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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 20 April 2015

Cross-cluster referral arrangement for public specialist outpatient services of the Hospital Authority

Purpose

This paper summarizes the concerns of the members of the Panel on Health Services ("the Panel") on issues relating to the cross-cluster referral arrangement for public specialist outpatient ("SOP") services of the Hospital Authority ("HA").

Background

2. There are currently 47 public specialist outpatient clinics ("SOPCs") under HA. HA has implemented a triage system for all newly referred SOP cases to ensure that urgent cases requiring early intervention are given priority treatment. Under the current triage system, new referrals are usually first screened by a nurse and then by a specialist doctor of the relevant specialty. The cases will be classified into priority 1 (urgent), priority 2 (semi-urgent) and routine (stable) categories based on patients' clinical conditions at the time of referral. To ensure that patients with urgent conditions are given appropriate medical attention in a timely manner, the target of HA is to maintain the median waiting time for first appointment at SOPCs for priority 1 cases and priority 2 cases within two weeks and eight weeks respectively.

3. In 2013-2014, the number of attendances of SOPCs under HA reached 7 040 883, increasing from 6 885 455 in 2012-2013 and 6 731 155 in 2011-2012. Among these, the volume of new attendances and follow-up attendances was about 704 000 and 6.3 million respectively. The respective median waiting time for priority 1 and priority 2 SOP new cases was less than one week and five

weeks. For routine cases, the waiting time varied among hospital clusters and specialties, with the longest (90th percentile) waiting time ranged from 14 weeks (for the speciality of Paediatrics in the New Territories West Cluster) to 151 weeks (for the speciality of Surgery in the Kowloon East ("KE") Cluster). The number of SOP new cases and the waiting time in each hospital cluster of HA in 2013-2014 is in **Appendix I**. The projected average unit cost per SOP attendance is $1,180 in 2014-2015.

Deliberations of the Panel

4. The Panel discussed the waiting time management for SOPCs in HA at its meeting on 17 June 2013. The deliberations and concerns of members are summarized in the following paragraphs.

Waiting time of SOP services

5. Members were concerned about the long waiting time for seeking first consultation at SOPCs. There was a view that HA should review the triage system to ensure that no cases with urgent medical conditions, such as those suspected cancer cases, would be overlooked.

6. According to the Administration and HA, the arrangement to have all new patients that had been classified as routine cases be reviewed by a senior doctor of the relevant specialty within seven working days of the initial triage could ensure that patients with urgent conditions would be given appropriate medical attention in a timely manner. The date for first SOP consultation was decided based on the classification guidelines formulated by the respective clinical specialty committees and the consideration as to whether the patients' conditions would deteriorate during the waiting period. In the event that a patient's condition deteriorated before the appointment, the patient might contact the SOPC concerned and request for an earlier appointment. In case the condition was acute, the patient could seek immediate treatment from an Accident and Emergency Department of a public hospital.

7. Expressing concern about the lengthy waiting time for patients with less severe and non-urgent conditions seeking follow-up appointments at SOPCs, which could stand for years for some cases, some members were of the view that HA should set a performance pledge in respect of the median waiting time for routine cases in SOPCs of major specialties. The Administration advised that the ability of HA to cope with the escalating demand and manage the waiting time for SOPC services was hinged on its manpower and public hospitals' service capacity. Members were assured that HA would endeavour to improve the waiting time for non-urgent cases. In recent years, it had enhanced the manpower at SOPCs through the employment of part-time doctors. In

addition, some hospital clusters had adopted special honorarium as a temporary measure to further increase its SOP service capacity.

Cross-cluster referral arrangement

8. Members had long been gravely concerned about the disparity in the waiting time for SOPCs in different hospital clusters. They welcomed that HA had, since August 2012, launched a centrally coordinated mechanism to facilitate pairing-up of patients in clusters of longer waiting time with clusters of shorter waiting time. They noted that the cross-cluster referral arrangement was first piloted in the specialty of Ear, Nose and Throat ("ENT"), under which suitable patients who were waiting to seek first consultation in the KE Cluster had been offered the cross cluster referral option in the Kowloon Central Cluster. The arrangement was later extended to the specialty of Gynaecology, under which patients who were waiting for a considerable period in the New Territories East ("NTE") Cluster had been referred to the Hong Kong East Cluster. Question was raised about the criteria for selecting specialties and patients to pilot the cross-cluster referral arrangement, and the timetable for introducing the arrangement in other specialties.

