

Requirement for Medical Services in Wong Tai Sin

Purpose

The purpose of this paper is to inform Members that representatives from the Food and Health Bureau (FHB) and the Hospital Authority (HA) will attend the Wong Tai Sin District Council (WTSDC) meeting to be held on 8 January 2013 to consult and discuss with Members the requirement for medical services in Wong Tai Sin.

Background

2. During the discussion on “Healthcare Document 2012: Progress Report on WTS District Community Diagnosis” (WTSDC Paper 87/2012)(Annex I) at the 7th WTSDC meeting held on 6 November 2012, many Members expressed concerns about the medical services in Wong Tai Sin, such as the lack of A&E department, insufficient specialist services, etc.; and requested that A&E department or 24-hour out-patient service be provided in Wong Tai Sin. In addition, they suggested the services provided by the three hospitals in Wong Tai Sin, namely the Wong Tai Sin Hospital, the Our Lady of Maryknoll Hospital and the Buddhist Hospital be integrated, so that specialist services (including dental service) supporting A&E service, as well as body check and healthcare services for the elderly can be developed independently, with a view to improving the quality of medical services in Wong Tai Sin.

3. WTSDC decided to invite representatives from FHB and HA to its meeting to listen to Members’ views on the requirement for medical services in the district.

4. After the meeting, the Secretariat wrote to the Secretary for Food and Health and the Chief Executive of HA (Annex II). FHB’s reply (Annex III) was received on 18 December 2012, stating that representatives from FHB and HA will attend the WTSDC meeting to be held on 8 January 2013 to discuss medical issues in the district.

Submission of paper

5. The paper will be submitted to the 8th WTSDC meeting to be held on 8 January 2013 for Members’ reference.

Wong Tai Sin District Council Secretariat
December 2012

Ref: WTSDC 13/5/5/30

WTSDC Paper 87/2012 (6.11.2012)

**Healthcare Document 2012: Progress Report on Community Diagnosis
WTS District Healthy and Safe City**

Purpose

The paper aims to reflect the opinions of the WTS residents on Healthcare service within the district to the WTS District Council. Moreover, with support of the District Council, the situation could further be relayed to the HKSAR Government for review and as a reference in future planning purposes.

Background

In 2010, the Wong Tai Sin District Healthy and Safe City received the Community Diagnosis Study Report as a reference source for exploration and subsequent proposals of viable community enhancement solutions in making Wong Tai Sin a healthier and safer city.

Healthcare service was of utmost concern to the WTS residents. Among all the community services, the WTS residents were least satisfied with Accident and Emergency Service and Specialist Outpatient Service provided by Hospital Authority. Despite that there were three hospitals in WTS District, namely, WTSH, OLMH and BH, a large proportion of local residents had to travel to outside districts to receive service. On the contrary, these three local WTS hospitals had been serving a significant proportion of patients residing outside WTS District.

Report Brief and Proposal

The Healthcare Document 2012 is prepared, as a follow-up of Report 2010, to evaluate the needs of the residents based on collected statistics, and to facilitate discussion on the issue in the District Council.

- (i) Short of an immediate solution of establishing an acute care hospital in the WTS District, exploration is conducted to optimize and rationalize the current service provision in an attempt to answer the calls of the residents. While OLMH and WTSH are physically and functionally intimate, all hospitals within the District, including BH should operate in a concerted manner. To extend the flyover linkage from MTR to OLMH and WTSH is one of the feasible thoughts to enhance patient-centered service provision within the District.
- (ii) In longer term, to capture the opportunity of hospital rebuild, enhancing existing hospital specialties to support emergency service and extended care deserves more consideration. In elderly care, community partners are called upon. The effect of aging has to be taken into account.

Annex

Healthcare Document 2012: Progress Report on Community Diagnosis
WTS District Healthy and Safe City

Wong Tai Sin District Healthy and Safe City
October 2012

Healthcare Document 2012:

Progress Report on

Community Diagnosis

WTS District Healthy and Safe City

Executive Summary

In 2010, the Wong Tai Sin District Healthy and Safe City received the Community Diagnosis Study Report as the means to investigate and propose viable community enhancement solutions for making Wong Tai Sin a healthy safe city. The Report formed part of the accreditation process of Safe Community.

Healthcare service was of utmost concern to the WTS residents. Among all the community services, the WTS residents were least satisfied with Accident and Emergency Service and Specialist Outpatient Service provided by Hospital Authority. Despite that there were three hospitals in WTS District, namely, WTSH, OLMH and BH, a large proportion of local residents had to travel to outside districts to receive service. On the contrary, these three local WTS hospitals had been serving a significant proportion of patients residing outside WTS District. The District Council reflected the situation to CE, HKSAR and planned to supply the Government with further information on the residents' need.

The Healthcare Document 2012 is prepared, as progress of Report 2010, to evaluate the needs of the residents supported with statistics and to facilitate discussion on the issue in the District Council.

Short of an immediate solution of establishing an acute care hospital in the WTS District, exploration is conducted to optimize and rationalize the current service provision in an attempt to answer the calls of the residents. The effect of aging has to be taken into account. While OLMH and WTSH are neighbours and are synergistic, all hospitals including BH need to function in coordination. To extend the flyover linkage from MTR to OLMH and WTSH is welcome. In longer term, to capture the opportunity of hospital rebuild, enhancing existing hospital specialties to support emergency service and extended care deserves serious consideration. In elderly care, community partners are called upon. Any proposals would serve as reference for the Government in masterminding the overall health care service enhancement for the WTS District, as well as the whole of Hong Kong SAR.

WTS District Healthy & Safe City

Board Membership

Chairman : Dr. Shi Lop-tak, Allen, MH, JP

Vice-chairman : Dr. Wat Ming-sun, Nelson

Director : Mr. Shiu Wai-chuen, William, JP., Mr. Hui Chung-shing, Herman, BBS, MH, JP., Mr. Li Tak-hong, MH, JP., Mr. Kan Chi-ho, BBS, MH., Dr. Lau Chi-wang, BBS, JP., Mr. Wong Kam-choi, Dr. Wong Tak-cheung, Dr. So Ho-pui, Mr. Tang Wah-shing

Honorary Secretary : Ms. Tang Fung-ki, Ivy, OStJ

Biography of the Writers

Dr So Ho Pui was born and brought up in Hong Kong. He entered the Medical School, University of Hong Kong in 1973 after matriculation in King's College. Upon graduation, Dr So joined the Government and has been a civil servant ever since. He specializes in respiratory medicine and rehabilitation medicine. He is currently the Consultant in-charge of the Department of Rehabilitation and Extended Care in TWGHs Wong Tai Sin Hospital, and also the Chairman of the Rehabilitation Specialty Board of the Hong Kong College of Physicians.

