

LCQ17: Prevention of skin diseases among elderly people in residential care homes

Following is a question by the Hon Holden Chow and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 14):

Question:

It has been reported that there were outbreaks of scabies infection in residential care homes for the elderly (RCHEs) in the past, and the Centre for Health Protection has indicated that people with weaker immunity or the elderly are more susceptible to infection. Regarding the prevention of skin diseases among elderly people in RCHEs, will the Government inform this Council:

- (1) whether it has compiled statistics on the number of cases of elderly people in RCHEs suffering from the following skin diseases across the territory in each of the past five years: (i) pruritus, (ii) scabies, and (iii) herpes zoster (set out in a table);
- (2) of the measures the authorities have put in place to support RCHEs in enhancing their cleanliness and hygiene, so as to prevent as early as possible outbreaks of the skin diseases mentioned in (1) in RCHEs; and
- (3) whether the authorities will consider introducing artificial intelligence tools to assist in the early detection and prevention of the infection and outbreak of the skin diseases mentioned in (1) in RCHEs?

Reply:

President,

The Residential Care Homes for the Elderly (RCHEs) are regulated by the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459), the Residential Care Homes (Elderly Persons) Regulation (Cap. 459A) and the Code of Practice for Residential Care Homes (Elderly Persons)/ the Code of Practice for Residential Care Homes (Nursing Homes) for the Elderly (the Code of Practice), oversighted by the Social Welfare Department (SWD). Infectious diseases can spread rapidly in communal living environments, and residents of the RCHEs are generally more susceptible and at high risk. As the health advisor of the Government, the Department of Health (DH) provides guidelines on infection control for the residential care homes (RCHs) to prevent infectious diseases, and collaborates with the SWD in promoting these guidelines to effectively prevent occurrence of infectious diseases in the RCHs and reduce the health risks and hazards posed by infectious diseases.

The reply, in consultation with the Labour and Welfare Bureau and the

DH, to the question raised by the Hon Holden Chow is as follows:

(1) Scabies is a skin disease caused by the mite *Sarcoptes scabiei* var. *hominis*, which is a parasite that burrows into, resides and reproduces in human skin. It affects people of all ages, but the elderly or people with weakened immunity are more susceptible. Scabies can spread rapidly in communal living environments; hence outbreaks of scabies have been reported from time to time in institutional settings (such as the RCHEs).

Although scabies is not a statutorily notifiable infectious disease, it can spread rapidly in crowded environments and may lead to large-scale outbreaks. Therefore, the Centre for Health Protection (CHP) of the DH encourages institutional settings to report scabies outbreaks. This enables early treatment of patients and their contacts, as well as the implementation of appropriate infection control measures to reduce the number of affected individuals. From 2020 to April 30, 2025, the number of scabies outbreaks in the RCHEs as recorded by the CHP is as follows:

Year	Number of Outbreaks
2020	41
2021	35
2022	27
2023	37
2024	40
2025 (up to April 30)	16

Herpes Zoster (also known as Shingles) is an infectious disease that causes belt-like, painful skin rash with blisters. It is caused by varicella-zoster virus which is responsible for varicella (also known as Chickenpox). The virus resides in the nervous system of patients recovered from Chickenpox. Years later, in times of weakened immune system, such as due to ageing or stress, the virus may induce Herpes Zoster. A person with Herpes Zoster cannot pass this disease to others. However, individuals who have never had Chickenpox and have not received the Chickenpox vaccine may be infected and develop Chickenpox if they have contact with the sores of a Herpes Zoster patient.

As regards pruritus (itchy skin), since there are many possible reasons (including causes relating to non-communicable diseases), confirmation of the cause(s) of the relevant symptom should be diagnosed by a medical practitioner.

