

LCQ14: Shortening waiting time for specialist outpatient services

Following is a question by the Hon Edward Leung and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (May 31):

Question:

The Hospital Authority (HA) has indicated that the annual attendance of specialist outpatient (SOP) services at public hospitals has reached eight million with about 900 000 new cases every year. There are views that the strategy of "narrowing upstream, collaborating downstream, diverting midstream", which was endorsed by the HA at the end of 2019 to further improve the waiting time for SOP services, is ineffective, and there are also views that promoting the development of specialist care can alleviate the problem of long waiting time for SOP services. In this connection, will the Government inform this Council:

- (1) whether it has compiled statistics on the percentage of stable new specialty patients who have their cases closed within five follow-up consultations, or have been referred to Family Medicine Specialist Clinics (FMSCs), after receiving the first diagnosis and treatment by specialists;
- (2) whether it has compiled statistics on the respective percentages of stable new specialty patients who have been referred to general outpatient clinics for follow-up owing to their complicated conditions and mild conditions, with a breakdown by specialty department (i.e. Ear, Nose and Throat, Ophthalmology, Gynaecology, Medicine, Orthopaedics, Paediatrics, Psychiatry and Surgery);
- (3) given that the HA has established a mechanism for arranging new specialty patients with relatively mild conditions and patients with stable conditions who require specialist support to follow up in FMSCs, of the number of patients referred from various specialist outpatient clinics (SOPCs) to FMSCs in each of the past three years, and its percentage in the total number of specialty patients;
- (4) given that the HA has established nurse clinics led by experienced nurses to provide services such as consultation and complication screening for patients, of the number of patients seeking SOP services who received consultation from nurses of the nurse clinics before their scheduled follow-up appointments in the past three years, and its percentage in the total number of specialty patients; among them, the number of patients who did not need to return to SOPCs for follow-up consultation after receiving consultation at nurse clinics; and
- (5) given that the Nursing Council of Hong Kong currently operates the Voluntary Scheme on Advanced and Specialised Nursing Practice, whether the

authorities have considered enhancing the Scheme by allowing nurse specialists to handle specialty patients with mild conditions or stable new specialty patients, so as to give full play to the role of nurse specialists, and shorten the waiting time for SOP services?

Reply:

President,

At present, there are 49 Specialist Out-patient Clinics (SOPCs) under the seven hospital clusters of the Hospital Authority (HA), covering eight major specialties. The SOPCs are positioned to handle complicated or severe cases of specialties, and to provide specialist consultation services to patients referred by General Out-patient Clinics (GOPCs), private practitioners or family doctors.

With an ageing population and increasing prevalence of chronic diseases, the annual attendance of HA's SOPC services has reached nearly eight million with around 900 000 new cases added each year. Due to the rising service demand, coupled with shortage of healthcare manpower, the SOPCs are under heavy pressure.

A major factor for the overload of HA's SOPC services is the gross imbalance between Primary Healthcare (PHC) and secondary and tertiary healthcare services; and cross-specialties and public-private co-care has yet to reach the desired level of efficiency while quite a number of relatively stable/non-urgent cases have not been effectively triaged to PHC or family doctors for more efficient, suitable and effective follow-up.

The Government released the Primary Healthcare Blueprint in December 2022 that advocates for a shift of the centre of gravity of our healthcare system from treatment-oriented, institution-centric secondary and tertiary healthcare to prevention-oriented, family-centric primary healthcare system. An evidence-based, two-way healthcare protocol-driven referral mechanism, in particular for designated chronic diseases, will be established between the public and private sectors with specialist and hospital services, while stable cases should be downloaded back to the PHC system for ongoing care. Improving PHC services will help alleviate the pressure on the secondary and tertiary healthcare services including SOPCs in the long run.

Alongside the development of PHC, the HA has been adopting various measures to manage patients' waiting time and endorsed the strategy of "narrowing upstream, collaborating downstream, diverting midstream" in late 2019. The HA will continue to review and improve the current service model, including dovetailing with PHC development, making good use of private healthcare resources, enhancing its own service efficiency, actively managing and improving the waiting time of various services through a multi-pronged approach as well as setting concrete performance targets, in order to meet the service needs of the society.