9. The Administration advised that not all specialties were suitable for cross-cluster referral arrangement. Target patients of the arrangement were non-chronic disease patients having no impaired mobility and whose conditions did not require frequent follow-up consultations or community support. According to HA, it would closely monitor the effectiveness of the referral arrangement with a view to introducing similar arrangement in other specialties in the future. In the meantime, HA had uploaded the SOPC waiting time for selected specialities on its website since April 2013, in order to facilitate patients to make informed decisions when considering whether they should pursue cross-cluster treatment.

Measures to enhance SOPC service capacity

10. Members suggested a number of measures for the consideration of the Administration and HA to manage the waiting time for SOPC consultation to cope with the escalating demand without requiring patients to travel across clusters, such as enhancing medical manpower by recruiting more part-time doctors and non-local doctors under limited registration, and strengthening the service of the family medicine specialist clinics and general outpatient clinics of HA to manage SOP patients whose conditions were stable and less complex.

11. The Administration advised that clinical protocols for referring medically stable patients to receive follow-up primary care services had been updated thereby help reducing the service demand at SOPC level. Apart from increasing the number of first-year first-degree places in medicine, HA had

strengthened the workforce at SOPCs in the short-term through employing more part-time doctors. It was expected that the medical manpower shortage problem of HA would improve when the number of medical graduates started to go up to 320 in 2015. With the introduction of a number of measures to retain talents, such as creating additional Associate Consultant posts for promotion of doctors with five years' post-fellowship experience by merits and enhancing fixed rate honorarium to recognize excessive workload and on-site call duties, the wastage rate of doctors had remained steady.

Recent developments

12. According to HA, in addition to the specialties of ENT and Gynaecoloy, the cross-cluster referral arrangement is being implemented in the specialty of Ophthalmology from NTE Cluster to Hong Kong West Cluster. This apart, information on SOPC waiting time for all eight major specialties, namely ENT, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery, is available on HA's website with effect from 30 January 2015. A list of the programmes implemented by HA in 2013-2014 and 2014-2015 to increase the capacity to handle SOPC cases and manage waiting time is in **Appendix II**.

13. According to the Administration's replies to Members' initial written questions during the examination of the estimates of expenditure 2015-2016, HA will address the issue of SOPC waiting time through service development programmes that have incorporated SOPC elements in 2015-2016. These include, among others, expanding SOPC services in the North Lantau Hospital in Kowloon West Cluster and enhancing the Orthopaedics & Traumatology service in the KE Cluster. It is expected that the total number of attendances at SOPCs in 2015-2016 for HA will increase by around 20 000 when compared to that in the previous year.

Relevant papers

14. A list of the relevant papers on the Legislative Council website is in **Appendix III**.

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The number of specialist outpatient new cases and the waiting time in each hospital cluster of the Hospital Authority in 2013-2014