Herpes Zoster is not a statutorily notifiable infectious disease and neither is pruritis. Therefore, the CHP does not have statistics on Herpes Zoster and pruritis in the RCHEs. Nevertheless, the CHP also encourages the RCHEs to report suspected outbreaks of infectious diseases (such as respiratory tract infections, acute gastroenteritis and scabies) in their institutions to facilitate investigation and provision of appropriate control measures recommendation according to situation.

(2) and (3) The Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly published by the CHP provides infection control advice for the RCHEs to prevent communicable diseases, including those transmitted by contact such as scabies, and measures to prevent skin or subcutaneous tissue infections. Specific measures include taking contact transmission-based precaution measures, such as wearing gloves when contacting patients; arranging early medical consultation for the patients; special disinfection of bedding and clothing used by scabies patients; and isolating infected residents until completion of treatment. The Guidelines will be updated in a timely manner having regard to prevailing situation and scientific evidence.

The Code of Practice issued by the SWD sets out detailed requirements and guidelines on infection control, including requesting the RCHEs to assist residents in maintaining good personal hygiene and to keep the RCHE environment clean, as well as to prevent infectious diseases with reference to the Guidelines on Prevention of Communicable Diseases in Residential Care Homes for the Elderly issued by the CHP. The home manager of an RCHE shall appoint either a nurse or a health worker as an Infection Control Officer to handle matters related to infection control and the prevention of infectious diseases in the RCHE.

The Licensing Office of Residential Care Homes for the Elderly of the SWD, in collaboration with the DH, also regularly organises training courses, thematic talks and workshops for RCHE staff on infection control measures and latest prevention and control information. On-site observations are also conducted at the RCHEs with advice rendered to enhance their infection control capabilities and skills.

In addition, the Government makes use of technology to help monitor and follow up on infection-related situations in RCHs. For instance, the SWD launched the "e-platform for infection control in RCHs" in June 2024 to facilitate RCHs' one-stop submission of various information concerning infection prevention and control. This enables the DH and the SWD to keep abreast of the latest situation of infectious disease outbreak cases and infection control in RCHs in a timely and accurate manner for continuous monitoring and appropriate follow-up actions whilst assessing and arranging timely vaccination for RCH residents in prevention of infectious diseases. The Government will continue to monitor the development in relevant technology (including Artificial Intelligence tools).

Tender of 2-Year Exchange Fund Notes to be held on May 23

The following is issued on behalf of the Hong Kong Monetary Authority:

The Hong Kong Monetary Authority (HKMA) announces that a tender of 2-year Exchange Fund Notes will be held on 23 May 2025 (Friday) for settlement on 26 May 2025 (Monday), as set out in the published tentative issuance schedule. This is to roll over an issue of 2-year Exchange Fund Notes maturing on the same day.

A total of HK\$1,200 million 2-year Notes will be on offer, of which HK\$5 million will be made available for offer to members of the public who wish to submit non-competitive tender bids through Hong Kong Securities Clearing Company Limited (HKSCC). If the Notes reserved for non-competitive tender are under-subscribed, the non-subscribed amount will be added to the portion of notes for competitive tender (initially set at HK\$1,195 million). The Notes will mature on 26 May 2027 and will carry interest at the rate of 2.16 per cent per annum payable semi-annually in arrears.

Members of the public who wish to submit non-competitive tender applications for Notes that are open to HKSCC may do so through Stock Exchange Participants/Brokers, or for those who hold Investor Accounts of the Central Clearing and Settlement System (CCASS) at the HKSCC, directly through HKSCC, for submission to the HKMA for processing. Competitive tender applications for the Notes must be submitted through any of the Eligible Market Makers appointed by the HKMA, with the current published list available on the HKMA's website at www.hkma.gov.hk. Each tender must be for an amount of HK\$50,000 or integral multiples thereof for both competitive and non-competitive tender.

