立法會
Legislative Council

LC Paper No. CB(2)758/12-13(10)

Ref : CB2/PL/HS

Panel on Health Services

Information note prepared by the Legislative Council Secretariat for the meeting on 18 March 2013

Accident and emergency services of public hospitals

There are currently 16 public hospitals under the Hospital Authority ("HA") providing Accident and Emergency ("A&E") services to those who are in need of or perceive the need for acute care. Under the patient triage measures implemented in the A&E Departments, patients are classified into five categories based on their clinical conditions: critical, emergency, urgent, semi-urgent and non-urgent. According to HA's performance pledges, all patients who are triaged as critical patients will be treated immediately, 95% of patients triaged as emergency patients will be treated within 15 minutes and 90% of patients triaged as urgent patients will be treated within 30 minutes.

2. According to HA's Annual Report 2011-2012, the number of attendance of A&E services in public hospitals were 2 237 249 and 2 241 176 in 2010-2011 and 2011-2012 respectively. HA was able to meet the performance pledges to provide services to patients classified in critical, emergency or urgent conditions. However, for those semi-urgent cases and non-urgent cases, the average waiting time varied among different clusters, ranging from 71 to 118 minutes in 2010-2011 and 60 to 155 minutes in 2011-2012 (from April to December 2011).

3. At the meeting of the Panel on Health Services on 21 January 2013 to receive a briefing from the Secretary for Food and Health on the 2013 Policy Address in relation to health matters, members were advised, among others, that HA had since 2012 introduce measures to reduce the waiting time for the semi-urgent and non-urgent cases in the A&E Departments. These measures included strengthening the manpower in the A&E Departments, enhancing the support for nurses and other paramedical staff in the A&E Departments, and improving support from auxiliary medical services during the influenza season. Starting from the first quarter of 2013, HA would provide healthcare staff with a special overtime honorarium with a view to increasing the number of consultation sessions during peak hours to further improve A&E services.

4. Five questions in relation to A&E services provided by HA were raised at the Council meetings of 8 February, 9 May, 13 June and 7 November 2012, and 9 January 2013 respectively. The questions and the Administration's replies are in **Appendices I to V** respectively.

Council Business Division 2
Legislative Council Secretariat
12 March 2013

Press Releases *8 February 2012*

LCQ1: Waiting time for public hospital services
****

Following is a question by the Hon Lau Kong-wah and a reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (February 8):

Question:

It has been reported earlier that the public's demand for medical services is keen, the accident and emergency (A&E) departments and specialist outpatient clinics of public hospitals are always full, and the waiting time of the patients is too long. It has also been reported that some A&E patients of public hospitals had to wait for three days before they were admitted to the wards, and an unfortunate incident of a patient passing away while awaiting admission to the ward even happened. In this connection, will the Government inform this Council if it knows:

(a) whether the Hospital Authority (HA) has compiled statistics on the average waiting time at present at the A&E departments of public hospitals in various districts; whether the existing pledged performance targets are achieved; the respective longest waiting times among the cases of patients seeking consultation at the A&E departments in various districts last year; if HA has not compiled such statistics, the reasons for that;

(b) the average waiting time at present at specialist outpatient clinics of public hospitals in various districts, as well as respective details of the cases with the longest waiting time among the cases of patients seeking consultation at the specialist outpatient clinics in various districts last year (set out in table form); and

(c) during peak seasons of influenza each year when the problem of patients having to wait too long for consultation at the A&E departments and for admission to the wards frequently occurs, whether HA will flexibly deploy its healthcare manpower to alleviate the problem; the strategies taken by the authorities to solve the problem of long waiting time for consultation at the A&E departments and specialist outpatient clinics of public hospitals in the long run?

Reply:

President,

(a) To ensure that patients in serious conditions will receive timely treatment, patient triage measures have been implemented in the Accident and Emergency (A&E) Departments under the Hospital Authority (HA). Healthcare personnel will triage patients into five categories, namely critical, emergency, urgent, semi-urgent and non-urgent, according to their clinical conditions. According to HA's performance pledges, all patients who are triaged as critical patients will be treated immediately, 95% of patients triaged as emergency patients will be treated within 15 minutes and 90% of patients triaged as urgent patients will be treated within 30 minutes.

In 2010-11, A&E Departments under HA were able to provide

immediate treatment services for all critical patients and the waiting time for emergency patients and urgent patients also met the performance pledges. This shows that the majority of patients with pressing medical needs received timely medical treatment under the triage system. The performance pledges and the actual performance of the A&E Departments under HA are at Annex 1.

As for non-urgent cases, the HA overall average waiting time in 2011-12 (April to December) was 101 minutes, which is similar to that in 2010-11. The average waiting time of A&E Departments under each hospital cluster for the past three years is at Annex 2.

(b) HA has put in place a triage system at its specialist out-patient (SOP) clinics. Healthcare personnel will arrange the date of medical appointment for new patients on the basis of the urgency of their clinical conditions at the time of referral, which is determined with regard to various factors including the patients' clinical history, the presenting symptoms, the findings from physical examination and investigations, as well as information provided by other healthcare personnel at the time of referral.

Under the triage system, new SOP cases are classified into three categories: priority 1 (urgent), priority 2 (semi-urgent) and routine categories. To ensure that patients with urgent conditions are given appropriate medical attention in a timely manner, HA will arrange doctors to attend to priority 1 and priority 2 cases as soon as possible. The current median waiting time for these two categories of cases are one week and five weeks respectively. The triage system benefits patients with urgent conditions by shortening their waiting time. Nevertheless, the waiting time for patients with non-urgent conditions would be longer.

Referrals of new patients to SOP clinics under HA are usually first screened by a nurse and then by a specialist doctor of the relevant specialty. To ensure that no urgent medical conditions are overlooked at the initial triage, all new patients that have been classified as routine cases would be reviewed by a senior doctor in the relevant specialty within seven working days of the initial triage. If a patient's condition deteriorates before the date of appointment, he may contact the SOP clinic concerned and request for an earlier appointment. However, if the condition is acute, the patient can seek treatment from an A&E Department. Depending on the patient's needs, the healthcare staff may arrange an earlier appointment for the patient.

The median waiting time and the waiting time at the 90th percentile of the three categories of new cases in 2011-12 (April to December) of major SOP clinics under each hospital cluster is set out in Annex 3.

(c) Since Hong Kong has now entered the peak season for influenza, HA anticipates that there will be a sudden surge in service demand during this period. Various contingency measures have been implemented at HA hospitals, including provision of additional beds; increase of manpower through provision of special overtime allowances to staff not taking leave; enhanced provision of outreach medical services at Residential Care Homes for the Elderly to reduce hospital admission of elderly people; enhancement of virus testing service; expansion of ambulatory services to facilitate early discharge of more patients; as well

as enhanced monitoring of A&E attendances, emergency hospital admissions and occupancy rates so that appropriate manpower can be deployed for providing services. In addition, HA will also continue to call on the public to maintain personal hygiene, receive influenza vaccination for prevention of infection, and avoid using A&E services under non-emergency situation, which would affect other patients who are in genuine need of A&E services.

For SOP services, HA has implemented a series of measures to further improve the waiting time at SOP clinics. These measures include setting up of family medicine specialist clinics as gatekeeper for SOP clinics and for follow up on patients triaged as routine cases; updating clinical protocols for referring medically stable patients to receive follow-up primary healthcare services; collaborating with private practitioners and non-governmental organisations (NGOs) to launch shared care programmes for the private sector and NGOs to follow up on medically stable patients; disseminating referral guidelines to clinicians to reduce unnecessary referrals; and piloting the use of e-platform for SOP referrals to enhance the provision of referral details and facilitate the exchange of information.

