

# LCQ4: Services of the Hospital Authority

Following is a question by the Hon Ngan Man-yu and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (February 23):

Question:

There are views that as the demand for public healthcare services continues to increase, the public healthcare system has been overloaded for a long period of time, resulting in a crowded environment at public hospitals and medical institutions as well as an excessively long waiting time of patients. Regarding the services of the Hospital Authority (HA), will the Government inform this Council:

(1) whether it knows, in respect of the various clusters of HA, (i) the general population served (and, among them, the proportion of population aged 65 and above), (ii) the service attendance (and the median waiting time for new case booking, including those for urgent, semi-urgent and stable cases), (iii) the number of hospital beds (and bed occupancy rates), (iv) the number of healthcare workers (with a breakdown by doctor, nurse, allied health staff and patient care assistant), (v) the number of vacancies of healthcare workers, and (vi) the recurrent budget allocation (and the per capita allocation calculated based on the general population served by the various clusters), in each of the past three years (set out in Table 1);

Table 1      Year: \_\_\_\_\_

Cluster	(i)	(ii)	(iii)	(iv)	(v)	(vi)

(2) whether it knows (i) the numbers of patients receiving services in Kowloon East Cluster (KEC) (including three hospitals, four specialist out-patient clinics and eight general out-patient clinics) and Kowloon Central Cluster (KCC) (including nine hospitals or medical institutions, 10 specialist out-patient clinics and 13 general out-patient clinics), and (ii) the percentages of such numbers in the total number of patients receiving services at the hospitals or medical institutions concerned, in each of the past three years, and set out in Table 2 a breakdown by patients' district of residence; and

Table 2

Hospital / medical institution	Patients' district of residence	(i)			(ii)		
		2019	2020	2021	2019	2020	2021
Kowloon East Cluster							
	Kwun Tong						
	Sai Kung						
	Others*						
	Total						
Kowloon Central Cluster							
	Wong Tai Sin						
	Kowloon City						
	Yau Tsim Mong						
	Kwun Tong						
	Sham Shui Po						
	Others*						
	Total						

\* Including patients from places outside Hong Kong or with unknown addresses

(3) of the following information regarding the various projects for KEC and KCC under the first and second 10-year Hospital Development Plan: (i) the scheduled date of commencement of operation of relevant facilities (and whether they can commence operation by the scheduled date), (ii) the estimated annual increase in the number of hospital beds, (iii) the estimated annual increase in service attendance, (iv) the estimated additional manpower required annually, and (v) the extent to which the median waiting time for new case booking (including those for urgent, semi-urgent and stable cases) will be shortened, as compared with that at present (set out in Table 3 by project name)?

Table 3 Cluster: \_\_\_\_\_

Project name	(i)	(ii)	(iii)	(iv)	(v)

Reply:

President,

In relation to Hon Ngan's question, my reply in consultation with the Hospital Authority (HA) is as follows.

(1) Statistics in relation to respective clusters in the Hospital Authority each year in the past three years are set out in Annex.

(2) HA measures and monitors its service throughput by performance indicators such as number of patient discharge episodes and patient days but not by patient headcount as the latter is unable to reflect in full the services (e.g. admission/attendances, discharges, transfers, involving possibly multiple specialties, service units and hospitals) delivered to patients in their treatment journeys. Therefore, the requested data on patient headcount is not readily available. Part (ii) of Annex in (1) sets out number of attendances of various services for Kowloon East Cluster and Kowloon Central Cluster.

(3) The table below sets out the estimated/actual completion dates and planned additional beds of the projects in Kowloon East Cluster and Kowloon Central Cluster under the First Ten-year Hospital Development Plan (HDP).

Projects	Estimated/Actual Completion Date	Planned Additional Beds (Note 1)
Expansion of Haven of Hope Hospital	2021	160
Expansion of United Christian Hospital	2024 (Note 2)	560
New Acute Hospital at Kai Tak Development Area	2025	2 400
Redevelopment of Kwong Wah Hospital	2026	520
Redevelopment of Our Lady of Maryknoll Hospital	2027	201

Note 1: Actual number of additional beds of individual projects may be varied subject to detailed planning and design.

Note 2: The superstructure and refurbishment works and associated works are scheduled for completion in 2024, with the pedestrian linkages and associated works planned to be completed by 2025.

The healthcare facilities and services of the Kowloon East Cluster and Kowloon Central Cluster will be enhanced upon completion of the above hospital development projects.

The HA conducts projections on the service demand, which would translate into healthcare manpower requirements, taking into account various factors, including population growth and demographic changes, service growth of individual specialties, and the long-term goals and strategies of the HA's overall service development. The First Ten-year HDP is also included in such projections. The HA is proactively preparing and planning its manpower deployment, with assessment and planning on manpower resources required, upon completion of the redevelopment/expansion projects. The HA will flexibly deploy internal resources to further work out the number of beds in different

specialties and the corresponding manpower required upon completion of the above redevelopment/expansion projects and commissioning of the New Acute Hospital at Kai Tak Development Area. The HA will also flexibly deploy its manpower and recruit additional manpower according to the service plan when commissioning the services in a phased implementation approach to meet the service demand.

Regarding the waiting time for specialist out-patient clinics (SOPCs), apart from provision of clinic facilities, it is also affected by such factors as demographic changes and healthcare manpower in the cluster. The HA has implemented a series of measures to manage S OPC waiting time, including introducing triage and prioritisation; enhancing public primary healthcare services; strengthening manpower and enhancing booking arrangement for appointments. The HA will also launch more public-private partnership programmes and introduce the integrated model of specialist out-patient service. The HA will keep in view the service demand and allocate resources for service provision as appropriate to further improve the waiting time for SOPCs. In an effort to enhance the transparency of S OPC waiting time, the HA continues to upload the waiting time of individual S OPC on its website to help patients make informed decisions on treatment options and plans. The HA will continue to monitor the waiting time and utilisation of S OPC services after the completion of the relevant S OPC facilities.