

For information on  
11 December 2006

**Legislative Council Panel on Health Services**

**Telephone Booking Service in the  
General Out-patient Clinics of the Hospital Authority**

**Purpose**

This paper informs Members of the arrangement, supporting measures and further improvements of the “Telephone Booking Service” implemented for patients with episodic illnesses in the general out-patient clinics (GOPCs) under the Hospital Authority (HA).

**Background**

2. In the past, public GOPCs allocated their consultation slots by requiring patients to queue up in person at the GOPCs. As a result, patients often had to line up outside the clinic early in the morning or even before dawn for a number of hours before knowing whether they could obtain a consultation quota. Not only did the patients spent much time on waiting, they might also fail to get a consultation slot if the quota was full and upset their personal schedule. The long queues outside the clinics as well as the crowded waiting environment would also aggravate the risk of cross-infection among patients. As the patients had to wait in person for consultation at their desired clinic, the utilization rates among individual clinics might also be uneven.

3. Quite a number of members of the public and this Council expressed concern and dissatisfaction over the above situation in GOPCs, especially on the need to queue for a consultation slot. In July 2005, this Council passed a motion urging the Administration to improve out-patient services and appointment arrangements. One of the suggestions was to replace the chit allotment system with a booking system through telephone or other alternative means, in order to minimize the inconvenience of patients queuing in person at the clinics.

4. In response to public demands for improving the crowded queuing conditions in GOPCs, reducing the risk of cross-infection among patients, and making optimal use of the resources in public general out-patient service, HA has gradually tried out the “Telephone Booking Service” since October 2005 in 12 GOPCs within the Hong Kong East and West Clusters. This service is applicable to patients who do not require regular follow-up consultations (i.e. patients with episodic illnesses). They can make a booking for an out-patient consultation through the computer system of the Telephone Booking Service.

5. In July 2006, HA conducted a review on the pilot Telephone Booking Service implemented on Hong Kong Island. Based on its survey, the public generally welcomed this service and found it more convenient. The crowded waiting problem at GOPCs was also significantly improved. Long waiting queues outside the clinics were rarely seen. As public reactions to the telephone booking service have been generally favourable, HA has progressively extended the Telephone Booking Service to other GOPCs in its Kowloon and New Territories clusters since October this year.

### **Operation of the Telephone Booking Service**

6. Currently, starting everyday from 3 p.m., patients with episodic illnesses may book for a consultation slot in the evening session of the same day, or the morning or afternoon session of the next day, by dialing the specific appointment hotline of each GOPC. This saves them the trouble from having to queue outside the clinic early in the morning, and also makes it easier for them to select their desired consultation timeslot. First-time GOPC patients may start using the Telephone Booking Service once after they have registered and booked in person for consultation with any of the clinics for the first time.

7. The computer system of the Telephone Booking Service has been designed with ease of use as the objective. Upon connecting to the system, patients are only required to enter their identity card number and date of birth, and confirm the consultation timeslot they have selected. In general, it takes about 3 to 4 minutes to complete the booking process. The system also has a preset search function. When the quota of a clinic is full, it will automatically connect to the nearby clinics to identify available consultation slots for the patients to choose from, so as to make optimal use of resources for general out-patient services.

8. There are a total of some 400 telephone lines throughout the territory dedicated to the telephone booking system. Each clinic has around 5 to 20 lines depending on the size of the clinic. The lines of the telephone booking system are

inevitably busier around the time when the booking starts everyday at 3 p.m. everyday. At present HA cannot estimate with any accuracy the time it takes to connect to the telephone booking system. However, according to the users' comments and actual operational experience, the telephone booking system is usually easily to connect in the evening. Quite a number of clinics also have consultation slots remaining by the morning session of the next day. Having said that, the earlier the patients make their booking through the telephone booking system, the more likely they can obtain a consultation slot of their desired clinic and time.

9. The telephone booking service is currently being used for booking a consultation for around 43,000 times per week on average, accounting for about 80% of the total attendance of patients with episodic illnesses. Although the pattern of use varies among different districts and clinics, the general trend is that most patients will gradually adapt to the use of Telephone Booking Service and change their past habits of queuing at the clinic in person. During the transitional period, HA will exercise flexibility by assisting patients (especially the elderly) who come to the clinics in person to book a consultation slot and teaching them how to use telephone booking. In the longer run, it is hoped that all users will be familiarized with the use of the Telephone Booking Service.