Dr. Nelson Wat graduated from the Medical Faculty, University of Hong Kong. He had been trained as a general physician as well as an endocrinologist. He obtained his doctoral degree in Medicine in 2006. He was appointed Consultant Physician in October 2007. He became a hospital administrator in 2009. He has been appointed hospital chief executive of Kwong Wah Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital since 2011.

Dr Wong Tak Cheung graduated from the Medical School, University of Hong Kong in 1983. He had served in the Medical Department of Queen Elizabeth Hospital and the Medical Department in Tseung Kwan O Hospital. He assumed the post of hospital chief executive in Our Lady of Maryknoll Hospital in 2008. He was the past president of the Hong Kong Public Doctors Association and the Chairman of the Public Consultant Doctors Group. He is currently a trustee of the Hospital Authority Provident Fund Scheme.

Section I: The purpose

1. To analyse available data obtained from local WTS residents and compare with objective statistics.
2. To arrive at a consensus statement on preferred future healthcare service provision in WTS in broad terms.
3. To reflect to the HKSAR Government through WTS District Council.

Section II: The Community Diagnosis and healthcare concerns

The Community Diagnosis *

In 09/10, the WTS District Healthy and Safe City conducted the Community Diagnosis Project, sponsored by WTS District Council.

The Centre for Health Education and Health Promotion, CUHK was the research organisation.

The Study Report formed part of the accreditation process of Safe Community in 2010. Next review of accreditation is due in 2015.

Methodology

- Conduct questionnaire survey from 1,029 local residents.
- Interview focus groups with 20 members in total.
- Analyse data pertaining to community and health of WTS.

** Wong Tai Sin District Healthy and Safe City Community Diagnosis Study Report 2010*

Healthcare Concerns

Questionnaire Survey Results - Scale of 1 (unacceptable) to 10 (very satisfied): Among different services, the respondents were the least satisfied with healthcare services. Out of various healthcare services, they were most aggrieved with public A&E service (5.02) and specialist/outpatient clinic service (5.38).

Wong Tai Sin District Healthy and Safe City Community Diagnosis Study Report 2010, p. 36, 42

Analyses on Focus Group Discussion

A&E

All interviewees considered that although there were three public hospitals in Wong Tai Sin, they did not offer A&E services.

Residents had to rely on Queen Elizabeth Hospital and Kwong Wah Hospital, both outside the district, for A&E services.

Public outpatient services

All interviewees found public outpatient services inadequate with the waiting time being too long. Besides, government clinics failed to provide comprehensive healthcare services, for example, patients had to travel to other districts for certain specialist outpatient care.

Wong Tai Sin District Healthy and Safe City Community Diagnosis Study Report 2010, p. 8

Note:

In parallel, the District Council* also collected the concerns of Wong Tai Sin residents, with findings similar to community diagnosis study.

黃大仙區居民對醫療服務的關注：

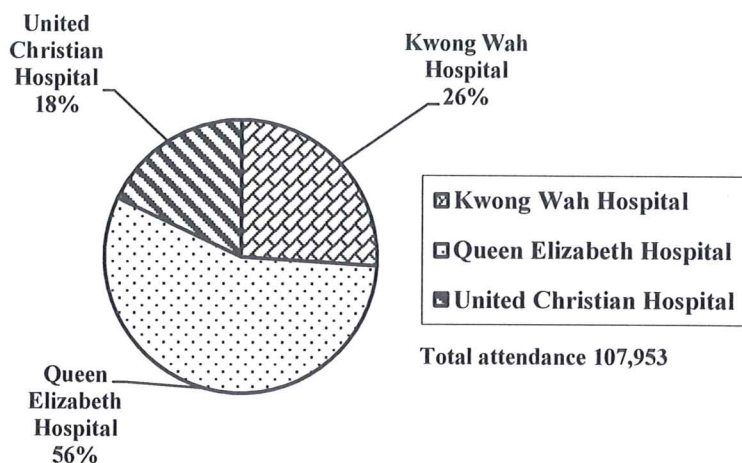
- 增設急症室服務
- 專科服務，由本區三所醫院分別負責
- 黃大仙區居民享用本區的醫療服務

** Supplied by the Chairman, District Council, Aug 2012 via executive, WTSD Healthy and Safe City*

Section III: The local findings and macro picture

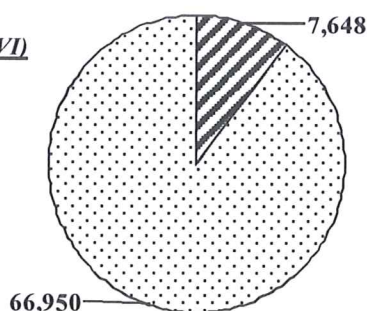
The local findings

Percentage of 1st Attendance (from WTS for individual AED) (2010) (Details in Attachment XII & XIII)



Various Hospitals admitting WTS Residents (Details in Attachment VI)

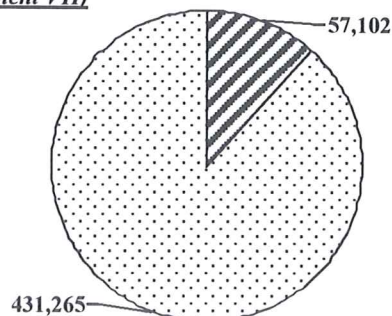
- Admission Date between 01/04/2011 and 31/03/2012 and district of residence (district, episode based in Wong Tai Sin)
- No. of admissions to OLMH, BH, WTSH = 7,648
- Total admissions = 74,598



Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital, TWGHs Wong Tai Sin Hospital
 Other HA hospitals

Outpatient Attendance (Specialist out-patient clinic) (Details in Attachment VII)

- Attendance Date between 01/04/2011 and 31/03/2012 and district of residence (district, episode based in Wong Tai Sin)
- No. of attendances to OLMH, BH = 57,102
- Total attendance = 488,367



Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital
 Other HA hospitals

Section IV: The messages

Messages

- Out of 74,598 admissions of WTS residents, only 7,648 admissions were to the three local hospitals, i.e. only 10%. (*Attachment VI*)
- The local hospitals admitted 18,662 patients, only 7,648 admissions were of WTS residents, i.e. 40%. (*Attachment V*)
- Out of 488,367 specialist out-patient attendances of WTS residents, only 57,102 attendances were to OLMH and BH, i.e. only 12% (WTS has no out-patient service). (*Attachment VII*)
- OLMH and BH provided 77,174 specialist out-patient attendances, 57,102 attendances were of WTS residents, i.e. 74%. (*Attachment XXI*)
- Basing on figures from Census and Statistics Department, WTS District has population of 420K in 2011, with 17.6% of population being at age 65 or over. (*Attachment X*)
- And in 10 years by 2021, the population in Hong Kong will reach 18.8% for age 65 or over by proportion. (*Attachment XI*)
- The need of new beds is 3,250 in 10 years to cope with population growth.
- The need is even greater if the growth of the elderly population is taken into account.
- To satisfy the standard of 5.5 beds per 1,000 population, there is additional need of beds.
- The current development plan can provide only 900 new beds in 10 years. (*Ming Pao, dated 27th September 2012*)

Section V: The proposals

Proposals (short and medium term)

1. To maximise the present resources, the three local hospitals should be facilitated to admitting WTS residents.
2. On clinical service, WTS and OLMH are neighbours and should work together for synergy. There is room for better coordination in service planning. Though BH belongs to different cluster under Hospital Authority, involvement with BH in service provision is recommended.
3. To provide easy access to WTS and OLMH for service users, it is proposed to extend the 'Escalator and fly-over linkage between MTR and OLMH' to cover WTS. A barrier free passage linking the two hospitals would greatly facilitate the collaboration and benefit the users.