Ends/Wednesday, February 8, 2012
Issued at HKT 16:32

NNNN

Legislative Council Q1

Annex 1

Performance Pledges and Actual Performance of Accident and Emergency (A&E) Services of Hospital Authority

Triage categories	Performance targets		Actual percentage of A&E patients being treated within target waiting time		
	Target waiting time	Percentage of A&E patients being treated within target waiting time	2008-09	2009-10	2010-11
Critical	Immediate	100%	100%	100%	100%
Emergency	15 minutes	95%	98%	98%	98%
Urgent	30 minutes	90%	89%	90%	90%

Annex 2

Average Waiting Time at Accident &Emergency (A&E) Departments of different hospital clusters

2009-10

Cluster / Triage Category	Average waiting time (minute) at A&E Departments				
	Critical	Emergency	Urgent	Semi-urgent	Non-urgent
Hong Kong East Cluster	0	5	16	68	113
Hong Kong West Cluster	0	5	18	70	119
Kowloon Central Cluster	0	6	18	77	104
Kowloon East Cluster	0	7	15	76	114
Kowloon West Cluster	0	6	18	92	101
New Territories East Cluster	0	8	19	69	68
New Territories West Cluster	0	3	14	61	65
HA Overall	0	6	17	75	95

2010-11

Cluster / Triage Category	Average waiting time (minute) at A&E Departments				
	Critical	Emergency	Urgent	Semi-urgent	Non-urgent
Hong Kong East Cluster	0	5	15	56	100
Hong Kong West Cluster	0	5	18	69	118
Kowloon Central Cluster	0	6	18	70	106
Kowloon East Cluster	0	6	16	82	145
Kowloon West Cluster	0	6	17	91	110
New Territories East Cluster	0	8	22	73	71
New Territories West Cluster	0	2	13	63	77
HA Overall	0	6	17	74	101

2011-12 (April to December) (Provisional figures)

Cluster / Triage Category	Average waiting time (minute) at A&E Departments				
	Critical	Emergency	Urgent	Semi-urgent	Non-urgent
Hong Kong East Cluster	0	5	14	52	86
Hong Kong West Cluster	0	6	19	74	132
Kowloon Central Cluster	0	6	18	82	118
Kowloon East Cluster	0	5	15	84	155
Kowloon West Cluster	0	6	16	79	102
New Territories East Cluster	0	9	20	65	60
New Territories West Cluster	0	2	13	72	86
HA Overall	0	6	16	72	101

Legislative Council Q1

Annex 3

The median waiting time of new cases of Specialist Outpatient clinics of major specialties of different hospital clusters in 2011-12 (April to December) (Provisional Figures)

Cluster	Specialty	Priority 1 cases Median (Week)	Priority 2 cases Median (Week)	Routine cases Median (Week)	Overall Median (Week)
Hong Kong East	Ear, Nose and Throat	<1	4	21	8
	Gynaecology	<1	4	13	9
	Medicine	1	4	14	6
	Ophthalmology	<1	7	27	4
	Orthopaedics	<1	5	30	8
	Paediatrics	1	4	7	4
	Psychiatry	<1	1	2	1
	Surgery	1	6	20	7
Hong Kong West	Ear, Nose and Throat	<1	4	14	8
	Gynaecology	<1	4	13	6
	Medicine	<1	3	17	14
	Ophthalmology	<1	4	13	4
	Orthopaedics	<1	3	15	11
	Paediatrics	<1	6	18	7
	Psychiatry	1	1	5	3
	Surgery	<1	5	15	7
Kowloon Central	Ear, Nose and Throat	<1	1	2	2
	Gynaecology	<1	4	21	8
	Medicine	<1	4	16	13
	Ophthalmology	<1	5	43	4
	Orthopaedics	<1	4	24	18
	Paediatrics	<1	3	10	4
	Psychiatry	<1	5	9	5

Cluster	Specialty	Priority 1 cases Median (Week)	Priority 2 cases Median (Week)	Routine cases Median (Week)	Overall Median (Week)
	Surgery	<1	3	17	15
Kowloon East	Ear, Nose and Throat	<1	6	30	25
	Gynaecology	1	6	78	15
	Medicine	1	7	41	8
	Ophthalmology	<1	7	33	8
	Orthopaedics	<1	7	101	14
	Paediatrics	<1	6	27	8
	Psychiatry	<1	3	15	7
	Surgery	1	7	98	25
Kowloon West	Ear, Nose and Throat	<1	5	22	7
	Gynaecology	1	5	11	7
	Medicine	<1	5	36	19
	Ophthalmology	<1	4	6	3
	Orthopaedics	<1	5	54	12
	Paediatrics	<1	5	8	3
	Psychiatry	<1	2	8	4
	Surgery	1	5	25	9
New Territories East	Ear, Nose and Throat	<1	4	54	9
	Gynaecology	<1	5	37	26
	Medicine	<1	5	40	34
	Ophthalmology	<1	4	76	11
	Orthopaedics	<1	5	69	20
	Paediatrics	<1	5	16	14
	Psychiatry	1	4	32	9
	Surgery	<1	5	38	20
New Territories West	Ear, Nose and Throat	<1	4	19	12
	Gynaecology	2	4	16	13
	Medicine	1	6	42	8
	Ophthalmology	<1	2	8	2
	Orthopaedics	1	4	42	38
	Paediatrics	1	3	13	13
	Psychiatry	1	6	12	7
	Surgery	<1	5	27	24

Legislative Council Q1

The waiting time at the 90th percentile of new cases of Specialist Outpatient clinics
of major specialties of different hospital clusters
in 2011-12 (April to December)
(Provisional Figures)

Cluster	Specialty	Priority 1 cases 90th percentile (Week)	Priority 2 cases 90th percentile (Week)	Routine cases 90th percentile (Week)	Overall 90th percentile (Week)
Hong Kong East	Ear, Nose and Throat	<1	8	34	23
	Gynaecology	3	6	22	20
	Medicine	2	7	52	46
	Ophthalmology	1	8	54	41
	Orthopaedics	1	7	45	42
	Paediatrics	2	7	12	7
	Psychiatry	2	6	20	19
	Surgery	2	8	94	50
Hong Kong West	Ear, Nose and Throat	1	8	29	28
	Gynaecology	1	7	29	21
	Medicine	1	6	33	29
	Ophthalmology	1	6	18	17
	Orthopaedics	1	6	37	36
	Paediatrics	1	8	51	29
	Psychiatry	2	4	64	58
	Surgery	1	7	74	56
Kowloon Central	Ear, Nose and Throat	<1	8	11	11
	Gynaecology	1	7	34	29
	Medicine	1	7	48	36
	Ophthalmology	1	8	45	45
	Orthopaedics	1	7	50	49
	Paediatrics	1	5	12	12
	Psychiatry	1	7	74	24
	Surgery	1	7	48	39

Cluster	Specialty	Priority 1 cases 90th percentile (Week)	Priority 2 cases 90th percentile (Week)	Routine cases 90th percentile (Week)	Overall 90th percentile (Week)
Kowloon East	Ear, Nose and Throat	1	8	121	106
	Gynaecology	1	8	146	144
	Medicine	2	8	51	47
	Ophthalmology	1	8	100	90
	Orthopaedics	1	8	120	113
	Paediatrics	1	8	32	31
	Psychiatry	2	7	66	55
	Surgery	1	8	134	129
Kowloon West	Ear, Nose and Throat	1	8	60	42
	Gynaecology	2	7	33	31
	Medicine	2	7	60	57
	Ophthalmology	<1	6	41	34
	Orthopaedics	1	7	104	101
	Paediatrics	1	7	13	13
	Psychiatry	1	6	34	32
	Surgery	2	7	107	103
New Territories East	Ear, Nose and Throat	2	7	81	80
	Gynaecology	2	8	104	70
	Medicine	2	8	69	64
	Ophthalmology	1	8	105	99
	Orthopaedics	1	8	98	83
	Paediatrics	2	7	34	32
	Psychiatry	2	8	103	76
	Surgery	2	8	78	70
New Territories West	Ear, Nose and Throat	1	7	53	52
	Gynaecology	3	8	40	39
	Medicine	2	7	50	48
	Ophthalmology	<1	4	46	45
	Orthopaedics	1	7	50	49
	Paediatrics	3	5	15	14
	Psychiatry	2	8	33	29
	Surgery	2	7	34	34

Press Releases *9 May 2012*

LCQ3: Service costs of Hospital Authority
****

Following is a question by the Dr Hon Leung Ka-lau and a reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (May 9):

Question:

