Legislative Council Meeting of 26 October 2022
Motion on "Shortening the waiting time for specialist outpatient services at public hospitals"

Progress Report

Purpose

At the Legislative Council Meeting on 26 October 2022, the motion on "Shortening the waiting time for specialist outpatient services at public hospitals" moved by the Hon Edward LEUNG as amended by the Dr Hon David LAM and Ir Hon LEE Chun-keung was passed. The full text of the motion carried is at **Annex**. The Government had already responded to the main content of the motion at that meeting. This document serves to report to Council Members the relevant work progress of the Health Bureau for information.

The current waiting time for specialist outpatient clinics services at public hospitals

At present, the Hospital Authority (**HA**) manages a total of 43 public hospitals and institutions, which are organised into seven hospital clusters based on locations. There are 49 Specialist Outpatient Clinics (**SOPCs**), providing specialist consultation service for patients referred by general outpatient clinics, private or family doctors.

With an ageing population and increasing prevalence of chronic diseases, the demand for specialist outpatient services is on the rise. The annual attendance of HA's SOPC services has reached 7.5 million and about 800,000 new cases are added each year. Given the increasing demand for SOPC services, the waiting time of stable new cases is therefore relatively long.

The HA has been implementing triage for new referral cases of the SOPC services, in order to ensure that patients with emergency conditions and needs may receive consultation and treatment as soon as possible.

The current triage system is that new patients are first screened by a nurse and then reviewed by a specialist of the relevant specialty for classification into Urgent (Priority 1), Semi-urgent (Priority 2) and Stable (Routine) categories.

HA aims to maintain the median waiting time of Urgent and Semi-urgent cases within two weeks and eight weeks respectively. Currently, the target median waiting time of both types of patients is achieved. For most specialties, Priority 1 or 2 patients accounted for about 30% of new cases. As for the remaining stable new cases, the current median waiting time is about one year.

In view of this, we propose in the "Chief Executive's 2022 Policy Address" ("Policy Address") a multi-pronged approach to further manage the waiting time of SOPCs. Various measures include allocating additional resources for new cases, streamlining referral arrangement for cross-specialty cases, setting up integrated clinics to provide multiple-disciplinary support to minimize patients' waiting time for multiple specialists while also strengthening the follow-up of specialist out-patients with stable conditions through primary healthcare and public-private partnership. The target is to keep the longest (90th percentile) waiting time of stable new cases of specialist outpatient services to less than 100 weeks.

To demonstrate our commitment, the "Policy Address" proposes to set targets for the speciality of Internal Medicine, a specialty with heavier caseload and longer waiting time. First, the target is to reduce the waiting time of stable new cases of Internal Medicine by 20% by reducing the longest (90th percentile) waiting time from 122 weeks to 97 weeks or less. At the same time, we will streamline the workflow of patients attending medical consultation at SOPCs of the HA. The target is that 75% of patients can complete the workflow from registration to doctor consultation within 60 minutes and complete that from registration to collection of drugs within 120 minutes. We will continue to review and formulate more indicators for the waiting time of other stable new cases in response to the public needs.

“Narrowing Upstream, Collaborating Downstream, Diverting Midstream”

The HA has adopted various measures to improve the waiting time for SOPC services. For example, in terms of manpower, the HA allocates additional resources through the Special Honorarium Scheme, the Special Retired and Rehire Scheme, and locum recruitment to handle new cases of specialist outpatient services. In terms of patient flow, the HA also reviews and streamlines the scheduling of appointments to optimise the use of quota. In order to further improve the waiting time, especially for stable cases, the HA established the “Task Group on Sustainability” in end 2019, and subsequently endorsed the strategy of “narrowing upstream, collaborating downstream, diverting midstream”.

“Narrowing Upstream”

“Narrowing Upstream” aims to partly relieve the pressure on SOPC services through management of referrals. Measures include constant monitoring of the referral situations of specialist outpatient services by senior specialists to ensure that referrals to other specialties are appropriate with genuine needs, conducive to avoiding extra pressure due to unnecessary referral cases to different specialties. It is hoped unnecessary referrals between specialties will be reduced.

