

## LCQ18: Provision of healthcare services during public holidays

Following is a question by the Hon Chan Hak-kan and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (January 15):

Question:

It has been reported that during the Christmas public holiday last month, the waiting time for the services of accident and emergency (A&E) departments of three public hospitals (i.e. Prince of Wales Hospital, United Christian Hospital and Kwong Wah Hospital) exceeded eight hours, while the waiting time for A&E services at two other public hospitals (i.e. Alice Ho Miu Ling Nethersole Hospital and North District Hospital) spanned four to five hours. In this connection, will the Government inform this Council:

- (1) whether it knows the number of attendances at the A&E departments of all public hospitals across the territory during the Christmas public holiday last month, as well as the average waiting time of Priority 5 patients under the A&E triage system; of the differences in such data compared with those on non-public holidays;
- (2) in respect of the public hospitals where the waiting time for A&E services exceeded eight hours during the holiday, whether it knows the corresponding measures taken by the Hospital Authority (HA) to ensure that there is sufficient manpower, so that urgent patients can receive timely treatment;
- (3) given that a total of 18 general outpatient clinics (GOPCs) provided services during the Christmas public holiday last month, whether it knows the criteria adopted by HA in determining the GOPCs providing such services; the number of attendances during that period, as well as the difference in such number compared with that on weekdays;
- (4) in view of the attendance at the A&E departments of Prince of Wales Hospital, United Christian Hospital and Kwong Wah Hospital during the Christmas public holiday last month, whether it knows if HA will provide additional GOPC services in the districts concerned in future;
- (5) given that the Government has consolidated and uploaded onto the GeoInfo Map (the Map) information of private hospitals, private healthcare institutions, family doctor clinics and Chinese medicine clinics providing consultation services during public holidays, and according to the information on the Map, there were only some 40 private hospitals, private healthcare institutions and family doctor clinics providing consultation services during the Christmas public holiday last month, of the measures put in place by the Government to encourage more private healthcare institutions to provide consultation services during holidays;

(6) apart from the Map, whether the Government will step up publicity on the clinics in various districts which provide consultation services during public holidays;

(7) whether it will work out with private healthcare institutions a mechanism for providing consultation services during public holidays, so as to ensure that there are sufficient private clinics in all 18 districts across the territory to meet public demand; and

(8) whether it will implement on a trial basis telehealth services and community pharmacy collaboration projects during public holidays, so that patients can receive teleconsultations and obtain appropriate medication?

Reply:

President,

In consultation with the Hospital Authority (HA), the reply to the question raised by the Hon Chan Hak-kan is as follows:

(1) and (2) At present, there are 18 public hospitals under the HA with Accident and Emergency (A&E) services, providing timely services for people with urgent needs such as those who are critically ill or seriously injured and victims of disasters. To ensure people with urgent needs may receive care with priority, the A&E Departments implement a patient triage system where patients are classified into five categories, namely Critical, Emergency, Urgent, Semi-urgent and Non-urgent based on their clinical conditions, and will receive treatment as prioritised by their urgency categories. The target of HA's A&E services is to have the first three categories of patients receive immediate and priority treatment, and specifies that all Critical (100 per cent) patients will receive immediate treatment, and most Emergency (95 per cent) and Urgent (90 per cent) patients shall be treated within 15 or 30 minutes upon arrival at the A&E Departments.

Over the past ten years, the number of Critical, Emergency and Urgent cases in the A&E Departments increased from a monthly average of about 61 000 cases in 2014 to a monthly average of approximately 74 000 cases in 2024, putting high pressure on the A&E Departments to serve patients with urgent needs. Meanwhile, Semi-urgent and Non-urgent cases have accounted for 55 per cent to 65 per cent of the total cases in the past ten years. The A&E departments are not General Out-patient Clinics (GOPCs), but serve to provide emergency healthcare services to patients with more urgent conditions. As such, it is necessary to deploy healthcare staff to first rescue patients with more critical conditions, and patients classified as Semi-urgent or Non-urgent will therefore need to wait for a longer period of time. As for patients categorised as Triage 4 and Triage 5, their conditions are generally relatively stable and not life-threatening, such as stable episodic illnesses like influenza infection or gastrointestinal discomfort, and most of these patients can be treated by GOPCs, private doctors or private hospitals. If there is a large number of Semi-urgent or Non-urgent patients in the A&E Departments, it will inevitably crowd out the A&E resources used for treating Critical, Emergency and Urgent cases, thereby affecting the treatment of

patients.