The figures of the Government's Estimates of Expenditure 2012-2013 reveal that among the authorities' revised estimates of the service costs of the Hospital Authority (HA) in 2011-2012, the cost per patient day for general inpatient services, the costs per accident and emergency attendance and specialist outpatient attendance have been adjusted upward from $3,830, $830 and $950 to $4,050, $890 and $1,030 respectively, which represent respective increases of 5.7%, 7.2% and 8.4% over the original estimates, reflecting that the cost calculations by the relevant parties differ from the actual costs sometimes. In reply to a written question from a Member of this Council on June 29 last year, the Government indicated that HA adopted a "total cost" accounting approach in calculating its service costs, which included the "direct service costs" of various clinical specialties, the expenses on various clinical support services (including items such as anaesthesia service, pharmacy, pathology, diagnostic radiology and allied health services, etc.), the costs of various non-clinical support services and daily expenses of hospitals (including items such as meals for patients, utility expenses, repair and maintenance of medical equipment and machinery, etc.), some institutional items (including items such as insurance costs and information technology support for clinical computer systems, etc.), the administrative costs of HA Head Office, as well as some charges for services provided by government departments to HA (including items such as building maintenance services provided by the Architectural Services Department, etc.). In this connection, will the Government inform this Council:

(a) what the aforesaid "direct service costs" are;

(b) whether it knows in the past five years, the actual expenditures on the various aforesaid items in the costs per patient day for general inpatient services, the costs per accident and emergency attendance and specialist outpatient attendance, and the percentages of such amounts in the total unit costs, together with a breakdown in table form by year, direct service costs, expenses on clinical support services, costs of various non-clinical support services and daily expenses of hospitals, institutional items, administrative costs of HA Head Office, charges for services provided by government departments to HA as well as other relevant costs; and

(c) given that the authorities' cost estimates sometimes differ from the actual expenditures, whether the Government has studied the formulation of a more reasonable and up-to-date mechanism for costing, so as to maintain effective control over the cost-effectiveness of services; if it has, of the details; if not, the reasons for that?

Reply:

President,

The Hospital Authority (HA) has always attached importance to cost management, so as to ensure that major resources are used on items directly related to patients. In fact, from 2007-08 to 2010-11, the average annual increase of the overall unit costs of HA's services is about 2.6%, which is similar to the increase of 2.7% of the overall Composite Consumer Price Index of Hong Kong in the same period. The increase in cost is mainly due to adjustment of staff remuneration, expansion of coverage of the Drug Formulary, procurement of medical equipment for modernising HA, as well as increase in expenditure for addressing manpower issues.

My reply to the three parts of the question is as follows:

(a) The "direct service costs" of various clinical specialties are one of the key items in calculating HA's service costs. These include the expenditure on doctors, nurses and supporting staff who are directly involved in the services of various specialties, as well as the expenditure required for the daily operation of various specialist services.

(b) The costs per patient day for HA's general inpatient services, the costs per accident and emergency attendance and specialist outpatient attendance, as well as the percentages of various key cost components including direct service costs, expenses on clinical support services, costs of various non-clinical support services and daily expenses of hospitals, institutional items, and charges for services provided by government departments between 2007-08 and 2010-11 are set out in Annex.

The percentages of various cost components for 2011-12 are being calculated by HA and are not yet available at the moment.

(c) HA's mechanism for costing was developed with reference to the practices of global medical institutions and the cost accounting standards. The mechanism has been working effectively and is keeping pace with time. Since its inception in early 1990s, HA has set up a dedicated team internally to review and improve the mechanism on a regular basis for further enhancement. After years of continuous research and development, the mechanism has become more well-established in providing relevant reference for resource planning and service performance management.

Each year, HA projects the costs of services for the coming year on the basis of the corresponding annual plan covering the number of patients and service output indicators, manpower, demand for drugs and medical equipment, as well as estimates on other hospital daily expenses. In determining the cost estimates, HA may not be able to predict certain precipitating factors, such as the additional demand for acute in-patient services arising from influenza peak or cold weather in the coming year. It will also not include in its estimates the annual pay adjustment rate for the coming year. Moreover, the actual number of patients, service output, demand and supply of healthcare staff, and the overall price adjustment are often different from the estimated ones. These are the factors contributing to the shortfall of cost figures between the revised estimates and original estimates.

In fact, despite a difference of about 5.7% to 8.4% between the original estimates and revised estimates of individual service costs of HA in 2011-2012, the revised estimates of HA's various service costs do not differ much from the original estimates after discounting the factors of about 7% actual pay adjustment and increase in various medical costs.

To ensure the overall efficiency of resource utilisation, HA will review regularly the performance indicators regarding to its service activities, manpower, financial situation and implementation progress of its annual plan. HA will examine closely any variations from the pre-determined targets and where appropriate, take remedial actions accordingly. The Government and the HA Board will also closely monitor the overall performance of HA's services, manpower, financial situation to ensure the proper and optimal use of government funding.

Ends/Wednesday, May 9, 2012
Issued at HKT 12:59

NNNN

Annex

	Costs per patient day for general inpatient services ($)				Costs per Accident & Emergency attendance ($)				Costs per specialist outpatient attendance ($)			
	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11
Direct costs	54.3%	55.1%	54.3%	52.5%	65.3%	64.7%	63.2%	61.6%	34.9%	35.2%	36.0%	34.6%
Clinical support services (e.g. anaesthesia service, pharmacy, pathology, diagnostic radiology and allied health services)	21.7%	21.5%	22.0%	22.2%	15.2%	15.7%	16.5%	16.2%	46.5%	46.5%	45.1%	45.4%
Non-clinical support services and daily expenses of hospitals (e.g. meals for patients, utility expenses, repair and maintenance of medical equipment and machinery)	16.8%	16.8%	16.6%	19.3%	12.5%	12.9%	13.5%	16.9%	12.1%	12.3%	12.5%	14.7%
Institutional items (e.g. insurance costs, information technology support for clinical computer systems and Head Office expenses)	4.6%	3.8%	3.9%	4.4%	4.3%	3.4%	3.4%	3.9%	3.8%	3.1%	3.1%	3.6%
Services provided by government departments to HA (e.g. building maintenance provided by the Architectural Services Department)	2.6%	2.8%	3.2%	1.6%	2.7%	3.3%	3.4%	1.4%	2.7%	2.9%	3.3%	1.7%
Total unit costs ($)	**3,440** **100%**	**3,650** **100%**	**3,590** **100%**	**3,600** **100%**	**750** **100%**	**820** **100%**	**800** **100%**	**800** **100%**	**790** **100%**	**840** **100%**	**880** **100%**	**910** **100%**

Press Releases *13 June 2012*

LCQ9: Costs of services of Hospital Authority
****

Following is a question by the Hon Leung Ka-lau and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (June 13):

Question:

In a reply to my question on May 9, 2012, the Food and Health Bureau pointed out that the mechanism of Hospital Authority (HA) for costing "was developed with reference to the practices of global medical institutions and the cost accounting standards", and it set out the percentages of various key cost components, including "direct service costs", "expenses on clinical support services", "costs of various non-clinical support services and daily expenses of hospitals", "institutional items", and "charges for services provided by government departments", in the total unit costs of "costs per patient day for general inpatient services", "costs per accident and emergency attendance" and "costs per specialist outpatient attendance" in the past four years. In this connection, will the Government inform this Council:

(a)given that the Government pointed out that the percentages of various cost components for 2011-2012 were being calculated by HA, whether it knows the progress of the calculation and whether it can provide any information at present; and

(b)whether it knows the percentages of the various aforesaid key cost components (including the expenditure on "doctors", "nurses" and "supporting staff" who are directly involved in the services of various specialties, the expenditure required for the "daily operation of various specialist services", "anaesthesia service", "pharmacy", "pathology", "diagnostic radiology", "allied health services", "meals for patients", "utility expenses", "repair and maintenance of medical equipment and machinery", "insurance costs", "information technology support for clinical computer systems", "building maintenance provided by the Architectural Services Department" and other expenditures, etc.) in the total unit costs of costs per patient day for general inpatient services, costs per accident and emergency attendance and costs per specialist outpatient attendance, and set out the information in the table in Annex 1?

