing Needs

In planning for its services, HA will take into account a number of factors, including population growth, demographic changes, advancement in medical technology, manpower provision, organisation of services of the clusters and hospitals, service demand of local communities, etc. Geographical population is only one of the many factors under consideration. On the other hand, patients may, according to their needs, receive treatment in hospitals other than those in the districts where they reside. Moreover, some specialised services are available only in certain hospitals, and hence certain clusters and the beds in these clusters have to provide services for patients throughout the territory.

Furthermore, the public healthcare system usually faces upsurge in service demand from around December to May in the following year. During the surge periods, wards will become increasingly congested, imposing immense pressure on hospital staff in maintaining the standard of care in patient management. To cope with the overwhelming demands, augmenting the bed capacity in HA is one of the corporate priority areas. From 2013-14 to

2017-18, HA has planned to open a total of 915 new beds in various clusters, including those 40 in-patient beds already in operation in NLTH. For 2018-19, more than 500 new beds are being planned for, including 40 in-patient beds and 10 day beds in NLTH. Due to the shortage of manpower especially professional staff, the growth of HA's bed capacity is still unable to catch up with the escalating demand.

Within the KWC cluster, there are also other competing needs, both qualitative and quantitative, in many service areas. For example, in 2016-17, the overall bed occupancy rate for NLTH and PMH was 87.0% and 98.4% respectively, indicating that the bed situation in PMH is more stringent than which of NLTH. HA also informed the Audit Commission as under Note 33 of the Audit Report that majority of the Lantau residents currently admitted to PMH are due to the complexity of their clinical situation which required treatments in an acute tertiary hospital. From the cluster service perspective, the initiative to open new beds at NLTH may not be accorded higher priority when compared with the needs of the other service areas within the cluster.

By the same token, at corporate level, the HA management needs to balance the competing needs and prioritise the initiatives submitted by the clusters, the professional service coordinating committees as well as other corporate supporting services. To make the best use of available resources, there are practical needs to prioritise various initiatives critically and realistically so as to ensure resources will be allocated to the most needed areas. For details, please refer to Appendix E of the Audit Report.

Reporting to HA/FHB

As for the service planning of NLTH, which is a new public hospital in North Lantau, starting from February 2011, the service planning work had been discussed by Medical Services Development Committee (MSDC), and progress report of MSDC was also submitted to the Board where there is FHB representation in both MSDC and Board. Separately, the Board had been consulted on the consultancy study on development of a public-private-partnership model for phase two of NLTH as well as the development of NLTH and the proposed service scope in 2013-14 and thereafter. The relevant MSDC and Board meetings are listed at **Appendix A**.

In April 2013, the HA management informed the HA Board of the service scope of NLTH Phase 1 in 2013-14 and the related challenges and way forward, including the fact that *“the remaining medical services would be commissioned in phases in subsequent years subject to resources available under the prevailing mechanism.”*

Apart from the reporting of the initial opening to MSDC and Administrative and Operation Meeting (AOM) in 2013, the subsequent phased opening were also reported to AOM as part of HA annual plan of those years. Therefore, there is a mechanism in place to report all funded programmes to HA board and for selected programmes to FHB quarterly. Major AP programmes are also published in HA Annual Plan and Annual Report to the public. Although there is no regular report from HA specifically on the commissioning of the remaining medical services in NLTH, FHB has maintained close liaison with HA, and both parties have jointly considered the planning of the remaining services of NLTH phase 1 and its phase 2 project in view of the rising demand for medical services in the district arising from the proposed Tung Chung New Town Extension project.

Follow Up Action

To follow up Audit’s recommendation, aside from the existing reporting mechanism on the phased opening of medical services at NLTH to the HA Board or its relevant Committees and the quarterly reports to the FHB, the HA will additionally report the remaining facilities/services yet to be opened so as to keep the FHB abreast of the overall progress of the service commissioning. Besides, HA will review and report the updated timeline for opening all medical services of all completed hospital projects including NLTH, annually at the MSDC starting from third quarter of 2018 until all the medical services of the hospital projects are fully commissioned.

To address manpower shortage of healthcare professionals, the Government would continue to increase the number of publicly-funded undergraduate places for training doctors, nurses and other relevant allied health professionals. To facilitate HA’s service planning, the Government has announced that we would introduce a new arrangement by undertaking to increase the recurrent funding for HA progressively on a triennium basis, having regard to population growth rate and demographic changes. This will enable HA to address the

staffing issue and service demands arising in a more effective and sustained manner.

- 2) *According to paragraph 3.8, as of June 2017, three types of medical services had not yet been commissioned at NLTH Phase 1. According to paragraph 3.15, the anticipated timeline for commissioning the above medical services had not been provided to HA Board and FHB. Have any HA Broad member(s) raised query on this issue at Board meeting(s)? Have any LegCo Members, District Council members or public officers raised questions in this regard? If yes, please provide the reply. Has FHB received any updates, including the proposed commissioning dates, from HA regarding the commissioning of the above medical services? Is FHB satisfied with the current handling by HA with the delay on the commissioning of medical services? If not, how will FHB follow up the issue with HA? With reference to paragraph 3.20(c), what kinds of measures are FHB and HA considering to prevent delays from recurring?*

Reply:

Competing Needs

As mentioned above, the key factors affecting the commissioning of medical services at NLTH were the manpower shortage (especially for clinical professional staff) and competing needs across the HA. To make the best use of available resources, there are practical needs to prioritise various initiatives critically and realistically, both at cluster level and corporate level, so as to ensure resources will be allocated to the most needed areas.

Prioritisation

Through KWC internal discussion and subsequent discussion in the Service Steering committee co-chaired by HAHO and KWC, and subsequently endorsed in HA's Directors' Meeting, the priority service areas for service opening at NLTH in 2013-14 included Accident & Emergency service, medical and psychiatry specialist outpatient services, relocation of Tung Chung General Outpatient Clinic, community outreach services and allied health services.

Among the three types of medical services not yet commissioned at NLTH as mentioned in paragraph 3.8, HA has planned to open 20 acute beds, 20 extend care beds and 10 day beds in 2018-19. As HA is operated under a cluster structure, services are provided by all hospitals within the clusters as a whole. The service needs for specialist outpatient clinics for gynaecology and paediatrics by the Tung Chung population are currently provided by Princess Margaret Hospital within the KWC. As the population of North Lantau has not reached the above mentioned planning threshold of 200 000, the merits for opening specialist outpatient clinics for gynaecology and paediatrics in NLTH at this stage was insufficient to merit higher priority in the priority service list. The questions raised by LegCo Members in this regard and our replies are provided in **Appendix B**.

Consultation

During the planning process, KWC has consulted key stakeholders and considered a basket of factors such as service needs, community expectation, readiness of the service, availability of resources to work out the proposed service timeline, the manpower for the initial service opening of NLTH. Besides, the cluster management has been maintaining regular communication with the District Council (DC) to collect views from the local community. As reflected by DC members, there were higher priority needs for A&E services, general outpatient services and outreach services for the residents of North Lantau when the NLTH commenced operation. Constraints to open all services in NLTH were explained and well understood by DC members. The meetings of Islands District Council with discussion related to NLTH services are listed at **Appendix C**.

Aside from consultations with local community, the NLTH service commissioning plan was also made transparent to the public. A paper was submitted to the Legislative Council Panel on Health Services on 20 May 2013 to update LegCo Members on the commissioning of the NLTH. It was stated that *“HA will continue to strive to commission the remaining services early, including the phased opening of the remaining inpatient beds and other specialist outpatient clinics such as surgery, orthopaedics, gynaecology and paediatrics, having regard to the growth in service demand and the manpower availability. Before the full operation of NLTH, other specialist services will continue to be provided by other hospitals in the Kowloon West Cluster, in*

particular the Princess Margaret Hospital which is the tertiary referral centre within the cluster.”

Follow Up Action

FHB and HA agree with Audit’s recommendation. HA will review and report the updated timeline for opening all medical services of NLTH at the hospital governing committee meeting NLTH starting from second quarter of 2018. HA will also schedule annual reporting at the MSDC starting from third quarter of 2018 until all the medical services of NLTH are fully commissioned.

