中華人民共和國香港特別行政區政府總部食物及衞生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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14 January 2015

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Dear Mr Chu,

Supplementary Information for PAC
on Provision of Health Services for the Elderly by HA

Thank you for your letter of 6 January 2015. I attach a bilingual note as requested please.

Yours sincerely,

(Patrick Lee)
for Secretary for Food and Health

cc: Chief Executive, HA (Attn: Ms Emily Chan, Fax: 2895 0937)

Supplementary Information from the Hospital Authority to the Public Accounts Committee's Consideration of Chapter 2 of the Director of Audit's Report No. 63, Provision of Health Services for the Elderly

This note provides supplementary information on the Hospital Authority (HA)'s provision of health services for the elderly following the Public Accounts Committee Meeting on the Director of Audit's Report on the subject on 5 January 2015.

(a) - (c) Lengthening of the Specialist Outpatient Clinic (SOPC) Waiting Time, Improvement Measures and Appointment System

2. The Specialist Outpatient Clinic (SOPC) services of HA face a demand and supply imbalance. Due to ageing population and increasing prevalence of chronic diseases, the demand for SOPC services has been on the rise. The increase in new case booking outpaced the new case clearance rate despite enhancement in service capacity such as hiring additional part-time doctors and increasing the SOPC quota. As a result, the waiting time for patients, in particular those with less severe and non-urgent conditions, have lengthened over years.

3. In particular, 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.

4. In the wake of an ageing population, the lengthening in waiting time is more serious in selected specialties which have a higher proportion of elderly patients (e.g. Medicine, Orthopaedics & Traumatology and Psychiatry).

5. Despite the constraints mentioned above, HA has worked hard to enhance supply for such service through increasing SOPC quota. As a result, the attendance of SOPC at HA reached 7,040,883 in 2013-14, increasing from 6,885,455 in 2012-13 and 6,731,155 in 2011-12. HA has also been undertaking a number of measures to address the problem of lengthening waiting time, including optimizing the scheduling arrangements. More details of measures to enhance service capacity and improve scheduling arrangements

are set out in our response to *Recommendation 5.13* and *Recommendation 5.22* in section (f) of this note respectively.

(d) Cross Cluster Referral Arrangement

6. HA has enhanced cross-cluster collaboration by establishing 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 waiting in a suitable specialty of a cluster will be invited to attend to the SOPC in another cluster with shorter waiting time. So far, the cross-cluster collaboration is being implemented in the specialties of ENT, Gynaecology, and Ophthalmology. It should be noted that not all specialties are suitable for cross-cluster 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 with 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. HA's future arrangement for cross-cluster referral is set out in our response to *Recommendation 5.35* in section (f) of this note.

(e) Specialty Service for Elderly

7. HA has been taking holistic measures to address the medical needs of elderly patients. Services provided by HA for elderly patients on need basis are not confined to specialist service but also include :

(i) Hospital-based services (including acute, extended care and infirmary care) in 42 public hospitals and institutions;

(ii) Consultation, treatment and investigations in 73 General Outpatient Clinics (GOPCs). Some hospitals also provide sub-specialised clinics such as memory, fall, dementia and continence clinics;

(iii) Multi-disciplinary assessment, treatment and rehabilitation in geriatric day hospitals; and

(iv) Outreach services including Community Geriatric Assessment Team (CGAT) Service, Community Nursing Service, Community Psychiatric and Psycho-geriatric Service, and Community Allied

Health Service.

8. HA has also adopted a system approach to implement integrated measures across the care continuum for elderly patients at high risk of hospital readmission. Measures include comprehensive needs assessment for early formulation of individualised care plan and discharge plan as well as provision of post-discharge support services at the right place and right time on need basis.

9. In response to the ageing population and the need to manage service demand, HA has published the HA Strategic Service Framework for the Elderly Patients in 2012. The Framework has placed emphasis on the need to reduce avoidable hospitalisation and set the directions and strategies that HA will embark on to manage these challenges over the next five years and beyond.

10. Specifically for specialist services, enhancement measures implemented by HA are summarized in paragraphs 14 to 22 below. As regards the idea of setting-up of a specialty or special unit for elderly patients, it should be noted that the classification of specialty and subspecialty services in HA is generally based on that of the Hong Kong Academy of Medicine and respective Colleges.

11. In HA, the development of services for patients is based on healthcare needs instead of the mere factor of age of the patients. Building on this principle, HA provides care for elderly patients through different specialties and subspecialties having regard to the clinical conditions of individual patients (e.g. Geriatrics in outreach services to elderly homes, Psychogeriatrics in dementia care, Orthopaedics in joint replacement programmes, Ophthalmology in cataract services).

12. As our population ages, there will be an increasing proportion of elderly patients. Many of these patients will have multiple medical conditions and functional disabilities requiring treatment from various other specialties and subspecialties in addition to Internal Medicine or Geriatrics. To better coordinate the care for the elderly, HA has established systems to provide platforms for joint input of relevant professionals. HA will integrate Geriatricians' inputs with the respective specialty care in treating an elderly patient whenever necessary to ensure the provision of appropriate and comprehensive services to the patients.

13. All in all, elderly patients are better served under the current arrangement where the most suitable specialty would take the lead in providing

care, while inputs from other specialties will be drawn in as appropriate, for the patients under a particular medical situation. Given the responsibility of our public healthcare system to serve both elderly and non-elderly, HA's current arrangement of focusing on integration in providing services is cost-effective from the overall perspective of serving the healthcare needs of the entire community.

(f) Implementation of Audit Recommendations

Recommendation 5.13

14. In recent years, HA has been implementing a series of measures in managing SOPC waiting time. Details of the measures are provided in the following paragraphs.