Proposals (long term)

4. To capture the opportunity on hospital rebuild, future hospital specialties should be enhanced to support a variety of acute care and specialist out-patient services. Both the capacity and capability need expansion.
5. WTS will support the extended care need of OLMH. This will include convalescence to medical and surgical streams, rehabilitation, palliative care and infirmary service. An additional block is required to match the needs.
6. To meet the needs of the elderly, the community partner of NGOs should be called upon in managing the chronic illness.

Acknowledgement

The District Council

The District Office

The Medical Record Offices of the hospitals

The Secretariat of the Healthy and Safe City

Abbreviations

1. Community Diagnosis: Wong Tai Sin District Healthy and Safe City Community Diagnosis Study Report 2010, 黃大仙區健康安全城市社區診斷計劃研究報告
2. WTS: Wong Tai Sin, 黃大仙
3. CUHK: The Chinese University of Hong Kong, 香港中文大學
4. A&E: Accident & Emergency, 急症室
5. AED: Accident & Emergency Department, 急症室
6. ANH: Alice Ho Miu Ling Nethersole Hospital, 雅麗氏何妙齡那打素醫院
7. BBH: Bradbury Hospice, 白普理寧養中心
8. BH: Hong Kong Buddhist Hospital, 香港佛教醫院
9. CHC: Cheshire Home, Chung Hom Kok, 春磡角慈氏護養院
10. CHS: Cheshire Home, Shatin, 沙田慈氏護養院
11. CMC: Caritas Medical Centre, 明愛醫院
12. CPH: Castle Peak Hospital, 青山醫院
13. DKH: The Duchess of Kent Children's Hospital at Sandy Bay, 大口環根德公爵夫人兒童醫院
14. DP: Day patient, 日間病人
15. FYK: TWGHs Fung Yiu King Hospital, 東華三院馮堯敬醫院
16. GH: Grantham Hospital, 葛量洪醫院
17. GDH: Geriatric Day Hospital, 老人日間醫院
18. HHH: Haven of Hope Hospital, 靈實醫院
19. HKE: Hong Kong East, 香港東
20. IP: In-patient, 住院病人
21. KH: Kowloon Hospital, 九龍醫院
22. KCH: Kwai Chung Hospital, 葵涌醫院
23. KWH: Kwong Wah Hospital, 廣華醫院
24. ML: MacLehose Medical Rehabilitation Centre, 麥理浩復康院
25. NDH: North District Hospital, 北區醫院
26. NGO: Non-government organization, 非政府組織
27. OLMH: Our Lady of Maryknoll Hospital, 聖母醫院
28. PMH: Princess Margaret Hospital, 瑪嘉烈醫院
29. POH: Pok Oi Hospital, 博愛醫院
30. PWH: Prince of Wales Hospital, 威爾斯親王醫院
31. PYN: Pamela Youde Nethersole Eastern Hospital, 東區尤德夫人那打素醫院
32. QEH: Queen Elizabeth Hospital, 伊利沙伯醫院
33. QMH: Queen Mary Hospital, 瑪麗醫院
34. RH: Ruttonjee Hospital, 律敦治醫院
35. SH: Shatin Hospital, 沙田醫院
36. SJH: St. John Hospital, 長洲醫院
37. SLH: Siu Lam Hospital, 小欖醫院
38. SOP: Specialist out-patient, 專科門診
39. TKOH: Tseung Kwan O Hospital, 將軍澳醫院
40. TMH: Tuen Mun Hospital, 屯門醫院
41. TPH: Tai Po Hospital, 大埔醫院
42. TWH: Tung Wah Hospital, 東華醫院
43. TWEH: Tung Wah Eastern Hospital, 東華東院
44. TYH: Tsan Yuk Hospital, 贊育醫院
45. YCH: Yan Chai Hospital, 仁濟醫院
46. WCH: Wong Chuk Hang Hospital, 黃竹坑醫院
47. WTSH: TWGHs Wong Tai Sin Hospital, 東華三院黃大仙醫院
48. UCH: United Christian Hospital, 基督教聯合醫院

Attachments for reference

Attachment I: Questionnaire Survey Results

Scale of 1 (unacceptable) to 10 (very satisfied)

	Average Score
Environmental hygiene	6.36
Family doctor service	6.39
Private outpatient service	6.26
Public general outpatient clinic service	5.61
Private specialist/outpatient clinic service	5.66
Public specialist/outpatient clinic service	5.38
A&E service	5.02
Public in-patient service	5.47
Community health education & promotion service	5.36
Security	6.89
Fire service	7.27
Bus service	7.12
Minibus service	7.02
MTR service	7.34
Taxi service	7.34
Estate/Building management	7.15
Carpark facilities	6.46
Parks & recreational/sports facilities	6.45
Cultural/Recreational service	6.07
Child care service	5.80
Adolescent service	5.69
Family welfare & crisis management service	5.48
Community elderly service	6.25
Rehabilitation service	5.80

A&E Service – 5.02

Public specialist outpatient clinic service – 5.38

Attachment II: Hospital Authority Strategic Service Framework for Elderly Patients 2012

Meeting the needs of an increasing number of elderly patients should be a priority. The Framework recommends the following five key long-term strategic objectives for HA elderly services over the next five years, to meet the identified challenges of (i) managing growing elderly service demand, (ii) ensuring service quality and safety, and (iii) maintaining an adequate workforce that is skilled in elderly care.

- 1 Develop multi-disciplinary integrated elderly services across the continuum of HA care.
- 2 Promote patient-centred care and engage patients and their carers as active partners in their healthcare.
- 3 Greater collaboration with partners involved in elderly care outside of HA.
- 4 Enhance HA workforce capacity and engage staff.
- 5 Develop quality, outcomes-driven HA elderly services.