Response from Hospital Authority

Part 2: Project management of the Redevelopment of Caritas Medical Centre (Phase 2)

- 1) *With reference to paragraph 2.8, what actions had HA taken in vetting the consultants' project cost estimate for the Redevelopment of Caritas Medical Centre (Phase 2) ("CMC Phase 2") before the tender exercise? What measures will HA take to better gauge the construction prices in future so as to improve the accuracy of project cost estimates?*

Reply:

HA vetted the consultants' cost estimate for a particular project before the tender exercise by comparing its overall construction unit cost per square metre (m²) covering building, building services installations, site development, furniture and equipment, consultants' fees as well as contingencies with that of an earlier approved project of similar nature and complexity, updated to the same price level using relevant tender price indices. In this instance, the Pok Oi Hospital Redevelopment and Expansion (POH) was used as the reference project for comparison. The overall construction unit cost of \$12,244 per m² for CMC Phase 2 was comparable to the \$11,942 per m² for POH at September 2006 prices. With more and more hospital projects completed over the years, HA has been building up a cost database and benchmarks for better gauging the construction prices for its hospital projects in future.

- 2) *According to paragraph 2.11, from November 2007 to October 2008, HA and its consultants conducted a design review ("2008 Design Review") for CMC Phase 2. The 2008 Design Review identified cost savings of at least \$236 million and improved competitiveness of tenders by revising the building design and the contract strategy of CMC Phase 2. Why were such cost savings and improvement of tender competitiveness not identified in vetting HA consultants' original design? Does HA consider that a more detailed design review should have been conducted before the first tender exercise in 2007? What lessons has HA drawn from the 2008 Design Review for improving the planning of hospital projects in future? After the occurrence of the above incident which resulted in splitting the project into three works contracts, has HA adopted a single works contract for new hospital development/existing*

hospital redevelopment projects? If yes, please provide details, such as the name of hospital(s), the contract amount and the reasons(s).

Reply:

For vetting purposes, the design of a project had been deemed to have achieved an acceptable degree of cost effectiveness so long as its overall construction unit cost was comparable to that of an earlier approved project with similar scale. The 2008 Design Review revealed that planning efficiency was a more important consideration than the overall construction unit cost in ensuring cost effectiveness of a project. As noted by Audit Commission in paragraph 2.13, HA engaged in May 2016 an international expert team to carry out a consultancy study on the planning efficiency of local and overseas hospitals. The consultancy study has recently been concluded and HA will adopt its recommendations on achieving an optimal planning efficiency as part of the cost control mechanism for its future projects.

After the occurrence of the concerned incident, HA has adopted a single works contract only for those hospital projects relatively small in scale, when better co-ordination of construction activities by a single contractor outweighs enhanced competitiveness of separate works packages. Details of those projects are as follows:

<u>Project</u>	<u>Contract Amount (\$M)</u>
Expansion of Haven of Hope Hospital	1,799.00
Expansion of Blood Transfusion Service Headquarters	796.48
Refurbishment of Hong Kong Buddhist Hospital	438.68

- 3) *With reference to note 13 in paragraph 2.12, please compare the floor area and number of parking spaces of the car park before and after the 2008 Design Review. What is the current utilization rate of the car park?*

Reply:

The floor area for carpark was reduced by 2,923m² after the 2008 Design Review and the number of parking spaces was reduced from 250 to 210. The

current utilization rate of the car park ranges between 90% and 100%.

- 4) *According to paragraph 2.31, notwithstanding that HA had taken various remedial actions, the accident frequency rate of one contractor for CMC Phase 2 still reached 0.99 reportable accident per 100 000 man-hours worked during July to August 2013, which exceeded HA's limited of 0.5. Does HA consider that the remedial actions were not effective in improving the contractor's construction site safety performance? What other safety measures will HA taken when implementing hospital projects in future?*

Reply:

Given that the Contractor's accident frequency rates had been as high as 1.47 reportable accidents per 100 000 man-hours worked as noted by Audit Commission in paragraph 2.29, HA's remedial actions did improve on the Contractor's site safety performance. HA has engaged an external safety consultant to conduct an independent safety audit in early 2017, covering safety inspections to seven major capital works projects and four term contracts for minor works. This audit also included interviews with HA project staff as well as its appointed architects, engineers, surveyors and contractors. Relevant documents such as construction contracts, safety plan, reports, site records, risk assessments, and method statements for execution of works will also be reviewed. HA will implement the recommendations of the safety audit report once it is concluded.

- 5) *With reference to paragraph 2.33, three reportable accidents which occurred during the construction period involving three workers employed respectively by three sub-contractors of the contractor with high accident frequency rate were not included in the pertinent monthly reports submitted to the Site Safety and Environmental Management Committee. Please explain the reasons and whether sanctions had been imposed on the concerned contractors; if yes, please provide details; if not, why not.*

Reply:

The three accidents were reported by workers of the Contractor's sub-contractors to the Labour Department direct without the knowledge of the Contractor or the Architect. As a result, they had not been included in the

pertinent monthly reports submitted by the Contractor to the Site Safety and Environment Management Committee. No sanction had been imposed on the concerned contractors as it was clearly not a case of willful misconduct.

- 6) *According to paragraph 2.41, HA management had not reported the accident statistics of its hospital projects from January 2012 to October 2013 to HA Board or HA's Capital Works Subcommittee. Please explain the reasons. How will HA ensure that similar problem will not recur?*

Reply:

HA had been reporting accident statistics to its Supporting Services Development Committee / Capital Works Subcommittee at irregular intervals having regard to the number of agenda items required to be covered at each meeting. HA will make this subject a regular reporting item to the relevant committee in future.

- 7) *According to paragraph 2.53(a), as of September 2017, nine outstanding defect items under the contracts of CMC Phase 2 would be rectified by end October 2017. Has HA followed through all the defects as promised? If not, what are the reasons for the delay and is there an updated deadline for completion?*

Reply:

All outstanding defect items under the contracts of CMC Phase 2 have been rectified by end October 2017.

- 8) *Accordingly to paragraph 2.53(b), HA has promised to identify appropriate measures to be taken for further quality assurance of construction works. Has HA made any progress on the matter, and when will HA publish the measures identified?*

Reply:

HA will deploy resident site staff to strengthen quality supervision of construction works. Regular quality assurance audits will also be conducted to identify enhancement opportunities.

Part 3: Commissioning of facilities of the North Lantau Hospital (Phase 1)

- 9) *According to paragraph 3.9, as of June 2017, only 40 beds (22% of the planned 180 beds) were commissioned at the North Lantau Hospital (Phase 1) (“NLTH Phase 1”) to provide public hospital services for some 123 000 Lantau residents. Prior to this audit review, were the Food and Health Bureau (“FHB”) and the Hospital Authority (“HA”) aware that 120 in-patient beds of NLTH Phase 1 had not yet been commissioned? If so, when were FHB and HA aware of the issue, and has FHB/HA taken any steps to alleviate the shortage of in-patient beds on Lantau? Do FHB and HA consider that NLTH Phase 1 is now able to provide sufficient public hospital services for meeting the demand of Lantau residents? If yes, why did FHB inform the Legislative Council (“LegCo”) in 2009 that 180 beds would be sufficient for the Lantau population of 123 000?*

Reply:

Please refer to the reply to Question 1 by FHB which serves as a consolidated reply.

- 10) *According to paragraph 3.8, as of June 2017, three types of medical services had not yet been commissioned at NLTH Phase 1. According to paragraph 3.15, the anticipated timeline for commissioning the above medical services had not been provided to HA Board and FHB. Have any HA Board member(s) raised query on this issue at Board meeting(s)? Have any LegCo Members, District Council members or public officers raised questions in this regard? If yes, please provide the reply. Has FHB received any updates, including the proposed commissioning dates, from HA regarding the commissioning of the above medical services? Is FHB satisfied with the current handling by HA with the delay on the commissioning of medical services? If not, how will FHB follow up the issue with HA? With reference to paragraph 3.20(c), what kinds of measures are FHB and HA considering to prevent delays from recurring?*

Reply:

Please refer to the reply to Question 2 by FHB which serves as a consolidated reply.