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)			
				25th percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile			25th percentile	50th percentile	75th percentile	90th percentile
HKEC	ENT	1 191	15%	<1	<1	<1	<1	2 781	34%	1	3	6	7	4 239	52%	15	35	37	45
	MED	2 306	20%	<1	1	1	2	3 348	28%	2	4	6	7	6 143	52%	6	15	34	47
	GYN	814	14%	<1	<1	<1	1	912	16%	3	3	4	6	4 067	70%	8	12	18	22
	OPH	5 321	44%	<1	<1	<1	1	1 757	15%	4	7	7	8	5 011	41%	10	14	22	36
	ORT	1 892	20%	<1	1	1	1	2 297	24%	4	6	7	7	5 370	56%	15	47	51	51
	PAE	197	15%	<1	1	1	2	903	67%	3	5	7	7	256	19%	9	13	18	26
	PSY	451	13%	<1	1	1	1	869	25%	2	3	5	7	2 127	62%	2	7	24	28
	SUR	1 971	15%	<1	1	1	2	3 932	30%	4	6	7	8	7 345	55%	10	20	41	47
HKWC	ENT	701	11%	<1	<1	1	1	2 212	33%	3	6	8	8	3 743	56%	6	21	57	89
	MED	1 588	13%	<1	<1	1	1	1 735	14%	3	5	7	9	8 839	73%	9	31	40	57
	GYN	1 174	14%	<1	1	1	2	893	11%	3	4	5	7	5 616	66%	9	18	25	62
	OPH	3 672	36%	<1	<1	1	1	1 435	14%	4	4	6	8	5 090	50%	13	17	19	21
	ORT	1 113	10%	<1	<1	1	2	1 527	14%	2	4	6	7	8 340	76%	6	14	27	42
	PAE	391	16%	<1	<1	1	1	806	33%	2	4	7	8	1 226	51%	10	16	18	19
	PSY	178	4%	<1	1	1	2	624	15%	1	3	4	6	3 311	80%	3	14	40	86
	SUR	2 155	15%	<1	1	1	2	2 426	17%	3	5	7	8	9 753	68%	6	21	48	66
KCC	ENT	1 395	9%	<1	<1	<1	<1	859	5%	<1	2	3	5	13 466	86%	5	21	22	28
	MED	1 585	13%	<1	<1	1	1	1 751	15%	3	4	5	7	8 584	71%	12	38	65	85
	GYN	476	9%	<1	<1	1	1	1 771	32%	3	4	5	6	3 259	59%	5	10	23	28
	OPH	7 229	30%	<1	<1	<1	<1	5 314	22%	1	2	4	5	11 438	47%	43	53	56	60
	ORT	327	4%	<1	<1	1	1	1 029	13%	<1	2	4	6	6 797	83%	29	54	66	93
	PAE	565	26%	<1	<1	1	1	428	19%	4	5	6	7	1 203	55%	6	16	20	20
	PSY	241	9%	<1	<1	1	1	964	35%	2	4	7	8	1 570	57%	8	16	30	36
	SUR	2 294	13%	<1	1	1	1	2 960	17%	3	4	6	7	12 100	70%	20	24	32	65
KEC	ENT	1 758	20%	<1	<1	1	1	2 666	30%	3	4	7	7	4 547	51%	32	52	68	78
	MED	1 735	9%	<1	1	1	1	4 433	24%	4	7	7	7	12 518	67%	12	43	55	75
	GYN	1 622	19%	<1	1	1	1	1 067	12%	3	6	7	7	6 033	69%	11	33	76	89
	OPH	5 551	31%	<1	<1	1	1	944	5%	3	6	7	7	11 141	63%	11	23	63	71
	ORT	3 881	24%	<1	<1	1	1	3 033	19%	5	7	7	8	9 144	57%	37	100	146	149
	PAE	898	22%	<1	<1	<1	1	749	18%	4	7	7	7	2 502	60%	15	20	27	35
	PSY	349	5%	<1	1	1	2	2 110	29%	3	4	7	7	4 517	62%	12	48	76	97
	SUR	1 594	7%	<1	1	1	1	5 726	23%	4	6	7	7	17 092	70%	6	24	126	151