Reply:

President,

(a)The Hospital Authority (HA) follows an established mechanism to calculate the average costs of various services every year. Relevant costs will be calculated with reference to the total costs for each service and the corresponding volume of activities after the closing and audit of the final accounts for the year, and will be published in the HA Annual Report. The financial statement of 2011-12 is being audited and the cost information of various services is expected to be published in the HA Annual Report by the end of 2012.

(b)As the complexity of patients' conditions and the diagnostic

services, treatments and prescriptions required vary in different years, the average service costs of different services differ between years and cannot be compared directly. Various key cost components from 2007-08 to 2010-11 are set out in the table in Annex 2.

Ends/Wednesday, June 13, 2012
Issued at HKT 12:55

NNNN

LCQ 9 Annex 1

	Costs per patient day for general inpatient services					Costs per accident & emergency attendance					Costs per specialist outpatient attendance				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Direct costs	54.3%	55.1%	54.3%	52.2%		65.3%	64.7%	63.2%	61.6%		34.9%	35.2%	36.0%	34.6%	
Doctors															
Nurses															
Supporting staff															
Daily operation of various specialist services															
Others (please specify)															
Clinical support services	21.7%	21.5%	22.0%	22.2%		15.2%	15.7%	16.5%	16.2%		46.5%	46.5%	45.1%	45.4%	
Anaesthesia service															
Pharmacy															
Pathology															
Diagnostic radiology															
Allied health services															
Others(please specify)															
Non-clinical support services and daily expenses of hospitals	16.8%	16.8%	16.6%	19.3%		12.5%	12.9%	13.5%	16.9%		12.1%	12.3%	12.5%	14.7%	
Meals for patients															
Utility expenses															
Repair and maintenance of medical equipment and machinery															
Others (please specify)															
Institutional items	4.6%	3.8%	3.9%	4.4%		4.3%	3.4%	3.4%	3.9%		3.8%	3.1%	3.1%	3.6%	
Insurance costs															
Information technology support for clinical computer systems															
Others (please specify)															
Services provided by government departments to the Hospital Authority	2.6%	2.8%	3.2%	1.6%		2.7%	3.3%	3.4%	1.4%		2.7%	2.9%	3.3%	1.7%	
Building maintenance provided by the Architectural Services Department															
Others (please specify)															
Total unit costs ($)	3,440 (100%)	3,650 (100%)	3,590 (100%)	3,600 (100%)	*4,050 (100%)	750 (100%)	820 (100%)	800 (100%)	800 (100%)	*890 (100%)	790 (100%)	840 (100%)	880 (100%)	910 (100%)	*1,030 (100%)

*Source: Estimates of Expenditure 2012-2013

LCQ 9 Annex 2

	Costs per patient day for general inpatient services				Costs per accident & emergency attendance				Costs per specialist outpatient attendance			
	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11
Direct costs	**54.3%**	**55.1%**	**54.3%**	**52.5%**	**65.3%**	**64.7%**	**63.2%**	**61.6%**	**34.9%**	**35.2%**	**36.0%**	**34.6%**
Doctors	13.9%	14.2%	14.1%	13.3%	33.8%	33.4%	33.0%	32.0%	21.7%	22.5%	21.8%	20.7%
Nurses	31.3%	31.3%	31.2%	30.3%	24.3%	23.9%	23.1%	22.5%	8.6%	8.3%	8.0%	7.7%
Supporting staff	6.5%	6.8%	5.9%	5.7%	5.5%	5.7%	5.5%	5.3%	3.9%	3.7%	5.4%	5.3%
Daily operation of various specialist services	2.6%	2.8%	3.1%	3.2%	1.7%	1.7%	1.6%	1.8%	0.7%	0.7%	0.8%	0.9%
Clinical support services	**21.7%**	**21.5%**	**22.0%**	**22.2%**	**15.2%**	**15.7%**	**16.5%**	**16.2%**	**46.5%**	**46.5%**	**45.1%**	**45.4%**
Pathology and diagnostic radiology	7.1%	6.9%	6.8%	6.8%	10.8%	11.2%	11.3%	10.7%	15.4%	15.2%	15.4%	15.1%
Surgery and anaesthesia	6.6%	6.8%	6.9%	7.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Pharmacy	4.8%	4.5%	5.1%	5.1%	4.4%	4.5%	5.1%	5.4%	23.4%	23.5%	22.5%	23.5%
Allied health services	3.2%	3.3%	3.2%	3.2%	0.0%	0.0%	0.1%	0.1%	7.7%	7.8%	7.2%	6.8%
Non-clinical support services and daily expenses of hospitals	**16.8%**	**16.8%**	**16.6%**	**19.3%**	**12.5%**	**12.9%**	**13.5%**	**16.9%**	**12.1%**	**12.3%**	**12.5%**	**14.7%**
Non-clinical support services (e.g. meals for patients and transfer services)	5.1%	5.0%	5.3%	5.2%	2.7%	2.9%	3.7%	3.7%	1.9%	2.2%	2.3%	2.2%
Repair, maintenance and depreciation of property, medical machinery and equipment	4.1%	3.9%	4.0%	6.3%	3.0%	2.9%	3.2%	6.0%	3.3%	3.1%	3.7%	5.4%
Other daily expenses of hospitals (including utility expenses)	7.6%	7.9%	7.3%	7.8%	6.8%	7.1%	6.6%	7.2%	7.0%	6.9%	6.5%	7.1%
Institutional items	**4.6%**	**3.8%**	**3.9%**	**4.4%**	**4.3%**	**3.4%**	**3.4%**	**3.9%**	**3.8%**	**3.1%**	**3.1%**	**3.6%**
Information technology support for clinical computer systems	1.9%	2.0%	2.1%	2.3%	1.8%	1.8%	1.9%	2.0%	1.6%	1.6%	1.7%	1.8%
Others	2.7%	1.8%	1.8%	2.1%	2.5%	1.6%	1.5%	1.9%	2.2%	1.5%	1.4%	1.8%
Services provided by government departments to the Hospital Authority	**2.6%**	**2.8%**	**3.2%**	**1.6%**	**2.7%**	**3.3%**	**3.4%**	**1.4%**	**2.7%**	**2.9%**	**3.3%**	**1.7%**
Building maintenance provided by the Architectural Services Department and building depreciation	2.5%	2.6%	3.0%	1.4%	2.6%	3.2%	3.3%	1.2%	2.4%	2.6%	3.0%	1.4%
Others	0.1%	0.2%	0.2%	0.2%	0.1%	0.1%	0.1%	0.2%	0.3%	0.3%	0.3%	0.3%

	Costs per patient day for general inpatient services				Costs per accident & emergency attendance				Costs per specialist outpatient attendance			
	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11	2007-08	2008-09	2009-10	2010-11
Total unit costs ($)	**3,440 (100%)**	**3,650 (100%)**	**3,590 (100%)**	**3,600 (100%)**	**750 (100%)**	**820 (100%)**	**800 (100%)**	**800 (100%)**	**790 (100%)**	**840 (100%)**	**880 (100%)**	**910 (100%)**

Press Releases *7 November 2012*

LCQ4: Evening out-patient services
****

Following is a question by the Hon Chan Han-pan and a reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (November 7):

Question:

Given that the general out-patient clinics under the Hospital Authority (HA) provide evening out-patient services until 10pm only, members of the public seeking medical consultation in late nights may seek consultation only at private clinics offering overnight out-patient services or the accident and emergency (A&E) departments of public hospitals. However, since only 16 public hospitals across the territory have A&E departments, members of the public seeking medical consultation often have to wait for hours to receive treatment. In this connection, will the Government inform this Council:

(a) whether it will request HA to enhance the existing evening out-patient services, including extending the service hours to midnight and increasing the number of consultation quotas; if it will, of the details; if not, the reasons for that;

(b) whether it will request HA to implement overnight out-patient services in individual districts on a trial basis, with a view to alleviating the existing pressure on A&E departments; if it will, of the details of the plan; if not, the reasons for that; and

(c) given that some members of the public have relayed to me that as the demand for evening out-patient services is greater in some densely populated districts or districts with relatively more elderly residents (e.g. Tin Shui Wai), and there is no A&E department of public hospitals in such districts, great inconvenience has been caused to members of the public, whether the authorities will require HA to extend the service hours of the evening out-patient services provided in such districts or set up overnight out-patient services there, so as to enable patients to receive timely treatment?

