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19 January 2007

Clerk Panel on Health Services  
Legislative Council  
8 Jackson Road  
Central, Hong Kong  
(Attn: Miss Mary So)

Dear Miss So,

**Meeting of LegCo Panel on Health Services on 11 December 2006  
Telephone Booking Service in the General Outpatient Clinics  
of the Hospital Authority**

I would like to provide the supplementary information requested by Members and the response of the Administration to matters raised by Members on the captioned subject at the above meeting.

**Attendance Rate Before and After the Introduction of the Telephone Booking Service**

The proportion of utilization of public general outpatient service by the elderly and other age groups before and after the introduction of the Telephone Booking Service is as follows:

Proportion of attendance at public general outpatient clinics in all districts	<b>Aged under 45</b>	<b>Aged between 45 and 60</b>	<b>Aged between 61 and 75</b>	<b>Aged Over 75</b>	<b>Total</b>
<i>Before the introduction of Telephone Booking Service</i> September 2006	26.5%	30.1%	28.5%	14.9%	100%
<i>After the introduction of Telephone Booking Service</i> November 2006	26.4%	30.8%	28.4%	14.4%	100%

As we mentioned at the above meeting, there was no data at present showing that the introduction of the Telephone Booking Service has significantly affected the utilization of outpatient services by the elderly. According to the figures above provided by the Hospital Authority (HA), there was no significant difference in the proportion of utilization by patients aged over 60 before and after the introduction of Telephone Booking Service. The Administration and HA will continue to monitor closely the utilization patterns.

### **Usage of the Telephone Lines for the Telephone Booking Service**

The usage of telephone lines for the Telephone Booking Service over different periods of time in a day is as follows:

<b>Time of use of the Telephone Booking Service</b>	<b>Percentage of consultation slots obtained through Telephone Booking Service</b>
3:00 p.m. – 6:00 p.m.	46.3%
6:00 p.m. – 9:00 p.m.	12.1%
9:00 p.m. – 12:00 a.m. (the next day)	5.5%
12:00 a.m. – 3:00 a.m.	1.3%
3:00 a.m. – 6:00 a.m.	0.6%
6:00 a.m. – 9:00 a.m.	13.6%
9:00 a.m. – 12:00 noon	13.7%
12:00 noon – 3:00 p.m.	6.7%
<b>Total</b>	<b>100%</b>

(Source: Mean figures on the usage of GOPC Telephone Booking Service in New Territories East, Kowloon East and Kowloon Central Clusters in November 2006)

As we mentioned at the above meeting, the figures above provided by HA show that the telephone lines of the Telephone Booking

Service are inevitably busier at the period short after 3:00 p.m. each day when it starts accepting booking for the next day. Nevertheless, the telephone lines are generally easier to connect in the latter part of the day, such as in the evening, and early morning of the next day. Also, in quite a number of clinics, some consultation slots for the same day are still available in the morning.

### **Further Improvement Measures to the Telephone Booking Service**

We stated in the information paper submitted for the captioned Panel meeting that HA was considering further improvements to the telephone booking system and its supporting measures. The progress of various improvement initiatives is as follows:

<b>Improvement Initiatives</b>	<b>Progress</b>
To set up help desks during the transitional period for clinic staff to assist and teach patients who arrive in person at the clinic to make appointments through the Telephone Booking System, with a view to familiarizing all clinic users with the use of Telephone Booking Service in the long run.	Implemented in all clinics that offer Telephone Booking Service (except those on Hong Kong Island) until the end of March 2007 (tentative).
Frontline staff of HA to render appropriate assistance to those who face genuine difficulty in using the Telephone Booking Service, including the elderly, patients with a disability or hearing impairment, and those in special conditions (such as emergency patients).	Applied at all clinics. Frontline healthcare personnel will handle individual cases with flexibility.
To streamline the flow of telephone booking by reducing the number of steps required by: <ul style="list-style-type: none"> <li>• allowing flexibility for the elderly in entering their date of</li> </ul>	The system only needs the year of birth and the identity card number to verify the identity of patients aged 65 or above. HA will continue to study the feasibility of

<b>Improvement Initiatives</b>	<b>Progress</b>
birth (they may choose to enter only the year of birth); and <ul style="list-style-type: none"> <li>• enabling the system to accept continuous key-in or speed dial functions</li> </ul>	accepting continuous key-in in the system.
To remake the interactive voice responses with authentic human voice, improve its content and tone, slow down the pace, and repeat the particulars of booking.	HA has started to remake the interactive voice responses and expects it to complete by end of March this year.
To step up publicity and teach patients on how to effectively use the Telephone Booking Service, including registration and booking procedures as well as the time of the day when booking can be more easily made, etc., and target such promotion to specific community groups (such as elderly living on their own or in remote villages)	HA will launch further promotion activities in various districts from January to March this year.

Members suggested at the above meeting to offer patients the option of speaking to an operator when they face difficulties in using the telephone booking system. After careful deliberation, HA considered that, given the tight frontline staffing situation, adding or switching to manually operating the automated Telephone Booking Service would aggravate the existing strained resources and manpower. Adding an operator function or setting aside certain exclusive lines for the elderly or with the operator function would only make the telephone lines for booking even busier and harder to connect. Thus for the time being HA would not arrange for operators to manually run the Telephone Booking Service.

The primary objective of the Telephone Booking Service is to improve the crowded queuing conditions in the clinics. Despite being in its early days of implementation, the Telephone Booking Service has already achieved some improvements to the queuing situation. For the

time being, HA has to focus its resources on promoting and improving the Telephone Booking Service (including the improvement initiatives listed above). It takes time for members of the public to adapt to the telephone booking service, and telephone is the most accessible communication device for majority of the target users of public out-patient services. Thus for the time being HA will not consider other modes of booking service, including arranging for appointments via the Internet or allowing queuing up at clinics again.

As mentioned above, individual patients who have genuine difficulty in using the Telephone Booking Service may call the enquiry hotline of the clinics or go to the clinic in person for assistance. The frontline healthcare personnel of HA will offer assistance as appropriate. Emergency cases would also be dealt with on a discretionary basis.

### **Arranging for a Site Visit of the operation of General Outpatient Clinic**

At the above meeting, Member proposed visiting a general outpatient clinic to inspect the operation of the Telephone Booking Service as well as the clinic in overall. HA has tentatively scheduled the visit for mid-February and is currently arranging the visit programme. They will contact the Legislative Council Secretariat direct as soon as possible to confirm the detailed arrangements of the visit.

Yours sincerely,

(Thomas CHAN)  
for Secretary for Health, Welfare and Food

c.c. Chief Executive, Hospital Authority  
(Attn: Dr Aylwin CHAN)