Cluster	Specialty	Priority 1						Priority 2						Routine					
		Number of new cases	% of total new cases	Waiting Time (weeks) percentile				Number of new cases	% of total new cases	Waiting Time (weeks) percentile				Number of new cases	% of total new cases	Waiting Time (weeks) percentile			
				25th	50th	75th	90th			25th	50th	75th	90th			25th	50th	75th	90th
KWC	ENT	3 345	19%	<1	<1	1	1	4 492	26%	4	6	7	8	9 530	55%	14	24	40	45
	MED	2 740	9%	<1	<1	1	2	6 275	21%	4	6	7	7	20 394	68%	20	43	61	74
	GYN	987	7%	<1	<1	1	1	2 617	19%	4	6	7	7	10 406	74%	12	21	38	46
	OPH	6 168	33%	<1	<1	<1	<1	6 129	33%	4	5	6	7	6 499	35%	36	44	47	49
	ORT	4 251	19%	<1	<1	1	1	5 647	25%	3	5	7	8	12 419	55%	46	57	84	107
	PAE	2 918	38%	<1	<1	<1	1	1 009	13%	4	6	7	7	3 652	47%	8	10	15	17
	PSY	396	3%	<1	1	1	2	840	6%	1	4	7	8	13 096	91%	1	17	51	92
	SUR	5 182	14%	<1	1	1	2	10 720	29%	4	6	7	7	21 631	58%	17	38	63	104
NTEC	ENT	4 278	28%	<1	<1	1	2	3 310	22%	3	3	5	7	7 493	50%	23	57	70	87
	MED	2 787	13%	<1	<1	1	1	2 594	12%	3	5	7	8	15 318	72%	19	64	72	83
	GYN	1 600	13%	<1	<1	1	2	872	7%	3	5	7	8	7 886	63%	19	48	81	128
	OPH	7 061	35%	<1	<1	<1	1	2 942	15%	3	4	7	8	9 948	50%	14	46	69	70
	ORT	5 903	27%	<1	<1	<1	1	2 237	10%	4	5	7	7	13 644	63%	17	111	122	127
	PAE	495	12%	<1	<1	1	2	723	18%	3	4	6	7	2 843	70%	10	26	38	48
	PSY	1 470	17%	<1	1	1	2	2 285	26%	2	4	7	8	4 878	56%	15	40	79	104
	SUR	2 108	9%	<1	<1	1	2	3 388	14%	3	5	6	7	18 571	77%	17	27	70	79
NTWC	ENT	2 654	21%	<1	<1	<1	1	1 216	10%	2	3	4	7	8 738	69%	13	28	33	41
	MED	1 121	11%	1	1	1	2	2 346	23%	5	6	7	7	6 593	66%	23	38	46	59
	GYN	1 130	15%	1	1	2	3	951	13%	4	6	7	9	5 255	72%	11	15	23	43
	OPH	7 057	36%	<1	<1	<1	1	3 282	17%	2	4	5	6	9 282	47%	15	51	63	68
	ORT	1 759	13%	<1	1	1	2	1 153	9%	2	4	5	7	10 137	78%	20	73	76	82
	PAE	43	2%	<1	1	2	2	271	12%	4	6	7	8	1 873	86%	10	13	13	14
	PSY	547	8%	<1	1	1	1	1 888	27%	2	5	7	8	4 399	64%	6	24	39	49
	SUR	1 386	6%	<1	1	2	5	3 478	15%	4	7	20	29	17 673	78%	22	48	57	59

Note

Individual percentages of the triage categories (i.e. Priority 1, Priority 2 and Routine) may not add up to 100% due to miscellaneous cases not falling into the triage system and the rounding effect.

Abbreviations

Specialty:
ENT – Eye, Nose & Throat
MED – Medicine
GYN – Gynaecology
OPH – Ophthalmology
ORT – Orthopaedics & Traumatology
PAE – Paediatrics
PSY – Psychiatry
SUR – Surgery

Cluster:

HKEC – Hong Kong East Cluster
HKWC – Hong Kong West Cluster
KCC – Kowloon Central Cluster
KEC – Kowloon East Cluster
KWC – Kowloon West Cluster
NTEC – New Territories East Cluster
NTWC – New Territories West Cluster

Source: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

Appendix II

A list of the programmes implemented by HA in 2013-2014 and 2014-2015 to increase the capacity to handle SOPC cases and manage waiting time

Year	Cluster	Program Objectives
2013-2014	KEC, KWC, NTEC & NTWC	Implement Clear Backlog Project - Manage a total of 4 820 new cases for 2013-2014 on the SOPC waiting lists in KEC, KWC, NTEC and NTWC
	KEC	Manage KEC surgical new cases with a special new case clinic to handle 4 000 new cases on the waiting list per year
	KWC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and triaging suitable cases to FMSC, covering a total of 780 new cases per year
	NTEC	Improve the management of SOPC waiting lists by conducting additional doctor sessions and expanding the eye specialist clinic capacity to manage a combined total of 4 000 new cases per year
2014-2015	KEC	Use special honorarium scheme to alleviate SOPC backlog to manage 1 000 additional SOP new cases (including Specialty of Medicine, Orthopaedics &Traumatology and Eye) for the year 2014-2015
	KEC	Pilot a SOPC Queue Management Centre at United Christian Hospital to improve the SOP quota management
	KWC	Enhance FMSC services by managing additional 3 670 FMSC new cases and 5 500 FMSC follow-up cases in 2014-2015

Source: Information extracted from the Administration's replies to Members' initial written questions during the examination of estimates of expenditure 2015-2016

Appendix III

Relevant papers on the cross-cluster referral arrangement for public specialist outpatient services of the Hospital Authority

Committee	**Date of meeting**	**Paper**
Panel on Health Services	17.6.2013 (Item III)	Agenda Minutes

Council Business Division 2
Legislative Council Secretariat
16 April 2015