In consultation with the HA, the consolidated reply to the questions raised by the Hon Edward Leung is as follows:

(1) to (3) The HA has implemented the triage system for referral of new SOPC cases to ensure patients with urgent conditions and requiring early intervention are treated with priority. Under the current triage system, the newly referred cases are usually first screened by a nurse followed by review of a specialist doctor of the relevant specialty for classification into Priority 1 (Urgent), Priority 2 (Semi-urgent) or Routine (Stable) categories. The overall number and percentage of new cases of the HA's major SOPCs triaged into Priority 1 (Urgent), Priority 2 (Semi-urgent) and Routine (Stable) categories for the past three years are presented in the Annex.

The number and frequency of follow-up consultations for SOPC patients depend on their clinical conditions. The follow-up pattern of different specialties and patient categories is also different. The HA will make relevant follow-up arrangement according to the conditions and progress of SOPC patients. Under the strategy of "narrowing upstream, collaborating downstream, diverting midstream", "collaborating downstream" aims to review recovered cases or those with stable conditions for appropriate arrangements. For example, recovered cases could no longer require follow-up while patients with improved or stable conditions could be arranged to continue follow-up in PHC (including public and private systems) such as Family Medicine Specialist Clinics (FMSCs) or Community Health Centres, so that more quotas are deployed for new SOPC cases.

The FMSCs managed and attended by Family Medicine (FM) specialists have been strengthening services and collaborating with other specialties to launch various programmes to support the services of HA's SOPCs. For example, joint consultation platforms between FM and other specialties have been established where FM specialists can discuss and exchange views with other specialists on patients' conditions. Such arrangement can help FM specialists manage various patient symptoms while building up their capacity in handling other specialty conditions that may be encountered at the PHC service level. The HA also arranges new cases with milder conditions or patients with stable conditions who need specialist support to be followed up in the FMSCs. In the past three years, the outpatient services of FMSCs provided an annual attendance of over 300 000 of which about 50 000 for the first consultation. The FMSCs also provided about 6 000 annual attendances of first consultation for patients referred from the SOPCs.

In addition, the HA has introduced the Co-care Service Model based on the GOPC Public-Private Partnership Programme to provide an option of receiving private PHC services in the community for SOPC patients with stable conditions. The Co-care Service Model has been progressively piloted in SOPCs of Medicine, Orthopaedics and Traumatology, as well as Psychiatry since end 2021. As at end April 2023, more than 1 500 SOPC patients have accepted invitations to join the programme. The HA will closely monitor the implementation of the programme and review the outcome before considering introduction to other specialties.

The HA does not maintain statistics on the number of cases closed within five follow-up consultations.

(4) and (5) In 2018, the Government invited the Nursing Council of Hong Kong

(NCHK) to launch the Voluntary Scheme on Advanced and Specialised Nursing Practice (Scheme), under which core competencies were formulated for all the 16 specialties with a view to enhancing the professional competence of nurses and the service quality of clinical specialties in Hong Kong. As of October 2021, the Scheme has been launched by the NCHK for all the 16 specialties. As at end April 2023, the NCHK received over 4 200 applications for recognition as Advanced Practice Nurses (APNs), among which around 3 600 have been approved.

The HA will continue to appropriately arrange the manpower of specialty trained nurses based on the situation and service needs so as to utilise their potential and shorten waiting time for the specialties. The HA launched the Integrated Model of Specialist Out-patient Services through Nurse Clinic (Pilot Scheme) in 2018/19. Patients who are considered suitable to participate in the Pilot Scheme after screening by doctors will be followed up by Nurse Clinics at different stages of their treatment, apart from follow-up consultations with doctors. Nurse Clinics under the Pilot Scheme are managed by the APNs and nurses who have received specialty training. Their scope of work includes preliminary examination of patients prior to medical consultations, as well as investigation, assessment and nursing care. The Pilot Scheme covered 24 Integrated Model Nurse Clinics and four specialties upon its launch in 2018/19. In 2022/23, there were 115 Integrated Model Nurse Clinics in HA's SOPCs, covering 23 specialties with attendances of around 170 000.

Since the patient journey of Integrated Model Nurse Clinics is formulated by multi-disciplinary teams according to their specialties and diseases types, and specialist doctors or nurses follow up with patients at various stages to provide appropriate treatment and care according to the established clinical pathways, therefore the clinical pathways for patients of various specialties are also different. The HA does not maintain statistics on the number of SOPC patients receiving Nurse Clinic service before attending follow-up consultations and that of patients who do not need to return to SOPCs for follow-up after receiving Nurse Clinic service.