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Panel on Health Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 21 July 2014**

Redevelopment of Kwai Chung Hospital

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the redevelopment of Kwai Chung Hospital ("KCH").

Background

2. Established in 1981 when the models of psychiatric care focused heavily on institutional custody of the mentally ill, KCH is a psychiatric hospital located in the Kowloon West Cluster providing psychiatric care to persons with mental health problems in Kwai Tsing, Tsuen Wan, North Lantau, Mongkok, Sham Shui Po and Wong Tai Sin districts. It currently has 920 beds, which account for around a quarter of the total psychiatric bed capacity in the Hospital Authority ("HA"). Apart from the provision of psychiatric inpatient services mainly for adult patients, KCH also provides day hospital and community-based services, child and adolescent services and psycho-geriatric services. It also has a substance abuse assessment unit and a psychiatric unit for learning disabilities.

3. The Chief Executive announced in the 2013 Policy Address the redevelopment of KCH to enhance its capacity to provide quality services in line with the international trend of increasingly focusing on community and ambulatory services in treating mental illness. The redevelopment project will be part of the modernization of mental health services in Hong Kong, which aims to better meet growing service demand and deliver quality services.

Deliberations of the Panel

4. The redevelopment of KCH has been discussed in the context of ward renovation of KCH and the redevelopment and expansion plans of public hospitals at the Panel meetings on 18 February and 15 July 2013 respectively. The deliberations and concerns of members on the redevelopment of KCH are summarized below.

Need for redevelopment

5. While supporting the renovation works planned to commence in July 2013 for completion in December 2014 to bring about immediate improvement to those inpatient wards and clinical areas of KCH which were in the worst condition, members urged the Administration to redevelop the dilapidated KCH expeditiously. They were gravely concerned about the undesirable physical conditions of the heavily-congested inpatient wards, in particular the lack of activity area and privacy due to undesirable space between beds. There was a view that a non-institutional design should be adopted for the redevelopment. HA should also incorporate greening features in the new hospital campus of KCH for more effective treatment and recovery of patients.

6. According to HA, while the space provisions of KCH lagged behind present-day standards for patient privacy and quality care, there was limited room for improvement due to the physical constraints of the buildings. In addition, the original hospital design of KCH did not cater for the provision of ambulatory psychiatric services and could not accommodate the modernization in the service delivery model. Its plan was to redevelop KCH, through phased demolition of all but Block J of the existing buildings, into a new hospital complex of inpatient accommodation, rehabilitation and ambulatory care facilities, patient resources and social centres, as well as therapeutic leisure areas for the provision of mental health services. Subject to funding approval from the Finance Committee, the redevelopment project would be carried out in three phases starting from mid-2015 for completion in early 2023.

Project scope

7. There was a suggestion that HA should consider making use of the area of the existing car park of KCH for the construction of a new hospital building so as to minimize the disruption of patient services during the redevelopment period. Members were advised that in the early phase of the redevelopment project, additional space would be created for the accommodation of the affected clinical support services. The hospital blocks where the inpatient wards were located would continuously provide services for patients until the last phase of redevelopment. Before demolition of these blocks, the inpatient wards would

temporarily be decanted to other premises of KCH and subsequently reprovisioned in the new blocks upon their construction. The principle was that no inpatient wards should be subject to double decanting in order to keep the disruption to inpatient services to a minimum.

8. On members' question as to whether there would be an increase in the number of beds of KCH after its redevelopment, HA advised that tens of beds would be added in the redeveloped KCH to cope with future service needs. More resources would also be allocated to strengthen the community mental health services, such as the Case Management Programme to provide intensive, continuous and personalized support to patients with severe mental illness.

9. There was a view that patients staying in inpatient wards did not benefit much from the significant increase in the space provision for common area at the redeveloped public hospitals, such as the Prince of Wales Hospital. It was suggested that in designing the redeveloped KCH, HA should improve the floor area per bed which was currently set at 6.5m² to 7.5m². According to HA, the space standard had been progressively improved over the years. HA would explore the feasibility to increase the floor area per bed under each individual public works project for public hospitals.

Relevant papers

10. A list of the relevant papers on the Legislative Council website is in **Appendix**.

Relevant papers on the redevelopment of Kwai Chung Hospital

Committee	Date of meeting	Paper
Panel on Health Services	18.2.2013 (Item IV)	Agenda Minutes
Panel on Health Services	15.7.2013 (Item II)	Agenda Minutes

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