Attachment III: The discussion among board members

黃大仙區健康安全城市董事局 就「黃大仙區『社區診斷計劃研究報告』 進度報告 - 『醫療文檔 2012』」的討論摘要

2012 年第四次董事局會議（9.10.2012）與會者名單：

主席：史立德博士 MH 太平紳士

副主席：屈銘伸醫生

與會董事局成員：蕭偉全太平紳士、許宗盛先生 BBS MH 太平紳士、

簡志豪先生 BBS MH、黃德祥醫生、蘇浩培醫生、鄧華勝先生

討論摘要

居民的醫療服務訴求

1. 黃大仙區內的三所醫院分屬兩個聯網，東華三院黃大仙醫院及聖母醫院屬九龍西聯網，但香港佛教醫院則屬九龍中聯網，西聯網被中聯網分隔成兩部份。而提供急症室服務的醫院 – 廣華醫院屬九龍西聯網，與黃大仙區內東華三院黃大仙醫院及聖母醫院屬同一聯網。就近黃大仙區的伊利沙伯醫院及聯合醫院，卻分屬九龍中聯網及九龍東聯網。
2. 黃大仙區居民到各院急症室求診人次的比率分別為：有 56% 會到伊利沙伯醫院；如需要使用救護車前往的，比例則更高；廣華醫院則為 26%；聯合醫院亦有不少本區居民求診。目前黃大仙區沒有一所醫院可提供急症室服務予市民。
3. 消防處是根據救護車以最便捷的路線到達急症室為原則，界定病人送往那所醫院就醫，如市民於竹園邨受傷，按此原則會送往伊利沙伯醫院就醫。
4. 隨著黃大仙區內人口老化，醫療服務配套必須按此趨勢強化及拓展。若現時再不統籌，問題只會越趨嚴重、延長及惡化，故有需要針對性及具方向性地加強跟進地區居民的訴求。
5. 整體而言，市民召喚救護車求助時，被送往那所醫院急症室就醫，有時候並不符合求助市民的意願和期望。不少情況是源於不同服務單位的分區界分範圍不盡相同，包括消防事務處、警務處、醫管局等。其次，床位、資源錯配、和醫護人手不足是客觀和整體性的問題，本會應結合地區居民表達的訴求與醫生的專業意見，以配合及反映現階段的情況，建議短、中、長期可行的工作。如果討論涉獵人手、床位數量等問題，是政府規劃的範疇，宜於政府層面處理。

6. 就聯網界分的問題，三所醫院的功能現欠缺協調性。既然黃大仙區有三所醫院，三院應聯合統籌作具規劃性的發展，應如何進行及統籌擴展黃大仙區的整體醫療服務，相信區議會會支持三所醫院重新擴建、擴充或整合。
7. 於 90 年代初，曾建議於現時單車公園的位置籌建地區醫院，但後期被擱置。

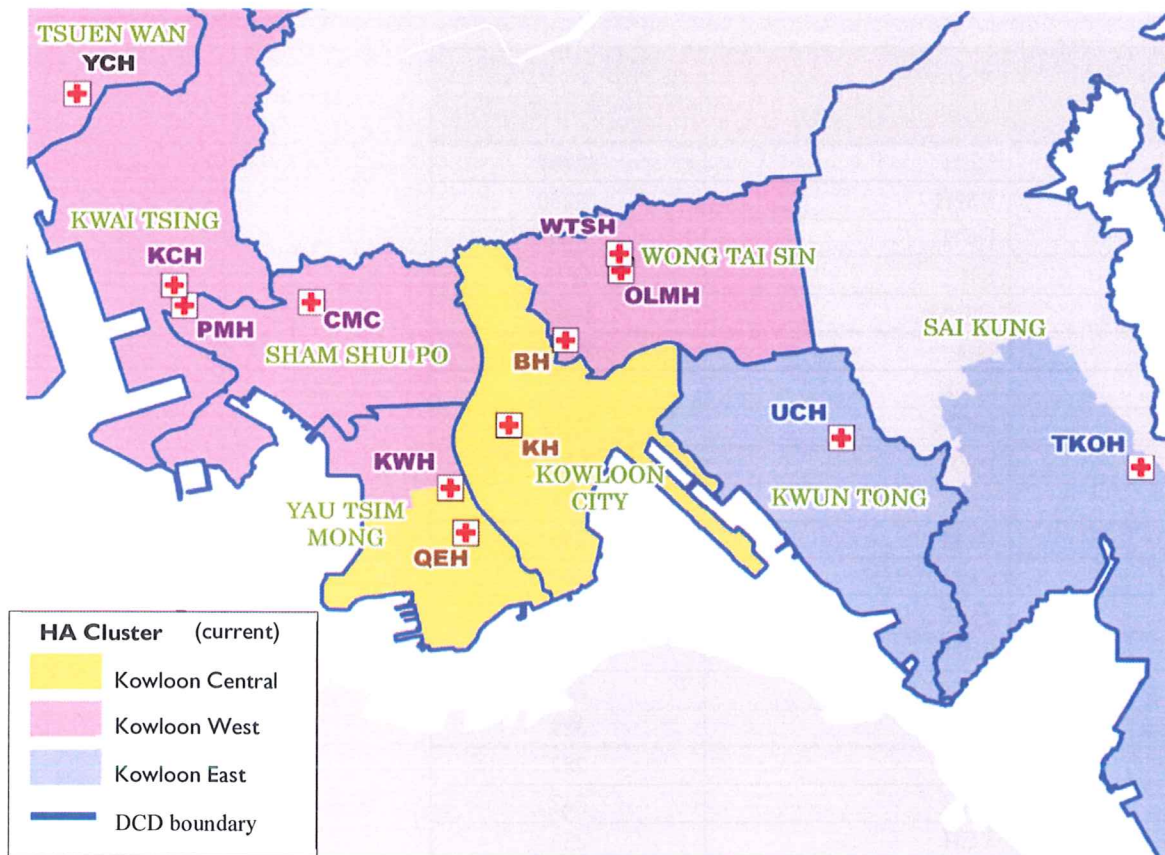
建議

8. 感謝三位醫生完成報告，報告將以「黃大仙區健康安全城市」的名義遞交黃大仙區議會。
9. 報告內容以社區診斷報告為本，並針對性地闡述區內的急症室服務、專科門診及人口老化三個範疇的狀況。黃大仙區現有的醫院如何拓展和發揮現有資源，以符合現時社區的發展需要？其他地區有新醫院、新建設落成；而黃大仙區現行只有聖母醫院、佛教醫院及東華三院黃大仙醫院三所醫院。任何關於強化黃大仙區醫療服務的建議，都可以循不同途徑，如區議會、立法會、政府、行政會議等，呈交特區政府考慮。
10. 報告應包括提升急症室服務；聯網的界分；整體醫療服務統籌；區內三所醫院按實際需求，於行政上和各醫療架構的整合上對症下藥，作出改善，並且統籌各醫院的重建等宏觀問題。
11. 報告的大綱及建議具方向性，亦有過往數據支持，重點是如實反映區內市民的訴求如何加強現有區內的醫療服務，包括急症服務及相關配套、專科門診服務等；並且推動區內醫療設施的協作，從而達致強化區內現有的醫療服務。

總括

本會以「黃大仙區健康安全城市」名義，從居民的角度撰寫報告，反映居民所需，目的是回應特首訪區時黃大仙區居民表達對醫療服務的訴求，並通過黃大仙區議會，向政府反映本區和居民的需要。

