

LCQ7: Healthcare services in Wong Tai Sin and Kwun Tong districts

Following is a question by the Hon Wong Kwok-kin and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (December 9):

Question:

Some residents of the Wong Tai Sin (WTS) and Kwun Tong districts have relayed that in recent years, the demand for healthcare services in the districts has increased sharply, and the public hospitals in the districts have been overloaded. Moreover, there is currently a lack of public accident and emergency (A&E) services in the WTS district. In this connection, will the Government inform this Council:

(1) whether it knows the latest progress of the expansion of Haven of Hope Hospital, the expansion of United Christian Hospital, the redevelopment of Our Lady of Maryknoll Hospital and the construction of a new acute hospital in the Kai Tak Development Area, and the respective expected dates on which their services will commence; the projected annual attendance of each of these hospitals upon completion of the projects concerned, and the extent to which the waiting time for stable new case booking at specialist outpatient clinics under the Kowloon East Cluster will be shortened, as compared with that at present;

(2) whether it knows the additional number of healthcare personnel that the Hospital Authority (HA) needs to recruit in order to tie in with those hospital development projects mentioned in (1), and the percentage of such number in the total number of its existing staff;

(3) whether it will urge HA to provide evening outpatient or A&E services in Our Lady of Maryknoll Hospital, so as to bring convenience to WTS residents; if so, of the details; if not, the reasons for that; and

(4) of the work progress of the district health centres (DHCs) to be established respectively in WTS and Kwun Tong districts, and their expected commissioning dates; as the utilisation rate and the number of registered members of the Kwai Tsing DHC (the first of its kind in Hong Kong) are reportedly on the low side, whether the Government has reviewed the cost effectiveness of such centres; if so, of the outcome and the improvement measures to be put in place?

Reply:

President,

In consultation with the Hospital Authority (HA), my reply to the

various parts of the question raised by the Hon Wong Kwok-kin is as follows:

(1) The projected completion dates of the redevelopment/expansion of United Christian Hospital (UCH), Haven of Hope Hospital (HHH) and Our Lady of Maryknoll Hospital (OLMH), and the construction of a new acute hospital (NAH) at Kai Tak Development Area (KTDA) are as follows:

Project	Projected completion date
Expansion of UCH	2024 (Note 1)
Expansion of HHH	2021
Redevelopment of OLMH	2025 (Note 2)
Construction of an NAH at KTDA	2025

Note 1: The expansion of UCH is planned for completion in 2024, with the pedestrian linkages and associated works planned to be completed by 2025.

Note 2: The construction of the new building is planned for completion in 2025.

The above hospital development projects, on completion, will enhance the HA's healthcare facilities and services in Kowloon East Cluster (KEC) and Kowloon Central Cluster (KCC) as detailed below.

Upon the expansion of UCH, sufficient space and upgraded facilities would be provided for specialist outpatient clinic (SOPC) services. Other ambulatory care services at UCH will be enhanced correspondingly to provide comprehensive and integrated healthcare services to the community. A new oncology centre will be developed to provide radiotherapy, chemotherapy and psycho-social care for cancer patients of the KEC. In addition, the expansion project will enhance convalescent and rehabilitation services in the KEC. It is expected that about 2 100 inpatient and day beds (i.e. 560 additional beds including eight haemodialysis day beds) and five additional operating theatres will be provided upon completion of the expansion project.

Under the expansion project of HHH, a new hospital block will be constructed for re-provisioning of 116 infirmary beds from the three existing hospital blocks and provision of 160 additional extended care beds. The new hospital block will also accommodate a day medical and rehabilitation centre and an integrated carers' support centre.

Upon the redevelopment of OLMH, 16 additional haemodialysis day beds will be provided. The number of consultation rooms will be increased from 33 to 55, providing capacity for about 20 000 and 75 000 additional attendances at the general outpatient clinic (GOPC) and SOPCs each year respectively. Four operating theatres which meet the present-day standards will be provided in the day surgery centre in order to meet the needs of future healthcare services. The number of beds in OLMH was originally planned to be increased from currently 236 to 292 upon completion of the redevelopment. With approval obtained from the Town Planning Board in May 2020 to relax the building height restriction imposed on the new block of OLMH, it is expected

that about 100 additional beds will be provided.

