



中華人民共和國香港特別行政區政府總部食物及衛生局

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The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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20 April 2018

Miss Kay Chu
Clerk to Panel
Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central
(Fax: 2185 7845)

Dear Miss Chu,

Panel on Health Services

Follow-up to the meeting on 19 March 2018

We wish to provide the supplementary information requested by Panel Members during the discussion on “Five hospital projects under the 10-year Hospital Development Plan (HDP)” at the meeting of the Legislative Council Panel on Health Services held on 19 March 2018 as follows:

(a) The estimated additional recurrent expenditure required for introducing 24-hour general outpatient service in the Our Lady of Maryknoll Hospital as suggested by some members.

2. Patients under the care of the Hospital Authority's (HA) general outpatient clinics (GOPCs) 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 GOPCs in the next 24 hours are available for booking through the telephone appointment system. As GOPCs are not intended for provision of emergency services, patients with severe and acute symptoms should go to the accident and emergency (A&E) departments of hospitals where the necessary staffing, equipment and ancillary facilities are in place to provide comprehensive and appropriate treatment and care for them. Generally speaking, the smooth operation of GOPCs rests largely on the fulfilment and performance of a wide range of functionalities by the team of clinic frontline staff. The basic composition of the team includes doctors, nurses, pharmacists, dispensers, patient services assistants, clerical staff, and supporting staff, etc. as well as other multi-disciplinary professionals. The size of the team and the resources required would depend on the service provision model and the service utilization rate. Considering the need to use GOP resources efficiently, extending GOP services or providing overnight GOP services, which requires additional manpower, equipment and ancillary facilities, is not cost-effective and will create greater pressure on healthcare staffing.

3. The HA values the suggestion from WTS residents and community representatives to extend the service hours of the OLMH Family Medicine Clinic (FMC). During the OLMH redevelopment, the general outpatient services of OLMH FMC would not be affected. Upon completion, the capacity of general outpatient services would be strengthened and it is anticipated that around 20 000 additional consultation quotas can be provided subject to the manpower and resources circumstances. Providing that the Accident & Emergency (A&E) services of the NAH in Kai Tak New Development Area are not yet commenced by the time OLMH's redevelopment is completed, HA, according to the service needs of the WTS residents, will implement a pilot scheme to extend the service hours for evening clinic to 12:00 midnight in OLMH to serve the local community until A&E services of NAH commenced.

4. The HA will continue to closely monitor the operation and service utilisation of its clinics in WTS district, and flexibly deploy manpower and other resources to ensure that primary care services could be appropriately provided for WTS residents.

(b) In respect of the redevelopment of Kwong Wah Hospital ("KWH") which was tentatively aimed to be completed in 2025,

(i) the estimated additional recurrent expenditure and manpower required to support the redeveloped KWH; and

5. The estimated additional annual recurrent expenditure arising from the full redevelopment of Kwong Wah Hospital (KWH) project is in the order of around \$1,658 million. The HA will work out the detailed operational arrangements, including the manpower requirements, for the project at a later stage after the detailed design and commissioning plans have been finalised.

(ii) how the redeveloped KWH could meet the increased healthcare service demand, particularly that of the Yau Tsim Mong District, arising from the relocation of most of the services of Queen Elizabeth Hospital to the new acute hospital at Kai Tak Development Area, of which the development was aimed to be completed in 2024.

6. The HA formulated the Clinical Services Plan for Kowloon Central Cluster (KCC) in 2016 which presents the guiding principles, models of care, clinical strategies and role delineation of hospitals for KCC. KWH will continue to serve as an acute hospital to provide emergency care and elective services of general specialties, including non-radiation oncology, and with particular focus on ambulatory care services. Upon the completion of its redevelopment, the hardware facilities of KWH will be enhanced with a view to meeting the increase in service demand in the district. The HA will continue to closely monitor the operation and service utilization, and flexibly deploy manpower and other resources to ensure that healthcare services could be appropriately provided.

