

## LCQ20: Waiting time for the services of specialist outpatient clinics and ambulatory diagnostic services in public hospitals

Following is a question by the Hon Wu Chi-wai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 17):

Question:

Since 2015, the Hospital Authority (HA) has been making public the waiting time for the services of the specialist outpatient clinics (SOPCs) under eight specialties under the various hospital clusters, to enable patients of new cases to decide on their own whether to make cross-cluster bookings for SOPC services. The arrangement aims at narrowing the variance in SOPC waiting time among different clusters and shortening patients' waiting time. Regarding the waiting time for SOPC services under the eight specialties and the ambulatory diagnostic services in public hospitals, will the Government inform this Council:

(1) in respect of each of the eight specialties under which cross-cluster bookings for SOPC services may be made, whether it knows

(a) the number of new cases received by the hospitals under each cluster in each year from 2015 to 2018, with a tabulated breakdown by whether the patients (i) came from within the cluster or (ii) were cross-cluster patients,

(b) among the cross-cluster patients mentioned in (a)(ii), the respective numbers of cases in which the patients (i) made bookings on their own and (ii) were referred by cross-cluster hospitals, in each year from 2015 to 2018 (set out in a table), and

(c) the respective (i) median and (ii) longest waiting time for new cases in each cluster in each year from 2010 to 2014; how such waiting time compares with that from 2015 to 2018 (during which the cross-cluster referral arrangement had been implemented);

(2) whether it knows if HA has reviewed the effectiveness of the current cross-cluster referral arrangement and put in place measures to enhance and expand such arrangement; if HA has, the details;

(3) as it has been reported that there is currently quite a great variance in the waiting time for ambulatory diagnostic services under the radiology departments of various public hospitals, whether it knows the median waiting

time for each ambulatory diagnostic service provided by the radiology departments under each cluster in each of the past three years; whether there are currently cross-cluster/cross-hospital referrals of patients of such services among the various clusters and among hospitals; if so, the details; the measures currently put in place by HA to shorten the waiting time for such services; and

(4) as it has been reported that the current waiting time for colonoscopy examinations in public hospitals is at least one year, whether it knows the measures put in place by HA to shorten the waiting time for the various endoscopy examination services?

Reply:

President,

My reply to the various parts of the question raised by the Hon Wu Chi-wai is as follows:

(1)(a) The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospitals in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist outpatient clinic in a certain district for the convenience of travelling to and from their work place.

The number of specialist outpatient (SOP) new cases and the respective proportion utilised by patients living outside the districts in each hospital cluster of HA in 2015-16 to 2018-19 (up to December 31, 2018) are shown at Annex 1.

(b) HA does not maintain the requested statistics.

(c) The number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50th percentile) and longest (90th percentile) waiting time in each hospital cluster of HA in 2010-11 to 2018-19 (up to December 31, 2018) are shown at Annex 2.

(2) HA has implemented the triage system for new specialist outpatient clinics (SOPC) referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referral of a new patient is 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 (stable) 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

has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge.

The waiting time for Priority 1 (urgent) and Priority 2 (semi-urgent) cases are largely similar across the seven clusters. However, for the routine (stable) category that caters for less severe and non-urgent patients, there are variations in waiting time among clusters due to various factors. HA has implemented measures to manage the situation.

In order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Since January 30, 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

In general, HA encourages patients to seek medical attention from SOPC in the clusters where they are residing to facilitate the follow-up of their medical conditions and the provision of community support. 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.

Currently, patients may book new medical appointments at SOPCs of their choices. Nevertheless, healthcare staff 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 and encourage patients to comply with the treatment plan.

On March 8, 2016, HA launched a mobile application "BookHA" to facilitate patients' choice on cross-cluster new case booking; the application has now been rolled out to cover major specialties.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs. HA will remain vigilant to the service demand and allocate resources as appropriate for the provision of services in need.

(3) The median waiting time for diagnostic radiology services, including computed tomography, magnetic resonance imaging, ultrasonography and mammogram in each hospital cluster of HA in the past three years is shown at Annex 3.

Currently, the disparity of waiting time for diagnostic radiology

services among public hospitals is related to a variety of factors at cluster level, including the differences in population and age distribution, the service scope, service model such as the range of inpatient, outpatient, operation and day care services, as well as the diversity in service demand.

Services of HA are delivered and coordinated through joint efforts of hospitals on cluster level, with each hospital within a cluster taking up different roles and functions to meet the service need and to support comprehensive clinical services within the cluster. Cross-hospital diagnostic radiology referral services are available among hospitals within each cluster, but there is no cross-cluster referral mechanism. The major reason is that the effective communication established through collaboration among hospitals within the same cluster would ensure the radiology services could provide appropriate diagnosis and treatment for patients. Radiological examinations for individual patients may vary according to the type and complexity of the underlying diseases, status of disease progression, treatment modes, follow-up regimes and previous treatment that has been given to the patient. Radiologists need to communicate closely with the relevant clinical management teams within the cluster to tailor radiological examinations for the clinical need of patients. For the long-term clinical management of patients, close liaison between the clinicians and radiologists within the cluster on devising the treatment and follow-up plan in response to the changing clinical conditions is also required.

HA has been very concerned about the waiting time for diagnostic radiology services in public hospitals. Measures have been implemented to improve services including increasing the number of equipment and the number of sessions, increasing the number of radiologists and recruitment of non-local trained doctors with limited registration. HA will continue to closely monitor the operation of radiology services to improve the waiting time for diagnostic radiology services.

(4) HA has taken measures to meet the public demand for endoscopy examination, including launching the Colon Assessment Public-Private Partnership Programme (Colon PPP) since December 2016 to offer choices to eligible patients to receive colonoscopy in the private sector. As at December 2018, a total of 150 private specialists participated in the Colon PPP, with 1 107 colonoscopies completed.

Besides, HA plans to open a total of 21 additional sessions per week for endoscopic procedures in Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster by the first quarter of 2020.