

For information
on 20 April 2015

LEGISLATIVE COUNCIL PANEL ON HEALTH SERVICES

Cross-cluster Referral Arrangement for Public Specialist Outpatient Services of the Hospital Authority

PURPOSE

This paper sets out the cross-cluster referral arrangement in Specialist Outpatient Clinics (SOPC) and its effectiveness on waiting time management in the Hospital Authority (HA).

OVERVIEW

2. The SOPC services of HA face a demand and supply imbalance. As a result, the waiting time for patients, in particular those with less severe and non-urgent conditions, have lengthened over years.

3. Due to ageing population and increasing prevalence of chronic diseases, the new case bookings at SOPC had increased by around 5% over the last three years, from 2011-12 to 2013-14. In 2013-14, the 47 SOPC of HA provided a total of 7.0 million attendances, of which 705 000 (10%) were first attendances, an increase from 657 000 in 2011-12 and 682 000 in 2012-13. During the same period, the number of new case bookings at SOPC also rose steadily, from 790 000 in 2011-12 to 808 000 in 2012-13, and further to 829 000 in 2013-14. In addition, the volume of follow up attendances had also increased, amounting up to 6 336 000 in 2013-14 when compared to 6 074 000 in 2011-12 and 6 203 000 in 2012-13. The increase of new case bookings outpaced the new case clearance rate despite enhancement in service capacity through, for example, hiring additional part-time doctors and increasing the SOPC quota. As a result, the waiting time for patients, in particular those in less severe and non-urgent conditions, has lengthened over years. The overall HA waiting time for new routine cases in

SOPC of major specialties from 2012-13 to 2014-15 (up to 31 December 2014) is at **Annex 1**.

4. On the capacity side, the public healthcare sector is experiencing manpower shortage in recent years. The number of medical graduates had reduced from 310 a year in 2007, to 280 in 2010, and further down to 250 in 2011. The unmatched replenishment made it difficult for HA to cope with the escalating demand, and affected the waiting time performances of its SOPC services. In some hospitals, the lack of physical space for clinic expansion is also a limiting factor.

5. HA has implemented the triage system for all new SOPC referrals to ensure that urgent conditions requiring early intervention are treated with priority. Under the current triage system, referrals of new patients are usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into priority 1 (urgent), priority 2 (semi-urgent) and routine categories. HA's targets are to maintain the median waiting time for cases in priority 1 and 2 categories within two weeks and eight weeks respectively. HA insofar has been able to keep the median waiting time of priority 1 and priority 2 cases within this pledge.

6. The waiting time for priority 1 (urgent) and priority 2 (semi-urgent) cases are largely similar across the seven HA clusters. Within the routine category which involves less severe and non-urgent patients, however, there is a disparity in waiting time among clusters. Details of the SOPC waiting time of new cases of major specialties by triage category in 2014-15 (up to 31 December 2014) are provided at **Annex 2**.

7. As reported at the Panel meeting in June 2013, HA has implemented measures to manage the SOPC waiting time. These measures include enhancing public primary care services to reduce the service demand at SOPC level, enhancing manpower at SOPC, exploring Public-Private Partnership possibilities on clinical services, improving the management tool and enhancing the transparency in SOPC waiting time. Furthermore, HA has also explored using Family Medicine to help attend to those patients referred to SOPC whose conditions could be dealt with at the primary care level.

8. HA has also implemented a number of annual plan programmes in 2013-14 and 2014-15 to increase the capacity to handle SOPC cases and manage waiting time. In 2015-16, HA will continue to address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements. For instance, the North Lantau Hospital in Kowloon West Cluster (KWC) will expand the SOPC services, and Kowloon East Cluster (KEC) will expand the Orthopaedics & Traumatology service to enhance the accessibility of SOPC services there. It is expected that the total number of attendances at SOPC in 2015-16 for HA will increase by around 20,000 when compared to that in the previous year.

