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Panel on Health Services

**Information note prepared by the Legislative Council Secretariat
for the meeting on 17 June 2013**

**Waiting time management for Specialist Outpatient Clinics in the
Hospital Authority**

There are currently 49 public specialist outpatient ("SOP") clinics under the Hospital Authority ("HA") providing specialist consultation, treatment and investigation for patients referred by HA's general outpatient clinics or private practitioners. Under the triage system of HA, new SOP cases are classified into three categories of priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) based on the urgency of patients' clinical conditions at the time of referral. To ensure that patients with urgent conditions are given appropriate medical attention in a timely manner, it has been HA's targets to keep the median waiting time for first appointment at SOP clinics for priority 1 cases and priority 2 cases to within two weeks and eight weeks respectively.

2. In 2011-2012, the number of attendances of SOP services provided by HA was 6 731 155. The respective median waiting time of the first priority patients and the second priority patients for first appointment at SOP clinics were less than one week and five weeks. However, for those non-urgent routine cases, the waiting time was longer and varied among clusters and specialties. The longest (90th percentile) waiting time of routine cases ranged from 11 to 158 weeks in 2012-2013 (up to 31 December 2012). In its replies to Members' initial written questions during the examination of estimates of expenditure 2013-2014, the Administration has provided the number of SOP new cases triaged as priority 1, priority 2 and routine cases and their respective lower quartile (25th percentile), median (50th percentile),

and the longest (90th percentile) waiting time in each hospital cluster from 2010-2011 to 2012-2013 (up to 31 December 2012), details of which are given in **Appendix I**.

3. According to HA, various measures have been implemented to improve the waiting time for SOP services. These measures include establishing family medicine specialist clinics to follow up patients triaged as routine cases; strengthening collaboration with private practitioners and non-governmental organizations to follow up medically stable patients; and piloting the use of e-platform for SOP referrals.

4. 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 launched in August 2012 a cross-cluster referral arrangement for SOP services on a pilot basis to enable patients with stable conditions to seek earlier SOP appointment through a central coordination and matching system. The cross-cluster referral arrangement was piloted in the Ear, Nose and the Throat Departments ("ENT") of the Kowloon East Cluster and the Kowloon Central Cluster. HA would consider the provision of similar referral arrangement for the specialty of Gynaecology. To further enhance transparency and accountability, HA has since April 2013 published waiting time information of its specialist services by phases on its website. Currently, the waiting time of ENT has been posted on the HA's website.

5. According to the Administration, HA will further shorten SOP waiting time with a total estimated expenditure of \$43.05 million in 2013-2014. HA will also allocate an estimated expenditure of \$14.38 million to increase the pharmacy manpower, including eight pharmacists and 16 dispensers, with a view to shortening the waiting time for SOP dispensing services.

6. Four questions in relation to SOP services provided by HA were raised at the Council meetings of 17 December 2008, 1 April 2009, 8 February 2012 and 9 January 2013 respectively. The questions and the Administration's replies are in **Appendices II to V** respectively.

The number of specialist outpatient new cases and the waiting time in each hospital cluster of the Hospital Authority from 2010-2011 to 2012-2013 (up to 31 December 2012)