In addition, Family Medicine has established a specialist joint consultation platform with other specialties where doctors in Family Medicine and other specialties can discuss and exchange views on patient’s situation, so as to assist Family Medicine specialists to manage various symptoms while building capacity of Family Medicine specialists in handling other specialist conditions encountered at the primary healthcare level. Furthermore, the HA arranges new patients with milder conditions and patients with stable conditions who still need specialist support to follow up in Family Medicine Specialist Clinics.

“Diverting Midstream”

Regarding “Diverting Midstream”, the purpose is to provide triage of

cases that are referred to SOPCs in different ways to strengthen service support accordingly. For instance, continuously optimising the management of demand and waiting lists for SOPC services, and referring new cases to another suitable outpatient clinic in the same cluster to balance the distribution of service needs. The HA also constantly monitors the booking situation to ensure the quota can be fully utilised.

On the other hand, the HA has set up integrated clinics led by multi-disciplinary teams so that appropriate healthcare professionals (including nurses and allied health personnel) may timely provide healthcare services to patients. For example, in the specialty of Ear, Nose and Throat (ENT), the HA has already set up ENT integrated clinics in various clusters where nurses and other professionals like audiologists may provide support and kick-start treatment for elderly with hearing problems, such as assisting them in purchasing hearing aids so that they can receive appropriate treatment while waiting to see a doctor, thereby improving their quality of life. At present, the service cope of integrated clinics covers 19 disease types. The HA will continue to develop this service. It is expected that more integrated clinics will be put into operation in the future.

"Collaborating Downstream"

"Collaborating downstream" aims to make better and more efficient arrangement on follow-up consultations for recovered or stable patients so as to mobilize more resources of SOPCs for handling more new cases. Measures include strengthening case review mechanism by senior doctors and management at the departmental level, such that recovered cases or those no longer requiring specialist follow up may be closed, thereby making available more quota to new specialist cases.

In addition, the HA will also enhance the arrangement of those patients with improved or stabilised conditions to follow up in primary healthcare, such as Family Medicine Specialist Clinics or General Outpatient Clinics, or arrange suitable patients to follow up in community healthcare service, such as community health centres.

On the other hand, regarding effective use of private healthcare

resources to triage and take care of specialist patients in public hospitals, apart from the current Public Private Partnership (**PPP**)[1] programmes, the HA has also introduced the "Co-care Service Model" based on the "General Outpatient Clinic Public Private Partnership Programme" (**GOPC PPP**), to provide specialist patients with stable conditions with the option of receiving private primary healthcare services in the community. It is expected that more specialist outpatient quota may be available for new patients who are more in need. The Co-care Service Model started as a trial in end 2021 and progressively piloted in the SOPCs of Internal Medicine, Orthopaedics and Psychiatry. As at end November 2022, more than 1 000 specialist outpatients have been participating in the programme. The HA will continue to closely monitor the progress of this programme and review the results before introducing to other specialties.

When considering how to make good use of PPP programmes, the HA needs to take full account of various factors, including whether the primary healthcare system is suitable for taking care of specialist patients with relatively stable conditions, manpower situation of the relevant specialties in the private market and the public system, and the actual situation of different specialties such as the distribution of urgent and stable cases, the proportion of new cases and follow-up cases. It is therefore inappropriate to adopt "one size fits all" approach to extend the programme to all specialties.

Drawing on the experience of combating the COVID-19 epidemic, the HA will adopt video consultation more widely to promote telemedicine and telecare. The HA will also continue to make good use of technology to develop "smart hospitals", enhancing patient experience and improving service quality and patient safety through service automation, digital solutions and robotic technology. The HA will also closely monitor the progress of shortening the waiting time of SOPCs on various management platforms. With all-round collaboration and multi-pronged strategies, the

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[1] In 2021/22, the HA has implemented nine PPP programmes, namely the Cataract Surgeries Programme, Haemodialysis PPP Programme, Project on Enhancing Radiological Investigation Services through Collaboration with the Private Sector, General Outpatient Clinic PPP Programme/ Co-care Service Model, Colon Assessment PPP Programme, Glaucoma PPP Programme, Trauma Operative Service Collaboration Programme, Breast Cancer Operative Service Collaboration Programme and Radiation Therapy Service PPP Programme.

quality and efficiency of public healthcare services will be further improved.