The tender results will be published on the HKMA's website, the Refinitiv screen (HKMA00E), and Bloomberg. Applicants who submitted non-competitive tender bids through HKSCC may also obtain the tender results from Stock Exchange Participants/Brokers, or for applicants who hold Investor Accounts at HKSCC's CCASS from the CCASS terminal for CCASS Broker/Custodian/Participants and CCASS Phone System.

HKMA Exchange Fund Note Programme Tender Information

Tender information of 2-Year Exchange Fund Notes:

Issue Number	:	02Y2705
Stock code	:	4105 (EFN 2.16 2705)
Tender date and time	:	Friday, May 23, 2025 9.30am to 10.30am
Issue and Settlement Date	:	Monday, May 26, 2025 HK\$1,200 million
Amount on offer	:	(up to HK\$5 million for non-competitive tender)

Commencement of/
Deadline for
submission of non-
competitive tender bids by
retail investors through
HKSCC : Please refer to requirements as set
down by HKSCC

Maturity : Two years

Maturity Date : Wednesday, May 26, 2027

Interest Rate : 2.16 per cent p.a.

Interest Payment Dates : November 26, 2025
May 26, 2026
November 26, 2026
May 26, 2027

Tender amount : Each tender must be for an amount of
HK\$50,000 or integral multiples
thereof for both competitive and
non-competitive tender. Members of
the public who wish to apply for the
Notes through non-competitive
tenders that are open to HKSCC may
do so through Stock Exchange
Participants/ Brokers, or for those
who hold Investors Accounts at
HKSCC's CCASS, directly through
HKSCC. Members of the public who
wish to apply for the Notes through
competitive tender may only do so
through any of the Eligible Market
Makers on the current published
list.

Other details : Please see Information Memorandum
published or approach Eligible
Market Makers, HKSCC, or brokers who
are Exchange Participants of the
Stock Exchange of Hong Kong.

Expected commencement date
of dealing on the Stock
Exchange of Hong Kong : Tuesday, May 27, 2025

Price/Yield Table of the new EFN at tender for reference* only:

Yield-to- Maturity	Price	Yield-to-Maturity	Price
1.16	101.98	2.16	100.02
1.21	101.88	2.21	99.93
1.26	101.78	2.26	99.83
1.31	101.68	2.31	99.73
1.36	101.58	2.36	99.64
1.41	101.48	2.41	99.54
1.46	101.39	2.46	99.45

1.51	101.29	2.51	99.35
1.56	101.19	2.56	99.26
1.61	101.09	2.61	99.16
1.66	100.99	2.66	99.07
1.71	100.90	2.71	98.97
1.76	100.80	2.76	98.88
1.81	100.70	2.81	98.78
1.86	100.60	2.86	98.69
1.91	100.51	2.91	98.59
1.96	100.41	2.96	98.50
2.01	100.31	3.01	98.40
2.06	100.22	3.06	98.31
2.11	100.12	3.11	98.22
2.16	100.02	3.16	98.12

* Disclaimer

The information provided here is for reference only. Although extreme care has been taken to ensure that the information provided is accurate and up-to-date, the HKMA does not warrant that all, or any part of, the information provided is accurate in all respects. You are encouraged to conduct your own enquiries to verify any particular piece of information provided on it. The HKMA shall not be liable for any loss or damage suffered as a result of any use or reliance on any of the information provided here.

LCQ12: Prevention of water mains bursts

Following is a question by the Hon Yang Wing-kit and a written reply by the Secretary for Development, Ms Bernadette Linn, in the Legislative Council today (May 14):

Question:

It has been reported that there have been many water mains burst incidents in Hong Kong in the past year, with the ageing of water mains in old districts being a particular cause for concern. In this connection, will the Government inform this Council:

(1) of the number of water mains burst incidents in each of the 18 districts in Hong Kong in the past year;

(2) whether it will conduct a comprehensive inspection of water mains and expedite the replacement of damaged or aged water mains; if so, of the details; if not, the reasons for that;

