

**For discussion
on 21 March 2016**

Legislative Council Panel on Health Services

Measures Taken by the Government to Tackle Winter Surge

Purpose

This paper outlines the measures taken by the Government to tackle winter surge.

Background

2. In Hong Kong, there are usually two influenza peak seasons which span from January to March and from July to August each year. Hong Kong entered the 2015-16 winter influenza season at the end of January 2016.

3. In general, the daily number of first attendances at Accident & Emergency (A&E) departments of the Hospital Authority (HA) usually does not exceed 6,000, while the normal number of inpatient admission to medical wards via A&E departments is around 800. However, in the period of 9 February to 8 March 2016, the daily number of A&E first attendances was persistently over 6,000, with 10 days of which recording over 7,000 daily attendances. In the same period, the daily number of inpatient admission to medical wards remained consistently high, with 19 days even exceeding 1,000. Most of the patients admitted to medical wards were elderly, of which 45% were aged 80 or above.

4. There are three factors that contribute to the upsurge in service demand, including the illnesses of the public (especially the elderly) caused by prolonged cold weather; the continuous increase in influenza activity in the past period of time that affected in particular patients with chronic diseases; and the overall ageing of patients.

Measures in Response to Winter Surge

5. In order to tackle winter surge, the Government has implemented a series of measures as detailed in the ensuing paragraphs.

Receiving Seasonal Influenza Vaccination

6. The Government has been encouraging citizens to receive seasonal influenza vaccination (SIV) as early as possible to prevent seasonal flu influenza and its complication. In this connection, we have been providing free or subsidised SIV to specific priority groups under the Government Vaccination Programme (GVP) and the Vaccination Subsidy Schemes (VSS). The GVP, which includes the Residential Care Home Vaccination Programme (RVP), provides free SIV for the elderly persons and disabled persons living in residential care homes. Moreover, we expanded the scope of the above programme/scheme on a pilot basis in 2015-16 to cover all elderly aged 65 or above and eligible persons with intellectual disability.

7. In 2015-16, to allow ample time for the general public to get vaccinated and develop the antibody before the arrival of the winter peak, various vaccination programmes and schemes were already launched in October 2015. As of 13 March 2016, some 570,000 doses of SIV have been administered through various vaccination programmes and schemes, representing an increase of 14% when compared with the same period of time last year. Of which, about 450,000 doses have been provided to elders aged 65 or above, representing an increase of 22% when compared with the same period last year and covering around 40% of the target elderly population.

Monitoring Seasonal Influenza

8. In addition, the Centre for Health Protection (CHP) has been closely monitoring influenza activity in the community through its surveillance systems covering childcare centres, residential care homes for the elderly, HA's outpatient clinics and A&E Departments, and clinics of private practitioners and Chinese medicine practitioners. To monitor the severity of admitted influenza

cases, CHP, in collaboration with HA and private hospitals, has been operating an enhanced surveillance system during influenza seasons. In parallel, CHP also monitors the positive influenza detections among respiratory specimens received by its Public Health Laboratory Services Branch, and performs characterisation of antigenic/genetic changes, including susceptibility to antiviral agents.

9. In early March 2016, CHP also urged schools to reinforce preventive measures to mitigate the possible impact of influenza on students and staff. CHP will conduct epidemiological investigations on influenza-like illness outbreaks in schools and institutions. Relevant control measures will be implemented and appropriate health advice will be given to the institutions and schools concerned.

Response Plan of Public Hospitals

10. In order to cope with the increase in demand due to the ageing population and prevalence of seasonal influenza, HA has accorded increasing service capacity as a key element in the 2015-16 Annual Plan. Included in the plan is the opening of 250 new beds and, in addition to the resources for these 250 new beds, the enhancement of the manpower of doctors, nurses, allied health professionals and other staff to strengthen inpatient services. Compared with 2014-15, HA will have an overall increase of 208¹(3.5%) doctors, 757 (3.2%) nurses and 362 (5.3%) allied health professionals in 2015-16.

11. Since December 2015, HA has been closely monitoring the service statistics of all acute hospitals, including the number of A&E first attendances, inpatient admission to medical wards via A&E departments and inpatient bed occupancy rate.

12. In a bid to enhance manpower to meet the service demand, HA has extended the coverage of the A&E Support Session Programme from 12 to all 17 A&E departments and recruited over 1,600 Temporary Undergraduate Nursing Students to support clinical services. HA also expands the services of

¹ All figures are Full-time Equivalent (FTE).

General Out-patient Clinics (GOPCs) during long holidays, adding a total of around 4,500 quotas during Christmas, Chinese New Year and Easter holidays. Other measures adopted by HA to meet rising service demand for winter surge are detailed in Annex.