- 11) *According to paragraph 3.6(b), good supply of working population (particularly for junior positions) was expected in Tung Chung. Please provide the number of junior positions at NLTH Phase 1 during its commissioning stage and the number of junior staff of NLTH who are currently living in Tung Chung?*

Reply:

As at 31 March 2017, the number of staff recruited through HA internal transfer and other external sources were 245 and 152 respectively, which are for the service scope committed through the annual plan process. These included the initial service opening in 2013 and subsequent service opening in 2014-15, 2015-16 and 2016-17. For programmes supported under the annual plan, there will be overall coordination at corporate level and proactive recruitment plan at cluster level to recruit the required manpower for the scale and scope of services committed. The limiting factors for the phased opening of NLTH Phase 1 are mainly due to manpower shortage especially for clinical professional staff and competing needs across HA.

The breakdown by staff group in NLTH as at 31 March 2017 is at Appendix D. Out of the 103 supporting staff, 64 (about 62%) live in Tung Chung and Lantau Island.

- 12) *According to Note 30 in paragraph 3.4(d), the annual recurrent expenditure arising from NLTH Phase 1 of \$300 million provided to LegCo in December 2009 was a rough estimation based on the latest cost data at that time. In 2011, the hospital management estimated that an annual recurrent expenditure of \$476 million would be required for full operation of NLTH Phase 1. Why was the estimated cost provided to LegCo significantly underestimated? What measures will HA take to improve the cost estimates in future?*

Reply:

The original estimation of annual recurrent expenditure arising from NLTH Phase 1 (i.e. \$300 million) was made with reference to the recurrent cost of Pok Oi Hospital expansion project at that time with a broad brush adjustment by the bed number and bed type. As the planning for the medical services for NLTH reached a mature stage alongside with the progress of capital works, HA

refined the recurrent cost estimation by factoring in the proposed medical services and models of care, to derive the manpower and other resource implication for NLTH. In the recurrent cost estimation for subsequent major capital works projects, HA has adopted the refined approach for recurrent cost estimation.

Notwithstanding the refined estimation methodology, the actual resources required for new hospitals would be constantly monitored and reviewed. Any additional resources would be requested through the Government annual RAE process.

- 13) *According to paragraphs 3.28(a) and (b) and 3.29, HA has agreed to explore measures to put vacant areas at NLTH Phase 1 into gainful uses in the interim period before such areas could be utilized, and to review whether areas temporarily used for other unintended functions (e.g. storage) could be put into better alternative use. What is the progress? To what extent will such areas be put into gainful use or better alternative use?*

Reply:

For those vacant areas, HA will continue to explore measures to put the unused areas at NLTH Phase 1 into gainful use where practicable, such as for organising staff / patient activities in the interim period before such areas could be utilised.

The vacant areas mainly included two areas: ward areas and canteen area.

For the ward areas, currently they are temporarily used as in-patient rehabilitation (for convenience of patients) and staff training (by making use of the ward environment). It is planned to use the yet unopened ward to have more staff training sessions including cluster colleagues until the phased opening of all the wards in NTLH Phase one. As mentioned above, HA already has plan to open 20 acute beds, 20 extend care beds and 10 day beds in 2018/19.

For the canteen area, further to the unsuccessful tender exercise for the provision of canteen service at NLTH Phase 1 in 2013, the KWC management has issued the tender for the Provision of Canteen Services for North Lantau

Hospital on 17 November 2017. However, it was again not successful. As the utilization of the canteen area involves significant cost e.g. energy consumption, the area is temporarily planned for staff engagement events including workshops and forums for cluster colleagues. It is anticipated that, the chance of successful tender exercise will be increased with opening of more wards in the coming years, while KWC management will keep looking for all the possibilities to facilitate the opening of canteen service.

- 14) *According to Table 4 in paragraph 3.31, the utilization rate of the digital radiography system has reached 279%. Will HA consider procuring more equipment under this item so as to prevent overloading of the system?*

Reply:

There are two identical digital radiography systems listed in Table 4, namely item 9 designated for accident and emergency department (AED) and item 10 for general use in NLTH Phase 1. According to the phased service opening plan of NLTH Phase 1, AED would commence services in the first stage; hence, the expected utilisation per year for item 9 was 20,000 no. of examination, which was much higher than the expected utilisation of 9,000 no. of examination per year for item 10. In actual, the numbers of examinations conducted by these two equipment items in 2016 were 24,131 and 25,115 respectively. By calculating the ratio between actual utilisation and expected utilisation per year, it resulted significant difference in the utilisation rates of item 9 ($24,131 / 20,000 = 121\%$) and item 10 ($25,115 / 9,000 = 279\%$). The high utilisation rates of both items reflected that the digital radiography systems were well utilised and exceeded original expected utilisation. Further increase in utilisation is expected when more services are opened in NTLH.

In view that both digital radiography systems are used within their capacity without overloading, at this stage HA has no plan to procure more equipment in NLTH. HA will continue to monitor the utilisation rate of the digital radiography system and will follow the prevailing mechanism to procure additional equipment if needed.

- 15) *With reference to Table 5 in paragraph 3.33, please inform this Committee whether the useful life of the medical equipment was calculated from the date of purchase or the date the item was used for the first time; if the former is*

used, whether the wheelchair would pass its useful life in 2018-2019, and whether the other items in Table 5 would reach the end of the useful life within two to five years?

Reply:

The “useful life” of the medical equipment was provided by the supplier as part of the tender document under the heading of “life expectancy” being the expected normal life span of the equipment. The “life expectancy” mainly serves as a reference for HA’s equipment replacement plan and does not confine how long the equipment can be used.

In actual case, the life span of each equipment item varies due to a number of factors, such as the frequency of its usage, the practice and the circumstances where it is used, the maintenance arrangement etc. In general, the medical equipment will be used until it is beyond economical repair.

Part 4: Management of minor hospital projects

- 16) According to paragraph 4.2, Finance Committee of LegCo approved in December 2013 a one-off grant of \$13 billion to HA for carrying out minor works projects, and HA would invest funds which would not be immediately required in low-risk investments. In this regard, please inform this Committee of the amount invested and returns from the investments each year since 2014.

Reply:

Information on the amount invested and returns from the investments each year since 2014 is provided in the table below:

<u>Period</u>	<u>Fund balance as at Period- end</u>	<u>Investment Allocation (Based on Fund Balance as at Period-end)</u>		<u>Returns from Investments during the Period</u>		
		<u>Placement with the Exchange Fund</u>	<u>Bank deposits and Fixed Income Instruments</u>	<u>Placement with the Exchange Fund</u>	<u>Bank deposits and Fixed Income Instruments</u>	<u>Total</u>
		<u>HK\$M</u>	<u>HK\$M</u>	<u>HK\$M</u>	<u>HK\$M</u>	<u>HK\$M</u>
12 Feb 2014 to 31 Mar 2015	12,389	7,491	4,898	191	88	279
1 Apr 2015 to 31 Mar 2016	11,661	7,903	3,758	412	60	472
1 Apr 2016 to 31 Mar 2017	10,753	8,164	2,589	261	56	317
<i>Total (since 12 Feb 2014)</i>				<i>864</i>	<i>204</i>	<i>1,068</i>

- 17) *According to Table 7 to paragraph 4.5, during 2014-15 to 2016-17, only 64% to 77% of the new minor works projects initiated each year had been included in the relevant 3-year rolling plan, falling short HA's 90% target. What actions had HA taken to urge the clusters concerned to improve their planning? What actions will HA take to strengthen the vetting of the 3-year rolling plan?*

Reply:

The performance of each cluster in planning minor works projects is annually reported and reviewed in HA's Directors' Meeting at which all Cluster Chief Executives (CCEs) are present. CCEs of those clusters failing to meet the target will be urged to use their best endeavors to plan ahead and HA Head Office subject officers will closely monitor progress. All proposed deviations from the approved 3-year rolling plan will have to be fully justified for approval by the Chief Executive, HA prior to proceeding.