(3) as the Government has advised, in the reply to a question raised by a Member of this Council in relation to the Estimates of Expenditure 2025-2026, that it will expand the monitoring area of the Water Intelligent Network (WIN) to include fresh water trunk mains and the remaining part of the fresh water distribution mains not currently covered by WIN, of the number of District Metering Areas (DMAs) under the expanded WIN and the implementation timetable (set out by District Council district);

(4) whether additional stop valves will be installed for water mains in non-DMAs not covered by WIN to reduce the risk of a large-scale water outage in the event of a water mains burst; if so, of the details; if not, the reasons for that; and

(5) whether it has drawn reference from the experience of the Mainland in using advanced smart technologies to monitor and manage underground water mains to further prevent water mains bursts; if so, of the details; if not, the reasons for that?

Reply:

President,

The Water Supplies Department (WSD) has all along been committing to providing reliable, sufficient and quality water supply to the public. The WSD ensures that the water supply networks could effectively operate through continuous improvement in asset management and making good use of technology.

From 2000 to 2015, the WSD carried out a territory-wide replacement and rehabilitation of water mains programme to replace and rehabilitate about 3 000 kilometres long aged water mains (including fresh and salt water mains), thereby raising the operational effectiveness of the water supply networks.

Since 2015, the WSD has implemented multi-pronged measures, through establishing Water Intelligent Network (WIN) and adopting risk-based asset management programme for water mains for formulating and implementing water main improvement works on risk-based approach, continuously maintaining the healthiness of the water supply networks and reducing the risks of water main bursts or leaks.

Through the above-mentioned measures and efforts made over the years, the number of annual water main burst cases has been greatly reduced from around 2 500 cases in 2000 to around 40 cases in 2023 and to 27 cases in 2024. The leakage rate of fresh water mains has also dropped from over 25 per cent in 2000 to around 13.4 per cent in 2024.

The replies to various parts of the Hon Yang Wing-kit's question are as follows:

(1) According to records from the WSD, the numbers of water main burst cases in various districts for the entire year of 2024 and the first three months of 2025 are listed in the table below:

Region	District	Burst cases	
		2024	2025 (as at March 31)
Hong Kong and Islands	Central and Western	2	0
	Eastern	1	3
	Islands	1	0
	Southern	4	0
	Wan Chai	4	0
Kowloon	Kowloon City	3	0
	Kwun Tong	1	0
	Sham Shui Po	3	0
	Wong Tai Sin	0	0
	Yau Tsim Mong	2	0
New Territories	North	1	0
	Sai Kung	1	0
	Sha Tin	0	0
	Tai Po	0	0
	Kwai Tsing	1	1
	Tuen Mun	2	0
	Tsuen Wan	1	0
	Yuen Long	0	0
	Total	27	4

(2), (3) and (5) Since 2016, the WSD has been establishing WIN within the fresh water distribution networks in the territory (covering approximately 80 per cent of the fresh water distribution networks). By the end of March 2025, the WSD completed the establishment of all 2 400 district metering areas (DMAs). It helps to strengthen management of leakage in water supply networks with the strategy of "divide and conquer" and continuous monitoring, and to implement targeted measures including active leakage detection, pressure management, speedy repair of water main with leakage and replacement or rehabilitation of water mains, to maintain the healthiness of the water supply networks. The numbers of DMAs by District Council districts are tabulated as follows:

District Council districts	Number established
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Central and Western	69
Eastern	81
Islands	115
Southern	143
Wan Chai	64
Kowloon City	85
Sham Shui Po	87
Wong Tai Sin	57
Kwun Tong	121
Yau Tsim Mong	55
North	181
Sai Kung	286
Sha Tin	224
Tai Po	148
Kwai Tsing	132
Tsuen Wan	147
Tuen Mun	171
Yuen Long	234
Total	2 400

Meanwhile, the WSD has commenced the enhancement of WIN, focusing on the following two aspects:

(i) Expanding, in phases, the monitoring area of WIN to include fresh water trunk mains and the remaining fresh water distribution mains (covering approximately 20 per cent of the fresh water distribution networks) that are currently not covered by WIN by installing sensors to monitor water flow and pressure at strategic locations to provide a more comprehensive coverage of the fresh water supply networks; and

(ii) Upgrading the functions of the existing WIN, which includes upgrading the sensors used for monitoring the water flow and pressure in phases to collect real-time data with a view to speeding up detection of any abnormal conditions in the pipe networks.