Attachment IV: HA Cluster and DC District Boundary



Attachment V: The three local hospitals in WTS District admitting patients from many districts

Admission Date (Financial Year)	2011/12			Row Total
	BH	OLM	WTS	
Institution (IPAS)	BH	OLM	WTS	
District of Residence (district)	IP Admissions	IP Admissions	IP Admissions	IP Admissions
Wong Tai Sin	2508	3962	1178	7648
Other districts	2778	3256	4980	11014
Grand Total :	5286	7218	6158	18662

Admission Date between 01/04/2011 and 31/03/2012 and all district of residence (district, episode based)

Attachment VI: Various Hospitals admitting WTS Residents

District of Residence (district)		WONG TAI SIN
Admission Date (Financial Year)	Institution (IPAS)	IP Admissions
2011/12	QEH	32767
2011/12	KWH	15250
2011/12	UCH	6516
2011/12	KH	4723
2011/12	OLM	3962
2011/12	BH	2508
2011/12	QMH	1224
2011/12	WTS	1178
2011/12	PWH	968
2011/12	CMC	844
2011/12	PMH	789
2011/12	KCH	560
2011/12	TKO	492
2011/12	PYN	433
2011/12	TMH	348
2011/12	NDH	329
2011/12	HHH	287
2011/12	HKE	247
2011/12	YCH	239
2011/12	AHN	218
2011/12	RH	173
2011/12	GH	123
2011/12	TWH	94
2011/12	TPH	69
2011/12	POH	54
2011/12	SH	52
2011/12	DKC	47
2011/12	CPH	36
2011/12	SLH	19
2011/12	TWE	19
2011/12	ML	14
2011/12	FYK	4
2011/12	SJH	4
2011/12	BBH	3
2011/12	CHS	3
2011/12	CHC	1
2011/12	WCH	1
2011/12	TYH	0
Grand Total :		74598

Attachment VII: Outpatient Attendance (Specialist out-patient clinic)

District of Residence (district)		WONG TAI SIN
Clinic Name (Hospital Mgt)	Clinic Name	No. of Attendances
QEH	QEH	134345
KWH	KWH	78652
HKE	HKE	68231
KCH	KCH	54431
OLM	OLM	49801
UCH	UCH	32815
PWH	PWH	11684
KH	KH	9507
QMH	QMH	9372
CMC	CMC	8422
BH	BH	7301
PMH	PMH	5602
PYN	PYN	3389
TKO	TKO	2586
YCH	YCH	2308
TMH	TMH	1875
AHN	AHN	1541
RH	RH	1365
NDH	NDH	1048
GH	GH	853
DKC	DKC	831
TWE	TWE	822
HHH	HHH	539
TWH	TWH	434
CPH	CPH	314
POH	POH	203
TYH	QMH	43
CPH	TMH	28
TMH	CPH	7
ML	ML	5
RC	RC	5
TPH	TPH	5
SJH	SJH	2
SH	SH	1
Grand Total :		488367

Attachment VIII: The two local hospitals in WTS District admitting patients for specialist out-patient service from many districts

Admission Date (Financial Year)	2011/12		Row Total
Institution	BH	OLM	
District of Residence (district)	No. of Attendances	No. of Attendances	No. of Attendances
Wong Tai Sin	7301	49801	57102
Other districts	4719	15353	20072
Grand Total :	12020	65154	77174

Attendance Date between 01/04/2011 and 31/03/2012 and all district of residence (district, attendance based)

Attachment IX: HA Annual Report 2010/11

Institution	No. of beds (as at end March 2011)	Total IP & DP Discharges and Deaths	Inpatient Occupancy Rate (%)	Inpatient Average Length of Stay (days)	Total A&E Attendances	Total SOP Attendances (clinical)	Family Medicine Specialist Clinic Attendances	Total Allied Health Outpatient Attendances	General Outpatient Attendances
KOWLOON CENTRAL CLUSTER									
Hong Kong Buddhist Hospital	324	8,665	87.6	16.3	----	13,027	----	5,069	33,061
KOWLOON WEST CLUSTER									
Our Lady of Maryknoll Hospital	236	10,170	74.1	8.4	----	68,309	358	27,703	372,997
TWGHs Wong Tai Sin Hospital	511	7,540	92.3	26.2	----	----	----	674	----

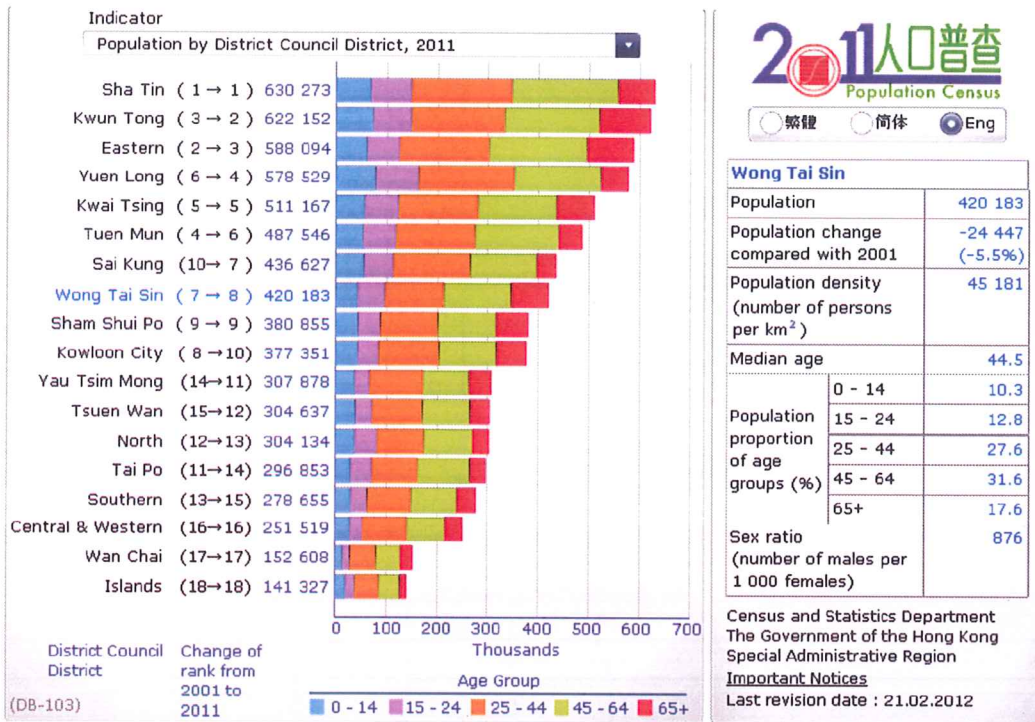
Institution	Community Nursing Service *	Community Psychiatric Service #	Psycho-geriatric Service #	Community Geriatric Assessment Service @	Visiting Medical Officer attendances ++	Community Allied Health attendances **	Rehabilitation Day & Palliative care day attendances	Geriatric day hospital attendances ***	Psychiatric day hospital attendances
KOWLOON CENTRAL CLUSTER									
Hong Kong Buddhist Hospital	----	----	----	----	----	92	730	----	----
KOWLOON WEST CLUSTER									
Our Lady of Maryknoll Hospital	44,767	----	----	14,426	----	74	713	----	----
TWGHs Wong Tai Sin Hospital	----	----	----	----	----	74	----	10,702	----