Reply:

President,

My consolidated reply to the three parts of the question raised by the Hon Chan Han-pan is given below. Primary care services in Hong Kong are mainly provided by the private sector. Public primary care services including general out-patient services provided by HA are primarily targeted at low-income groups, elders and chronically ill patients. At present, HA operates a total of 74 general out-patient clinics (GOPCs) in Hong Kong, of which 23 provide evening out-patient services.

Patients under the care of GOPCs comprise two major categories: chronic disease patients with stable medical conditions, such as patients with diabetes mellitus or hypertension, and episodic disease patients with relatively mild symptoms, such as those suffering from influenza, cold, gastroenteritis, etc. For those with episodic diseases,

consultation timeslots at GOPCs in the next 24 hours are available for booking through HA's telephone appointment system. As for chronic disease patients requiring follow-up consultations, they will be assigned a visiting timeslot after each consultation and do not need to make separate appointments by phone.

In 2011-12, the 74 GOPCs under HA have recorded around five million attendances involving more than 1.3 million patients. Over 90% of the target users of general out-patient services, including elders and recipients of Comprehensive Social Security Assistance and medical fee waiver, were able to secure a consultation timeslot successfully through the telephone appointment system within two working days.

To improve public primary care services, enhance support for chronic disease patients and raise the public's awareness of health issues, the Government has in recent years rolled out a series of primary care services through HA to strengthen the management of chronic diseases. These include the provision of health risk assessments and follow-up care for patients with diabetes mellitus or hypertension etc. by multi-disciplinary teams at GOPCs, and targeted treatment services for high-risk chronic patients by nurses and allied health professionals such as physiotherapists, occupational therapists and pharmacists. Through these measures, it is hoped that the risk of complications and the need for consultations can be reduced for chronic patients, thereby releasing consultation timeslots for patients with episodic diseases. At the same time, HA has been taking steps to renovate the premises and upgrading facilities of GOPCs to streamline patient flow and improve the clinics' environment. It is also trying to recruit additional staff as far as possible to increase the service capacity of GOPCs.

Regarding Tin Shui Wai, the Government and HA have over the years introduced various measures to enhance public healthcare services in the area. In February this year, the first community health centre (CHC) in the territory, which is located at Tin Yip Road, Tin Shui Wai and designed according to our primary care development strategy and service delivery model, came into operation to provide one-stop primary care services including general out-patient as well as nurse and allied health services for the public. HA envisages that the new CHC, together with the existing Tin Shui Wai Health Centre at Tin Shui Road, will be able to provide over 200 000 attendances of general out-patient services for the district on a yearly basis. HA has also launched the Tin Shui Wai Primary Care Partnership Project since 2008, under which patients suffering from specific chronic diseases with stable medical conditions in need of follow-up treatment at the Tin Shui Wai GOPCs can opt to receive out-patient services from private medical practitioners in the district with subsidies from the Government. This Project has now been extended to the entire Tin Shui Wai area, benefitting some 1 600 patients. At present, 24-hour accident and emergency (A&E) services are available at Pok Oi Hospital in Yuen Long. The planned Tin Shui Wai Hospital, which is scheduled to come into operation in 2016, will also provide A&E and other services including specialist out-patient services and ambulatory services to address the healthcare needs of the district.

As GOPCs are not intended for provision of emergency services, patients with severe and acute symptoms should go to A&E departments of hospitals where the necessary staffing,

equipment and ancillary facilities are in place for appropriate treatment and comprehensive care. To ensure efficient use of GOPC resources, extending general out-patient services into the small hours or providing overnight services is not cost-effective and would create greater pressure on healthcare staffing. At this point, the Administration has no plan to operate general out-patient services at late nights or round-the-clock.

HA will continue to implement measures to enhance general out-patient services, including strengthening its staffing, renovating and expanding existing GOPCs, upgrading clinic facilities, etc. It will also closely monitor the operation and service utilisation of GOPCs, and deploy manpower and other resources flexibly to enhance the efficiency and quality of general out-patient services for meeting patients' needs for public primary care services.

Thank you, President.

Ends/Wednesday, November 7, 2012
Issued at HKT 13:11

NNNN

Press Releases *9 January 2013*

LCQ10: Public healthcare services
****

Following is a question by Dr Hon Leung Ka-lau and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (January 9):

Question:

Will the Government inform this Council of the number of patients receiving the following services provided by the Hospital Authority (HA) and the Department of Health (DH) during the period from 1997-1998 to 2010-2011, broken down in the format in Annex 1 by the patients' district of residence (in terms of District Council district) and the hospital cluster where such services are provided:

(a) specialist out-patient service provided by HA;

(b) general out-patient service and primary care provided by HA;

(c) non-general out-patient service provided by DH;

(d) general out-patient service and primary care provided by DH; and

(e) accident and emergency service provided by HA?

Reply:

President,

(a), (b) and (e) The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to these services according to their needs. HA encourages patients to seek medical treatment from the hospital clusters/regional hospitals in the districts of their residence so as to facilitate the follow-up of any of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist or general out-patient clinic in a certain district for the convenience of travelling to and from their work place. And under emergency circumstances, they may also be transferred to an acute hospital in the proximity to the pick-up location having regard to the ambulance route, etc.

In respect of parts (a), (b) and (e) of the question, statistical figures pertaining to the specialist out-patient, general out-patient and accident and emergency services provided by HA, broken down by hospital cluster and year, are set out in Annexes 2 to 4 respectively.

Since HA manages its resources allocation and service arrangements on the basis of hospital clusters, the analysis of statistical figures on cross-district services are based on hospital clusters instead of District Council districts. Besides, as HA adopted a computer programme in phases after the SARS incident to assist frontline staff to

systematically input the residential address reported by patients and convert them into district codes for analysis, and the computer system of HA mainly records the number of attendances (instead of the number of patients), an analysis of patients' reported residential addresses can only be provided starting from 2006/07 in terms of the numbers of attendances.

(c) and (d) As for the services of the Department of Health (DH), members of the public in general are not required to use the service of DH according to the district of their residence. They may choose to receive services from any clinic/centre taking into account such factors as district of residence, place of work or personal preferences, etc. As the computer systems of the respective services mainly record the number of attendances and are unable to compile statistical figures based on the residential addresses of the service users, we can only provide a breakdown of the number of attendances in the clinics/centres by District Council districts.

The public general out-patient clinics under DH have been transferred to HA since July 2003. We have already provided in Annex 3 statistical figures pertaining to the general out-patient service provided by HA. As for statistical figures pertaining to the specialist out-patient service and primary care and health services provided by DH during the same period, they are set out in Annex 5 and 6 respectively.

Ends/Wednesday, January 9, 2013
Issued at HKT 15:35

NNNN

Legislative Council Q10

Annex 1

_____ service provided by _____							
District of residence (District Council district)	Hospital cluster						

Legislative Council Q10

Annex 2

Number of Attendances of Specialist Out-patient Service Provided by Hospital Authority(HA)

(a) 2006/07

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	599,298	119,443	16,124	5,781	15,298	8,116	1,850	**765,910**
HKW	52,557	389,999	8,880	2,300	7,478	4,798	1,271	**467,283**
KC	7,218	16,384	266,534	7,926	81,644	12,868	1,738	**394,312**
KE	28,218	30,174	142,402	497,549	60,997	29,988	2,799	**792,127**
KW	20,783	54,229	364,861	50,905	1,107,986	59,662	17,860	**1,676,286**
NTE	9,835	23,500	61,435	28,108	53,319	764,953	11,115	**952,265**
NTW	5,769	20,182	25,658	4,413	46,454	41,160	604,635	**748,271**
Others (e.g. Macau, Mainland China, etc.)	419	3,335	2,744	216	2,034	2,243	729	**11,720**
Overall	**724,097**	**657,246**	**888,638**	**597,198**	**1,375,210**	**923,788**	**641,997**	**5,808,174**