The WSD is currently carrying out the planning and design works and hence the numbers and locations of sensors are not yet available. The above expansion and upgrading work are expected to be completed by 2027.

The WSD consistently collaborates with local and mainland academic and research organisations to study the use of other advanced technologies, such as acoustic detection and optical fiber, to facilitate early detection of leakage situations of water mains.

(4) When water main burst incident occurs, the WSD will implement appropriate measures with a view to minimising the water suspension area and duration.

The relevant measures include temporary redirecting of water supply in inter-connecting water supply networks to maintain the water supply during emergency repair work of the water main burst. If redirecting of water supplies is infeasible, the WSD will close the water valves in the vicinity to stop the water outflow from the burst water main for emergency repair work, thus minimising the suspension area. Therefore, considering the actual operational need of water supply networks, we will install water valves at suitable locations, with due balance to reducing water supply impact to individual buildings and avoiding inconvenience caused to road users by the valve installation works.

In addition, the WSD has strengthened management of emergency water supply incidents. Regarding the mechanism for dissemination of information for emergency repair works of water mains, the WSD has updated its internal guidelines that outline specific factors to be considered for emergency repair of water mains and associated time required, ensuring dissemination of more accurate information about the anticipated water resumption time for residents to make appropriate preparations. We have also strengthened the communication with various stakeholders of different districts (including District Offices, members of District Council and Care Teams) through setting up instant messaging platforms for rapid two-sided communication, providing information to the public regarding the arrangement of temporary water supplies and progress of repair work, etc. The WSD has also established mechanism to bring together resources of government departments for deploying sufficient water wagons to provide temporary water supply during emergency situation, providing timely support to the public and businesses affected.

Government welcomes passage of Companies (Amendment) (No.2) Bill 2024

The Government welcomed the passage of the Companies (Amendment) (No.2) Bill 2024 by the Legislative Council today (May 14) to introduce a company re-domiciliation regime in Hong Kong.

The Secretary for Financial Services and the Treasury, Mr Christopher Hui, said, "The Amendment Ordinance puts in place a simple and accessible mechanism for company re-domiciliation. It addresses the demand of companies incorporated elsewhere with major business in Hong Kong for re-domiciliation to Hong Kong, and is conducive to our efforts in proactively attracting enterprises and investment, thereby generating business for various local professional services sectors as well as increasing investment and job opportunities."

Under the company re-domiciliation regime, non-Hong Kong-incorporated companies which fulfil the requirements concerning company background,

integrity, member and creditor protection, and solvency, etc, may apply to re-domicile to Hong Kong while maintaining their legal identity as a body corporate and ensuring business continuity. The property, rights, obligations and liabilities, as well as the relevant contractual and legal processes of the companies would not be affected during the process. If, after re-domiciliation, the company's actual similar profits are also taxed in Hong Kong, the Government will provide the company with unilateral tax credits for elimination of double taxation. In general, re-domiciled companies will be regarded as companies incorporated in Hong Kong. They have the same rights as any Hong Kong-incorporated companies of their kind in Hong Kong, and will be required to comply with the relevant requirements under the Companies Ordinance (Cap. 622).

The Amendment Ordinance will take effect on May 23. The company re-domiciliation regime will be open for application starting from the same day. The Companies Registry will, on the same day, set up a new thematic section on its website to provide the application details and relevant information for reference. The Integrated Companies Registry Information System will also be enhanced to process applications.