Appendix I

2010-11

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
HKE	ENT	1 626	20%	<1	<1	<1	2 899	36%	2	5	8	3 566	44%	20	20	27
	MED	2 453	21%	<1	1	2	3 825	32%	2	4	7	5 508	47%	5	12	45
	GYN	1 314	26%	<1	<1	2	402	8%	3	5	7	3 391	66%	11	14	23
	OPH	5 370	42%	<1	<1	1	1 613	12%	4	7	8	5 920	46%	11	14	45
	ORT	1 902	21%	<1	1	1	2 603	29%	4	5	7	4 515	50%	11	18	34
	PAE	264	18%	<1	1	1	964	65%	3	5	7	252	17%	7	8	12
	PSY	695	19%	<1	<1	2	737	20%	<1	<1	6	2 242	61%	<1	1	22
	SUR	2 071	17%	<1	1	2	3 803	32%	4	6	8	6 033	51%	9	13	117
HKW	ENT	388	6%	<1	<1	1	939	15%	2	3	6	4 780	78%	4	8	15
	MED	416	4%	<1	<1	1	941	9%	2	4	6	9 137	87%	4	11	31
	GYN	1 076	16%	<1	<1	1	688	11%	4	5	7	4 100	63%	11	13	91
	OPH	3 581	43%	<1	<1	2	1 073	13%	4	7	8	3 735	45%	15	52	52
	ORT	528	6%	<1	<1	1	1 159	12%	2	3	6	7 799	82%	6	14	37
	PAE	449	12%	<1	<1	1	1 138	31%	3	6	8	2 039	56%	14	17	56
	PSY	290	7%	<1	<1	1	707	17%	1	2	5	3 039	75%	2	7	87
	SUR	1 776	15%	<1	<1	2	1 908	16%	3	4	7	8 318	69%	3	13	138
KC	ENT	1 430	10%	<1	<1	<1	2 056	15%	<1	<1	2	10 680	75%	<1	1	4
	MED	1 377	13%	<1	<1	1	1 104	11%	3	4	6	7 729	74%	11	13	43
	GYN	647	14%	<1	1	1	1 436	32%	3	5	8	2 468	54%	9	14	28
	OPH	9 196	36%	<1	<1	1	4 928	19%	2	5	8	10 157	40%	27	37	41
	ORT	277	4%	<1	1	1	661	9%	2	3	6	5 645	80%	13	24	49
	PAE	468	24%	<1	<1	1	154	8%	2	3	4	1 348	68%	2	7	12
	PSY	480	17%	<1	<1	1	1 036	37%	2	4	7	1 275	46%	2	10	42
	SUR	2 555	17%	<1	1	1	2 808	18%	2	3	7	9 986	65%	17	20	34
KE	ENT	2 009	19%	<1	<1	1	2 250	21%	3	6	8	6 526	60%	13	23	45
	MED	2 618	15%	<1	1	2	4 914	28%	4	7	8	9 719	56%	11	25	54
	GYN	1 422	19%	<1	1	1	999	14%	5	7	8	4 897	67%	15	91	126
	OPH	5 407	35%	<1	<1	1	3 526	23%	7	7	8	6 708	43%	14	119	158
	ORT	3 953	26%	<1	<1	1	2 858	19%	5	6	10	8 482	55%	30	52	103
	PAE	1 012	26%	<1	<1	1	681	17%	3	6	7	2 263	57%	10	17	30
	PSY	484	8%	<1	<1	1	1 759	28%	1	3	7	3 925	62%	4	14	77
	SUR	1 645	8%	<1	1	1	6 000	28%	5	7	8	13 502	64%	25	88	127

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
KW	ENT	3 576	24%	<1	<1	1	3 415	23%	4	6	8	7 988	53%	13	22	64
	MED	3 494	12%	<1	<1	1	6 527	23%	4	6	7	18 096	64%	21	36	52
	GYN	1 086	9%	<1	<1	2	2 149	18%	3	5	7	8 568	72%	5	12	25
	OPH	5 902	32%	<1	<1	<1	4 640	25%	2	4	7	7 837	43%	3	12	36
	ORT	4 583	22%	<1	<1	1	4 303	21%	4	6	14	11 503	56%	38	60	93
	PAE	3 009	39%	<1	<1	1	883	11%	3	4	7	3 634	47%	5	8	11
	PSY	518	5%	<1	<1	1	1 037	10%	<1	3	6	8 876	85%	<1	6	31
	SUR	4 668	13%	<1	<1	2	7 589	22%	3	5	7	22 563	65%	8	25	103
NTE	ENT	4 250	29%	<1	<1	2	2 724	18%	3	4	7	7 770	53%	24	45	73
	MED	2 877	17%	<1	<1	1	2 943	17%	4	5	8	11 191	65%	20	36	70
	GYN	1 424	13%	<1	<1	2	952	9%	2	4	7	7 820	71%	16	23	76
	OPH	7 086	36%	<1	<1	1	2 935	15%	3	4	8	9 672	49%	23	47	67
	ORT	6 560	33%	<1	<1	1	2 326	12%	3	5	8	11 170	56%	20	63	89
	PAE	554	13%	<1	<1	2	572	13%	3	4	8	3 192	74%	8	15	37
	PSY	1 414	16%	<1	<1	2	1 801	21%	2	4	7	5 036	58%	8	23	113
	SUR	2 674	13%	<1	<1	2	3 176	16%	3	4	8	14 077	70%	16	38	80
NTW	ENT	3 355	29%	<1	<1	1	1 103	10%	3	4	7	7 056	61%	11	43	96
	MED	1 649	15%	1	1	2	2 579	23%	4	6	8	7 087	63%	7	40	48
	GYN	1 055	18%	<1	1	2	1 253	21%	3	5	8	3 527	60%	11	15	40
	OPH	5 727	32%	<1	<1	<1	1 578	9%	<1	2	5	10 727	59%	2	12	48
	ORT	1 779	15%	<1	<1	1	1 336	11%	3	4	7	8 982	74%	27	31	41
	PAE	304	13%	<1	1	2	380	16%	2	3	5	1 649	71%	13	13	14
	PSY	770	14%	<1	1	2	1 742	31%	1	3	7	3 105	55%	4	9	16
	SUR	1 373	7%	<1	<1	1	2 162	11%	3	4	7	16 141	82%	12	25	28