(b) 2007/08

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	587,677	113,966	15,595	5,170	14,966	7,741	1,830	**746,945**
HKW	46,421	399,802	8,529	2,155	7,281	4,963	1,259	**470,410**
KC	6,874	16,095	278,392	7,329	75,551	12,388	1,730	**398,359**
KE	26,399	29,146	140,703	479,719	53,272	26,916	2,671	**758,826**
KW	20,291	52,209	361,329	45,568	1,132,341	56,044	16,062	**1,683,844**
NTE	9,696	22,377	60,017	26,964	48,307	764,177	10,403	**941,941**
NTW	5,876	19,309	25,722	4,040	42,019	39,503	626,630	**763,099**
Others (e.g. Macau, Mainland China, etc.)	350	3,200	2,199	208	1,510	2,651	649	**10,767**
Overall	**703,584**	**656,104**	**892,486**	**571,153**	**1,375,247**	**914,383**	**661,234**	**5,774,191**

Legislative Council Q10

Annex 2

(c) 2008/09

Patients' district of residence in terms of hospital cluster	**Hospital cluster which provided the service**							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
HKE	597,432	111,898	15,773	5,237	15,060	7,843	1,884	**755,127**
HKW	39,537	422,455	8,879	2,250	7,241	4,872	1,321	**486,555**
KC	6,905	16,013	286,788	7,259	74,641	12,175	1,681	**405,462**
KE	25,807	29,646	137,690	501,400	51,166	25,486	2,825	**774,020**
KW	19,829	51,823	362,570	46,890	1,175,105	54,098	16,711	**1,727,026**
NTE	9,683	22,135	58,292	27,870	46,828	785,189	10,400	**960,397**
NTW	5,868	19,417	25,168	3,936	40,911	36,388	663,545	**795,233**
Others (e.g. Macau, Mainland China, etc.）	330	3,412	2,180	202	1,376	3,261	811	**11,572**
Overall	**705,391**	**676,799**	**897,340**	**595,044**	**1,412,328**	**929,312**	**699,178**	**5,915,392**

Legislative Council Q10

Annex 2

(d) 2009/10

Patients' district of residence in terms of hospital cluster	**Hospital cluster which provided the service**							**HA Overall**
	HKE	**HKW**	**KC**	**KE**	**KW**	**NTE**	**NTW**	
HKE	627,856	112,469	16,498	5,113	15,017	8,375	2,021	**787,349**
HKW	38,358	442,789	9,487	2,198	7,318	5,767	1,264	**507,181**
KC	6,932	16,798	301,034	7,195	75,694	12,928	1,897	**422,478**
KE	25,810	30,803	142,122	536,502	51,832	25,793	3,095	**815,957**
KW	19,630	54,250	375,494	47,252	1,223,694	56,194	17,081	**1,793,595**
NTE	10,112	23,325	59,218	29,007	46,389	837,631	10,595	**1,016,277**
NTW	6,055	19,950	25,321	3,979	40,178	35,996	711,669	**843,148**
Others (e.g. Macau, Mainland China, etc.）	298	3,629	2,243	150	1,260	3,491	965	**12,036**
Overall	**735,051**	**704,013**	**931,417**	**631,396**	**1,461,382**	**986,175**	**748,587**	**6,198,021**

Legislative Council Q10

Annex 2

(e) 2010/11

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	639,357	113,360	16,569	5,425	15,159	8,353	2,157	**800,380**
HKW	38,404	466,757	9,623	2,225	7,056	5,511	1,410	**530,986**
KC	7,239	16,470	313,227	7,393	74,735	12,388	2,022	**433,474**
KE	26,901	32,358	143,410	569,179	53,405	26,450	3,568	**855,271**
KW	20,788	56,201	381,669	48,199	1,262,932	54,219	17,973	**1,841,981**
NTE	10,291	24,080	60,350	30,331	46,128	862,884	11,082	**1,045,146**
NTW	6,419	20,735	26,012	4,166	40,790	35,186	752,032	**885,340**
Others (e.g. Macau, Mainland China, etc.)	321	4,071	2,845	164	1,231	3,393	1,159	**13,184**
Overall	**749,720**	**734,032**	**953,705**	**667,082**	**1,501,436**	**1,008,384**	**791,403**	**6,405,762**

Note 1: Statistical figures in the above tables only cover doctor consultation service.
Note 2: "Others" includes cases where patients provided a non-Hong Kong addresses or failed to provide residential information.

HKE - Hong Kong East Cluster
HKW - Hong Kong West Cluster
KC - Kowloon Central Cluster
KE - Kowloon East Cluster
KW - Kowloon West Cluster
NTE - New Territories East Cluster
NTW - New Territories West Cluster

Legislative Council Q10

Annex 3

Number of Attendances of General Out-patient Service Provided by HA

(a) 2006/07

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	385,053	14,608	3,594	4,070	34,786	2,306	1,320	**445,737**
HKW	29,291	251,976	2,263	1,575	4,322	1,534	1,113	**292,074**
KC	4,033	2,149	245,443	5,886	48,874	3,210	1,243	**310,838**
KE	11,409	4,809	33,296	576,424	44,086	6,496	2,466	**678,986**
KW	12,537	7,342	131,154	40,314	1,237,046	14,759	10,330	**1,453,482**
NTE	6,554	3,227	21,853	56,482	35,763	714,436	8,320	**846,635**
NTW	3,644	2,256	6,434	2,972	22,649	11,616	745,345	**794,916**
Others (e.g. Macau, Mainland China, etc.)	447	453	554	952	5,354	1,773	770	**10,303**
Overall	**452,968**	**286,820**	**444,591**	**688,675**	**1,432,880**	**756,130**	**770,907**	**4,832,971**

(b) 2007/08

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	391,105	15,025	3,260	3,715	33,479	2,323	1,289	**450,196**
HKW	28,541	256,508	2,347	1,453	3,755	1,456	971	**295,031**
KC	3,674	2,290	255,102	5,604	44,742	3,139	1,160	**315,711**
KE	11,006	4,617	32,196	591,945	40,322	6,250	1,820	**688,156**
KW	11,872	7,720	131,641	38,157	1,225,029	14,067	9,207	**1,437,693**
NTE	5,984	3,221	21,972	50,987	33,851	741,588	6,294	**863,897**
NTW	3,372	2,415	6,117	2,698	21,522	11,759	689,438	**737,321**
Others (e.g. Macau, Mainland China, etc.)	312	400	430	622	2,891	1,688	602	**6,945**
Overall	**455,866**	**292,196**	**453,065**	**695,181**	**1,405,591**	**782,270**	**710,781**	**4,794,950**

Legislative Council Q10

Annex 3

(c) 2008/09

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	395,818	16,431	3,549	3,745	33,026	2,333	1,137	**456,039**
HKW	28,630	270,566	2,208	1,470	4,039	1,571	938	**309,422**
KC	3,662	2,288	269,153	5,559	45,942	3,023	1,047	**330,674**
KE	11,114	5,086	34,545	621,352	41,125	6,572	1,820	**721,614**
KW	11,749	8,032	140,102	40,152	1,245,887	14,033	8,548	**1,468,503**
NTE	5,981	3,473	22,881	52,264	34,834	776,245	5,827	**901,505**
NTW	3,224	2,405	6,638	2,712	21,387	11,927	670,415	**718,708**
Others (e.g. Macau, Mainland China, etc.)	280	323	426	434	2,054	1,514	482	**5,513**
Overall	**460,458**	**308,604**	**479,502**	**727,688**	**1,428,294**	**817,218**	**690,214**	**4,911,978**

(d) 2009/10

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	371,857	12,359	2,819	3,592	32,782	2,098	1,130	**426,637**
HKW	29,268	222,055	1,889	1,315	4,095	1,267	798	**260,687**
KC	3,631	1,815	245,726	4,837	46,239	2,821	1,107	**306,176**
KE	11,385	4,404	29,222	596,193	43,082	6,025	1,870	**692,181**
KW	11,263	6,260	120,972	35,475	1,237,401	13,287	8,165	**1,432,823**
NTE	5,801	2,683	18,548	51,392	35,386	733,593	5,691	**853,094**
NTW	3,358	1,931	5,523	2,371	21,370	10,691	613,460	**658,704**
Others (e.g. Macau, Mainland China, etc.)	312	214	293	288	1,433	1,137	547	**4,224**
Overall	**436,875**	**251,721**	**424,992**	**695,463**	**1,421,788**	**770,919**	**632,768**	**4,634,526**

Legislative Council Q10

Annex 3

(e) 2010/11

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	396,292	14,677	3,045	3,820	32,942	2,228	1,081	**454,085**
HKW	29,857	254,990	2,100	1,466	4,269	1,275	846	**294,803**
KC	3,875	2,205	264,560	5,075	46,406	2,861	1,274	**326,256**
KE	12,398	5,389	34,410	618,400	45,499	7,017	2,151	**725,264**
KW	11,462	7,728	133,958	37,324	1,268,109	14,291	9,271	**1,482,143**
NTE	5,953	3,300	21,387	50,987	35,768	789,935	6,012	**913,342**
NTW	3,498	2,408	6,240	2,526	21,434	11,495	659,124	**706,725**
Others (e.g. Macau, Mainland China, etc.)	421	151	294	195	1,239	1,294	517	**4,111**
Overall	**463,756**	**290,848**	**465,994**	**719,793**	**1,455,666**	**830,396**	**680,276**	**4,906,729**

Note 1: Statistical figures in the above tables only cover doctor consultation service.