9. Since many of the measures described take time to realize their benefit, HA has in the interim enhanced cross-cluster referral arrangement to mitigate the problem. The cross-cluster referral arrangement is a centrally coordinated mechanism to facilitate pairing-up patients in clusters of longer waiting time with clusters of shorter waiting time. Patients with appropriate clinical conditions in selected specialties and clusters will be invited to attend to the SOPC in another cluster with shorter waiting time.

CROSS-CLUSTER REFERRAL ARRANGEMENT

10. The cross-cluster referral arrangement is a measure to help address waiting time disparity within the HA. The arrangement is suitable for specialties where there is a significant difference in waiting time among clusters and is more applicable to patients who could be discharged after a relatively short treatment period.

11. The cross-cluster referral arrangement was first piloted in the specialty of Ear, Nose and Throat (ENT) in August 2012. Suitable patients triaged under the routine category who were going to seek first consultation in ENT clinic of the KEC were offered an option to be seen in the Kowloon Central Cluster (KCC).

12. After the launch of the ENT cross-cluster referral, similar arrangements were subsequently put in place in the specialty of Gynaecology and the specialty of Ophthalmology. Gynaecology patients with longer waiting time in the New Territories East Cluster (NTEC) were offered a referral option to the Hong Kong

East Cluster (HKEC). In the specialty of Ophthalmology, long wait patients in NTEC were offered an option to be seen in the Hong Kong West Cluster (HKWC).

13. It should be noted that not all specialties are suitable for the cross-cluster referral arrangement. While specialties with majority of patients having no impaired mobility and short expected treatment period are good candidates for the referral, specialties having more patients who are mobility impaired or require long term follow-up or community support are not. On the other hand, patients in less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

EFFECTIVENESS

14. HA has introduced the cross-cluster referral arrangement with mobilization of existing resources. As of 31 December 2014, there were about 4 500 routine new cases referred through this arrangement in the three specialties concerned, with details in the following table –

Specialty	Programme Start Date	No. of Referred New Case Bookings (As of 31 December 2014)	Involved Clusters	Routine Cases 90th Percentile Waiting Time (Weeks)		
				2012-13	2013-14	2014-15 (Up to 31 December 2014) [Provisional]
Ear, Nose & Throat	August 2012	3 477	KEC*	151	78	64
			KCC#	16	28	35
Gynaecology	April 2013	406	NTEC*	125	128	98
			HKEC#	25	22	34
Ophthalmology	October 2013	613	NTEC*	155	70	66
			HKWC#	28	21	24

Note

* Cluster from which patients are referred

Cluster to which patients are referred

15. After the introduction of the cross-cluster referral arrangement, the waiting time situation in the selected specialties has improved with variance between clusters narrowed. For example, in 2012-13 before the cross-cluster referral arrangement was fully implemented for ENT in KEC and KCC, the 90th percentile waiting time of the new routine case bookings in KEC was 151 weeks. In 2014-15¹ after the concerned arrangement has been fully implemented, patients who were referred to KCC for consultation can enjoy a shortened waiting time of 35 weeks, which is the 90th percentile waiting time for routine cases in KCC.

16. It may be noted that the number of referred new case bookings in Gynaecology was less than that in ENT. There were a few reasons attributable to such. Firstly, the travel distance between NTEC and HKEC was considerably longer and therefore less appealing to patients with less severe or less urgent conditions. Moreover, NTEC had mobilized their resources and opened additional sessions to cater for more patients. Finally, some patients awaiting for subfertility investigation were candidates for in-vitro fertilization treatment, which is available in NTEC but not HKEC.

17. The overall waiting time of the referring clusters involved in the cross-cluster referral arrangement has also been shortened. For instance, the 90th percentile waiting time of overall ENT routine new case bookings in KEC has been reduced from 151 weeks in 2012-13 to 64 weeks in 2014-15²; and that for Ophthalmology routine new cases in NTEC has been reduced from 155 weeks in 2012-13 to 66 weeks in 2014-15. The changes in overall waiting time, however, were contributed by a number of measures instead of by the cross-cluster referral arrangement alone. Apart from the cross-cluster referral arrangement, the reduction in waiting time of ENT in KEC was also a result of the additional clinic sessions, manpower input and strengthening of service provision through the combination of ENT clinics in KEC. Similarly for Gynaecology and Ophthalmology in NTEC, the reduction in waiting time was also attributable to service capacity enhancement through additional clinic sessions.