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
HKE	ENT	1 408	18%	<1	<1	<1	2 561	33%	1	4	8	3 743	48%	20	21	34
	MED	2 351	21%	<1	1	2	3 387	30%	2	4	7	5 608	49%	8	14	52
	GYN	983	19%	<1	<1	2	794	16%	3	4	6	3 338	65%	10	13	23
	OPH	4 993	43%	<1	<1	1	1 635	14%	4	7	8	4 957	43%	11	26	52
	ORT	1 715	19%	<1	<1	1	2 388	27%	3	5	7	4 735	54%	11	30	48
	PAE	282	21%	<1	1	2	852	63%	3	4	7	209	16%	6	7	11
	PSY	587	17%	<1	<1	2	622	18%	<1	2	6	2 196	64%	<1	3	21
	SUR	2 034	17%	<1	1	2	3 916	32%	4	6	8	6 152	51%	9	19	69
HKW	ENT	497	8%	<1	<1	1	1 543	24%	3	4	8	4 277	68%	5	14	30
	MED	1 227	11%	<1	<1	1	1 400	12%	2	3	6	8 637	77%	10	18	34
	GYN	1 186	17%	<1	<1	2	847	12%	3	4	6	4 034	59%	9	13	28
	OPH	3 596	33%	<1	<1	1	1 185	11%	3	4	6	6 023	56%	10	14	18
	ORT	703	7%	<1	<1	1	1 456	15%	2	3	6	7 523	78%	7	15	39
	PAE	447	12%	<1	<1	1	1 168	33%	3	5	8	1 957	55%	6	18	39
	PSY	194	5%	<1	1	2	448	11%	1	2	4	3 278	83%	2	5	69
	SUR	2 084	16%	<1	<1	2	2 046	16%	3	5	7	8 596	67%	6	16	80
KC	ENT	1 244	9%	<1	<1	<1	1 905	14%	<1	1	8	10 912	78%	1	3	11
	MED	1 609	14%	<1	<1	1	1 344	11%	3	4	7	8 728	74%	12	17	50
	GYN	556	12%	<1	<1	1	1 686	35%	3	4	7	2 557	53%	11	21	34
	OPH	8 360	34%	<1	<1	1	5 363	22%	1	4	8	9 376	38%	40	44	46
	ORT	777	10%	<1	<1	1	751	10%	3	4	7	6 301	80%	15	24	52
	PAE	374	20%	<1	<1	1	233	12%	2	3	5	1 301	68%	4	8	12
	PSY	452	15%	<1	<1	1	1 061	34%	2	4	7	1 589	51%	4	9	78
	SUR	2 790	17%	<1	1	1	2 829	17%	2	3	7	11 134	66%	15	17	52
KE	ENT	1 755	16%	<1	<1	1	2 490	23%	4	6	7	6 390	60%	29	33	125
	MED	2 344	13%	<1	1	2	5 467	30%	5	7	8	10 314	57%	13	34	52
	GYN	1 454	19%	<1	1	1	1 082	14%	4	6	8	5 140	67%	15	66	148
	OPH	5 124	30%	<1	<1	1	2 924	17%	4	7	8	8 965	53%	11	25	97
	ORT	3 787	25%	<1	<1	1	3 256	21%	5	7	8	8 343	54%	88	103	124
	PAE	1 262	29%	<1	<1	1	796	18%	4	6	7	2 293	53%	15	27	32
	PSY	650	9%	<1	<1	1	1 753	24%	2	3	7	4 536	63%	8	16	66
	SUR	1 460	7%	<1	1	1	6 493	29%	6	7	8	14 358	64%	28	98	135