LCQ8: New Acute Hospital in Kai Tak

Following is a question by Dr the Hon Starry Lee and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 14):

Question:

The Government announced in the 2016 Policy Address that an overall hospital development plan had been devised with the Hospital Authority to allocate \$200 billion to implement the development projects in the subsequent 10 years, and the New Acute Hospital in Kai Tai (New Acute Hospital) was one of the projects under the plan. The New Acute Hospital, which will provide 2 400 beds and 37 operating theatres, is expected to be completed next year and will become the leading hospital in the Kowloon Central Cluster serving residents in the Kowloon City and Wong Tai Sin districts. Most of the clinical services of the Queen Elizabeth Hospital (QEH), including the accident and emergency (A&E) services, will be relocated to the New Acute Hospital, bringing direct impact to members of the public in Kowloon Central. In this connection, will the Government inform this Council:

(1) in the light of the completion of the New Acute Hospital, how the authorities assess the level of public awareness of the services provided by the New Acute Hospital, and what specific plans are in place to step up publicity and promotional efforts, so as to ensure thorough public understanding of the New Acute Hospital's scope of services, relocation

arrangements and means of access;

(2) given the gradual replacement of QEH's A&E services by the New Acute Hospital, what measures the authorities have in place to ensure seamless transition of the services, particularly the provision of appropriate transport options for groups such as the elderly, persons with impaired mobility and those in need of emergency medical services; and

(3) whether it will, before implementing the New Acute Hospital's service relocation arrangements, conduct public consultation on the New Acute Hospital's accessibility and establish a regular communication mechanism to collect views from residents and relevant stakeholders to jointly explore improvement proposals, thereby ensuring that aspects such as (i) the transport accessibility to the Hospital in different time periods; (ii) the compatibility of the existing public transport network with the demand for hospital services; and (iii) feeder services for special groups will meet the needs of the residents?

Reply:

President,

In consultation with the Transport and Logistics Bureau (TLB) and the Hospital Authority (HA), the consolidated reply to the question raised by Dr the Hon Starry Lee is as follows:

(1) In 2016, the Government and the HA commenced the implementation of the First Hospital Development Plan with \$200 billion set aside for a total of 16 projects, covering the redevelopment and expansion of 11 hospitals, the construction of a new acute hospital, three community health centres and one supporting services centre.

Upon the completion of the New Acute Hospital (NAH) located in the Kai Tak Development Area, most of the clinical in-patient services of the Queen Elizabeth Hospital (QEH), including the accident and emergency (A&E) services, will be relocated to the NAH; while the Ambulatory Care Centre (Extension) of the QEH will remain at the King's Park site. Situated in Central Kowloon, the NAH will form a service network with the Our Lady of Maryknoll Hospital, Hong Kong Buddhist Hospital and Tung Wah Group of Hospitals Wong Tai Sin Hospital in the Kowloon City District; the Kwong Wah Hospital (KWH), Kowloon Hospital and other hospitals in the Kowloon Central Cluster (KCC); and the Ambulatory Care Centre (Extension) of the QEH to provide comprehensive healthcare services to the residents in the Kowloon Central area and neighbouring areas.

To tie in with the progressive relocation of services from the QEH to the NAH from early 2026 onwards, the KCC has been keeping the public informed through various channels since 2023 of the construction progress and basic information of the NAH, as well as the arrangements of service relocation from the QEH to the NAH.