¹ Figures for 2014-15 are provisional ones up to 31 December 2014.

² *ibid*

FACILITATING PATIENTS' CHOICE ON CROSS-CLUSTER NEW CASE BOOKINGS

18. The centrally coordinated referral mechanism is an interim measure to manage SOPC waiting time and disparity among clusters. Such arrangement only applies to the selected specialties and clusters. To enable more patients to benefit from the cross-cluster referral arrangement according to patients' preferences, HA has implemented the following measures to facilitate patients' choice on cross-cluster consultations.

19. In order to enhance transparency of waiting time and facilitate patients' choice on cross-cluster new case bookings, HA has, since 30 January 2015, uploaded the SOPC waiting time information for all eight major specialties (namely ENT, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) on HA's website. Moreover, HA has displayed comprehensive, standardized and updated waiting time information in SOPC since February 2015. The information will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions when considering whether to pursue cross-cluster treatment.

20. To allow more patients to benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to accept new case bookings from patients residing in other clusters where appropriate. For psychiatric service, the arrangement for possible cross-cluster referral is under examination. In February 2015, HA has produced a poster on procedures and practice on the booking of first appointment at SOPC for the information of both the public and staff to publicise the arrangement as well as to ensure consistency in practice among clusters.

21. While patients may book medical appointments at SOPCs of their choices, HA will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence to provide greater convenience to the patients as well as to encourage compliance with treatment plan.

WAY FORWARD

22. Addressing the problems of long waiting time in SOPC is a priority for HA. Apart from the cross-cluster referral arrangement, HA will continue to develop other measures to manage the waiting time with a view to providing patients with timely access to services required.

23. Members are invited to note the content of the paper.

**Food and Health Bureau
Hospital Authority
April 2015**

**Median and 90th Percentile Waiting Time (Weeks) of
New Case Bookings of Routine Category
in Specialist Outpatient Clinics of Major Specialties
in 2012-13 to 2014-15 (up to 31 December 2014)**

Specialty	2012-13		2013-14		2014-15 (up to 31 December 2014) [Provisional figures]	
	Median Waiting Time (weeks)	90 th Percentile Waiting Time (weeks)	Median Waiting Time (weeks)	90 th Percentile Waiting Time (weeks)	Median Waiting Time (weeks)	90 th Percentile Waiting Time (weeks)
ENT	18	43	24	59	32	62
MED	34	68	39	75	47	83
GYN	17	70	19	76	20	68
OPH	32	73	40	69	51	65
ORT	52	107	55	124	61	132
PAE	15	35	14	31	13	25
PSY	16	70	20	88	22	83
SUR	30	110	30	99	31	76

Specialty:

ENT – Ear, Nose & Throat

MED – Medicine

GYN – Gynaecology

OPH – Ophthalmology

ORT – Orthopaedics & Traumatology

PAE – Paediatrics

PSY – Psychiatry

SUR – Surgery

Annex 2

Waiting Time (Weeks) of New Case Bookings in Specialist Outpatient Clinics with Breakdown by Cluster, Major Specialty and Triage Category in 2014-15 (up to 31 December 2014) [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)									
				25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th						
percentile				percentile				percentile											
HKEC	ENT	938	15%	<1	<1	<1	<1	2 152	34%	1	3	4	6	3 174	51%	12	35	37	42
	MED	1 986	21%	<1	1	1	2	2 799	30%	2	4	6	7	4 641	49%	11	23	49	51
	GYN	548	12%	<1	<1	<1	1	701	15%	3	3	4	6	3 358	73%	7	11	19	34
	OPH	4 246	44%	<1	<1	<1	1	1 463	15%	4	6	7	8	3 989	41%	10	12	16	32
	ORT	1 484	20%	<1	1	1	1	1 758	23%	4	6	7	7	4 307	57%	19	46	50	51
	PAE	178	17%	<1	1	1	2	692	67%	3	5	7	7	170	16%	10	14	16	19
	PSY	315	12%	<1	1	1	1	711	26%	2	3	5	6	1 665	62%	4	9	17	20
	SUR	1 476	14%	<1	1	1	2	3 282	31%	5	7	7	8	5 942	56%	14	31	46	54
HKWC	ENT	608	12%	<1	<1	1	1	2 133	42%	3	6	7	8	2 386	46%	11	26	62	82
	MED	1 338	14%	<1	<1	1	1	1 459	16%	3	5	8	9	6 507	70%	10	35	45	64
	GYN	1 098	18%	<1	<1	1	2	838	14%	4	5	6	7	3 859	63%	9	18	20	124
	OPH	2 676	36%	<1	<1	1	1	1 164	16%	3	4	5	8	3 618	49%	3	7	20	24
	ORT	711	8%	<1	<1	1	2	1 229	15%	3	4	6	8	6 510	77%	8	16	28	39
	PAE	390	20%	<1	<1	1	1	537	28%	2	4	7	8	981	51%	10	13	14	14
	PSY	322	10%	<1	1	1	2	727	23%	2	3	4	6	2 144	67%	6	22	73	116
	SUR	1 439	13%	<1	<1	1	2	2 014	18%	3	6	7	8	7 630	69%	7	15	47	62
KCC	ENT	1 159	11%	<1	<1	<1	1	907	8%	1	3	5	6	8 623	81%	23	28	32	35
	MED	1 089	12%	<1	1	1	1	1 447	15%	3	5	5	7	6 767	72%	16	44	66	98
	GYN	322	8%	<1	<1	1	1	1 415	34%	3	4	5	7	2 456	59%	12	15	23	28
	OPH	5 537	29%	<1	<1	<1	1	3 486	18%	2	4	4	5	9 836	52%	49	54	56	57
	ORT	216	4%	<1	1	1	1	730	12%	<1	2	4	6	5 119	84%	37	65	75	106
	PAE	531	28%	<1	<1	1	1	409	22%	5	6	7	7	925	50%	6	16	17	18
	PSY	154	7%	<1	<1	1	1	742	34%	2	3	6	7	1 314	59%	15	19	24	37
	SUR	1 747	12%	<1	1	1	1	2 152	15%	3	5	6	7	10 132	72%	22	30	36	47
KEC	ENT	1 441	19%	<1	<1	<1	1	1 860	24%	1	3	4	7	4 365	57%	35	39	49	64
	MED	1 329	9%	<1	1	1	1	3 298	23%	4	6	7	7	9 558	67%	12	54	64	82
	GYN	984	15%	<1	1	1	1	836	13%	5	6	7	7	4 606	72%	12	51	56	80
	OPH	4 317	31%	<1	<1	1	1	466	3%	3	6	7	7	9 343	66%	11	14	68	75
	ORT	2 856	22%	<1	<1	1	1	2 485	19%	6	7	7	7	7 677	59%	20	101	123	163
	PAE	801	25%	<1	<1	<1	1	568	18%	5	7	7	7	1 843	57%	15	16	17	20
	PSY	262	5%	<1	1	1	2	1 455	27%	3	5	7	7	3 597	66%	8	30	86	105
	SUR	1 336	7%	<1	1	1	1	4 920	25%	6	7	7	7	13 511	68%	12	23	67	144