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
KW	ENT	3 831	24%	<1	<1	1	4 116	26%	4	6	8	7 841	50%	12	22	59
	MED	3 227	11%	<1	<1	2	6 414	22%	4	5	7	19 219	66%	20	35	61
	GYN	1 070	9%	<1	1	2	2 366	19%	3	5	7	8 902	72%	6	12	36
	OPH	5 923	31%	<1	<1	<1	6 043	32%	2	3	6	7 046	37%	4	6	39
	ORT	4 313	22%	<1	<1	1	4 266	22%	4	5	7	11 063	56%	32	53	103
	PAE	2 663	36%	<1	<1	1	830	11%	3	5	7	3 685	50%	4	8	13
	PSY	495	4%	<1	<1	1	1 070	9%	<1	2	6	10 631	87%	<1	7	33
	SUR	4 736	13%	<1	1	2	7 816	22%	4	5	7	22 542	64%	9	25	111
NTE	ENT	3 807	28%	<1	<1	2	2 657	20%	3	3	7	7 041	52%	25	54	81
	MED	2 995	16%	<1	<1	2	2 770	15%	4	5	8	12 493	67%	32	40	70
	GYN	1 259	11%	<1	<1	2	878	8%	3	5	8	7 612	69%	24	39	105
	OPH	6 785	34%	<1	<1	1	2 766	14%	3	4	8	10 205	52%	23	78	115
	ORT	6 071	30%	<1	<1	1	2 406	12%	3	5	8	12 056	59%	27	69	99
	PAE	560	13%	<1	<1	1	760	17%	3	5	7	3 076	70%	7	17	34
	PSY	1 345	14%	<1	1	2	1 971	21%	3	4	8	5 727	61%	10	31	100
	SUR	2 648	12%	<1	<1	2	3 633	16%	3	5	8	15 703	71%	17	37	79
NTW	ENT	2 945	25%	<1	<1	1	1 531	13%	3	4	7	7 417	62%	13	26	52
	MED	1 554	15%	1	1	2	2 587	24%	5	6	7	6 545	61%	14	41	50
	GYN	1 053	16%	1	2	3	642	10%	2	4	9	4 707	74%	11	17	40
	OPH	5 617	31%	<1	<1	<1	2 290	13%	1	2	5	10 310	57%	2	10	46
	ORT	1 541	12%	<1	<1	1	1 208	9%	3	4	7	10 171	79%	35	43	55
	PAE	152	6%	<1	1	3	484	20%	3	3	5	1 794	74%	13	13	15
	PSY	712	11%	<1	1	2	1 593	25%	2	5	8	3 970	63%	7	12	31
	SUR	1 432	7%	<1	<1	2	2 121	10%	3	5	7	16 797	82%	13	27	35

2012-13 (up to 31 December 2012) [Provisional figures]

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
HKE	ENT	1 073	18%	<1	<1	<1	1 928	32%	1	3	8	3 078	51%	21	22	33
	MED	1 811	21%	<1	1	2	2 638	30%	2	4	7	4 229	49%	7	14	50
	GYN	560	13%	<1	<1	1	671	16%	2	3	6	2 931	70%	11	16	25
	OPH	4 230	47%	<1	<1	1	1 402	16%	5	7	8	3 345	37%	12	25	33
	ORT	1 455	21%	<1	1	1	1 737	25%	3	6	7	3 891	55%	13	31	50
	PAE	177	16%	<1	1	2	746	68%	3	5	7	172	16%	7	9	16
	PSY	467	18%	<1	1	2	499	19%	2	3	7	1 602	62%	4	9	29
	SUR	1 624	16%	<1	1	2	3 005	30%	5	7	8	5 284	53%	11	20	67
HKW	ENT	493	10%	<1	<1	1	1 593	33%	3	5	8	2 727	57%	4	16	35
	MED	1 072	12%	<1	<1	1	1 287	14%	3	3	6	6 704	74%	10	25	46
	GYN	851	15%	<1	<1	2	791	14%	3	5	7	3 354	61%	10	15	27
	OPH	2 988	37%	<1	<1	1	1 352	17%	3	4	7	3 793	47%	14	16	33
	ORT	586	7%	<1	<1	1	1 007	13%	2	3	6	6 213	79%	8	16	48
	PAE	268	15%	<1	<1	1	596	34%	3	5	8	888	51%	14	18	20
	PSY	223	7%	<1	1	2	317	10%	2	3	5	2 476	82%	3	7	58
	SUR	1 579	15%	<1	<1	2	1 844	18%	3	5	8	6 981	67%	4	20	83
KC	ENT	955	9%	<1	<1	<1	1 007	9%	<1	<1	2	8 896	82%	2	8	11
	MED	1 347	15%	<1	1	1	1 037	12%	4	5	7	6 423	72%	13	24	64
	GYN	266	7%	<1	<1	1	1 474	37%	2	4	6	2 235	56%	8	11	38
	OPH	6 383	34%	<1	<1	1	3 937	21%	1	3	6	7 401	40%	40	53	66
	ORT	578	9%	<1	<1	1	535	8%	2	4	7	5 299	83%	19	42	65
	PAE	317	20%	<1	<1	1	220	14%	2	4	7	1 076	67%	4	8	17
	PSY	390	19%	<1	<1	1	706	34%	2	4	7	986	47%	3	11	108
	SUR	1 692	13%	<1	1	1	2 172	17%	2	3	7	9 120	70%	16	19	72
KE	ENT	1 318	17%	<1	<1	1	1 806	24%	3	5	7	4 436	59%	23	41	158
	MED	1 383	10%	<1	1	2	3 111	22%	4	7	8	9 458	68%	13	40	69
	GYN	1 216	19%	<1	1	1	808	13%	3	6	7	4 245	68%	16	42	80
	OPH	3 877	28%	<1	<1	1	2 014	15%	1	4	7	7 836	57%	11	23	72
	ORT	2 815	23%	<1	<1	1	2 457	20%	5	6	8	6 820	56%	26	106	138
	PAE	815	25%	<1	<1	1	509	16%	3	5	7	1 934	59%	15	20	35
	PSY	437	8%	<1	1	2	1 426	26%	3	5	8	3 463	63%	9	29	78
	SUR	1 218	6%	<1	1	1	5 136	26%	6	7	8	13 074	67%	16	96	138

