



中華人民共和國香港特別行政區政府總部食物及衛生局

Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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Ms Sharon Chung
Clerk to Public Works Subcommittee
Public Works Subcommittee
Legislative Council Complex
1 Legislative Council Road
Central
(Fax: 2978 7569)

Dear Ms Chung,

PWSC(2017-18)9

86MM – Extension of Operating Theatre Block for Tuen Mun Hospital

87 MM – New Acute Hospital at Kai Tak Development Area

75 MM – Redevelopment of Prince of Wales Hospital, phase 2 (stage 1)

During the discussion on the Extension of Operating Theatre Block for Tuen Mun Hospital (TMH), the New Acute Hospital (NAH) at Kai Tai Development Area (KTDA) and the Redevelopment of Prince of Wales Hospital, phase 2 (stage 1) at the Public Works Subcommittee (PWSC) meeting on 10 June 2017, Members requested the Administration to provide supplementary information relating to the three projects. Having consulted the Hospital Authority (HA), the Administration provides the requested supplementary information in the ensuing paragraphs.

86MM – Extension of Operating Theatre Block for Tuen Mun Hospital

Item (1) : Advise on how the healthcare manpower arrangement tie in with the Extension of Operating Theatre Block for Tuen Mun Hospital project?

2. HA provides medical services on a cluster basis. Regarding the New Territories West Cluster (NTWC), staff from different specialties are deployed to various hospitals within the cluster in accordance with service need, operation and consultation arrangement. HA's current planning is for TMH to recruit around 460 additional healthcare workers upon completion of the Extension of Operating Theatre Block for TMH project. They include, among others, around 60 doctors and 120 nurses. The NTWC will continue to recruit staff by phases to cope with the increasing service demand in future.

87 MM – New Acute Hospital at Kai Tak Development Area

Item (2) : Provide supplementary information on the basis of cost estimation of around \$50 billion for the construction of the New Acute Hospital at Kai Tak Development Area and the reasons for higher average unit prices (i.e. average project cost per bed) as compared with that of other hospital projects completed recently or underway.

3. In planning the Ten-year Hospital Development Plan, HA estimated a rough indication of cost for the project of NAH at about \$50 billion in money-of-the-day (MOD) prices on the basis of an unit project cost of \$100,000 per square metre construction floor area (CFA) in MOD prices, or \$76,000 per square metre CFA in September 2016 prices. The overall project cost would cover costs for consultancy fees, foundation and piling works, drainage works, building and building services works, furniture and equipment, etc. The unit project cost is considered reasonable and realistic as compared to that of around \$73,000 per square metre CFA in September 2016 prices for Hong Kong Children Hospital (HKCH). It is higher than the unit project cost for Tin Shui Wai Hospital at \$64,000 per square metre CFA in September 2016 prices as the latter involves simpler substructure and foundation works.

4. Construction costs are affected by a combination of factors such as demand for import of building materials, labour wages and supply, contractors'

overheads and competitiveness of local construction industry, etc. As the effects of such factors vary in different places and also vary in different projects even within the same country or city, the direct comparison of unit construction cost per hospital bed across different places may not be able to provide any reliable result. Moreover, the extent of facilities supporting each hospital bed is an important factor affecting the construction cost per hospital bed. For instance, in the United States, hospital projects rarely cover a comprehensive range of services, i.e. from primary to tertiary or even quaternary, as in NAH; or even more, incorporating university teaching and research facilities as in HKCH.

Item (3) : Provide the details of the consultancy fee for design, preparation of tender documents and assessment of tenders (\$ 865.8 million) for the proposed preparatory work.

5. It is a common practice that the consultants' fees of a project is expressed as a percentage of the total construction cost for the respective project for comparison purpose. Regarding the redevelopment of Kwong Wah Hospital (KWH) and the expansion of United Christian Hospital (UCH) projects, the total consultants' fees based on actual tender outturn represent 5.7% and 6.0% of the estimated construction cost respectively. For NAH, the estimate for consultants' fees is based on a similar percentage as those of the KWH and UCH projects. The estimated consultants' fees of \$865.8 million stated in the PWSC paper, which is required for undertaking detailed design, preparation of tender documents and assessment of tenders, constitutes around 3.4% of the estimated construction cost.

Item (4) : Advise on the external traffic connections of the proposed New Acute Hospital at Kai Tak Development Area and address members' concern about the congestion at the existing roads connecting Kwun Tong district with the proposed New Acute Hospital.