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	75 th	90 th			25 th	50 th	75 th	90 th			25 th	50 th	75 th	90 th	
				percentile						percentile						percentile				
KWC	ENT	2 856	21%	<1	<1	1	1	2 955	22%	3	5	7	8	7 553	56%	17	27	47	54	
	MED	1 842	8%	<1	<1	1	1	4 814	20%	4	6	7	7	16 359	70%	16	46	60	71	
	GYN	719	7%	<1	<1	1	2	1 763	16%	4	6	7	8	8 270	76%	11	28	47	51	
	OPH	5 160	33%	<1	<1	<1	<1	5 218	34%	3	5	6	7	5 042	33%	50	52	54	57	
	ORT	2 956	16%	<1	<1	1	1	4 123	22%	3	5	7	8	11 127	61%	28	62	80	128	
	PAE	2 403	38%	<1	<1	<1	1	986	16%	4	5	7	7	2 842	45%	8	12	14	18	
	PSY	328	3%	<1	1	2	4	441	4%	2	4	7	8	10 298	93%	2	22	43	64	
	SUR	2 973	10%	<1	1	1	2	8 053	27%	4	6	7	7	18 690	63%	16	40	61	83	
NTEC	ENT	3 149	27%	<1	<1	1	2	2 644	23%	3	4	6	7	5 729	50%	16	42	59	98	
	MED	2 118	13%	<1	<1	<1	1	2 042	13%	3	5	7	8	11 660	72%	17	70	81	95	
	GYN	1 604	16%	<1	<1	1	2	811	8%	3	5	7	9	6 266	63%	17	40	67	98	
	OPH	5 940	37%	<1	<1	<1	1	2 374	15%	3	4	6	8	7 577	48%	20	62	65	66	
	ORT	4 493	26%	<1	<1	<1	1	1 718	10%	3	4	7	8	10 869	64%	22	119	132	136	
	PAE	264	9%	<1	1	1	2	369	12%	3	4	7	7	2 400	79%	6	19	30	36	
	PSY	976	14%	<1	1	1	2	1 879	27%	3	4	7	8	4 157	59%	12	45	96	130	
	SUR	1 517	8%	<1	<1	1	2	2 409	12%	3	5	6	8	15 392	79%	17	34	70	78	
NTWC	ENT	2 149	22%	<1	<1	<1	1	1 274	13%	2	3	5	6	6 281	65%	29	55	62	68	
	MED	992	13%	<1	1	1	2	2 331	30%	5	6	7	7	4 374	57%	53	61	69	81	
	GYN	870	15%	<1	1	2	2	477	8%	4	6	7	8	4 295	76%	12	17	28	56	
	OPH	6 757	43%	<1	<1	<1	1	3 237	21%	2	3	5	7	5 767	37%	25	60	63	65	
	ORT	1 262	12%	<1	1	1	1	914	9%	2	4	5	7	8 128	79%	29	77	81	83	
	PAE	101	6%	1	1	1	2	278	16%	2	3	4	5	1 316	78%	9	10	10	10	
	PSY	390	7%	<1	1	1	2	1 541	29%	4	7	7	10	3 272	62%	15	47	62	68	
	SUR	1 097	6%	<1	1	2	4	2 352	14%	4	6	31	35	13 630	80%	24	58	63	66	
Overall HA	ENT	12 300	19%	<1	<1	<1	1	13 925	22%	2	4	6	7	38 111	59%	19	32	51	62	
	MED	10 694	12%	<1	<1	1	1	18 190	20%	4	6	7	7	59 866	67%	15	47	66	83	
	GYN	6 145	13%	<1	<1	1	2	6 841	14%	3	5	7	7	33 110	69%	11	20	47	68	
	OPH	34 633	36%	<1	<1	<1	1	17 408	18%	3	4	6	7	45 172	46%	12	51	59	65	
	ORT	13 978	17%	<1	<1	1	1	12 957	16%	3	5	7	7	53 737	66%	17	61	92	132	
	PAE	4 668	24%	<1	<1	1	1	3 839	20%	3	5	7	7	10 477	55%	9	13	17	25	
	PSY	2 747	7%	<1	1	1	2	7 496	20%	2	4	7	8	26 447	72%	6	22	58	83	
	SUR	11 585	10%	<1	1	1	2	25 182	21%	4	6	7	8	84 927	70%	14	31	59	76	

Abbreviations

Specialty:

ENT – Ear, Nose & Throat

MED – Medicine

GYN – Gynaecology

OPH – Ophthalmology

ORT – Orthopaedics & Traumatology

PAE – Paediatrics

PSY – Psychiatry

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Cluster:

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