As for the NAH at KTDA, it will provide 2 400 inpatient and day beds, associated medical and supporting facilities, 37 operating theatres, an oncology centre, SOPCs, a community health centre, a neuroscience centre, facilities for hyperbaric oxygen treatment, and an oral maxillofacial surgery and dental unit, etc. The new hospital will work closely with Kwong Wah Hospital (KWH) to provide accident and emergency (A&E) services for the KCC, while the Tung Wah Group of Hospitals Wong Tai Sin Hospital, OLMH and Hong Kong Buddhist Hospital in Wong Tai Sin (WTS) district will provide rehabilitation services, providing treatment and care for patients from hospital to community settings.

Regarding the waiting time for SOPCs, apart from provision of clinic facilities, it is also affected by factors such as demographic changes and healthcare manpower in the cluster. The HA has implemented a series of measures to manage SOPC waiting time, including introducing triage and prioritisation; enhancing public primary healthcare services; strengthening manpower; and piloting Public-Private Partnership programmes. 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 SOPC waiting time, the HA continues to upload the waiting time of individual SOPCs on its website to help patients understand the situation of HA's SOPC waiting time and make informed decisions on treatment options and plans. The HA will continue to monitor the waiting time and utilisation of SOPC services after the completion of the relevant SOPC facilities.

(2) The HA, together with the KEC and KCC, is actively preparing and planning the manpower arrangements for various hospital redevelopment/expansion projects as well as the commissioning of the NAH at KTDA. Upon the commissioning of the hospitals, the HA will flexibly deploy resources and recruit manpower to ensure sufficient healthcare staff for the commissioning of services and facilities. The HA will continue to closely monitor the manpower situation in hospitals, and deploy and gradually increase manpower having regard to the service needs, technology advancement, completion of new hospitals, hospital expansion or redevelopment projects, as well as the overall healthcare services provided in hospital clusters.

(3) The HA plans and develops public healthcare services and facilities on a cluster basis, taking into account a number of factors, including the service demand, the roles of different hospitals within a cluster, the service development plan of the hospitals, as well as the coordination of healthcare services and facilities in a cluster. This is to ensure that all hospitals within the cluster can perform according to their defined roles and provide appropriate healthcare services for local residents. The KCC, where the WTS district belongs, currently comprises nine hospitals/institutions (including two hospitals with A&E departments) and 13 GOPCs (six of which provide evening outpatient services), providing comprehensive and appropriate services for residents in the cluster.

The HA understands the public's aspiration for A&E services in OLMH. However, it should be noted that a number of related facilities, including diagnostic radiographic systems, operating theatres, intensive care unit and clinical laboratory services, are required for setting up an A&E department in a hospital. Constrained by the area and topographical environment, OLMH does not have enough space to install these facilities or upgrade existing facilities for the provision of A&E services. The Queen Elizabeth Hospital and KWH of the KCC will continue to provide A&E services for residents in the district, while the new acute general hospital at KTDA will provide such services for WTS district in future.

As regards evening GOPC services, in order to meet the needs of the community, the HA will closely monitor the operation and service utilisation of GOPCs in the district and flexibly deploy manpower and resources, with a view to increasing GOPC consultation quotas across the territory and further enhancing evening GOPC services.

(4) Located in Diamond Hill Public Housing Development Phase 1, the operation service contract for the WTS District Health Centre (DHC) was awarded in September 2020. It is expected that the WTS DHC will commence operation in 2022.

The Kwun Tong DHC has been included as part of the civil service college project, with completion subject to the progress of the works concerned. To lay a solid foundation for the establishment of a prevention-focused primary healthcare system as early as practicable, the Government will fund non-governmental organisations to set up interim "DHC Expresses" in 11 districts, including Kwun Tong, where DHCs have yet to be set up. The "DHC Expresses" are expected to commence service in 2021.

The Chinese University of Hong Kong was commissioned to conduct the Monitoring and Evaluation Study of Kwai Tsing (K&T) DHC. The three-year study looks into areas such as the quality and effectiveness of the services provided by the DHC and its network service outlets, customer feedback and cost effectiveness, etc. In addition, with the aim of steering and overseeing the operator and the service network of the DHC, the Government has set up the Management Committee of the K&T DHC comprising the relevant stakeholders to oversee the various issues relating to the operation of the DHC. Public consultation will be carried out regularly to collect views on the DHC from service users in the district and the public. The Food and Health Bureau and the research team will work closely together to monitor the services of the K&T DHC with a view to improving the service quality. The Government will take into account the study findings as well as the operation experience of the K&T DHC to enhance the operation model of the DHC Scheme and to formulate the development direction of primary healthcare.