(i) Triage and Prioritization

15. HA has implemented the triage system for all new SOPC referrals to ensure patients with 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. HA will continue to implement the triage system which is effective in ensuring that the most needy cases will be treatment timely.

(ii) Enhancing Public Primary Care Service

16. HA is committed to enhancing public primary care services. Patients with stable and less complex conditions can be managed at the Family Medicine and general outpatient clinics, thereby reducing the service demand at SOPC level. HA will continue to promote primary care so that Family Medicine Specialist Clinics (FMSCs) and GOPCs will play a gatekeeping role thereby help alleviating pressure on SOPC waiting time.

(iii) Enhancing Manpower

17. In 2013-14, HA engaged some 300 part-time doctors as well as "limited registration" doctors to improve the manpower strength. HA also paid around $70 million as special honorarium to increase the service capacity, including that of the SOPCs, within the HA. HA will continue to engage part-time doctors in future.

18. We also expect that the medical manpower shortage problem will improve when the number of medical graduates starts to go up to 320 in 2015 and to 420 in 2018.

(iv) Enhancing Transparency of Waiting Time and Facilitating Patients' Choice on Cross-cluster Consultations

19. HA recognizes the importance to enhance transparency in SOPC waiting time. Since April 2013, HA has uploaded the SOPC waiting time for five of the eight major specialties on HA's website (namely ENT, Gynaecology, Ophthalmology, Orthopaedics & Traumatology, and Paediatrics). HA will upload the SOPC waiting time for the remaining three major specialties (namely Medicine, Psychiatry and Surgery) in the first half of 2015. Moreover, HA will display comprehensive, standardized and updated waiting time information in SOPCs in the first half of 2015. The information will facilitate patients' understanding of the waiting time situation in HA and assist them to make informed decisions in treatment choices and plans.

20. 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 appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, staff of the HA 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.

(v) Public-Private Partnership (PPP)

21. The pilot public-private partnership (PPP) projects (e.g. the Cataract Surgeries Programme) have proved to be effective in alleviating the pressure of the public healthcare sector and providing more choices to patients. HA will explore the possibility of launching PPP projects to SOPC services with higher demand but of a non-acute nature, especially during the period of manpower shortage in the public sector.

(vi) Annual Plan Programs Implemented to Manage SOPC Waiting Time

22. HA has implemented a number of programs in 2013-14 and 2014-15 to increase the capacity to handle SOPC cases and manage waiting time, with details as follows –

Year	Cluster	Program Objectives
2013-14	KEC, KWC, NTEC & NTWC	Implement Clear Backlog Project - Manage a total of 4 820 new cases for 2013-14 on the SOPC waiting lists in KEC, KWC, NTEC and NTWC
	KEC	Manage KEC surgical new case unmet demand with special new case clinic and subsequent services, covering 4000 new cases 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
2014-15	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 2014-15
	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 2014-15

23. HA is working on similar programmes for 2015-16 to address the SOPC waiting time issues in various pressure areas.

Recommendation 5.22

24. HA will conduct a comprehensive review of appointment scheduling practices of SOPCs in 2015. Reference will be made to the good

practices achieving optimal utilization of service capacity such as timely filling up of cancelled and defaulted appointments. Other good practice for clearing backlog of Routine cases, including engagement of Family Medicine Specialists to attend Routine cases and transferring Routine Residential Care Homes for the Elderly (RCHE) cases to the Community Geriatric Assessment Team (CGAT), will be shared among clusters.

25. HA implemented a pilot SOPC Phone Enquiry System in the Queen Elizabeth Hospital (QEH) in Kowloon Central cluster in September 2011. Apart from answering SOPC enquires and other related functions, this system facilitates patients in giving advance notice to SOPC of their intention to cancel or reschedule their appointments. As hospital can fully utilize the released quotas to arrange appointments for other patients, the number of default cases can be reduced. In view of the positive results of the system in improving utilization of SOPC appointment slots, HA plans to extend the QEH pilot program to the other six clusters in 2015-16.

26. HA will publish a SOPC Operation Manual to align different practices in SOPCs within HA. The target is to have the SOPC Operation Manual ready in 2015-16.

Recommendation 5.27

27. HA has in recent years extended its service coverage of the CGATs to RCHE residents. Currently, the overall coverage of RCHEs by CGATs is around 89%. HA will continue to monitor the needs as and when required, and through the annual planning exercise in 2016-17 and forthcoming years, to meet the needs for CGAT service in areas where there are expansion of RCHEs.

Recommendation 5.35

28. Using the existing platforms involving both frontline clinicians and executive management, HA will continue to review and monitor the disparity of waiting time in different clusters and extend the cross-cluster referral arrangement in appropriate clinical context having regard to the criteria as explained in paragraph 6.

29. To allow more patients to benefit from cross-cluster referral arrangement according to patients' preferences, HA has reminded frontline staff to offer patients from long wait clusters the options to book medical appointments at SOPCs with shorter waiting time. HA will produce a poster on procedures and practice on booking of first appointment at SOPC for the

information of both the public and staff. The poster will be ready in the first half of 2015.

Recommendation 5.41

30. As indicated in paragraph 19, HA has already uploaded the SOPC waiting time for five of the eight major specialties on HA's website (namely ENT, Gynaecology, Ophthalmology, Orthopaedics & Traumatology, and Paediatrics). HA will upload the SOPC waiting time for the remaining three major specialties (namely Medicine, Psychiatry and Surgery) in the first half of 2015. Moreover, HA will display comprehensive, standardized and updated waiting time information in SOPCs in first half of 2015.

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