

LegCo Panel on Health Services

Services at General Outpatient Clinics (GOPCs)

PURPOSE

This note seeks to brief Members on the services provided at General Outpatient Clinics (GOPCs) operated by the Hospital Authority (HA).

BACKGROUND

2. On 1 July 2003, 59 GOPCs were transferred from the Department of Health (DH) to HA. Prior to that, 5 GOPCs were already transferred in a pilot scheme within 2001-02. The purpose of the transfer was mainly to facilitate integration of the primary and secondary levels of care in the public sector and to introduce the practice of family medicine. Separately, HA operated 10 GOPCs on its own. There are therefore a total of 74 GOPCs under HA's management.

3. Since the transfer, HA has been making efforts to enhance the quality of GOPC services, such as the introduction of family medicine practice in selected clinics which seek to provide holistic care to patients, and setting up, in stages, of an integrated computer system for patient registration, consultation, prescription and dispensary and with linkage to the HA-wide Clinical Management System. In terms of manpower resources, HA has increased manpower deployment at GOPCs, with an increase of 42% in the number of doctors, 21% increase for nurses, 27% for pharmacy staff and 6% for supporting staff in GOPCs.

PRESENT POSITION

4. As of now, HA operates a total of 74 GOPCs throughout the territory, which includes 18 GOPCs on Hong Kong Island, 8 in Kowloon East, 6 in Kowloon Central, 23 in Kowloon West, 11 in New Territories East and 8 in New Territories West. In 2003-04 and 2004-05, the total number of attendances¹ at all the GOPCs was 5.17 million and 5.3 million

¹ Total attendances for the 59 ex-DH GOPCs have been decreasing over the years from 4.59 million in 2002-03 under DH to 4.13 million in 2004-05 under HA.

respectively. The take-up rate for the total number of attendance quota made available varies from 70.8 % to 99.3 %

THE “DISC” SYSTEM

5. The GOPCs operate on a system of “disc” allocation for patients. Patients who wish to seek consultation on the day are required to obtain a “disc” which determines the patient’s consultation priority. Each clinic has a fixed quota of “discs” to be allotted each day and there are different quota for different categories of patients. In general terms, GOPCs reserve specific quotas for targeted patient groups, namely the elderly, and Government servants. The size of the quota for each group differs from clinic to clinic, depending on each clinic’s operational circumstances.

QUEUING TIME

6. Most of the “discs” are allocated to patients through the queuing method, i.e. on a first-come-first-serve basis. Apart from the number of patients of the day, the allocation method for “discs” would also affect the queuing time for obtaining a “disc”. It is noted that the clinic at Our Lady of Maryknoll Hospital (OLMH) has changed the “disc” allocation method to distributing all “discs” in the morning in one lot, instead of distributing the “discs” for the morning, afternoon and evening sessions at different times of the day. In this clinic, patients have noticeably arrived earlier and waited longer for a “disc” than in others.

7. In order to help relieve the possible stress and weariness queuing might bring to GOPC patients, HA will explore the following options:

- (A) Reverting to the old practice of distributing “discs” for different sessions at different times - instead of allocating all “discs” for the day in the morning, which will attract a large number of patients queuing at the clinic at around the same time (a survey conducted at OLMH showed that majority of patients prefers the new method);
- (B) Informing the patients of clinics with spare capacity to facilitate their choice of changing to a different clinic;
- (C) Redeploying resources more flexibly, among sessions and clinics to cater for unexpected demand;
- (D) Giving chronic patients drugs for a longer duration to reduce the number of visits;
- (E) Allocating appointments after consultation – currently about 60% of attendances are for patients with chronic diseases. About one third of them are given appointment after each consultation,

GOPCs could allocate an appointment time immediately after each consultation for all chronic diseases to obviate the need for patients to queue up for an appointment in due course; and

- (F) A Pilot Interactive Voice Response System – as a long term solution, HA is considering to launch a trial in one or two clusters to test the feasibility and effectiveness of an Interactive Voice Response System for appointment booking. Patients could then be allocated a quota through telephone booking without having to join a queue.

CONCLUSION

8. As a matter of policy, the Administration has no plan to change the status quo of the predominant reliance on the private medical system for GOPC services. The public sector should not, and does not, aim at becoming the main service provider. Our objective is to target public sector primary care service at those who lack the means to obtain the needed services. HA would continue to focus its GOPC services primarily on the financially vulnerable, including those who cannot afford private sector charges for primary care services, and patients of chronic illnesses who cannot afford the long-term treatment required. On this basis, HA will continue to monitor the rate of usage of each GOPC and redistribute manpower and resources where necessary, and will continue to improve the quality of both clinical and non-clinical aspects of GOPC service, including the system for patients to secure appointments.

ADVICE SOUGHT

- 9. Members are requested to note the content of this paper.