

**For information on
10 January 2011**

**Legislative Council Panel on Health Services
Information Note on Services of Public Out-patient Clinics**

PURPOSE

This note gives a brief account of the Telephone Appointment Service of general out-patient clinics (GOPCs) under the Hospital Authority (HA) and initiatives to enhance chronic disease management on a pilot basis through public clinics.

BACKGROUND

2. There are currently 74 GOPCs under HA in Hong Kong. Public GOP services mainly targets at low-income individuals, chronic disease patients and the vulnerable groups (including the disabled and frail elderly people). Patients taken care of by GOPCs can be broadly divided into two main categories, namely chronic disease patients with stable conditions (e.g. patients with diabetes mellitus (DM) or hypertension (HT)) and episodic disease patients with relatively mild symptoms (e.g. patients who have fever or suffer from influenza, gastroenteritis, etc). Patients with severe and acute symptoms in general visit the accident and emergency (A&E) departments of hospitals.

3. According to HA's statistics, patients aged 65 or above account for about 31% of the total number of GOPC patients (as compared with 12.8% of the overall population ratio). Chronic disease patients and non-chronic disease patients account for about 43% and 57% of the total number of GOPC patients respectively. In addition, patients receiving Comprehensive Social Security Assistance (CSSA) account for about 16% of the total number of GOPC patients (as compared with 6.8% of the overall population ratio).

4. According to HA's statistics, a total number of about 1.3 million patients received GOP services in 2009. The total number of consultation

quotas provided by all GOPCs amounted to about 5.11 million. The service volume of public GOPCs is estimated to account for more than 10% of the volume of out-patient services provided by doctors in the public and private sectors in Hong Kong.

TELEPHONE APPOINTMENT SERVICE

5. Since 2006, HA has implemented the “GOPC Telephone Appointment Service” at GOPCs in its seven clusters. Introduction of the Telephone Appointment Service aims to prevent patients from having to visit the clinic in person and spend much time on waiting for consultation quotas, alleviate the crowded queuing conditions in clinics, and reduce the risk of cross-infection among patients due to crowded conditions and long waiting time.

6. There are a total of some 500 telephone lines which operate 24 hours a day and allow patients to reserve consultation quotas available in the next 24 hours. The Telephone Appointment Service mainly targets at episodic disease patients who can book for a consultation timeslot in the next 24 hours through the computer system. For chronic disease patients, except for their first appointment at GOPCs, after each consultation, they will be assigned a timeslot for the next consultation and there is no need for them to make appointments separately.

7. Depending on the operating conditions of individual clinics, consultation quotas are released to the computer system of the Telephone Appointment Service continuously. If a patient’s appointment is cancelled, the computer system will immediately release that consultation quota for other patients to book with a view to optimising the use of resources. The computer system forms a network where consultation quotas of different clinics can be linked and pooled together for use. When the consultation quotas of a clinic are full, the computer system will automatically connect to the nearby clinics in the same cluster and identify remaining consultation timeslots for members of the public to choose.

8. HA has been collaborating closely with the District Councils and community organisations (e.g. the Senior Citizen Home Safety Association and

elderly centres) to make use of community resources to provide assistance to people who need help in using the Telephone Appointment Service. Moreover, since September 2010, people with hearing impairment can make appointments by facsimile.

9. The computer system of the Telephone Appointment Service is designed to accord higher priority to elderly people as well as CSSA recipients and people granted with medical fee waiver. Priority quotas are reserved for them as they are the main target groups of GOP services. As mentioned in paragraph 6, after each consultation, chronic disease patients will be assigned a timeslot for the next consultation.

10. Help desks have been set up in every GOPC to provide assistance to individuals, including the elderly and disabled, who may encounter difficulties in using the Telephone Appointment Service. Depending on the situations of individual patients, clinic staff may arrange medical consultations for patients directly during consultation hours without the need to make another telephone appointment. If the quotas for the current timeslot are full, clinic staff will arrange medical consultations for the patients in other timeslots. In case of emergency, clinic staff will exercise discretion as appropriate to help the patients, including referring them to A&E departments of public hospitals for follow-up.

11. HA has been keeping in view the use of the Telephone Appointment Service by different groups of the public. It also regularly reviews the operation mode of the appointment system and implements corresponding improvement measures with a view to optimising the use of resources and providing high quality services.

INITIATIVES TO ENHANCE CHRONIC DISEASE MANAGEMENT ON A PILOT BASIS THROUGH GOPCS

12. Since 2009, the Government has implemented, through designated GOPCs of HA, a series of primary care pilot projects to enhance chronic disease management. These pilot projects provide assessment, management and education to chronic disease patients and enable them to adopt a more proactive approach in improving health.

(a) Multi-disciplinary Risk Assessment and Management Programme (RAMP)

Under this programme, multi-disciplinary teams of healthcare professionals including nurses, dietitians and pharmacists provide comprehensive health risk assessment for patients, so that they can receive appropriate preventive and follow-up care.

The pilot project will be implemented in 27 GOPCs in six clusters (including the Hong Kong East, Hong Kong West, Kowloon East, Kowloon Central, Kowloon West and New Territories East Clusters) within 2010-11, and will be extended to a total of 34 GOPCs in all seven clusters across the territory by 2011-12. A total of more than 167 100 patients are expected to benefit from the programme by 2011-12.

(b) Nurse and Allied Health Clinics (NAHC)

Nurse and Allied Health Clinics comprising HA nurses and allied health professionals have been established to provide more focused care for high-risk chronic disease patients, including those who require specific care services for health problems or complications. These services include fall prevention, handling of chronic respiratory problems, wound care, continence care, drug compliance and supporting mental wellness for individual patients.

The pilot project is currently implemented in more than 40 GOPCs in all seven HA clusters with a total number of more than 224 500 attendances by 2011-12.

(c) Patient Empowerment Programme (PEP)

A pilot patient empowerment programme has been implemented in selected clusters of HA in collaboration with non-governmental organisations (NGOs) to improve chronic disease patients' knowledge of the diseases and enhance their self-management skills.

A multi-disciplinary team comprising allied health professionals from HA develops appropriate teaching materials and aids for common chronic diseases (e.g. DM, HT, chronic obstructive pulmonary disease, heart disease, stroke), and provides training for frontline staff of the participating NGOs. The pilot project will be extended to all seven HA clusters by 2011-12, serving a total of 32 000 patients.

WAY FORWARD

13. HA will continue to closely monitor the operation and service utilisation of GOPCs, including the implementation of the Telephone Appointment Service and the supply of drugs at GOPCs. It will flexibly allocate manpower and other resources so as to further enhance the efficiency of GOP services and provide appropriate services to more patients. It will also consider adopting measures to enhance GOP services, including strengthening manpower, renovating and expanding clinics, renewing facilities, etc. with a view to enhancing the quality of services.

ADVICE SOUGHT

14. Members are invited to note the content of this paper.

**Food and Health Bureau
Hospital Authority
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