Note 2: Figures pertaining to Ta Kwu Ling General Out-patient Clinic and Sha Tau Kok General Out-patient Clinic for and prior to October 2006 cannot be reflected in the above tables due to computer system upgrading.

Note 3: "Other" includes cases where patients provided a non-Hong Kong address or failed to provide residential information.

Note 4: Eight general out-patient clinics have been designated as a Human Swine Flu (Influenza A H1N1) Clinic since 13 June 2009. Attendances at the flu clinics during the period are not counted in the figures above for 2009/10 and 2010/11.

HKE - Hong Kong East Cluster
HKW - Hong Kong West Cluster
KC - Kowloon Central Cluster
KE - Kowloon East Cluster
KW - Kowloon West Cluster
NTE - New Territories East Cluster
NTW - New Territories West Cluster

Legislative Council Q10

Annex 4

Number of Attendances of Accident and Emergency Service Provided by HA

(a) 2006/07

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	197,664	10,376	2,756	2,275	5,904	2,504	574	**222,053**
HKW	20,090	100,311	1,711	980	2,760	1,456	395	**127,703**
KC	2,955	1,261	80,877	2,552	34,593	2,734	541	**125,513**
KE	7,819	2,404	15,770	250,963	18,145	6,633	997	**302,731**
KW	9,022	4,639	84,030	28,060	458,366	15,362	3,884	**603,363**
NTE	4,675	1,950	8,383	14,224	18,640	333,989	2,137	**383,998**
NTW	3,258	1,761	4,483	2,088	19,138	20,705	221,905	**273,338**
Others (e.g. Macau, Mainland China, etc.)	1,400	1,098	2,477	907	3,744	3,808	640	**14,074**
Overall	**246,883**	**123,800**	**200,487**	**302,049**	**561,290**	**387,191**	**231,073**	**2,052,773**

(b) 2007/08

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	199,849	10,281	2,797	2,161	5,546	2,535	674	**223,843**
HKW	19,481	101,618	1,675	918	2,748	1,407	614	**128,461**
KC	2,889	1,254	84,482	2,480	32,989	2,717	695	**127,506**
KE	7,667	2,321	15,407	245,478	16,625	6,279	1,293	**295,070**
KW	9,031	4,614	83,472	27,058	458,737	14,752	4,906	**602,570**
NTE	4,590	1,923	7,975	14,468	17,573	338,359	3,048	**387,936**
NTW	3,345	1,740	4,548	2,133	17,798	18,024	261,037	**308,625**
Others (e.g. Macau, Mainland China, etc.)	1,370	1,096	2,546	868	3,767	3,646	595	**13,888**
Overall	**248,222**	**124,847**	**202,902**	**295,564**	**555,783**	**387,719**	**272,862**	**2,087,899**

Legislative Council Q10

Annex 4

(c) 2008/09

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	198,950	9,897	2,627	2,178	5,348	2,340	882	**222,222**
HKW	19,287	98,807	1,507	905	2,508	1,489	698	**125,201**
KC	2,920	1,247	85,704	2,360	32,711	2,739	933	**128,614**
KE	7,350	2,450	14,767	244,976	15,886	5,983	1,638	**293,050**
KW	8,803	4,345	83,865	26,933	455,720	13,941	6,082	**599,689**
NTE	4,432	1,782	7,906	14,576	16,993	337,915	3,864	**387,468**
NTW	3,274	1,705	4,219	2,100	16,906	13,637	304,232	**346,073**
Others (e.g. Macau, Mainland China, etc.)	1,341	1,249	2,436	759	3,642	3,956	805	**14,188**
Overall	**246,357**	**121,482**	**203,031**	**294,787**	**549,714**	**382,000**	**319,134**	**2,116,505**

(d) 2009/10

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	202,166	9,524	2,604	2,219	5,724	2,512	912	**225,661**
HKW	20,105	102,994	1,556	1,032	2,594	1,470	661	**130,412**
KC	2,901	1,348	90,945	2,508	34,081	2,798	1,126	**135,707**
KE	7,767	2,403	14,940	264,034	16,696	6,161	1,640	**313,641**
KW	8,805	4,544	86,674	27,508	474,867	14,212	6,767	**623,377**
NTE	4,452	1,894	8,183	15,587	16,879	351,591	4,403	**402,989**
NTW	3,165	1,698	4,087	2,074	16,504	12,627	328,659	**368,814**
Others (e.g. Macau, Mainland China, etc.)	1,474	1,256	2,539	749	3,470	3,509	820	**13,817**
Overall	**250,835**	**125,661**	**211,528**	**315,711**	**570,815**	**394,880**	**344,988**	**2,214,418**

Legislative Council Q10

Annex 4

(e) 2010/11

Patients' district of residence in terms of hospital cluster	Hospital cluster which provided the service							HA Overall
	HKE	HKW	KC	KE	KW	NTE	NTW	
HKE	203,149	9,983	2,584	2,263	5,704	2,384	1,143	**227,210**
HKW	20,237	104,452	1,563	989	2,594	1,489	710	**132,034**
KC	3,043	1,411	91,077	2,504	32,921	2,815	1,162	**134,933**
KE	7,986	2,568	15,477	265,891	17,478	6,195	1,881	**317,476**
KW	8,812	4,819	87,119	26,652	479,815	13,878	7,278	**628,373**
NTE	4,533	2,068	7,955	16,019	16,617	350,516	4,894	**402,602**
NTW	3,337	1,830	4,174	1,999	16,691	11,864	340,265	**380,160**
Others (e.g. Macau, Mainland China, etc.）	1,514	1,267	2,681	906	3,568	3,443	1,081	**14,460**
Overall	**252,611**	**128,398**	**212,630**	**317,223**	**575,388**	**392,584**	**358,414**	**2,237,248**

Note 1: "Other" includes cases where patients provided a non-Hong Kong address or failed to provide residential information.

HKE - Hong Kong East Cluster
HKW - Hong Kong West Cluster
KC - Kowloon Central Cluster
KE - Kowloon East Cluster
KW - Kowloon West Cluster
NTE - New Territories East Cluster
NTW - New Territories West Cluster

Legislative Council Q10

Annex 5

Specialist Out-patient Service Provided by the Department of Health

The number of attendances at specialist outpatient clinics and child assessment centres from 2006 to 2011 are as follows:

	2006	2007	2008	2009	2010	2011
Specialist out-patient clinics						
• TB and Chest	799,000	790,000	762,000	756,000	752,000	731,500
• Dermatology	240,000	246,000	246,000	253,500	252,700	245,500
• HIV/AIDS	11,100	13,300	12,500	12,600	13,400	14,000
Child assessment centres	30,000	27,000	25,700	26,200	32,300	33,800
Overall	1,080,100	1,076,300	1,046,200	1,048,300	1,050,400	1,024,800

Note: Only overall attendances are set out in the above table as specialist out-patient clinics and child assessment centres were not provided in all districts.

Legislative Council Q10

Annex 6

Primary care services provided by DH

The number of attendances at maternal and child health centres (MCHCs) and the number of attendances for health assessment and medical consultation at elderly health centres (EHCs) in various districts from 2006 to 2011 are set out below.