Role of Primary Healthcare and the Private Healthcare Sector

To effectively achieve the strategy of "Narrowing Upstream; Collaborating Downstream; and Diverting Midstream", the participation of primary healthcare and private healthcare systems are indispensable.

In fact, among the overall health expenditures, expenditure on public hospital service accounts for over 80% while less than 20% is spent on primary healthcare. With an ageing population and shortage of healthcare manpower in addition to the COVID-19 epidemic, the dire consequences of over-reliance of public hospital system over the years have become more evident. To this end, the Government is committed to revamp the healthcare system as announced in 2022 Policy Address, aiming to shift the emphasis of the healthcare system from its current treatment-oriented, hospital-based structure to a prevention-oriented, community-based system by investing additional resources to promote primary healthcare.

As such, the Government has released the Primary Healthcare Blueprint (Blueprint) on 19 December 2022 to formulate the direction of development and strategies for strengthening Hong Kong's primary healthcare system, including establishment of the Primary Healthcare Commission that is responsible for coordinating and monitoring primary healthcare services offered by public and private sectors, establishing standards and quality assurance mechanism. With District Health Centres (DHCs) as the hub for providing community-based primary healthcare services for the citizens, DHCs will also partner with the private healthcare sector to promote the concept of "Family Doctor for All", and collaborate with various healthcare professions to provide accessible, comprehensive, continuous, coordinated and person-centred primary healthcare services.

Meanwhile, the Government will establish two-way referral mechanism between Primary Healthcare services (including both the public and private sectors) and the specialist and hospital services,

emphasising the effective delivery of case management and gate-keeping role of Primary Healthcare service providers to facilitate timely and appropriate referral of patients with complications by primary care doctors to specialists and public hospitals for secondary care. For patients in stable conditions, primary care doctors can continue to provide follow-up, monitoring and disease management.

Full text of the Blueprint and the relevant policy initiatives are available at the Health Bureau's thematic website (www.primaryhealthcare.gov.hk) for perusal.

Besides, the Government shall continue to make good use of the valuable experience of collaboration with private hospitals during the COVID-19 epidemic and further leverage the role of private healthcare sector with a view to relieving the pressure on the public healthcare system; as well as to further develop the Electronic Health Record Sharing System to become the backbone infrastructure connecting the public and private healthcare systems.

Healthcare Manpower

Facing the challenges ahead, healthcare manpower tops the agenda. All along, the Government has been actively strengthening the training of local healthcare professionals so as to cater for the needs of the society. In the 2022/23 academic year, there are 2 004 first-year-first-degree healthcare training places subsidised by the University Grants Committee, an increase of over 20% as compared with 1 639 places a decade ago (i.e. in the 2012/13 academic year). At the same time, in the 2022/23 academic year, there are 1 655 healthcare training places at undergraduate level subsidised by the Government in the self-financing post-secondary institutions, an increase by more than two times as compared with 512 places five years ago (i.e. in the 2017/18 academic year).

Apart from training local healthcare professionals, we shall, having regard to the experience of amending the Medical Registration Ordinance in 2021, create new pathways for admission of qualified non-locally trained dentists and nurses in order to ensure sufficient manpower to meet the service demand in the public healthcare system.

The HA has also been actively recruiting and retaining suitable and experienced healthcare staff through various channels to relieve manpower shortage. Apart from employing local medical graduates and non-locally trained doctors (NLTD) who have passed the Hong Kong Medical Council Licensing Examination, the HA also recruits NLTD through the pathways of Limited Registration and Special Registration. As at end November 2022, 47 doctors with limited registration and 2 doctors with special registration are employed by the HA to relieve the manpower shortage situation. The HA will continue to recruit more suitable NLTD according to the existing mechanisms.