As for community publicity work, the KCC has held 16 community outreach

publicity activities in the past six months (from October 2024 to April 2025) in collaboration with community partners such as the Hong Kong Housing Society, District Offices, District Council (DC) members, the District Services and Community Care Teams (Care Teams), and ethnic minorities, whereby community talks, workshops, briefing sessions, publicity booths, etc. were arranged in different housing estates and locations. The aim was to reach out to residents in the Kowloon Central area to explain the services of the NAH and the relocation arrangements for services of the QEH, so as to enhance the public's awareness of the services of the NAH and plan for further publicity work having regard to their enquiries. The KCC has also been briefing patients and their families about the service arrangements of the NAH through in-hospital publicity activities. Since 2025, mobile publicity booths have been set up regularly at the major entrances of the QEH and specialist out-patient clinics to distribute brochures and newsletters of the NAH to patients, with staff answering their enquiries directly. Thirteen publicity activities have been carried out so far (as of April 2025). The KCC also places promotional banners, roll-up stands and posters at the main entrances of the hospital and the locations frequented by hospital users to ensure that the messages can be effectively conveyed to patients and the public in need.

The HA also maintains close communication with community stakeholders and visited the four DCs of Yau Tsim Mong, Kowloon City, Wong Tai Sin and Kwun Tong in September 2024 and January 2025 to report in detail on the construction progress and service arrangements of the NAH. Three visits were arranged from March to April 2025 for representatives from District Offices, DC members, representatives from patient groups, relevant government departments and community stakeholders to visit the mock-up site of the NAH to learn about the design and planning of the NAH as well as express their views. In addition, the KCC established a Community Liaison Group chaired by the Cluster Chief Executive of the KCC in 2024. The members include representatives of District Offices, DC members, representatives from patient groups, relevant government departments and community stakeholders. The KCC representatives regularly report at the meetings of the Community Liaison Group the latest information of the NAH. The Community Liaison Group held its first meeting in November last year and arranged for group members to visit the mock-up site of the NAH in March this year.

In addition, the KCC will enhance information dissemination through various channels, including the website of the NAH, social media and instant messaging groups, to continue to provide to the public the latest information of the hospital, covering information of introduction of clinical services and traffic information, etc.

To ensure the smooth travel of the public to the NAH, the KCC is exploring launching a Transportation Information Card before the commissioning of the NAH to provide detailed information on public transportation routes with stops at the NAH, including bus routes, locations of green minibus (GMB) stop, MTR connections, as well as walking routes in the vicinity of the hospital and transfer suggestions. The KCC will arrange to widely publicise the relevant information through hospitals, community

partners and social media platforms to familiarise the public with the new hospital location.

As the commissioning of the NAH approaches, the HA will announce in a timely manner the commencement date of relevant services, detailed arrangements of relocation and clinical services, etc. through various channels, and will further enhance various publicity work in future, including increasing the number of community outreach activities in collaboration with the media, DC members, the Care Teams and relevant government departments, and expanding publicity points in the hospitals, with a view to disseminating the latest information via various channels to enable more patients and stakeholders to obtain information on the relocation of services in a timely manner, thereby ensuring the smooth relocation of services.

(2) and (3) The A&E services of the QEH will be relocated to the NAH upon the latter's completion. The NAH will be a designated trauma centre, with a round-the-clock A&E department equipped with comprehensive facilities to deal with all types of emergency cases and situations as well as serious incidents. After it is put into service, the A&E department of the NAH will operate with synergy with that of the KWH of the KCC in jointly providing comprehensive and high-quality A&E services to the residents of the Kowloon Central area.

The existing QEH and the future NAH are both major acute general hospitals in the Kowloon Central area. Therefore, the HA attaches great importance to the relocation of the A&E services and has been in close communication with relevant government departments on the future service arrangements of the A&E department, including the zoning of ambulances and patient transfer arrangements. The HA also holds regular meetings with these departments on the subject to ensure the smooth relocation of the A&E services.

