

**Legislative Council Public Works Subcommittee  
meeting on 12 December 2018**

**75MC –Community health centre-cum-residential care home for the  
elderly at Tuen Mun Area 29 West**

**Supplementary Information**

**PURPOSE**

When the captioned project was discussed at the Legislative Council Public Works Subcommittee meeting on 12 December 2018 (PWSC(2018-19)33 refers), Members requested the Government to provide the following supplementary information –

- (1) how many patients who are currently seeking treatment at the three general outpatient clinics (GOPCs) in Tuen Mun District will be diverted to the new community health centre (CHC) after completion of the proposed Community Health Centre-cum-Residential Care Home for the Elderly; how the pressure on the three clinics can be relieved; the existing services being provided by the residential care home for the elderly (RCHE) and the three GOPCs in Tuen Mun district and the situations on their utilisation;
- (2) the average floor area per resident of the 20 Government funded RCHEs of the Social Welfare Department (SWD) which have been put into service in the past 10 years as listed in the supplementary information PWSC18-19(02);
- (3) the need, scope of use and cost of the indicative furniture and equipment (F&E) items required for the proposed CHC at Enclosure 12 of the Legislative Council PWSC (18-19)33, and the cost of similar equipment in other similar Government projects for reference; and
- (4) arrange representatives of the Food and Health Bureau and the

Department of Health to attend relevant Finance Committee meeting to discuss the proposed project.

## **GOVERNMENT RESPONSES**

2. The required information is set out below –
- (1) (i) The service of the GOPCs of the Hospital Authority (HA) is primarily used by the elders, low-income individuals, and patients with chronic diseases. Currently, there are three GOPCs under the HA in Tuen Mun District, namely Tuen Mun Clinic, Yan Oi General Out-patient Clinic and Tuen Mun Wu Hong Clinic. Consultation quotas of the clinics have been fully-utilised all along.
- (ii) The service volume of GOPCs is enormous. Every year, the GOPCs serve over a million patients with nearly 6 million attendances. The HA understands that the enormous demand for general out-patient services may at times exceed its service capacity. Having regard to the population growth and ageing population, the demographic profile and the locations of the existing GOPCs, in order to cope with the increasing demand for healthcare services in the Tuen Mun district, the HA plans to develop a sizeable CHC in the public housing development project at Tuen Mun Area 29 West, in order to strengthen the service and provide diversified and one-stop primary care services to the citizens. The CHC will provide medical consultation, multi-disciplinary healthcare services, chronic disease management and patient empowerment and support services, etc. This will enable the provision of services to the major users in the community, such as residents of public housing in the northern part of Tuen Mun.
- (iii) When planning and developing public primary care services, the HA takes into account a number of factors, including the medical service demand arising from population growth and demographic change, the growth rate of individual services, as

well as the possible change in mode of utilisation for primary care services. The HA will continue to closely monitor the operation and service utilisation of its clinics in Tuen Mun district, and flexibly deploy manpower and other resources to ensure that primary care services could be appropriately provided for the major service users in the district.

(iv) As at end October 2018, there are totally 1 671 subsidised residential care places in Tuen Mun district of which the utilisation rate is very good.

(2) In the past ten years from 2008-09 to 2017-18, the floor areas in respect of the completed 20 RCHEs for which SWD obtained the funding support to meet the construction costs from the Lotteries Fund were planned in accordance with the standard of the net operational floor area (NOFA) as set out in the then Schedule of Accommodation applicable to RCHEs. The standard exceeded the minimum area of floor space per resident as laid down in the Residential Care Homes (Elderly Persons) Regulation. Taking an RCHE with a capacity of 100 residential care places as an example, the then NOFA for planning and reservation of premises was 1 096 square metres (m<sup>2</sup>), i.e. the average area of floor space per resident being 10.96 m<sup>2</sup>.

(3) (i) The HA has estimated the cost of individual F&E items according to its internal procedures with reference to the relevant items procured in the past or the market price. Following the established mechanism, the HA has submitted the indicative F&E list to the relevant Government department for vetting.

(ii) The proposed CHC is a four-storey building with a total gross floor area of 126 000 square metres and equipped with a large number of rooms. The F&E items in the indicative list at Enclosure 12 to PWSC(18-19)33 have also been installed in the other facilities of HA. The F&E items at Enclosure 12 are categorised by their functions, with their need and scope of use explained as below:

<b>Category</b>	<b>Furniture and Equipment Items</b>	<b>Scope of Use</b>
<b>Communications</b>	Integrated Public Address System	To be installed in the waiting lobby, for public broadcasting purposes
	Emergency Call Bell System	To be installed in consultation rooms, treatment rooms or toilets, for staff or patients to call clinical staff directly to provide emergency support
	Nurse Call / Paging System	To be installed in patient treatment area for patients to call or communicate with clinical staff directly
	Staff Call System	A direct signal device to be installed in consultation rooms or treatment rooms for calling clinical staff directly to provide immediate services to patients when needed
	Private Automatic Branch Exchange (PABX) System	An automatic telephone switching system which provides over a hundred telephone lines or fax lines for internal communication
	Telecommunication System	Mobile phone system and integrated digital access service system (IDA-P) for direct external communication and backup emergency communication
<b>Security</b>	Integrated Security Systems: Access Control System	To be installed in entrances and exits of the CHC as access control to prevent unauthorised persons from entering the restricted area
	Integrated Security Systems: Circuit Television System	To be installed in different locations in the CHC, for security surveillance and access control purpose
	Intruder Detection System	A higher standard security system which is to be installed in area required higher level security such as Pharmacy with a large amount of drug storage and Account Office, where cash is stored. The System is mainly used for monitoring the status of

		the doors and roller shutters. If it detects any unauthorised person breaking into the restricted area, the alarm system will be triggered to make alarm onsite as well to alert the security vendor via telephone system. Immediate actions such as calling police or deploying security staff can be taken to respond to the situation.
	Panic Alarm System	To be installed in counters and nurse stations, for immediate support and security assistance in case of emergency
<b>Clinical Services</b>	Queue Display and Management System	To be installed in designated places such as consultation rooms, treatment rooms and Pharmacy Department so as to support the medical staff and supporting staff for providing clinical services to patients
	Video-processor, Light source, LCD Monitor, Workstation, Electrosurgical Unit, CO2 Regulation Unit & Flushing Pump	
	Video-recording for training purpose	
	Advantage Plus Pass-Thru, Endoscope Reprocessing System	
	Automatic Medication Dispensing System	
	Dispensing Shelving System	

(iii) Similar F&E items were included in the indicative lists of F&E items of previous hospital or clinic projects. However, the F&E requirements of hospitals or clinics vary depending on the type of facilities (hospital, specialist outpatient clinic or CHC), service scope and operational needs. Therefore, the F&E items and the respective cost estimates of individual projects are not directly comparable. For reference, the Re-provisioning of Yaumatei Specialist Clinic at Queen Elizabeth (71MM,

PWSC(2013-14)5)), included the Closed Circuit Television (CCTV) System (\$1.513 million), Integrated Public Address System (\$2.185 million) and Telecommunication System (\$5 million), etc. in the indicative list of F&E items; whilst another hospital project, namely the Redevelopment of Queen Mary Hospital, phase 1 (70MM, PWSC(2018-19)4), included Access Control System (\$6.687 million), Private Automatic Branch Exchange Telephone System (\$6.38 million), etc. in the indicative list of F&E items.

- (4) Representatives from FHB and HA will attend the relevant Finance Committee.

**Transport and Housing Bureau**  
**Food and Health Bureau**  
**Social Welfare Department**  
**December 2018**