Cluster	Specialty	Priority 1					Priority 2					Routine				
		Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)			Number of new cases	% of total new cases	Waiting Time (weeks)		
				25 th	50 th	90 th			25 th	50 th	90 th			25 th	50 th	90 th
				percentile					percentile					percentile		
KW	ENT	2 834	23%	<1	<1	1	3 298	27%	4	5	8	6 214	50%	13	20	35
	MED	2 145	9%	<1	<1	2	4 938	22%	4	5	7	15 213	67%	22	35	70
	GYN	772	8%	<1	<1	2	2 419	24%	3	4	7	6 694	67%	10	14	53
	OPH	4 568	32%	<1	<1	<1	4 828	34%	2	4	6	5 001	35%	6	34	38
	ORT	3 283	21%	<1	<1	1	3 673	24%	3	5	7	8 309	54%	37	52	102
	PAE	1 933	34%	<1	<1	1	781	14%	4	5	7	2 868	50%	5	9	15
	PSY	321	3%	<1	<1	1	726	6%	<1	3	8	10 478	91%	1	17	72
	SUR	3 628	13%	<1	1	2	7 040	25%	4	5	7	17 772	62%	14	31	118
NTE	ENT	3 175	29%	<1	<1	2	1 997	18%	2	3	7	5 714	52%	16	32	61
	MED	2 335	16%	<1	<1	1	1 949	13%	4	5	8	10 377	69%	24	52	71
	GYN	845	10%	<1	<1	2	658	8%	3	6	8	6 059	70%	24	49	124
	OPH	5 618	36%	<1	<1	1	2 364	15%	3	4	8	7 746	49%	17	112	153
	ORT	4 569	28%	<1	<1	1	2 060	12%	4	5	8	9 899	60%	65	88	112
	PAE	517	16%	<1	<1	2	620	19%	3	5	8	2 131	65%	11	23	49
	PSY	1 127	17%	<1	1	2	1 492	22%	2	4	8	3 846	57%	7	24	81
	SUR	2 047	11%	<1	<1	2	2 964	16%	3	5	8	12 975	72%	16	32	103
NTW	ENT	2 172	23%	<1	<1	1	1 171	13%	3	4	7	6 023	64%	13	20	34
	MED	893	12%	1	1	2	1 397	19%	6	6	7	4 883	68%	15	36	53
	GYN	710	14%	1	1	2	505	10%	3	5	7	3 895	76%	11	15	41
	OPH	4 621	29%	<1	<1	<1	1 667	11%	1	3	6	9 401	60%	4	31	53
	ORT	980	10%	<1	1	1	934	10%	2	4	7	7 866	80%	25	61	72
	PAE	64	3%	<1	1	2	362	20%	4	5	7	1 404	77%	14	15	17
	PSY	397	8%	<1	1	2	1 340	27%	2	5	7	3 083	63%	6	13	30
	SUR	994	6%	<1	1	4	1 842	11%	3	5	10	13 300	82%	16	36	45