- 18) *Accordingly to paragraph 4.10(b), HA will review its internal guidelines for future planning of minor works projects. Has the review been completed? If not, when will the review be completed?*

Reply:

The review is planned to be completed by third quarter of 2018.

- 19) *According to Table 8 in paragraph 4.11, HA did not specify the target to be implemented under the category of universal accessibility. Please explain why and whether any internal target has been set; if not, how would HA monitor the implementation progress?*

Reply:

Projects to be implemented under the category of universal accessibility include:

1. Provision of a Lift Tower with Associated Pedestrian Facilities at Wong Tai Sin Hospital and Wu York Yu General Outpatient Clinic
2. Provision of Escalator and Lift Tower at Ruttonjee Hospital
3. Provision of Lift Tower at Gascoigne Road site of Queen Elizabeth Hospital

4. Addition and Enhancement of Passenger Lifts at Main Block and East Block, Pamela Youde Nethersole Eastern Hospital (under planning and will be kicked off in 2019-20)

HA monitors the implementation progress of these projects through its regular project management meetings.

- 20) *Does HA consider the minor works progress as sated in paragraph 4.12 satisfactory? What is the plan for implementing the minor works projects so as to ensure their completion within 10-year (i.e. by 2023-2024)?*

Reply:

HA has put in place a work plan for implementing the committed deliverables over a ten-year period, taking into account clinical requirements, operational needs and planned cash flows. The minor works progress as stated in paragraph 4.12 is in line with this work plan.

- 21) *According to paragraph 4.17 and Note 41, a large number of work orders having delay were carried out by term contractors (“TCs”), and progress of work orders carried out by two TCs was less than satisfactory. What action will HA take against TCs whose performance is less than satisfactory and/or resulted delays in completing work orders? Is there a mechanism for appointing TCs and reviewing their performance? If not, will HA consider implementing such mechanism, including some form of disciplinary mechanism against poorly performing TCs?*

Reply:

HA has an established performance appraisal system for contractors and consultants. The appraisal is conducted at quarterly intervals and its results will have direct bearing on the technical scores of concerned contractors and consultants in their bidding for future HA contracts. Poorly performing contractors and consultants may also have their contracts with HA terminated.

- 22) *According to paragraph 4.38(a), HA will put into operation a new information system for processing of work orders. What is the current progress on the*

implementation of the system, and how effective is the system in assisting relevant staff members for monitoring the progress of work orders? Will HA arrange training sessions for staff members on how to operate the new system?

Reply:

The system is currently under user acceptance testing with live run scheduled for second quarter of 2018. The system will provide comprehensive management information for effective end-to-end monitoring of the works order process. HA will arrange training sessions for concerned staff members on how to operate the new system.

List of relevant MSDC and Broad Meetings

- (i) Consultancy Study on Development of a Public-Private Partnership (“PPP”) Model for Phase Two of the North Lantau Hospital (“NLTH”) Project (AOM-P746) at AOM held on 24 February 2011
- (ii) Update on Service Planning Works of North Lantau Hospital, Phase 1 (MSDC-P298) at MSDC Meeting held on 14 November 2011
- (iii) MSDC Progress Report (AOM-P813) at AOM held on 22 December 2011
- (iv) Update on North Lantau Hospital Phase I (AOM-P919) at AOM held on 25 April 2013
- (v) Services expansion of North Lantau Hospital (AOB) at AOM held on 25 September 2014

Questions raised by LegCo Members and Replies

- | | |
|--|------------------------------|
| 1. Question raised by Dr Hon Kwok Ka-ki and reply | Pages 2 to 4 of Appendix B |
| 2. Question raised by Hon Emily Lau Wai-hing and reply | Pages 5 to 6 of Appendix B |
| 3. Question raised by Dr Hon Kwok Ka-ki in examining the Estimates of Expenditure 2016-17 and reply | Pages 7 to 8 of Appendix B |
| 4. Question raised by Dr Hon Kwok Ka-ki in examining the Estimates of Expenditure 2017-18 and reply | Pages 9 to 10 of Appendix B |
| 5. Question raised by Dr Hon Lau Siu Lai regarding PWSC(2017-18)3 – 786CL – Tung Chung New Town Extension and reply | Pages 11 to 18 of Appendix B |
| 6. Letter from Hon Chow Ho Ding dated 26 June 2017 regarding specialist services provided by North Lantau Hospital and reply | Pages 19 to 21 of Appendix B |

Replies to LegCo questions

LCQ17: North Lantau Hospital

Following is a question by the Dr Hon Kwok Ka-ki and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (November 13):

Question:

The North Lantau Hospital came into operation in September this year. Recently, I have received complaints from Tung Chung residents that the service hours of the Accident and Emergency (A&E) Department of the hospital are too short and there are too few specialties providing outpatient services at the hospital, thus failing to meet their needs, and that the ancillary transport facilities to and from the hospital are also inadequate. In this connection, will the Government inform this Council:

(a) as the Hospital Authority (HA) has indicated that the service hours of the A&E Department of the hospital will be extended in phases from eight hours a day (9am to 5pm) at present to round the clock, whether the Government knows the latest implementation timetable and plan for the various phases; as well as the medical staff and other resources required for the implementation of the various phases;

(b) apart from maintaining the evening General Outpatient Clinic service of the hospital until 11.45pm from Monday to Friday, whether the Government knows if HA has other plans to ensure that residents on Lantau Island can receive treatment late at night before round-the-clock A&E service is available at the hospital; if HA has such plans, of the details of the various plans; if not, the reasons for that;

(c) as HA has indicated that the specialist outpatient services of the hospital will be extended in phases from the existing two specialty services (Medicine and Psychiatry) to include surgery, orthopaedics and traumatology, paediatrics and gynaecology, whether the Government knows the latest implementation timetable and plan for the various phases; as well as the medical staff and other resources required for the implementation of the various phases; and

(d) as the only means of public transport to and from the hospital available at present are taxis and New Lantau Bus Routes 37 and 38, which pass the hospital en route but

are often full, whether the authorities have any plan to introduce services of franchised buses and green minibuses travelling between the hospital and various places on Lantau Island, including Tung Chung MTR station, Tai O and Mui Wo; if they have such a plan, of the details; if not, the reasons for that?

Reply:

President,

Opening a new hospital for public use is a complicated exercise requiring assembling a large number of professionals with different backgrounds to work together in a new environment. Taking into account such co-ordinating efforts and the present shortage of healthcare manpower, we consider it pragmatic and responsible to commence operation of the North Lantau Hospital (NLTH) in phases so that appropriate services could be provided for the public as soon as possible. My reply to the various parts of the question is as follows:

(a) The Accident and Emergency (A&E) department of NLTH has been providing eight hours of service a day (9am to 5pm) since September 24, 2013. Subject to the availability of manpower resources and relevant supporting facilities, NLTH plans to extend its service hours to 16 hours a day (8am to midnight) by January 2014 the latest. With new medical graduates contributing to the manpower supply in July next year, we expect that the service hours of the A&E department can be extended to 24 hours in the third quarter of 2014.

(b) Patients under the care of general out-patient (GOP) clinics comprise two major categories, namely the chronically ill with stable medical conditions, such as patients with diabetes mellitus or hypertension, and patients with episodic diseases whose symptoms are relatively mild, such as those suffering from influenza, cold, fever, gastroenteritis, etc. Patients with chronic diseases will be assigned a timeslot for next visit after each consultation and do not need to make separate appointments. As for patients with episodic diseases, consultation timeslots at GOP clinics in the next 24 hours are available for booking through the telephone appointment system. NLTH has also put in place a special consultation arrangement by providing extended evening GOP services for patients with episodic diseases. In general, the existing arrangement at NLTH has fully catered for the local demand for GOP services. Considering the need to use GOP resources efficiently, extending GOP services into the small hours or providing overnight GOP services is not cost-effective and will create greater pressure

on healthcare staffing. In this connection, the Hospital Authority (HA) has no plan to operate GOP services at late hours or round-the-clock at this stage.