(a) Attendances at MCHCs

(i) Child health service

District Council district served by MCHCs providing the service	2006	2007	2008	2009	2010	2011
Central & Western	17,500	16,100	15,100	15,500	16,400	15,600
Eastern	50,700	45,600	44,000	43,000	44,000	42,000
Southern	14,900	14,100	13,500	14,000	14,400	14,100
Wan Chai	11,000	9,500	8,800	8,900	9,700	9,900
Kowloon City	23,500	21,000	21,400	21,800	23,300	24,700
Kwun Tong	55,100	48,100	49,300	48,800	49,600	51,800
Sham Shui Po	43,300	39,800	39,700	39,100	40,700	40,700
Yau Tsim Mong	29,400	27,200	27,000	26,800	29,100	32,500
Wong Tai Sin	48,000	39,000	38,400	38,200	37,800	37,800
Islands	12,100	10,000	10,100	10,100	10,300	10,100
Kwai Tsing	47,900	37,500	36,700	36,900	36,100	35,800
North	42,200	37,300	36,100	39,300	45,300	49,700
Sai Kung	39,900	38,300	37,500	37,800	37,500	37,800
Sha Tin	60,600	50,600	47,100	47,200	49,900	53,700
Tai Po	27,800	22,400	23,400	23,200	24,300	25,200
Tsuen Wan	38,900	33,100	35,500	35,700	37,100	37,800
Tuen Mun	50,500	43,600	42,900	44,700	47,600	52,200
Yuen Long	76,700	66,800	59,500	61,000	63,900	65,600
Total	**690,000**	**600,000**	**586,000**	**592,000**	**617,000**	**637,000**

Legislative Council Q10

Annex 6

(ii) Maternal health service

District Council district served by MCHCs providing the service	2006	2007	2008	2009	2010	2011
Central & Western	6,400	6,300	5,900	5,500	5,700	6,400
Eastern	10,100	12,800	12,200	11,600	11,500	11,500
Southern	3,400	4,100	3,800	4,100	4,000	4,600
Wan Chai	3,700	3,800	3,500	3,600	3,300	3,800
Kowloon City	2,800	3,600	3,900	3,500	3,500	3,400
Kwun Tong	8,000	11,400	9,600	9,000	8,300	10,000
Sham Shui Po	5,300	6,400	5,800	5,700	6,000	5,900
Yau Tsim Mong	2,800	3,100	3,000	3,000	2,900	2,500
Wong Tai Sin	3,700	3,700	3,600	3,200	2,900	2,700
Islands	2,800	3,400	3,200	3,700	3,800	3,800
Kwai Tsing	5,500	8,300	9,000	9,100	8,500	9,000
North	9,300	11,100	11,300	11,700	10,100	11,200
Sai Kung	6,600	8,200	8,200	7,600	6,300	7,700
Sha Tin	15,700	18,600	19,400	20,200	16,900	20,500
Tai Po	7,900	9,400	10,100	9,600	8,100	9,000
Tsuen Wan	9,700	13,400	13,400	12,400	12,000	13,000
Tuen Mun	13,800	17,900	18,600	17,900	16,700	19,200
Yuen Long	20,500	22,500	22,500	22,600	21,500	22,800
Total	**138,000**	**168,000**	**167,000**	**164,000**	**152,000**	**167,000**

(iii) Family planning service

District Council district served by MCHCs providing the service	2006	2007	2008	2009	2010	2011
Central & Western	3,700	3,400	3,200	2,700	2,500	2,300
Eastern	11,900	10,500	9,800	9,000	7,800	7,400
Southern	4,300	4,100	3,800	3,200	3,100	3,000
Wan Chai	1,900	1,700	1,700	1,600	1,400	1,300
Kowloon City	3,600	3,200	3,200	2,900	2,900	2,700
Kwun Tong	11,800	10,400	10,100	9,500	8,900	9,200
Sham Shui Po	8,900	8,300	8,700	8,200	7,600	7,000
Yau Tsim Mong	4,100	3,500	3,200	3,400	3,000	2,700
Wong Tai Sin	11,200	10,100	9,600	8,900	7,700	6,600
Islands	4,000	3,600	3,700	3,300	3,000	2,900
Kwai Tsing	10,900	8,500	8,900	8,200	7,100	7,100
North	9,000	8,200	8,200	7,900	7,300	7,400
Sai Kung	9,900	8,900	8,400	7,700	6,500	6,200
Sha Tin	23,100	21,500	21,100	19,400	17,000	16,700
Tai Po	12,300	10,600	10,900	9,600	7,700	7,000
Tsuen Wan	9,700	8,900	10,100	9,800	9,200	9,200
Tuen Mun	19,600	16,800	16,000	13,400	10,700	9,700
Yuen Long	19,100	17,800	17,400	16,300	14,600	14,600
Total	**179,000**	**160,000**	**158,000**	**145,000**	**128,000**	**123,000**

Annex 6

(iv) Cervical screening service

District Council district served by MCHCs providing the service	2006	2007	2008	2009	2010	2011
Central & Western	1,100	1,100	1,900	2,000	1,700	1,600
Eastern	4,900	5,400	6,700	7,200	7,100	6,700
Southern	2,100	2,100	2,100	2,000	2,100	1,800
Wan Chai	1,800	2,000	1,500	1,500	1,300	1,200
Kowloon City	4,200	4,300	1,800	1,900	1,800	1,700
Kwun Tong	2,300	2,500	7,300	7,300	7,500	8,000
Sham Shui Po	4,800	4,400	6,200	6,000	6,200	6,000
Yau Tsim Mong	4,800	4,400	4,300	4,100	3,900	3,300
Wong Tai Sin	11,000	10,500	5,500	5,600	5,400	5,200
Islands	8,700	8,400	2,400	2,400	2,300	2,000
Kwai Tsing	13,100	15,700	7,700	7,700	7,200	6,900
North	7,600	8,200	5,800	5,400	5,500	5,400
Sai Kung	4,400	4,700	4,500	4,400	4,400	4,200
Sha Tin	2,900	2,800	11,300	10,500	10,600	10,600
Tai Po	1,900	2,100	5,100	4,800	5,000	4,700
Tsuen Wan	7,300	6,000	7,700	7,400	7,400	7,000
Tuen Mun	8,100	8,900	8,600	8,100	8,200	7,900
Yuen Long	6,000	6,500	11,600	10,700	11,400	10,800
Total	**97,000**	**100,000**	**102,000**	**99,000**	**99,000**	**95,000**

Legislative Council Q10

Annex 6

(b) Number of attendances for health assessment and medical consultation at Elderly Health Centres (EHCs)

District Council district served by EHCs providing the service	2006	2007	2008	2009	2010	2011
Central & Western	9,800	9,900	9,800	9,700	10,300	9,200
Eastern	9,900	9,600	9,300	8,100	9,100	9,000
Southern	11,500	11,500	11,400	11,300	11,000	10,500
Wan Chai	10,900	10,700	9,700	8,800	9,000	9,100
Kowloon City	9,400	9,300	8,900	9,200	9,500	9,000
Kwun Tong	10,100	9,000	9,300	9,300	9,300	8,900
Sham Shui Po	9,600	9,200	8,500	8,600	8,800	9,200
Yau Tsim Mong	11,300	10,600	9,900	9,400	9,300	9,000
Wong Tai Sin	10,700	9,800	9,800	9,800	9,800	9,600
Islands	5,600	7,500	7,900	8,100	8,300	8,300
Kwai Tsing	10,000	8,500	8,200	8,300	8,100	8,100
North	13,300	13,100	12,100	12,300	12,900	12,600
Sai Kung	11,100	11,400	11,200	11,200	10,600	10,300
Sha Tin	11,100	10,800	10,700	11,100	10,800	11,200
Tai Po	10,700	10,600	10,300	10,400	10,100	9,900
Tsuen Wan	11,700	11,500	10,600	10,600	10,300	10,300
Tuen Mun	11,100	10,800	10,300	9,900	9,600	9,700
Yuen Long	8,200	8,100	8,000	8,300	8,300	8,400
Total	**186,000**	**181,900**	**175,900**	**174,400**	**175,100**	**172,300**