

For discussion  
on 10.4.2000

## **LegCo Panel on Health Services**

### **Medical Services in the Kowloon East Hospital Cluster**

#### **Purpose**

This paper informs Members of the provision of medical services in the Kowloon East (KE) hospital cluster.

#### **Provision of hospital services in the Kowloon East cluster**

2. HA organizes hospital services in KE as a network of services by way of hospital cluster management. This is to ensure the delivery of a comprehensive scope of health care services to meet the needs of the population within the geographical region. The KE cluster covers Kwun Tong and part of Sai Kung (including Tseung Kwan O) with an effective population<sup>1</sup> of 530 276. It is currently served by the Haven of Hope Hospital, United Christian Hospital (UCH) and the new Tseung Kwan O Hospital (TKOH), and 68 rehabilitation beds in Kowloon Hospital. The bed-to-effective population ratio of the KE cluster is 3.0 beds per 1 000 population.

#### **Recent initiatives**

3. In recent years, the following initiatives have been pursued to strengthen the provision of health care services for the KE cluster :

- (a) construction of the new TKOH has been completed in 1999 and TKOH has started to provide specialist outpatient and day services in December 1999 and February 2000 respectively;
- (b) opening 215 new hospital beds at UCH in 1999-2000; and
- (c) strengthening the provision of ambulatory and community care services by opening 40 geriatric day places at UCH in April 1999.

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<sup>1</sup> The effective population of a cluster is determined by taking into account the inter-cluster flow of patients due to work-related population movement, location of specialized or tertiary services, and preference of patients.

## **Future Plans**

4. The provision of health care service for the KE cluster will be further enhanced in the coming years in the following respects :

- (a) pending the full commissioning of the new TKOH and to help ease the burden of UCH in providing Accident & Emergency (A&E) services, TKOH will commence operation of a 16-hour A&E service (instead of an 8-hour service as originally planned) in July 2000. The A&E service will be extended to 24 hours by phases to tie in with the progressive commissioning and service utilization pattern of the TKOH;
- (b) the opening of 458 beds, mainly acute general beds, by phases in TKOH starting from 2000-01, namely 358 beds in 2000-01, 68 beds in 2001-02 and 32 beds in 2002-03. The 358 beds for commissioning in 2000-01 will be operational in summer 2000;
- (c) additional 251 new beds will be opened at UCH by phases, starting 2001-02, namely 60 acute general beds and 92 psychiatric beds in 2001-02, 31 acute general beds in 2002-03 and 68 acute general beds in 2003-04; and
- (d) strengthening the ambulatory services for the KE cluster by operating 40 psychiatric day places, 40 geriatric day places and 60 day beds in TKOH in the coming two years.

By 2000-01, the bed-to-effective population for the KE cluster will be improved to 3.7 beds per 1 000 population. In this connection, it should be noted that the international trend has been to focus on the development of the more cost-effective ambulatory and community care programme, instead of inpatient services. Care delivered in a community setting offers better convenience to the patients and helps maximize the patient's quality of life.

5. HA will continue to closely monitor the population growth and medical needs of the catchment population of the KE cluster, and consider the need for further expansion of hospital services to cope with increase in demand.

Health and Welfare Bureau

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