(c) The Medicine and Psychiatry Specialist Out-patient Clinics of NLTH has already commenced operation. Physiotherapy and occupational therapy services are now available to take up referrals from the A&E department and the GOP clinic. NLTH will, having regard to the service demand and the operation situation, provide services in other specialties such as surgery, orthopaedics and traumatology, paediatrics and gynaecology in phases.

(d) The Transport Department (TD) has maintained close contact with HA to collect information about the transport demand of the public travelling to and from NLTH in different periods of time in order to make the appropriate public transport arrangements. To cope with the commissioning of NLTH, TD, after consulting the Traffic and Transport Committee of the Islands District Council, has made arrangements with the New Lantau Bus Company Limited (NLB) for extending the service hours of bus route no. 37 (between Yat Tung Estate and Tung Chung North (Caribbean Coast)) and increasing the frequency of bus route no. 38 (between Yat Tung Estate and the Tung Chung MTR Station) to facilitate travelling to and from the hospital. As for residents living in South Lantau, such as Tai O and Mui Wo, they can travel to and from NLTH by NLB bus route nos. 11 and 3M. According to an on-site survey conducted by TD, the services of the above-mentioned routes at present can generally meet the demand of passengers. That said, TD will pay close attention to the changes in transport demand as more services are gradually offered by NLTH, and will strengthen public transport services timely according to demand. Both introduction of new services as well as enhancement of existing services will be measures under consideration then.

Ends/Wednesday, November 13, 2013

Issued at HKT 15:27

Replies to LegCo questions

LCQ20: North Lantau Hospital

Following is a question by the Hon Emily Lau Wai-hing and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (November 12):

Question:

Some Tung Chung residents have relayed to me that since the commissioning of the North Lantau Hospital (NLH) last year, there has all along been a shortage of healthcare personnel in NLH. One of the causes is that NLH is located far away from other residential areas, and the Hospital Authority (HA) has not provided travel allowances to those staff members who have to travel long distance to work at NLH, resulting in healthcare personnel unwilling to work at NLH. In this connection, will the Executive Authorities inform this Council whether they know:

(1) the shortage of healthcare personnel in various specialties since the commissioning of NLH, and if there have been occasions where service demand cannot be met or new services cannot be launched as scheduled due to a shortage of healthcare personnel; if so, of the details; and

(2) if HA will consider providing travel allowances or other incentives to its staff members who are not residing in Tung Chung district, so as to attract them to work at NLH; if HA will, of the details; if it will not, the reasons for that?

Reply:

President,

The North Lantau Hospital (NLTH) has come into operation in phases since September 2013. My reply to the various parts of the question is as follows:

(1) At present, the NLTH provides 24-hour Accident and Emergency (A&E) service, inpatient service, day procedures, day rehabilitation service, specialist outpatient service (including medicine, surgery, orthopaedics and traumatology, and psychiatry), a community health centre, allied health service, community nursing service, geriatric

outreach service and psychiatric outreach service. Pharmacy, diagnostic radiology and pathology services are also provided. These services have been launched as planned.

To cope with the service development of the NLTH, the Hospital Authority (HA) is carrying out its recruitment plan and good progress has been made. As at September 2014, the HA has employed 327 staff members for the NLTH, including 31 doctors and 79 nurses. Various measures have also been implemented to attract healthcare personnel to join the hospital. For example, briefing sessions were held at hospitals in the cluster to enhance staff's understanding of the NLTH. A number of job fairs targeting local residents were organised, and recruitment advertisements were posted in nearby housing estates to attract more residents of the district to join the NLTH team. Moreover, the HA has an established mechanism to review the remuneration and benefits of staff. Training and development opportunities are also provided to attract and retain staff.

(2) The NLTH is about 1.3 kilometres (approximately 15-minute walk) from the Tung Chung MTR Station. It is easily accessible by buses from different districts of Hong Kong and Kowloon. Currently, some staff members of the NLTH are residing in Tung Chung, Tsing Yi and other nearby areas.

The HA is maintaining close liaison with the Transport Department and the Islands District Council to explore the feasibility for setting up minibus service for directly reaching the hospital. This will facilitate access to the hospital by staff members living in other districts and attract more interested citizens to join the NLTH team.

The HA will continue to keep in view the service demand of the district and maintain close contact with relevant stakeholders for continuous expansion of services in phases after considering such factors as service demand, resources and manpower supply.

Ends/Wednesday, November 12, 2014

Issued at HKT 12:57

Examination of Estimates of Expenditure 2016-17

Reply Serial No.

CONTROLLING OFFICER'S REPLY

FHB(H)312

(Question Serial No. 4823)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): (-) Not

Specified Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Richard YUEN)

Director of Bureau: Secretary for Food and

Health Question:

According to the planning endorsed by the Legislative Council in 2009, phase 1 of the North Lantau Hospital (NLTH) Project would provide 180 beds, including 80 beds for emergency medicine, 80 beds for extended care to provide convalescence and rehabilitation services, and 20 day beds. Phase two of the project would add another 170 beds. In this regard,

- a. what are the services commissioned in the NLTH so far, details of the disparity between current services and the services the original plan intended to provide (including the streams of services commissioned, number of beds and strength of healthcare staff), and reasons for the disparity?
- b. are there any plans for full commissioning of services in the NLTH in 2016-17? If yes, what are the plans? If not, what are the reasons?

Asked by: Dr Hon KWOK Ka-ki (Member Question No. 407)

Reply:

It is planned that upon the full operation of its Phase 1 development, the North Lantau Hospital (NLTH) will have 160 beds (including 80 acute and 80 extended care beds), an Accident & Emergency (A&E) department providing 24-hour services, as well as diagnostic and treatment facilities. Ambulatory care services including specialist outpatient (SOP) clinics, primary care/general outpatient (GOP) clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre with 20 day beds, and community care services will also be provided.

NLTH has commenced patient services in phases since 24 September 2013. At present, the hospital provides 24-hour A&E services, inpatient services with 20 acute and 20 extended care beds, GOP services, SOP services (Medicine & Geriatrics, Orthopaedics & Traumatology, Psychiatry and Surgery), radiology services, pathology services, allied health services including physiotherapy, occupational therapy, dietetic services, speech therapy, medical social services and pharmacy as well as day rehabilitation services and ambulatory surgical services. Community care services including Community Nursing Services, Community Psychiatric Services and Community Geriatric Assessment Team (CGAT) services are also provided. In 2015-16, NLTH has expanded its service capacity in SOP, Community Psychiatric and CGAT services.

NLTH will, having regard to the service needs and availability of manpower and other resources, continue to roll out its services gradually. The Hospital Authority will monitor the situation and keep in close contact with the Islands District Council on service provision of NLTH.

- End -

CONTROLLING OFFICER'S REPLY

FHB(H)300

(Question Serial No. 4598)

Head: (140) Government Secretariat: Food and Health Bureau
(Health Branch)

Subhead (No. & title): (-) Not

Specified Programme: (1) Health

Controlling Officer: Permanent Secretary for Food and Health (Health) (Patrick TK

NIP) Director of Bureau: Secretary for Food and Health

Question:

According to the planning endorsed by the Legislative Council in 2009, Phase one of North Lantau Hospital (NLTH) Project would provide 180 beds, including 80 beds for emergency medicine, 80 beds for extended care to provide convalescence and rehabilitation services, and 20 day beds. Phase two of the project would add another 170 beds. In this regard,

- a. What were the services and the number of beds for each specialty the original plan intended to provide?
- b. Please set out the services commissioned in the NLTH so far, details of the disparity between current services and the services the original plan intended to provide (including the streams of services commissioned, number of beds and strength of healthcare staff), and reasons for the disparity.
- c. Please list in detail the utilisation of various services commissioned so far.
- d. Are there any plans for full commissioning of services in NLTH in 2017-18? If yes, what are the plans? If not, what are the reasons?