13. HA has also implemented the following measures to address manpower shortage:

- (a) Employment of non-local doctors with limited registration: In view of the retirement wave and talent drain to the private market in recent years, different specialties in HA have experienced shortage of manpower and loss of expertise. HA has implemented a basket of measures to address the manpower issue, including employing doctors under limited registration to increase the number of non-local doctors to strengthen the doctor workforce. As at January 2016, the Medical Council of Hong Kong (MCHK) has approved the applications of 27 non-local doctors under limited registration. 11 non-local doctors are now still working in HA hospitals;
- (b) Special Honorarium Scheme (SHS): To better utilise manpower to address winter surge, HA Head Office will provide funding and coordinate the implementation of SHS. Greater flexibility for scheme participation would be introduced to encourage more colleagues to join the scheme;
- (c) Continuous recruitment of full-time and part-time healthcare staff: Public hospitals will continue to recruit full-time and part-time healthcare staff. HA Head Office will provide funding and coordinate the recruitment of part-time healthcare staff to facilitate staff deployment to ease the workload of frontline staff; and
- (d) Special Retired and Rehire Scheme: Depending on the service needs and funding availability, HA will consider extending the present Special Retired and Rehire Scheme to retired doctors, nurses, allied health professionals and supporting staff as appropriate subject to an age limit of 65.

Step Up Measures in Response to Winter Surge

14. The upsurge in service demand in hospitals in the winter influenza season is particularly severe this year. Despite the implementation of the aforementioned measures, the service demand from the public remains high and the wards are still congested. In this connection, HA has formulated a series of step up measures to provide support for discharged patients and emergency services, and to enhance bed deployment and patient flow. These measures include:

- (a) Further enhancing support to discharged and elderly patients through Community Geriatric Assessment Services, Community Nursing Services, Visiting Medical Officer Programmes and Geriatric Day Hospital Services;
- (b) Further enhancing the service of the Patient Support Call Centre to provide proactive support to post-discharge patients;
- (c) Extending the coverage of virology service to weekends and public holidays to facilitate the making of decision as to whether the patients should be admitted;
- (d) Increasing the service capacity of convalescent hospitals and further facilitating the transfer of stable patients to convalescent hospitals within cluster;
- (e) Further improving patient flow and treatment capacity during weekends and long holidays;
- (f) Increasing GOPC quotas by around 2,000 per week till end March 2016;
- (g) Increasing the flexibility of SHS to make it applicable to work of one hour or above till end April 2016 to encourage more staff to join the scheme;
- (h) Further encouraging clinical staff to join the A&E Support Session Programme;

- (i) Reducing elective admission and suspending or deferring elective operations till end March 2016; and
- (j) Appealing to private practitioners via the Hong Kong Medical Association to open clinics during the Easter holiday and to extend their daily clinic hours till end March 2016.

15. The service demand of public hospitals has subsided and the pressure on hospital services eased since 9 March. However, the service demand may still rise in the subsequent period. HA will continue to closely monitor the situation and make adjustment when necessary in order to cope with the possible rise in service demand. In 2016-17, HA will continue to augment service capacity, including the opening of 231 new beds and the continuous recruitment of healthcare manpower. It is projected that the annual manpower increase of doctors, nurses and allied health professionals in comparison with 2015-16 will be 145²(2.4%), 411(1.7%) and 234(3.2%).

Long-term Planning in response to Increase in Healthcare Services

16. The elderly population aged 65 or above stands at approximately 1.07 million, representing about 15% of the overall population in Hong Kong³. The elderly population generally has greater demand for healthcare services than population from other age groups. The Government has implemented a series of long-term measures on healthcare manpower, facilities and service planning to cater for the increasing demand arising from the ageing population.

Healthcare Manpower

17. In 2012, the Government set up a steering committee chaired by the Secretary for Food and Health to conduct a strategic review on healthcare manpower planning and professional development in Hong Kong (the Review).

² All figures are Full-time Equivalent (FTE).

³ The figure was based on the latest estimation by the Census and Statistics Department in 2014.

The Review aims to make recommendations that would better enable our society to meet the projected demand for healthcare professionals as well as to foster professional development with a view to ensuring healthy and sustainable development of our healthcare system and the continued provision of quality healthcare services to the public. We expect that the Review will be completed in mid-2016.

18. To meet the anticipated demand for healthcare manpower, the Government has increased the number of degree places in medicine from 420 to 470 by 50 in the 2016-17 to 2018-19 triennium. To facilitate more non-locally trained doctors to practise in Hong Kong, MCHK has increased the frequency of the Licensing Examination from once to twice a year since 2014, and has introduced more flexibility to the relevant internship requirement since 2016. Any person who has passed the Licensing Examination can apply for exemption from a specialty of internship training if he or she has a comparable specialist experience. The internship period could be shortened from one year to six months. In addition, the Government has introduced a Bill into the Legislative Council in March 2016 to handle matters related to doctors, including enhancing the flexibility in admitting non-locally trained doctors to practise in Hong Kong to alleviate local doctor shortage in the public sector. Under the Bill, the maximum term of registration and renewal of medical practitioners with limited registration⁴ will be extended from not more than one year to not more than three years,

19. In a bid to alleviate manpower shortage, HA will continue to recruit overseas doctors under limited registration. HA considers that if the extension of the period of limited registration from not more than one year to not more than three years is approved by the Legislative Council, it will help recruit more non-local doctors to ease the doctor shortage problem. In addition, HA will extend the Special Retired and Rehire Scheme to recruit more retired healthcare staff and will enhance the coordination of the recruitment of part-time staff.

