

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