(c) The current shortfall of medical beds in HA to meet the service demand across the territory.

7. The HA will take into account various factors when planning and developing public healthcare services and facilities. Such factors include the healthcare service estimates based on population growth and demographic changes, 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.

8. To cater for the growing healthcare demand arising from ageing population and to improve existing services, \$200 billion has been earmarked for the implementation of various hospital projects under the HDP in 10 years starting from 2016. Together with other measures to increase the supply of hospital beds, the total anticipated bed capacity for acute and extended beds by 2026 will be about 26 550 beds¹, which can meet the projected bed requirement by 2026.

(d) The number of additional hospital beds planned to be provided by each of the projects under the second 10-year Hospital Development Plan.

9. In the light of an increasing demand, the Government has invited the HA to start planning the second 10-year HDP instead of waiting for the mid-term review of the first 10-year HDP to be conducted in 2021. HA will take into account the projected service demands, the physical conditions of existing hospitals, and the planned service models, etc. in the formulation of the second HDP. Subject to further deliberation, it is expected to deliver 3 000 to 4 000 additional hospital beds as well as other healthcare facilities.

(e) The current ratio of HA beds per 1 000 population and the corresponding ratio in overseas places, as well as the estimated ratio after the completion of the first and second 10-year Hospital Development Plans.

10. The table below sets out the population, the number of hospital beds in the HA and the number of hospital beds per 1 000 population in 2016-17 and the corresponding projected figures in 2026. We do not have information on the corresponding ratio for the public sector in overseas places. In the light of an increasing demand for healthcare services, the Government has invited HA to start planning the second 10-year HDP instead of waiting for the mid-term review of the first 10-year HDP to be conducted in 2021. At this stage, concrete information on the deliverables on HA beds and hence the estimated ratio of HA beds per 1 000 population after the completion of the second 10-year HDP has yet to be firmed up.

¹ The estimated number of 26 550 beds include the prevailing number of beds as at 31 March 2015 and beds that are yet to be opened, additional beds that can be accommodated in existing hospitals through planned ward renovation, additional beds that will be provided through the redevelopment and expansion projects under the 10-year HDP, and additional beds to be provided through hospital development projects which have already been approved with funding commitment and are currently underway or expected to be completed by 2026. The estimate is made on the assumption that the Queen Elizabeth Hospital will be fully decanted to the new acute hospital in Kai Tak. The beds in Hong Kong Children's Hospital are not included.

Relevant Figures for 2016-17

Population in 2016 ¹ (thousand persons)	Number of Hospital Beds as at 31 March 2017 (General Beds ²)	General Bed Capacity per 1 000 Population
7 336.6	21 798	3.0

Projected Figures for 2026

Projected Population in 2026 ¹ (thousand persons)	Existing and Planned Bed Capacity Based on the Planning up to 2026 ³ (General Beds ²)	General Bed Capacity per 1 000 Population
7 825.2	26 300	3.4

Notes:

1. The above population figures are based on the latest revised mid-year population estimates and the latest projection by the Census & Statistics Department.
2. General beds refer to acute and convalescent beds (excluding infirmary beds, beds for mentally ill and beds for mentally handicapped).
3. Existing and planned bed capacity is an estimate based on the planning up to 2026. This includes prevailing number of hospital beds as at 31 March 2015 and beds that are yet to be opened, additional beds that can be accommodated in existing hospitals through planned ward renovation, additional beds to be provided through the redevelopment and expansion projects under the 10-year hospital development plan, and additional beds to be provided through hospital development projects which have already been approved with funding commitment and are currently underway or expected to be completed by 2026. The beds in Hong Kong Children's Hospital are not included. The estimation is also made on the assumption that the Queen Elizabeth Hospital will be fully decanted to the new acute hospital in Kai Tak. The number of beds to be provided in the redevelopment of King's Park Site is excluded because it will be planned at a later stage.

Yours sincerely,



(Kevin Ng)

for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority
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