20. On nursing manpower, at present there are over 2,800 nursing

⁴ Under the Medical Registration Ordinance (Cap 161), specified institutions (including the Department of Health, HA and the two medical schools) may apply to MCHK on behalf of non-locally trained doctors with proven experience and knowledge for limited registration in Hong Kong for the purpose of teaching, conducting research or performing clinical work for the institutions. The registration is valid for up to one year subject to annual renewal by MCHK.

training places provided in Hong Kong. The University of Hong Kong, Chinese University of Hong Kong and Hong Kong Polytechnic University provide a total of 630 University Grants Committee-funded degree places each year. HA, private hospitals and other higher education institutions also operate a variety of self-financed nursing programmes, which add up to over 2,200 places annually.

21. In the long term, the Government will continue to increase the supply of nursing manpower. We have increased the number of publicly funded nursing training places from 590 to 630 since 2012-13 academic year, and subsidised students to pursue designated self-financing undergraduate programmes in the nursing discipline starting from 2015-16 academic year. The number of subsidised places has increased from 420 in 2015-16 academic year to 480 in 2016-17 academic year by 60. In addition, the Nursing Council of Hong Kong has increased the frequency of the Licensing Examination from once to twice a year since 2016 to facilitate more non-locally trained nurses to practise in Hong Kong.

Hospitals and Community Health Centre Facilities

22. The Government attaches great importance to the development of healthcare infrastructure. The Government has earmarked a dedicated provision of \$200 billion in order to enable HA to plan the hospital development programme of the next ten years in longer term and with greater flexibility. Upon completion of the various hospital and community health centre programmes under the ten-year plan, an additional 5,000 beds, more than 90 operation theatres and 410,000 GOPC quotas can be provided.

Service Enhancement Programmes

23. HA has set up the Community Geriatric Assessment Teams (CGATs) which provide, through regular visits to residential care homes for the elderly, medical and nursing care to residents with severe or complicated conditions and poor mobility status who are unable to visit the specialist outpatient clinics. CGATs also provide carers in the elderly homes with training on caring skills to help them take care of frail residents. HA will continue to expand the services of CGATs to cover more elderly homes.

24. On the other hand, the Elderly Health Service of the Department of Health has all along deployed its Visiting Health Teams (VHTs) to conduct health educational activities for influenza prevention among community-dwelling elders and their carers, and to provide infection control training for staff of residential care homes for the elderly. During the implementation of influenza vaccination programme in each year, VHTs will strengthen their promotion of influenza prevention, which includes encouraging elders to receive SIV.

25. In view of the ageing population, the Government has to, in addition to increasing resources and strengthening healthcare and social welfare services for the elderly, more effectively coordinate work and services across different policy purviews to promote medical-social collaboration. The Government is considering suitable sites and operating mode for setting up Integrated Elderly Services Centres on a pilot basis to provide one-stop, multi-disciplinary healthcare and social services for the elderly at community level.

Advice Sought

26. Members are invited to note the contents of this paper.

**Food and Health Bureau
Hospital Authority
Department of Health
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Major Strategies and Measures for Winter Surge

1. Enhancing infection control measures
 - promoting hand hygiene and droplet precaution among staff, patients and visitors at HA venues
 - encouraging vaccination of staff and the public
 - ensuring adequate stockpile of antiviral drugs for treatment and treatment according to prevailing clinical guidelines
2. Managing demand in community
 - enhancing support for Residential Care Homes for the Elderly (RCHEs) through the Community Geriatric Assessment Services, Community Nursing Services and Visiting Medical Officer Programmes to facilitate management of simple cases outside hospitals
 - more frequent visit to RCHEs and early post-discharge visits
 - enhancing support to chronic disease cases for better self management through pro-active follow up by the Patient Support Call Centre
3. Gate-keeping to reduce unnecessary admission
 - enhancing collaboration between A&E and geriatrics departments
 - setting up additional observation areas in A&E departments
 - enhancing virology services to facilitate decision of admission of paediatric patients
 - deploying additional staff to streamline patient flow and for crowd control during prolonged waiting
4. Improving patient flow
 - facilitating transfer of stable patients from acute to convalescent hospitals within cluster
 - enhancing ward rounds by senior clinicians and improving patient flow during weekends and long holidays
5. Optimising and augmenting buffer capacity
 - optimising utilisation of buffer wards, expanding day follow-up service and A&E Support Session Programme

- augmenting manpower by special honorarium scheme and leave encashment, and with the support of temporary undergraduate nursing students and auxiliary medical service
- expanding services in GOPCs during long holidays

6. Reprioritising core activities

- reducing elective admission to reserve capacity
- suspending / deferring non-emergent elective operations

7. Enhancing communication with the public

- managing public expectation on longer waiting time at A&E departments and providing information of private clinics to the public
- alerting the public of the possible postponement of elective services
- providing daily key statistics to the public during peak periods