Institution	No. of Full-time Equivalent (FTE) Staff (as at 31.3.2011)				
	Medical	Nursing	Allied Health	Others	Total
KOWLOON CENTRAL CLUSTER					
Hong Kong Buddhist Hospital	14.00	137.44	28.00	163.2	342.64
KOWLOON WEST CLUSTER					
Our Lady of Maryknoll Hospital	60.54	219.24	58.23	285.12	623.13
TWGHs Wong Tai Sin Hospital	24.00	228.80	39.00	285.49	577.29

HA has 5,337 doctors and 20,093 nurses in 2010/11

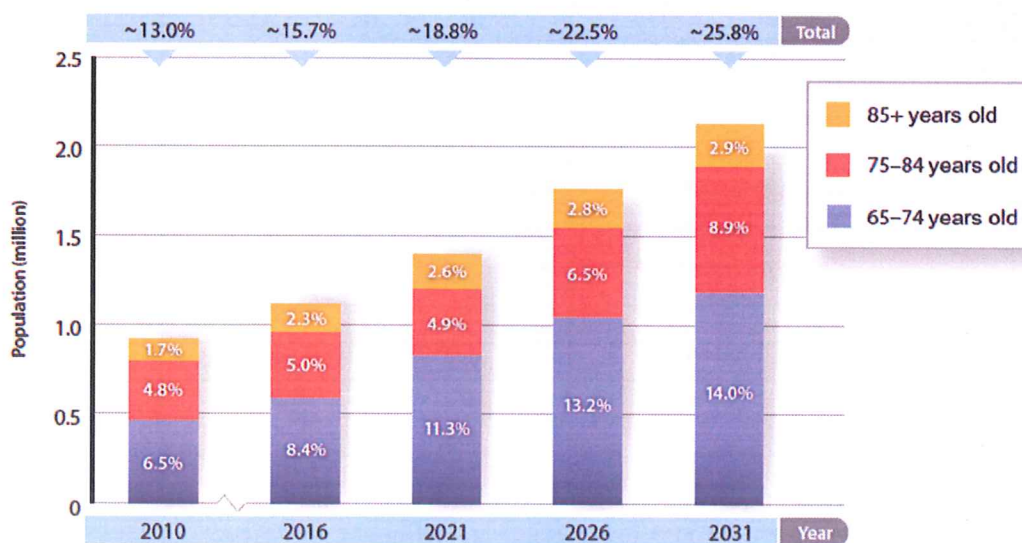
Attachment X: Census and Statistics Department (2011). Hong Kong

Population Census



Attachment XI: Census and Statistics Department (2011). Population Projections 2010-2031, Hong Kong

Figure 1. Population estimates and projection for people aged 65 years or over and percentage of total population by age group in Hong Kong (2010 to 2031)



Attachment XII: Percentage of 1st Attendance (from WTS for individual AED) (2010)

	All	WTS	Percentage
KWH	114,708	28,014	24%
QEH	140,112	60,195	43%
UCH	176,623	19,744	11%
	Total:	107,953	

Attachment XIII: Percentage of Ambulance AED cases (from WTS for individual AED) (2010)

	All	WTS	Percentage
KWH	19,616	1,600	8%
QEH	41,598	31,857	77%
UCH	42,889	4,073	9%

Attachment XIV: The three local hospitals in WTS admitting patients from many districts

Admission Date (Financial Year)	2011/12			Row Total
	BH	OLM	WTS	
Institution (IPAS)	IP Admissions	IP Admissions	IP Admissions	IP Admissions
District of Residence (district)	IP Admissions	IP Admissions	IP Admissions	IP Admissions
Central & Western	3	6	14	23
Eastern	8	17	14	39
Islands excl. North Lantau	2	4	7	13
Kowloon City	1624	248	394	2266
Kwai Tsing	28	307	768	1103
Kwun Tong	509	261	373	1143
Mongkok	100	265	1647	2012
North	2	20	31	53
North Lantau	4	18	30	52
Others	5	5	5	15
Sai Kung excl. Tseung Kwan O	17	5	8	30
Sham Shui Po	103	1695	417	2215
Shatin	27	111	146	284
Southern	7	14	7	28
Tai Po	10	9	21	40
Tseung Kwan O	71	46	45	162
Tsuen Wan	13	64	243	320
Tuen Mun	8	30	64	102
Wanchai	3	5	13	21
Wong Tai Sin	2508	3962	1178	7648
Yau Tsim	216	109	698	1023
Yuen Long	18	17	35	70
Grand Total :	5286	7218	6158	18662

Admission Date between 01/04/2011 and 31/03/2012 and all district of residence (district, episode based)

Attachment XVI: Hospital Authority Statistical Report 2010-2011 Table 2.2

Table 2.2 Number of Discharged In-patient Headcounts and Discharges and Deaths by Patients' District of Residence (District Council District) and Cluster 2010 (Cont'd)
 表 2.2 二零一零年按住院病人居住地區(區議會分區)及醫院聯網劃分的出院人數及出院人次及死亡人數(續)

Hospital Cluster 醫院聯網	Number of Discharged In-patient Headcounts and Discharges and Deaths 住院病人出院人數及出院人次及死亡人數															
	HKE 港島東		HKW 港島西		KC 九龍中		KE 九龍東		KW 九龍西		NTE 新界東		NTW 新界西		Overall HA 合計	
	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數	Discharged and deaths headcounts 出院人數 死亡人數	Discharges and deaths headcounts 出院人次及 死亡人數
Yuen Long 元朗	422	625	1,117	2,538	1,275	2,137	393	573	2,357	4,166	2,875	5,155	44,602	88,712	51,017	103,906
North 北區	211	330	396	872	925	1,447	302	388	960	1,516	24,229	51,190	569	875	26,808	56,718
Tai Po 大埔	178	242	473	949	755	1,256	353	523	864	1,458	25,279	55,733	241	374	27,383	60,535
Sha Tin 沙田	610	892	1,094	2,530	2,248	3,791	991	1,477	3,082	5,321	44,592	94,345	437	678	51,326	109,034
Sai Kung 西貢	1,244	2,701	1,245	2,824	3,944	7,540	27,946	49,545	1,737	3,024	1,393	2,590	202	279	35,271	68,603
Islands 離島	2,800	5,771	3,348	7,267	465	770	101	154	5,466	9,238	302	640	165	284	11,692	24,144
Others* 其他	219	235	775	1,498	751	870	118	130	781	855	873	1,426	344	396	3,797	5,407
Total 合計	77,018	162,363	69,511	166,260	96,517	185,972	82,234	160,496	173,941	335,475	111,029	232,148	89,631	181,089	665,881	1,423,705

Notes: Number of patients may not add up to total as one patient may attend hospitals in more than one cluster for treatment.