Abbreviations

Cluster:

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

Specialty:

ENT – Ear, Nose & Throat
 MED – Medicine
 GYN – Gynaecology
 OPH – Ophthalmology
 ORT – Orthopaedics & Traumatology
 PAE – Paediatrics and Adolescent Medicine
 PSY – Psychiatry
 SUR – Surgery

Note: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2013-2014

Press Releases 17 December 2008

LCQ2: Waiting time for specialist out-patient services

Following is a question by the Hon Albert Chan and a reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (December 17):

Question:

In reply to my question in June last year, the Government said that the Hospital Authority had taken certain measures to shorten the waiting time for patients with non-urgent conditions for specialist out-patient (SOP) services. Yet, I recently still received complaints from members of the public about the long waiting time for SOP services, and the waiting time of some cases was even as long as six years. They are worried that their clinical conditions will worsen due to the lack of timely treatment over a prolonged period of time. In this connection, will the Government inform this Council if it knows:

(a) last year's average waiting time for each SOP service, together with a breakdown of the number of cases as at the end of last year by their waiting time (i.e. less than one year, one year to less than two years, two years to less than three years, and three years or above);

(b) the longest waiting time among existing cases for each SOP service; and

(c) whether the Hospital Authority will take further measures to alleviate the problem of excessively long waiting time for SOP services; if it will, of the details; if not, the reasons for that?

Reply:

President,

Currently, under the triage system under the Hospital Authority (HA), specialist out-patient (SOP) clinics will arrange the date of medical appointment for new SOP patients on the basis of the urgency of their clinical conditions at the time of referral, taking into account various factors including the patients' clinical history, the presenting symptoms and the findings of physical examination and investigations. Referrals of new patients are usually first screened by a nurse and then by a specialist of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. To ensure that no cases with urgent medical conditions are overlooked at the initial triage, all referrals that have been classified as routine cases would be reviewed by a senior doctor of the relevant specialty within seven working days of the initial triage. In addition, if a patient's condition deteriorates before the appointment, he or she may contact the SOP clinic concerned and request for an earlier appointment. If the condition is acute, the patient could also seek immediate treatment at the Accident and Emergency (A&E) departments. The patients would be arranged to receive earlier treatment as necessary.

The HA's targets are to maintain the median waiting time for cases in the priority 1 and 2 categories within two weeks and eight weeks respectively, to ensure that patients with urgent healthcare needs are given medical attention within a reasonable time. In 2007-08, all clusters under HA were able to meet the targets. Information related to various parts of the question is provided as follows.

(a) & (b) For first appointment of new cases in 2007-08, a breakdown by major specialties of the median waiting time and the waiting time at the 99th percentile is set out in Table 1. The overall median waiting time for first appointment of SOP cases is about seven weeks. In terms of median waiting time, the three specialties with the longest waiting time in descending order are Surgery, Gynaecology and Medicine.

For new cases for major specialties in 2007-08, a breakdown of the number of cases by the waiting time (i.e. less than a year, one to two years, two to three years and over three years) is set out in Table 2. As shown in Table 2, of the total of more than 680,000 new cases in 2007-08, the waiting time was less than one year in nearly 590,000 cases (or 86% of the total number of new cases). Among these cases, the waiting time for more than 230,000 cases (or 34% of the total number of new cases) was less than two weeks, and for about 150,000 other cases (or 23% of the total number of new cases), the waiting time was between three to eight weeks. It is evident from the above figures that for about 57% of all the new cases, the first appointment could be arranged within eight weeks. This shows that the triage system is effective in facilitating the provision of appropriate medical services for patients with urgent medical conditions in a timely manner.

(c) In addition, HA has taken the following measures to further improve the waiting time at SOP clinics: (i) setting up 24 family medicine specialist clinics as gatekeeper for SOP clinics and for follow up on patients triaged as routine cases; (ii) updating clinical protocols for referring medically stable patients to receive follow-up primary healthcare services; (iii) 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 and (iv) disseminating referral guidelines to clinicians to reduce unnecessary referrals.