6. The currently planned routes from Kwun Tong leading to NAH include :

Route 1 - from Hip Wo Street via Hoi Yuen Road, Wai Yip Street, Hoi Bun Road, Cheung Yip Street;

Route 2 - from Tsui Ping Road via Lei Yue Mun Road, Kwun Tong Bypass, Wang Kwong Road, Wang Chiu Road, Lam Fung Street, Sheung Yee Road, Wang Chiu Road, Cheung Yip Street;

Route 3 - from Hong Ning Road via Kwun Tong Road, Lai Yip Street, Hoi Bun Road, Cheung Yip Street; and

Route 4 - from How Ming Street via Hung To Road, Lai Yip Street, Hoi Bun Road, Cheung Yip Street.

7. For ambulances travelling east to west along Hoi Bun Road, there will be a dedicated ambulance entrance provided at Wang Chiu Road to enter NAH without turning into Cheung Yip Street.

8. Upon completion of the planned Central Kowloon Route (CKR), T2 trunk road and Tseung Kwan O - Lam Tin Tunnel, traffic congestions in Wong Tai Sin, Kowloon Bay and Kwun Tong areas are expected to be significantly alleviated. CKR will also have an exit provided at Shing Cheong Road for vehicles travelling west to east from the Yau Tsim Mong district to access NAH. HA will continue to work with relevant government departments to explore possible enhancements to the road network serving NAH.

Item (5) : Advise on how the demand for accident and emergency services of residents of Wong Tai Sin district be coped with before the completion of the proposed New Acute Hospital at Kai Tak Development Area.

9. Currently, over 50% of Wong Tai Sin (WTS) residents who require service of Accident & Emergency (A&E) will go to Queen Elizabeth Hospital (QEH). The rest of A&E service seekers from WTS district will go to KWH, UCH and Caritas Medical Centre.

10. For those acute patients using A&E service, they can receive related acute clinical services in the above-mentioned hospitals, e.g. intensive care service, operating theatre and acute inpatient care, etc.

11. HA has worked out a blueprint for the medical service development of WTS district. In the light of the aging population in WTS district, HA will link up the NAH, the redeveloped Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital and Wong Tai Sin Hospital to form a medical service network which will smoothen the patient flow from hospitalization to community care, providing comprehensive clinical services for the residents.

Item (6) : Advise on the type of medical services to be provided by Queen Elizabeth Hospital after the completion of the proposed New Acute Hospital at Kai Tak Development Area to continue to meet the healthcare needs of residents of Yau Tsim Mong district (especially the elderly) and whether the Administration will consult the public on this issue.

12. HA formulated the Clinical Services Plan (CSP) for Kowloon Central Cluster (KCC) in 2016, providing an overarching clinical strategy to align and inform the future service developments in KCC. The services of QEH are planned to be relocated to the NAH at KTDA, thus paving the way for the redevelopment of the vacated King's Park site. Having regard to the scheduled completion of NAH at KTDA, HA will commence the next phase of KCC CSP formulation to delineate the healthcare services at the vacated site at King's Park area. In the course of planning healthcare services, HA will take into account a number of factors including the projected demand for healthcare services with regard to population growth and demographic changes, distribution of service target groups, model of healthcare services delivery, growth of services for individual specialties, technology development, supply of healthcare expertise, organisation of services of the clusters and hospitals, as well as the service demand of the local community, etc. HA will continue to communicate with stakeholders during the planning process, and undertake consultation from stakeholders when appropriate.

13. The roles of hospitals in KCC are also delineated in the CSP. After the relocation of services from QEH to the NAH at KTDA, KWH will continue to serve in Yau Tsim Mong district as an acute hospital to provide emergency care and elective services of general specialties, including non-radiation oncology, and with a particular focus on ambulatory care services. KWH will partner with extended care hospitals of the Cluster, particularly Kowloon Hospital, to enhance the continuum of care for patients according to the district they reside in. KWH is currently under redevelopment. Upon the redevelopment, the total number of beds that KWH can provide will increase by 350, from 1,200 to 1,550 (by around 30%), in order to meet the long term needs of community.

Overall Healthcare Manpower Planning

Item (7) : Provide figures on the local medical graduates who have joined public hospitals and private hospitals, and those who have engaged in private practice.

14. The table below provides information on the number of local medical graduates who joined HA in the past five years. We do not maintain statistical record on the number of medical graduates joining the private healthcare sector in the past five years.

	2011-12	2012-13	2013-14	2014-15	2015-16
No. of applications for Resident Trainees in HA	259	251	253	261	319
No. of applicants joining HA	240	241	243	257	311
Others (including no. of applicants not accepting offer)	19	10	10	4	8

Yours sincerely,



(Kevin Ng)

for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority
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