Discharged headcounts include deaths.

*Including places outside Hong Kong and uncoded district.

HKE - Hong Kong East

HKW - Hong Kong West

KC - Kowloon Central

KE - Kowloon East

KW - Kowloon West

NTE - New Territories East

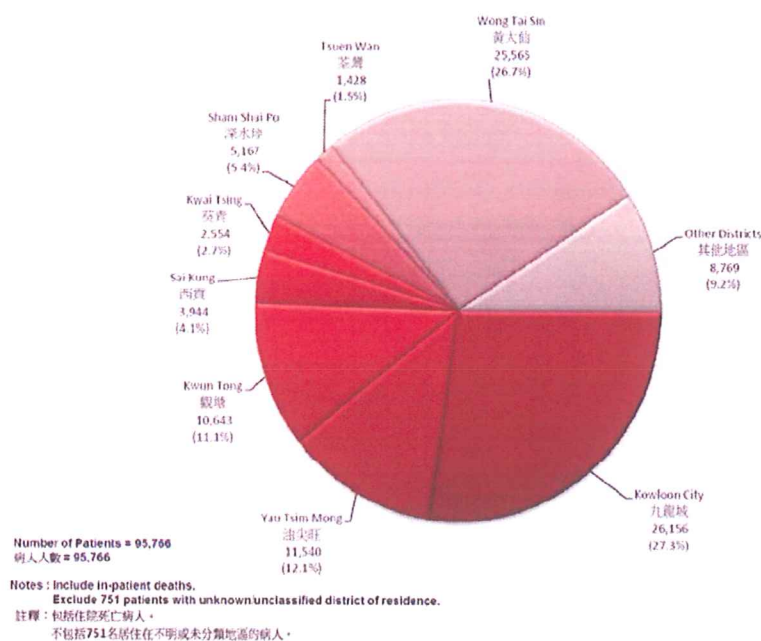
NTW - New Territories West

註釋: 由於病人可到多於一個聯網的醫院就診, 個別病人的病人數目相加可能不等於其總數。
 出院人數包括死亡人數。

*包括香港以外及未編碼的地區。

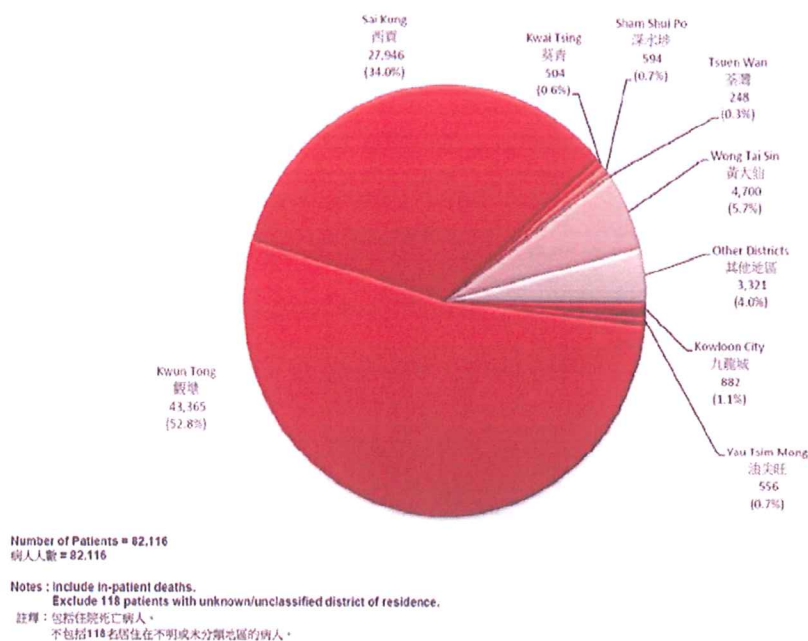
Attachment XVII: Hospital Authority Statistical Report 2010-2011 Chart 2.a.3

Chart 2.a.3 Discharged In-patient Headcounts by District of Residence 2010 - Kowloon Central Hospital Cluster
圖 2.a.3 二零一零年按住院病人居住地區劃分的出院人數 - 九龍中醫院聯網



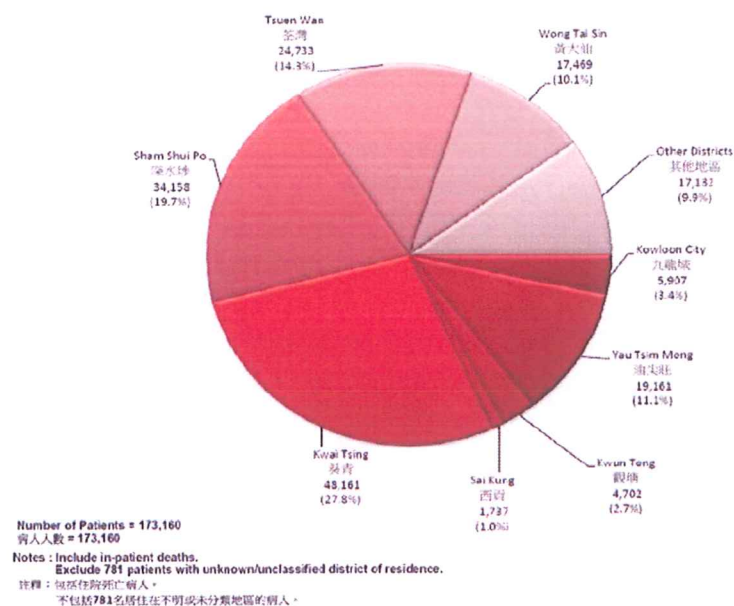
Attachment XVIII: Hospital Authority Statistical Report 2010-2011 Chart 2.a.4

Chart 2.a.4 Discharged In-patient Headcounts by District of Residence 2010 - Kowloon East Hospital Cluster
圖 2.a.4 二零一零年按住院病人居住地區劃分的出院人數 - 九龍東醫院聯網