At the same time, HA has set up a multi-specialty and cross-cluster working group to regularly examine the data and operation of SOP services, study the common causes for referral and make recommendations on improvement strategies in light of its findings, which include: (i) drawing up referral guidelines targeted at the sources of SOP referrals for major specialties and improving the referral arrangements so as to reduce unnecessary SOP referrals; (ii) allowing greater flexibility for the general out-patient (GOP) service in the areas of diagnosis, examination and prescription of drugs, with a view to enhancing diagnosis and service of primary care and reducing public demand for SOP services; and (iii) enhancing the service of nurse and allied health clinics for provision of early assessment and referral.

Based on the above strategies, a number programmes have been implemented in various clusters to improve the SOP services. While it will take time to see the effect of some of these programmes, the waiting time for most SOP services (except

for some individual specialties) has improved slightly in the first six months (April to September) of 2008-09 in comparison with that for the whole year of 2007-08. HA will continue to monitor the utilisation and operation of SOP services and to devise and implement further improvement programmes.

HA currently offers a wide spectrum of services. More than 90% of in-patient and specialist services are provided through its 41 hospitals and institutions, 48 SOP clinics, and 74 GOP clinics. For 2007-08, the number of in-patient and day patient discharges was estimated to reach 1.2 million while attendances at A&E departments, SOP clinics, GOP clinics were estimated at 2.15 million, 7.95 million and 4.81 million respectively. However, the number of doctors working in public hospitals only account for 42% of the total number of doctors in Hong Kong. In the circumstances, the rising service demand has put great pressure on our public healthcare system. Public hospitals must therefore target the use of their resources on patients with acute or serious conditions.

In addition to the ongoing formulation and implementation of measures to improve the SOP service including the waiting time, amidst the ageing population and the rising demand for healthcare services from the public, in order to ensure the long-term sustainability of the healthcare system to provide quality healthcare services to meet the increasing needs of the community in future, we must embark on reforms to both the service delivery and financing arrangements of our healthcare system to fully solve the problem in the long run.

Ends/Wednesday, December 17, 2008
Issued at HKT 14:15

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Legislative Council Q2

Table 1

**Waiting time for first appointment of new SOP cases in 2007-08
by major specialties under the Hospital Authority**

	Median (Week)	99th Percentile (Week)
Ear, Nose and Throat	6	102
Gynaecology	11	106
Medicine	9	92
Ophthalmology	4	103
Orthopaedics	8	105
Paediatrics	4	50
Psychiatry	4	121
Surgery	17	206
All Specialties	7	172

Legislative Council Q2

Table 2

**Number of new cases and waiting time for major specialties
in 2007-08 under the Hospital Authority**

	Waiting Time								Total Number of New Cases Booked
	< 1 year		1 - 2 years		2 - 3 years		>3 years		
	Number	%	Number	%	Number	%	Number	%	
Ear, Nose and Throat	61 369	87%	8 632	12%	465	< 1%	0	0%	70 466
Gynaecology	50 768	94%	2 413	4%	570	1%	0	0%	53 751
Medicine	84 069	90%	9 139	10%	13	< 1%	6	< 1%	93 227
Ophthalmology	86 196	86%	13 313	13%	805	< 1%	0	0%	100 314
Orthopaedics	62 940	79%	15 532	20%	793	1%	0	0%	79 265
Paediatrics	22 116	99%	205	< 1%	11	< 1%	0	0%	22 332
Psychiatry	31 322	88%	3 666	10%	516	1%	140	< 1%	35 644
Surgery	98 094	73%	20 689	15%	6 459	5%	8 734	7%	133 976
All Specialties	588 230	86%	73 875	11%	9 770	1%	8 881	1%	680 756

Press Releases *1 April 2009*

LCQ14: Appointment time for specialist out-patient cases follow-up consultation

Following is a question by the Hon Albert Chan and a written reply by the Secretary for Food and Health, Dr York Chow, in the Legislative Council today (April 1):

Question:

In reply to my question raised on December 17, 2008 regarding cases of non-urgent conditions for specialist out-patient (SOP) services at public hospitals, the Government only provided information on the waiting time for first appointment of new cases, and stated that such waiting time was not applicable to existing cases as the dates for follow-up consultation for these cases were arranged by doctors. Yet, I have received complaints from quite a number of members of the public that a remote date for follow-up SOP consultation was arranged for them. They are worried that their clinical conditions will worsen due to the lack of timely treatment over a prolonged period. In this connection, will the Government inform this Council whether it knows:

- (a) in respect of existing cases of each SOP service, the average duration between the dates of follow-up consultations last year and the dates for the next consultations, as well as the number of existing cases as at the end of last year, broken down by the duration (i.e. less than one year, one year to less than two years, two years to less than three years, and three years or above) between the date of the last follow-up consultation and the date for the next;
- (b) in respect of existing cases of each SOP service at present, the longest duration between the date of the last follow-up consultation and the date for the next; and
- (c) whether the Hospital Authority will take any measure to improve the situation of existing SOP cases having to wait for a long time for follow-up consultation; if it will, of the details; if not, the reasons for that?