Asked by: Hon KWOK Ka-ki (Member Question No. 96)

Reply:

(a)

It is planned that upon the full operation of its Phase 1 development, North Lantau Hospital (NLTH) development (Phase 1) will have 160 beds (including 80 acute and 80 extended care beds), an Accident & Emergency (A&E) department providing 24-hour services, as well as diagnostic and treatment facilities. Ambulatory care services including specialist outpatient (SOP) clinics, primary care/general outpatient (GOP) clinics, a day rehabilitation centre, an ambulatory surgery/day procedure centre with 20 day beds, and community care services will also be provided.

(b)

NLTH has commenced patient services in phases since 24 September 2013. At present, the hospital provides 24-hour A&E services, inpatient services with 20 acute and 20 extended care beds, GOP services, SOP services (Medicine & Geriatrics, Orthopaedics & Traumatology, Psychiatry and Surgery), radiology services, pathology services, allied health services including physiotherapy, occupational therapy, dietetic services, speech therapy, medical social services and pharmacy as well as day rehabilitation services and ambulatory surgical services. Community care services including Community Nursing Services, Community Psychiatric Services and Community Geriatric Assessment Team services are also provided. In 2016-17, NLTH has expanded its service capacity in SOP and day rehabilitation services.

(c)

Statistics on utilisation of various services commissioned in NLTH are as follows :

Services commissioned in NLTH	2016-17 (up to 31 December 2016) [Provisional figures]
No. of A&E attendances	71 968
No. of beds	40
Inpatient bed occupancy rate	86%
No. of operations ¹	966
No. of SOP (clinical) attendances	8 961
No. of GOP attendances ²	73 108
No. of allied health (outpatient) attendances	25 604
No. of home visits by community nurses	4 380
No. of psychiatric outreach attendances	1 917
No. of geriatric outreach attendances	2 847

Note:

1. Include procedures / surgical operations performed for inpatients and outpatients (whether carried out inside or outside a major operating theatre and with or without a local or general anaesthetic).
2. Besides GOP clinic attendances provided by NLTH, attendances for Mui Wo General Out-patient Clinic and Tai O Jockey Club GOP Clinic, which are managed by NLTH, are also included.

(d)

NLTH will, having regard to the service needs and availability of manpower and other resources, continue to roll out its services gradually. The Hospital Authority will monitor the situation and keep in close contact with the Islands District Council on service provision of NLTH.

- End -



劉小麗立法會議員辦事處

Office of Hon Lau Siu Lai Member of Legislative Council

立法會 PWSC192/16-17(03)號文件

LC Paper No. PWSC192/16-17(03)

敬啟者：

關於：786CL 東涌新市鎮擴展

東涌長期有醫院資源短缺的問題，北大嶼山醫院第一期全面投入運作後，亦只有 180 個床位，要服務現時區內約 10 萬人口，每千人口的病床數目仍未及全港平均的一半（3.75 vs 1.71），遑論要符合《香港規劃標準與準則》、每千人口 5.5 張病床的要求。此外，北大嶼山醫院第一期的專科門診只得內科及老人科、精神科、外科和骨科，東涌居民要到婦科、兒科等部門覆診，都要長途跋涉到瑪嘉烈醫院。

即使當局已預留毗鄰的東涌 22 區用地發展北大嶼山醫院第二期，由於東涌新市鎮擴展超過一倍人口，病床比率只會進一步下跌（1.31）。唯在分區大綱圖中，卻未見政府有意在東涌東另外覓地建醫院。

東涌醫院嚴重不足

	病床數字	人口	每千人口／病床
香港規劃標準與準則			5.5
全港平均	27645	737 萬	3.75
東涌現時情況 北大嶼醫院只得第 1 期	180	10.5 萬	1.71
東涌東、西全面入伙後 假設北大嶼醫院第 2 期落成	180+170 =350	26.8 萬	1.31
東涌東、西全面入伙後 假設北大嶼醫院 第 2 期遲遲未落成	180	26.8 萬	0.67

更甚者，北大嶼山醫院第二期並未納入政府的 2000 億「十年公營醫院發展計劃」！根據政府最近一年的說法，只停留在「預留土地」、「初步規劃」；「醫管局會定期監察和檢討當區醫院服務的供求情況」、「適時開展策略性規劃、可行性研究」，之後才會制訂擴建時間表。如果在東涌新市鎮擴建的人口遷入後，醫院第二期遲遲未落成，病床比率就會再跌到 0.67，即規劃標準 5.5 的 1/8。

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劉小麗立法會議員辦事處

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而在 6 月 7 日的工務小組會議，政府當局並未提供上述政策的理據，只謂會將意見向醫管局反映。就此，當局請告知本人：

1. 北大嶼山醫院第一期的病床使用率，及其與瑪嘉烈醫院的個案轉介安排及相關數字。
2. 北大嶼山醫院第二期擴展，為何未納入「十年公營醫院發展計劃」？政府當局如何理解現時北大嶼山醫院第一期床位及專科服務不足的問題？
3. 根據上表本人估算，東涌的每千人口／病床比例嚴重落後香港規劃標準及全港平均水平。如根據政府估算，在東涌新市鎮擴展完成後，東涌區內的每千人口／病床比例為何？
4. 政府認為此每千人口／病床比例，是否足以證成在東涌新市鎮擴展項目中預留土地作北大嶼山醫院第三期、或另建一所醫院？政府會否預留土地作此用途？
5. 在東涌新市鎮擴展部份居民由 2023 年起分批遷入後，屆時很有可能北大嶼山醫院第二期仍未落成，當局計劃如何處理新增的醫療需要？是否仍然交由瑪嘉烈醫院跟進？

盼請回覆，萬分感謝。

此致

財委會工務小組委員會主席盧偉國議員
發展局副秘書長（規劃及地政）陳松青

立法會議員劉小麗謹啟

二零一七年六月九日

***Note by Clerk, PAC:** *Chinese version only.*

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Public Works Subcommittee Meeting on 7 June 2017

**PWP Item No. 786CL – Tung Chung New Town Extension
Reclamation and Advance Works**

At the request of the Chairman of the Public Works Subcommittee, the Government provides supplementary information in respect of the request and questions submitted by Dr Hon LAU Siu-lai vide her letter of 9 June 2017 (shown in *italics* below). In consultation with the Food and Health Bureau and the Planning Department, the Government's consolidated reply is set out as follows.

The hospital occupancy rate of Phase I of North Lantau Hospital (NLTH Phase I), as well as the case referral arrangement with Princess Margaret Hospital (PMH) and the figures concerned.

2. North Lantau Hospital (NLTH) has commenced services for patients in phases since 24 September 2013. Currently, the hospital provides 24-hour accident and emergency (A&E) services, while for in-patient service there are 20 acute general beds and 20 extended care beds. For the hospital occupancy rate and the number of in-patient cross-referrals between NLTH and PMH, please refer to **Table 1** and **Table 2**.

How does the Government interpret the current problem of insufficient bedspaces and specialist services provided by NLTH Phase I?

3. The services currently provided by NLTH include 24-hour A&E services, in-patient services, general out-patient clinic services, specialist out-patient services (Medicine & Geriatrics, Orthopaedics & Traumatology, Psychiatry and Surgery), diagnostic radiology, pathology and allied health services (including physiotherapy, occupational therapy, dietetics, speech therapy, podiatry, medical social service, pharmacy, day rehabilitation and ambulatory surgery services). NLTH also provides community care services, community psychiatric services and community geriatric assessment services.

4. The Hospital Authority (HA) further enhanced the service capacity of NLTH in 2016-17, including the provision of 15 new day rehabilitation places in day

rehabilitation centre and 1 350 daily rehabilitation attendances, and 760 specialist out-patient attendances in Medicine & Geriatrics, etc. In addition, the service capacities of North Lantau Community Health Centre and the allied health services have been strengthened, with increases of 5.4% and 12.3% respectively as compared with those in 2015-16.

5. The hospitals in Kowloon West Cluster (KWC), to which NLTH belonged, will continue to support NLTH in various service areas. The HA will continue to expand the services of NLTH in phases, taking into account various considerations such as service demand, availability of manpower and resources.