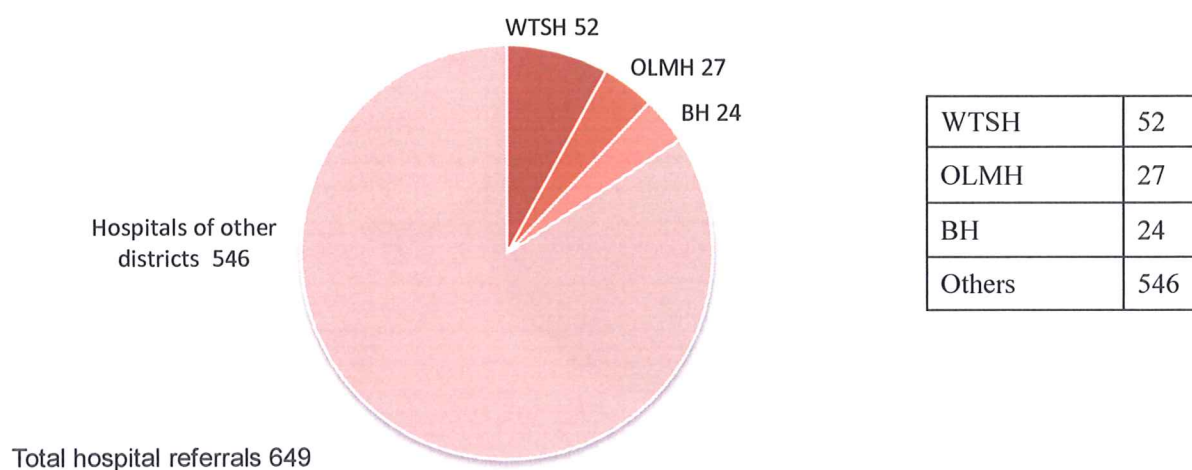


Attachment XIX: Hospital Authority Statistical Report 2010-2011 Chart 2.a.5

Chart 2.a.5 Discharged In-patient Headcounts by District of Residence 2010 - Kowloon West Hospital Cluster
圖 2.a.5 二零一零年按住院病人居住地區劃分的出院人數 - 九龍西醫院聯網



Attachment XX: Hospital Referrals to WTSH GDH as Post-discharge Care of WTS District Residents (2011-2012)



Attachment XXI: Outpatient Attendance (Specialist out-patient clinic) (OLMH & BH)

Clinic Name (Hospital Mgt)	OLM	BH
Clinic Name	OLM	BH
District of Residence (district)	No. of Attendances	No. of Attendances
CENTRAL & WESTERN	113	9
EASTERN	357	37
ISLANDS excl. NORTH	22	5
KOWLOON CITY	2036	2109
KWAI TSING	1139	206
KWUN TONG	3498	709
MONGKOK	1407	235
NORTH	259	46
NORTH LANTAU	183	11
OTHERS	21	7
SAI KUNG excl. TSEUN	183	26
SHAM SHUI PO	1715	263
SHATIN	1547	236
SOUTHERN	111	31
TAI PO	309	60
TSEUNG KWAN O	845	189
TSUEN WAN	393	65
TUEN MUN	359	61
WANCHAI	75	13
WONG TAI SIN	49801	7301
YAU TSIM	444	346
YUEN LONG	337	55
Grand Total :	65154	12020

Attendance Date between 01/04/2011 and 31/03/2012 and all district of residence (district, attendance based)

Attachment XXII: Outpatient Attendance (Family Medicine and General out-patient clinic)

District of Residence (district)		WONG TAI SIN
Clinic Name (Hospital Mgt)	Clinic Name	No. of Attendances
OLM	OLM	337151
QEH	QEH	43202
UCH	UCH	31952
BH	BH	27882
KWH	KWH	18789
CMC	CMC	5213
TKO	TKO	3770
PWH	PWH	3097
QMH	QMH	1934
RH	RH	1732
PMH	PMH	1700
PYN	PYN	1549
TMH	TMH	1342
YCH	YCH	1129
AHN	AHN	944
NDH	NDH	852
TWH	TWH	424
TWE	TWE	332
PYN	SJH	176
POH	POH	99
SJH	SJH	72
Grand Total :		483341

Attendance Date between 01/04/2011 and 31/03/2012 and district of residence (district, attendance based equal to Wong Tai Sin)

(Letterhead: Wong Tai Sin District Council)

Ref.: HAD WTSDC 13-15/5/54 Pt.37

By post and by fax
(Annex by post only)

Dr. KO Wing-man, BBS, JP,
Secretary for Food and Health
18/F, East Wing, Central Government Offices,
2 Tim Mei Avenue,
Tamar, Hong Kong

16 November 2012

Healthcare Document 2012:
Progress Report on Wong Tai Sin District Community Diagnosis

At its 7th meeting held on 6 November 2012, the Wong Tai Sin District Council (WTSDC) discussed “Healthcare Document 2012” (Annex) submitted by the Wong Tai Sin District Healthy and Safe City.

Members pointed out that there was an imminent need for A&E, specialist and community healthcare services in Wong Tai Sin, and requested that an A&E department or 24-hour outpatient service be provided. In addition, they suggested the services provided by the three hospitals in Wong Tai Sin, namely the Wong Tai Sin Hospital, the Our Lady of Maryknoll Hospital and the Buddhist Hospital be integrated, so that specialist services (including dental service) supporting A&E service, as well as body check and healthcares services for the elderly can be developed independently, with a view to improving the quality of medical services in Wong Tai Sin.

I would like to invite representatives from your Bureau to attend the following WTSDC meeting to listen to our views:

Date: 8 January 2013 (Tue)
Time: 2:30 p.m.
Venue: WTSDC Conference Room
Address: 6/F Lung Cheung Office Block, 138, Lung Cheung Road,
Wong Tai Sin, Kowloon

For enquiries, please contact the undersigned at 3143 1104. Your reply is anticipated.

(Miss Victoria LAM)
for LI Tak-hong, MH, JP
Chairman of WTSDC

Encl.

c.c. Dr. LEUNG Pak-yin, JP, Chief Executive, the Hospital Authority

(Letterhead: Food and Health Bureau)

Our ref.: L/M to FHB/H/33/94 Pt. 14 Tel. No.: (852) 3509 8958
Your ref.: HAD WTSDC 13-5/5/54 Pt. 37 Fax No.: (852) 2840 0467

Fax: 2320 2944

(By fax and by post)

Miss Victoria LAM
Wong Tai Sin District Office,
6/F Lung Cheung Office Block,
138, Lung Cheung Road,
Wong Tai Sin, Kowloon

17 December 2012

Dear Miss LAM,

Healthcare Document 2012:
Progress Report on Wong Tai Sin District Community Diagnosis

I refer to your letter to the Secretary for Food and Health dated 16 November 2012. Please be informed that the following representatives will attend the Wong Tai Sin District Council meeting to be held on 8 January 2013 and discuss with Members medical issues in the district:

Food and Health Bureau

Ms CHAN Hoi-yan, Rebecca Political Assistant

Hospital Authority

Dr. WAT Ming-sun, Nelson Chief Executive, Kowloon West Cluster (Ag.)

Dr. WONG Tak-cheung Hospital Chief Executive, Our Lady of
Maryknoll Hospital

(LEE Wing-ka, Patrick)
for Secretary for Food and Health

c.c. Dr. LEUNG Pak-yin, JP, Chief Executive, the Hospital Authority