Regarding the accessibility of the NAH, the HA has been paying special attention to the arrangements of transport facilities for the new hospital, especially the needs of the elderly and people with mobility impairment. In this regard, the HA has been maintaining close communication with the Transport Department (TD) on the related traffic matters of the new hospital. Regular meetings have been held to provide relevant data and exchange views, such as projections of pedestrian flow, work schedule of the healthcare personnel, hospital visiting hours, so that relevant departments and various transport operators can review the traffic arrangements, assess the overall public transport services demand in the Kai Tak Hospital area (KTHA), and make appropriate traffic proposals in advance having regard to the needs. These include strengthening services for citizens in Yau Tsim Mong, Kowloon City, Wong Tai Sin districts and the surrounding vicinity to travel to and from the KTHA in a targeted manner, as well as enhancing the connectivity between the KTHA and the MTR network.

At present, there are four franchised bus routes and six GMB routes serving the KTHA (see Annex 1), connecting the areas such as Kwun Tong, Kowloon City, Mong Kok and Tsim Sha Tsui, as well as nearby MTR stations such

as Kai Tak Station, Sung Wong Toi Station, To Kwa Wan Station, Kowloon Bay Station, Ngau Tau Kok Station, Kwun Tong Station, and Wong Tai Sin Station, which could facilitate the general public (including the elderly) to visit the KTHA. To enhance the accessibility of the NAH, the TD plans to introduce or extend three franchised bus routes via the KTHA, including the addition of CTB Route No. 20X and the extension of KMB Routes No. X6C and No. 15A, in order to further enhance the connectivity of public transport network between the KTHA and other districts. Details of the relevant routes are set out in Annex 2.

Meanwhile, the TLB is implementing the Smart and Green Mass Transit System in Kai Tak in full swing for connecting the Kai Tak former runway area to the Kai Tak MTR Station. TLB's target is to invite tender in the second half of this year and award the contract in 2026. When the system is put into service, citizens can walk from the station located at the Kai Tak Sky Garden to the NAH via the existing footpath at Kai Tak Bridge Road. In addition, the barrier-free walkway under construction connecting the amenity area under the Kwun Tong Bypass and the NAH will also enhance the connectivity and pedestrian accessibility between the NAH and the Kowloon Bay hinterland.

Regarding groups with special needs, a Rehabus feeder service between the Hong Kong Children's Hospital and the nearby MTR stations (including Lok Fu Station and Kai Tak Station) is already in place in the KTHA. To tie in with the commissioning of the NAH, the TD is exploring with the Rehabus operator to extend the Rehabus feeder service to the NAH. In addition, the KCC is in close communication with the designated government-funded organisations providing Rehabus feeder service on the boarding and alighting arrangements of the rehabuses serving the new hospital, and provides advice to cater for the needs of hospital users with mobility impairment. In addition, the NAH will continue to provide point-to-point non-emergency ambulance transfer services for patients with specified clinical conditions and with mobility impairment, so as to ensure that all patients in need can travel to and from the hospital smoothly for treatment.

In addition, the KCC is committed to building a barrier-free environment in the NAH to ensure accessibility for patients and visitors in the hospital. The design of all buildings in the NAH has adopted all obligatory barrier free design requirements under the "Design Manual: Barrier-Free Access 2008" issued by the Buildings Department. Relevant design requirements cover accessible parking spaces, passages, corridors, doorways, ramps, toilets, steps and stairs, handrails, lifts, lighting, etc. to ensure that various facilities are accessible to all persons, regardless of their physical conditions or age.

As mentioned above, the HA has maintained communication with community stakeholders on the service arrangements of the NAH, including reporting in detail to the DCs on the construction progress and service arrangements of the NAH. The HA will continue to maintain close liaison with different stakeholders on the accessibility of the NAH, and proactively listen to the views of the relevant non-profit organisations and patient groups, including reporting information on the new hospital and collecting views through regular meetings of the Community Liaison Group. The HA will also refer

relevant views to the relevant government departments for consideration as appropriate. In addition, the TD will continue to closely monitor the progress of the NAH project and the overall development of the area. Subject to the demand, the TD will explore to make timely adjustments or enhancement of the public transport services in the area, or introduce new franchised bus or GMB routes to facilitate the public to travel to and from the KTHA and meet their transportation needs.