Besides, the HA has been implementing a series of staff retention measures recently to cope with the rising service needs. They include (i) Extending Employment Beyond Retirement policy to allow currently employed healthcare professionals to continue to work after retirement up to the age of 65; (ii) extra promotion mechanism for Associate Consultants and addition of Associate Nurse Consultant posts to provide more promotion opportunities; (iii) establishment of the Locum Office; and (iv) flexible work arrangement options offered to retain those frontline professional staff who are unable to work full-time temporarily due to short-term special needs. As at end November 2022, about 1 900 healthcare professionals chose to work as locum and serve patients in public hospitals and outpatient clinics, including more than 340 doctors, 1 300 nurses and 130 allied health professionals.

Way Forward

In response to the development of the COVID-19 epidemic in the past, the HA had to adjust non-emergency services from time to time in order to focus manpower to deal with the epidemic and take care of the most urgent patients. This indirectly affected to some extent the delivery of non-emergency services to non-COVID-19 patients. With the normalisation and stabilisation of the epidemic situation, public hospital services including SOPCs have gradually resumed. Adopting the principle of achieving the greatest impact with the lowest cost in the combat, the HA will flexibly deploy manpower in accordance with the development of the epidemic to minimize the impact on patients.

In view of the rising demand for specialist services, the current service model of SOPCs is no longer sustainable. In the long run, we need to re-position SOPCs for managing complicated or serious cases, and transfer a sizable number of cases with relatively stable conditions to primary healthcare or family doctors for follow-up, so as to provide treatment to patients in need more efficiently and effectively. To this end, the Government and the HA will maintain the strategy of "Narrowing Upstream, Collaborating Downstream, Diverting Midstream", align with primary healthcare development and make good use of private healthcare resources to actively manage and improve the waiting time of SOPCs through a multi-pronged approach. It is expected that the set targets are achieved and service needs of the society be met.

The issue of waiting time for SOPCs also reflects the various challenges faced by Hong Kong's public healthcare services as well as the healthcare system as a whole. While continuing to fight the epidemic with precision, the Government will take a leading role and proceed step by step to comprehensively revamp the current treatment-oriented, hospital-based structure into a prevention-focused, community-based system; through promoting primary healthcare development , improving the efficiency of public healthcare services, making good use of private healthcare resources, enhancing manpower of healthcare professionals, strengthening healthcare infrastructure and utilizing innovative, evidence-based technology. As such, the quality of healthcare services and the efficiency of the healthcare system in Hong Kong will be safeguarded, conducive to building a healthy and vibrant Hong Kong.

Health Bureau
January 2023

Attachment

Legislative Council Meeting of
26 October 2022

(Translation)

Hon Edward LEUNG's motion on
"Shortening the waiting time for specialist outpatient services at public hospitals"

Motion as amended by Dr Hon David LAM and Ir Hon LEE Chun-keung

That the waiting time for specialist outpatient services at public hospitals is excessively long, and the waiting time for some stable new case bookings even spans years, resulting in many patients being unable to receive proper treatment before their clinical conditions deteriorate; in this connection, this Council urges the authorities to actively optimize the use of private healthcare resources to triage and take care of patients seeking specialist outpatient services at public hospitals, including expanding the scope of medical Public-Private Partnership programmes to cover more specialty diseases, establishing a primary healthcare system centering on family doctor and enlisting various healthcare professionals to perform their respective duties in the community, so as to implement the principle of 'money follows patient' and facilitate the public to seek medical consultation in the community; this Council also urges the authorities to, in view of the shortage of healthcare personnel, admit more qualified specialist doctors and nurses to practise in Hong Kong, set targets on the median waiting time of stable new case booking for specialist outpatient services at public hospitals, and make good use of big data and other technologies to progressively shorten the waiting time for such new case bookings.