Reply:

President,

Currently, under the triage system for new specialist out-patient (SOP) cases of the Hospital Authority (HA), SOP clinics will fix the date of medical appointment for new patients on the basis of the urgency of their clinical conditions, taking into account the patients' clinical history, the presenting symptoms and the findings of physical examination and investigations. During consultation, doctors of SOP clinics will again conduct assessment for the patients and arrange for them to receive further examination and treatment or refer them to other specialties for follow-up based on patients' clinical needs. The date of follow-up consultation of each patient is determined according to the patient's clinical needs and so the appointment time for follow-up consultation varies from case to case. Information related to various parts of the question is

provided as follows.

(a) & (b) The duration between the date of booking of appointment for follow-up consultation and the date of consultation for existing SOP cases of major SOP specialties in 2008-09 (up to December 2008) (with breakdown by less than one year, one year to less than two years, two years to less than three years and three years or above), as well as the median duration and the 99th percentile duration, are set out at the Annex.

Generally speaking, the date of follow-up consultation of patient will be arranged within three to four months from the date of booking of appointment. The data of 2008-09 (up to December 2008) shows that the follow-up consultation for 90% of the SOP patients was arranged within eight months of the date of booking and about 98% of the patients were arranged to have follow-up consultation within one year.

We understand that some patients in relatively stable condition would like to have a follow-up consultation within a short period of time. Doctors of SOP clinics will discuss with individual patients to arrange a suitable date for follow-up consultation in light of their clinical needs. In certain circumstances, patients will be arranged for follow-up consultation after a longer period of time. For example, for patients requiring regular clinical audiological assessment after cochlear implant, or for cataract patients and paediatric skin diseases patients whose condition have turned relatively stable, they will be arranged for a follow-up consultation after a longer period. Besides, patients suffering from renal stone assessed to be in relatively stable condition by the surgical SOP clinic will be referred to the family medicine SOP clinic for follow-up and arranged for follow-up consultation at the surgical SOP clinic after a longer period. Nevertheless, patients can approach the relevant SOP clinic to advance their follow-up consultation where necessary should their conditions deteriorate while waiting for the appointment. In case of emergency, they can also seek treatment from the Accident and Emergency Department direct.

(c) In line with the direction of healthcare reform to enhance primary care, promote public-private partnership and put emphasis on disease prevention, the Government has earmarked a total of about \$509 million for the period 2009-10 to 2011-12 to implement a series of healthcare reform initiatives on a pilot basis to enhance primary healthcare services and the support for chronic disease patients, and to strengthen family medicine training. One of the pilot initiatives is to give stable chronic disease patients currently under the care of SOP clinics under HA the alternative choice to receive healthcare from private medical practitioners based on specified service models and protocols for effective care of their chronic diseases and with subsidies by the Government. As some of the chronic disease patients will change to be managed by private medical practitioners through the pilot project, the waiting time of SOP clinics could be shortened and other patients could therefore benefit.

Ends/Wednesday, April 1, 2009
Issued at HKT 14:41

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**Duration between the date of booking of appointment
and the date of consultation
for existing SOP cases of major SOP specialties
in 2008-09 (up to December 2008)**

Specialty	Total Number of Existing Cases	Duration between date of booking of appointment and date of follow-up consultation					
		Less than one year	One to two years	Two to three years	Three years or above	Median (Weeks)	99 th percentile
Ear, Nose & Throat	217 903	206 988	10 909	6	0	23	66
Gynaecology	213 652	212 555	998	99	0	12	52
Medicine	1 404 488	1 397 246	7 228	14	0	13	52
Ophthalmology	670 262	647 364	21 651	1 247	0	12	78
Orthopaedics	395 286	386 179	9 061	46	0	12	59
Paediatrics	223 093	219 858	3 070	127	38	13	54
Psychiatry	537 215	537 142	72	1	0	7	26
Surgery	530 225	510 485	17 375	1 535	830	13	78

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

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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%

Legislative Council Q1

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

**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 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

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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 Q10Annex 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

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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

(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

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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

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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

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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

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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

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.

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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

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(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

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(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

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(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

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(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