6. In order to better plan for the future hospital services, the HA has formulated a longer-term Clinical Services Plan (CSP) for each cluster to strategically expand and integrate hospital services, with a view to providing more appropriate medical care to the citizens. To meet the long-term needs of the public on medical services, the HA will carry out the CSP for KWC in the second half of 2017 to outline the role of existing hospitals and the future development approach in Kowloon West, including the future development and expansion of NLTH.

7. As regard the hardware facilities, in the long run, a site adjacent to NLTH has been reserved for the future expansion of NLTH. The initial planning reveals that the site could be used for providing 320 additional beds and development of the HA supporting services. The HA will carry out the NLTH Phase II development taking into account the service demand.

Why the NLTH Phase II expansion has not been included in the 10-Year Hospital Development Plan?

According to my own estimates, the ratio of hospital beds per 1 000 population in Tung Chung is far below that set out in the Hong Kong Planning Standards and the territory-wide average. According to the estimates by the Government, what will be the ratio of hospital beds per 1 000 population in Tung Chung upon completion of the Tung Chung New Town Extension (TCNTE)?

Does the Government find such a ratio of hospital beds per 1 000 population a sufficient proof that land should be reserved in the TCNTE project to develop NLTH Phase II or another new hospital? Will the Government reserve land for such a purpose?

It is very likely that NLTH Phase II will still not be completed when residents begin to move into the TCNTE in phases starting from 2023. How will the Government handle the resulting extra demand for healthcare services? Will the medical cases still be referred to PMH for follow-up?

8. The HA plans, arranges and provides services on a hospital cluster basis, and public health care services for the population of Lantau Island (including Tung Chung) are provided by KWC. The following tables set out the population estimates and projection for Lantau Island and the KWC catchment districts in 2016 and 2026 respectively⁽¹⁾.

Year	Population of Lantau Island (a)	Population of Tsuen Wan, Kwai Tsing, Sham Shui Po and Lantau Island (b)	The Percentage share of the Population of Lantau Island (a) / (b)
2016	124 400 ⁽²⁾	1 369 700 ⁽²⁾	9.1%
2026	188 000 ⁽³⁾	1 429 000 ⁽³⁾	13.1%

As at 1 April 2017, KWC had a total of 3 423 general care beds. Taking into account the number of existing and planned beds, it is estimated that the number of beds will increase to around 4 150 by 2026. The following tables set out the number of general care beds per 1 000 population in the catchment districts of KWC. The HA has yet to commence its post-2026 hospital development plan and such data are thus unavailable.

Year	Number of Existing and Planned General Care Beds in KWC	Population of Tsuen Wan, Kwai Tsing, Sham Shui Po and Lantau Island	Number of Hospital Beds per 1 000 Population in the Catchment Districts
As at 1 April 2017	3 423 (existing number of beds)	1 369 700 ⁽²⁾ (2016 Population By-census)	2.5
2026	4 150	1 429 000 ⁽³⁾ (Population projection)	2.9

Note:

- (1) The 2016 and 2026 population figures provided by the HA are compiled on the basis of the 2016 Population By-census conducted by the Census and Statistics Department (C&SD) and the Projection of Population Distribution 2026 provided by the Planning Department (PlanD). One should take special note while making comparison as the two sources adopted different systems of district demarcation.
- (2) The population figure is based on the 2016 Population By-census of the C&SD.
- (3) The population figure is based on the population projection of the PlanD.
- (4) The above bed information includes only the general beds in the HA, while those of infirmary, mentally ill and mentally handicapped beds are not included given their specific nature.
- (5) Wong Tai Sin District and Mong Kok District have been re-delineated from KWC to KCC since 1 December 2016. The service units in the concerned communities have therefore been re-delineated from KWC to KCC to support the new KCC catchment districts with effect from the same date. As a transitional arrangement, reports on services/manpower statistics and financial information will continue to be based on the previous clustering arrangement (i.e. concerned service units still under KWC) until 31 March 2017. Reports in accordance with the new clustering arrangement (i.e. concerned service units grouped under KCC) will start from 1 April 2017.

9. The numbers of hospital beds vary among clusters at different times, and such variances and the ratios of hospital beds per 1 000 population cannot be used to compare the level of service provision directly among the clusters at different times because:

- (a) When planning the hospital services and hospital beds, the HA will consider various factors including the healthcare services estimates based on the population growth and demographic change in the district, possible change in the mode of healthcare services delivery, the service arrangement in each cluster and hospital, medical technology development as well as cross-cluster utilisation rate, etc.. As the population covered by each cluster and the change of demographic structure thereof are different, the public healthcare service demand as reflected by the demographic structure and social economic status is also different, the service coverage and types of facilities in each cluster are not the same;
- (b) Patients may receive treatment in hospitals other than those in their own residential districts; and

- (c) 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.

10. The HA will take into account various factors when planning and developing the public healthcare services and facilities. Such factors include the healthcare services estimates based on population growth and demographic change, distribution of service target groups, mode of healthcare services delivery, growth of services of individual specialties, supply of healthcare services in the district concerned etc. To meet the rising demand from the ageing population, as well as enhancing existing services, the Government and the HA announced the 10-Year Hospital Development Plan in 2016, with \$200 billion earmarked to implement several hospital development projects.

11. Besides implementing the projects under the 10-Year Hospital Development Plan, a site adjacent to NLTH has been reserved by the Government for the future expansion of NLTH, so as to enhance its service capacity. In order to better plan for the future hospital services, the HA has formulated a longer-term CSP for each cluster to strategically expand and integrate hospital services, with a view to providing more appropriate medical care to the citizens. To meet the long-term needs of the public on medical services, the HA will carry out the CSP for KWC in the second half of 2017 to outline the role of existing hospitals and the future development approach in Kowloon West, including the future development and expansion of NLTH.

Development Bureau
Food and Health Bureau
Planning Department
June 2017

Table 1

Year	2014-15	2015-16	2016-17 (Provisional Figures)
Number of Hospital Beds (As at 31 March)	40	40	40
Hospital Occupancy Rate	80.2% (September 2014 to March 2015)	92.2%	87.0%

Table 2

In-patient referrals from NLTH to PMH:

Year	2014-15	2015-16	2016-17
Number of Cases	37	123	116

In-patient referrals from PMH to NLTH:

Year	2014-15	2015-16	2016-17
Number of Cases	190	331	456



中華人民共和國香港特別行政區
Hong Kong Special Administrative Region of the People's Republic of China

立法會 LEGISLATIVE COUNCIL

區議會（第二）功能界別 Functional Constituency - District Council (Second)



周浩鼎議員

Hon Holden Chow Ho-ding

香港添馬添美道二號
政府總部東翼十八樓
食物及衛生局
高永文醫生，BBS，JP

高局長：

有關北大嶼山醫院開設更多專科部門一事

特區政府在最新公佈的東涌發展計劃指出，東涌新市鎮在全面發展後，人口將達二十八萬人。由於東涌人口在未來數年將會不斷增加，北大嶼山醫院所提供的醫療服務也必須同步提升。惟現時北大嶼山醫院的專科門診服務卻只有內科及老人科、精神科、外科和骨科，專科部門的數量明顯不足。據了解，這是因為應付專科的人手不足所致。就此，不少需要使用其他專科醫療服務的東涌居民，經常要長途跋涉到位於葵青區的瑪嘉烈醫院就診，非常不便。

正如本人於二零一七年六月七日的立法會工務小組發言指出，並特此致函，望當局能在東涌新市鎮擴展的時候，同時跟北大嶼山醫院商討如何增加更多專科門診服務，例如腎科及泌尿科等，造福市民。讓東涌居民可以留在區內使用適當的醫療服務。肅此奉達，敬候回覆。

順祝
政安！

立法會議員周浩鼎 謹啟

二零一七年六月二十六日

***Note by Clerk, PAC: Chinese version only.**



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

本函檔號 Our ref.: L/M to FHB/H/33/94
來函檔號 Your ref.:

電話號碼 Tel. No.: (852) 3509 8958
傳真號碼 Fax No.: (852) 2102 2519

香港中區
立法會道 1 號
立法會綜合大樓 610 室
周浩鼎議員

周議員：

有關北大嶼山醫院開設更多專科部門一事

你於 2017 年 6 月 26 日致食物及衛生局局長的來函收悉。繼我們於 2017 年 7 月 14 日給你的簡覆，我們現就來函內容，回應如下。

醫院管理局（醫管局）一直密切關注東涌居民對醫療服務的需求。北大嶼山醫院現時提供的服務，包括 24 小時急症室服務、住院服務、普通科門診服務、專科門診服務（內科及老人科、骨科、精神科及外科）、放射診斷服務、病理化驗服務及專職醫療服務（當中包括物理治療、職業治療、營養師服務、言語治療、足病診療、醫療社會服務、藥房、日間康復及日間手術服務）。醫院亦提供社康護理服務、社區精神科服務及社區老人評估小組服務等社區護理服務。為應付市民日增的醫療服務需求，在 2016-17 年度，醫管局進一步提升了北大嶼山醫院的服務量，當中包括在日間康復中心增設 15 個日間康復名額和 1350 個日間康復人次，以及增加內科及老人科 760 個專科門診人次等等。此外，北大嶼山社區健康中

心及專職醫療的服務量亦已有所提升，與 2015-16 年度比較，增幅分別為 5.4%和 12.3%。

北大嶼山醫院所屬的九龍西醫院聯網的各醫院亦會繼續在各服務範疇支援該院。醫管局會視乎服務需求、人手及資源等各項因素的考慮，繼續分階段擴展北大嶼山醫院的各項服務。

為了更好籌劃未來的醫院服務發展，醫管局為每個聯網制訂更長遠的「臨床服務計劃」，從而策略性地擴展和整合醫院服務，務求向市民提供更適切的醫護治療。醫管局將會在 2017 年下半年開展九龍西聯網的「臨床服務計劃」制訂工作，勾劃九龍西聯網各現有醫院的角色定位和未來的發展方針，其中包括北大嶼山醫院的未來發展及擴建，以滿足市民對醫療服務的長遠需求。

至於硬件設施方面，長遠而言，政府已在北大嶼山醫院毗鄰預留用地供未來發展之用，初步規劃顯示所有毗鄰用地足以增加 320 張病床，和發展醫管局的支援服務。醫管局會因應服務需求，適時開展北大嶼山醫院發展計劃第二期。

食物及衛生局局長

(盧永康



代行)

2017年7月31日

***Note by Clerk, PAC:** *Chinese version only.*

Meetings of Islands District Council
with discussion related to NLTH Services

2017 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2017-9-4	IDC 84/2017	Development Plan of North Lantau Hospital Phase II
2017-6-26	IDC 55/2017	Annual Plan 2017/18 of the North Lantau Hospital
2017-4-24	IDC 31 & 32 /2017	Question on provision of specialist services in North Lantau Hospital

2016 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2016-6-27	IDC 68 & 69 /2016	Annual Plan 2016/17 of North Lantau Hospital Question on extending the opening hours of the dispensary in North Lantau Hospital

2015 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2015-9-7	IDC 81/2015	Question on handling patients in critical condition by North Lantau Hospital
2015-6-16	IDC50/2015	Progress Report on North Lantau Hospital
2015-2-16	IDC4/2015	Updates on North Lantau Hospital

2014 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2014-10-20	IDC92/2014	Updates on North Lantau Hospital
2014-6-23	IDC70/2014	Brief on Kowloon West Cluster Annual Plan 2014/15 and Progress Report on North Lantau Hospital
2014-4-28	IDC32/2014	Question on supply of North Lantau Hospital Beds
2014-2-24	IDC4/2014	Progress Report on North Lantau Hospital

2013 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2013-12-16	IDC111/2013 IDC130/2013	Updates on Accident & Emergency Service in North Lantau Hospital Question on request to increase the quota of Tung Chung General Out-patient Clinic and to establish Chinese medicine service
2013-10-21	IDC 97/2013	Updates on North Lantau Hospital
2013-9-2	IDC 74/2013	Progress Report on North Lantau Hospital
2013-7-22	T&TC 36/2013	Question on traffic arrangements after opening of North Lantau Hospital
2013-6-24	IDC 52/2013	Progress Report on North Lantau Hospital
2013-4-22	IDC 28/2013	Progress Report on North Lantau Hospital Phase 1
2013-2-25	IDC 7/2013 IDC 8/2013 IDC13/2013	Question on future medical services of Tung Chung Question on phased implementation of services of North Lantau Hospital Question on North Lantau Hospital

2012 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2012-11-19	TAFEHC 69/2012	Question on the effects of the operation of North Lantau Hospital on the environment
2012-06-18	IDC 85/2012 IDC 65/2012	Question on services of North Lantau Hospital Set-up of Chinese Medicine Clinic at Tung Chung Health Centre
2012-02-20	IDC 30/2012	Question on the quality of public medical services of Tung Chung

2011 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2011-8-22	IDC80/2011 IDC93/2011	Question on appointment arrangement of Tung Chung General Out-patient Clinic Question on improving the quality of medical services of Tung Chung
2011-6-20	IDC65/2011	Question on the medical services of Mui Wo
2011-2-21	IDC13/2011 IDC15/2011	Question on non-emergency ambulance transfer service Question on establishment of public Chinese medicine clinic in North Lantau Hospital

2010 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2010-2-8	IDC14/2010	Question on North Lantau Hospital project

2009 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2009-12-14	IDC135/2009	Private Hospital Development
2009-10-19	IDC106/2009	Question about the connection of On Tung Street and Chui Kwan Drive in the North Lantau Hospital project
2009-08-17	IDC80/2009	Question on the possible impact of the North Lantau Hospital construction work on nearby residents

2008 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2008-12-15	IDC144/2008	Question on additional quota for general out-patient service at Tung Chung Health Centre
2008-12-15	IDC145/2008	Question on provision of dental service in Tung Chung
2008-10-20	IDC 117/2008	Question on the Development of North Lantau Hospital project
2008-4-14	IDC 50/2008	North Lantau Hospital Project
2008-2-4	IDC 22/2008 IDC 23/2008	Question on the progress of the provision of North Lantau Hospital & Question on North Lantau Hospital and medical services in Tung Chung

2007 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2007-8-20	IDC77/2007	Question on North Lantau Hospital
2007-6-18	IDC57/2007	Special Night Clinic service for those requiring early medical attention in Tung Chung General Outpatient Clinic

2006 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2006-8-21	IDC69/2006	Question on allowing private medical practitioners to utilize facilities of the government for providing 24-hour medical services to the residents of Tung Chung
2006-4-24	IDC36/2006	Question on the development of the hospital proposed for Northern Lantau

2005 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2005-8-22	IDC105/2005 IDC97/2005	Hospital Authority Annual Plan 2005/2006 and improvement measures for general outpatient clinics Question on the special night out-patient service that has been implemented at Tung Chung Medical & Health Centre for five months
2005-6-20	IDC73/2005	Question on the programme of provision of a hospital in Northern Lantau
2005-4-18	IDC44/2005	Question on the requirement for general out-patient services in Tung Chung

2004 Islands District Council Meetings

Date	Papers number	Discussion Papers Summary
2004-10-18	IDC121/2004	Question on the provision of a hospital in northern Lantau

2004 Islands District Council Meetings (Cont'd)

Date	Papers number	Discussion Papers Summary
2004-10-18	IDC119/2004	Report on Hospital Authority Annual Plan 2004/2005 and Consultation on Hospital Authority Annual Plan 2005/2006
2004-6-18	IDC66/2004	Management of general outpatient clinics in Tai O and Mui Wo by the Control Office, HK Island Cluster of Hospital Authority starting July 2004
2004-6-18	IDC67/2004	Question on provision of hospital and 24-hour general outpatient services in Tung Chung

Breakdown of Staff Group in NLTH

<i>Staff Group</i>	<i>No. of staff as at 31 March 2017</i>
Doctors	34
Nurses	100
Allied Health	68
Supporting	103
Others	92
Total	397