### **Supporting Measures to the Telephone Booking Service**

10. As the Telephone Booking Service is a relatively new initiative, some patients may encounter difficulties in using the service in the early days of its implementation. In view of this, HA has stepped up its publicity and promotion work before and after the implementation of the Telephone Booking Service, for instance:

- (i) organise seminars and send outreach nurses to villages, elderly centres and institutions, etc., to publicise especially to the elderly how to use the Telephone Booking Service;
- (ii) issue well-illustrated, personalized instruction cards, setting out clearly the steps for making telephone booking, to facilitate patients' use of the service; and
- (iii) put up posters, videos and pamphlets at each GOPC, and set up help desks to assist patients especially the elderly in using the Telephone Booking Service.

11. Meanwhile, HA has put in place a number of measures to reduce the needs for using the Telephone Booking Service, such as arranging the next booking after each consultation for the chronically ill or elderly patients who require continuous medical care and regular follow-up, and prescribing medication for a longer period of time in light of the patients' medical condition, thereby freeing them from having to obtain consultation slots separately and attending follow-up consultations too frequently. These measures reduce directly or indirectly the number of patients who need to use the Telephone Booking Service.

12. HA will also offer appropriate assistance on a case-by-case basis to those who face genuine difficulty in using the Telephone Booking Service, including individual patients with a disability or patients with hearing impairment, for instance by arranging medical consultations for them directly without the need to use telephone booking. In cases of emergency, the clinic staff will also exercise their discretion to deal with the patients, or arrange referral them to the accidents and emergency units of public hospitals.

### **Further Improvement Measures**

13. Since the territory-wide implementation of the Telephone Booking Service, the Administration has received a number of comments regarding the service, most of which acknowledged its positive effects on resolving the queuing problem in the GOPCs and commended generally or specifically on the telephone booking system. At the same time, we have also received various suggestions as to how to further improve the Telephone Booking Service and its supporting measures. We are now studying in details the suggestions, with a view to further enhancing the booking system, including:

- (i) step up publicity and teach patients on how to effectively use the telephone booking service, including the registration and booking procedures as well as the time of the day when booking can be more easily made, etc., and target such promotion to specific community groups (such as elderly living on their own or in remote villages);
- (ii) streamline the flow of telephone booking by reducing the number of steps required, allowing flexibility for the elderly in entering their date of birth (they may choose to enter only the year of birth), and adjust the system to accept continuous key-in, so as to make it easier for patients to adapt to the use of the Telephone Booking Service;

- (iii) improve the telephone booking system, including remaking the interactive voice responses with authentic human voice, and improving its content and tone, in order to make it more user-friendly;
- (iv) slow down the pace of the interactive voice response and repeat the particulars of the booking, to make it easier for patients to grasp the consultation time and venue;
- (v) publicise and teach patients how to make enquiries and cancel the booking through the system, as well as the restrictions imposed on repeated defaulters, to facilitate patients' use of the system; and
- (vi) liaise with different District Councils and community organisations, such as the Senior Citizen Home Safety Association, with a view to making use of community resources to provide assistance to people who need help in using the telephone booking service.

14. As regards the suggestions for allowing booking by other means, such as manually operating the telephone booking service or accepting on-line booking, there are both resources and technical difficulties. Moreover, as the Telephone Booking System is still at its initial stage of full implementation, we intend to focus on observing, reviewing and improving the efficacy of the system.

## **Conclusion**

15. As the Telephone Booking Service is in its early days of territory-wide operation, it takes time for all the parties involved to adapt to this new service and the system itself also has room for improvements. The Administration and HA will continue to closely monitor the operation of the GOPC telephone booking service in various districts, keep in view the use of the telephone booking service by the public, and consider the suggestion of the local community positively. Having regard to the actual operation of the system and patients' need, HA will review regularly the operating mode of the telephone booking system and introduce enhancements accordingly, with a view to improving service quality as far as practicable within existing resources.

16. Members are invited to take note of the content of this paper.

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