During service demand surge, the HA has adopted various measures to cope with the increased service demand in order to ensure that services for patients with urgent needs can be maintained as far as practicable without being unduly affected by non-urgent cases. For example, the HA has enhanced and flexibly deployed healthcare manpower through the Special Honorarium Scheme to alleviate the pressure on frontline staff. In addition, the HA implements special refund arrangements at the A&E Departments during the service demand surge to provide patients with stable conditions with flexibility in choosing alternative consultation arrangements. The relevant measures facilitate patients with stable and less serious conditions to have greater flexibility in choosing other consultation arrangements, such as choosing to attend consultations at other private healthcare institutions, thereby diverting patients and reducing the pressure on the A&E Departments with a view to focusing the latter's resources on taking care of patients in need.

With the implementation of the above measures, according to the HA's statistics, the average number of attendances (excluding those of Critical patients) and the average waiting time for various categories of the A&E Departments in the public hospitals during the public holidays of Christmas in December 2024 and the New Year Day in 2025 were all lower than the corresponding annual figures of 2023 (including the public holidays of the 2023 Christmas and 2024 New Year Day) and 2024. For the week after the Christmas and New Year holidays (i.e. January 2-8) in the past two years, the average daily A&E attendances in public hospitals had increased compared with those during the holidays. It is worth noting that, irrespective of whether it was a public holiday or not, all Critical patients were given immediate medical treatment, and the average waiting time for Emergency patients was seven to eight minutes in 2024, showing that members of the public with urgent needs were provided with timely services at the A&E Departments. Relevant statistics are set out at Annex 1. For those who had to wait for a longer time during the above period, in particular those categorised as Triage 5 patients, who were all not urgent cases requiring A&E services, the Government will continue to encourage them to make good use of other non-A&E services as well as services provided by the private sector.

(3) and (4) To cope with the public's service needs during the Christmas long holidays and to alleviate the service pressure on the A&E Departments, the HA has strengthened GOPC services during the Christmas holidays in 2024. Apart from the 14 GOPCs that normally provide GOPC services during public holidays, four other GOPCs provided services on December 25 and 26. The services provided by the total of 18 GOPCs cover seven hospital clusters across different districts in Hong Kong, Kowloon and the New Territories (see Annex 2). The GOPCs will co-ordinate and complement each other. Each cluster will arrange GOPCs providing public holiday services having regard to the location of clinics in the district, service demand, clinic configuration and manpower arrangement, etc., to cater for the needs of residents in different districts. The total number of GOPC attendances on December 25 and 26, 2024, exceeded 4 400, representing an increase of more than 20 per cent compared

with the service capacity of the GOPCs during non-surge public holidays.

The HA will review the relevant service arrangements from time to time and take into account past experiences when assessing the service demand in various districts, with a view to making better utilisation of resources to meet service needs. In addition, the HA will increase manpower and strengthen GOPC services based on actual situation to cope with service needs during service surge.

(5) to (7) To allow A&E Departments of public hospitals to focus on handling emergency and urgent cases, the Government and the HA have been encouraging patients with milder conditions to make more use of services provided by primary healthcare and family doctors in the community, so as to effectively alleviate the pressure on public A&E healthcare services.

At present, most private hospitals already provide round-the-clock services. Meanwhile, the A&E Departments of public hospitals have also made available to the public information on private healthcare institutions and family doctors across 18 districts of Hong Kong providing services during holidays.

In addition, the Government launched the Primary Care Directory (the Directory) in 2011 to provide a web-based database (website: [www.pcdirectory.gov.hk](http://www.pcdirectory.gov.hk)) of practice information of primary healthcare service providers in the community. It facilitates public access to information of service providers such as their professional qualifications, practice addresses, telephone numbers, consultation hours, scope of services and whether they have enrolled in various government-subsidised programmes. Currently there are three sub-directories under the Directory, including doctors, dentists and Chinese medicine (CM) practitioners. As of November 30, 2024, 3 892 doctors, 1 049 dentists and 2 470 CM practitioners were listed in the Directory. District Health Centres (DHC) and DHC Expresses in all districts of Hong Kong will promote the Directory, including encouraging their members to refer to the Directory for selecting primary healthcare personnel according to their needs. Meanwhile, the Primary Healthcare Commission will continue to actively encourage private doctors and primary healthcare service providers to provide services during long holidays through various channels, including emails, monthly Doctor Newsletters and DHC networks, so as to meet the service demand.

To minimise the impact of service demand surge on the public healthcare system, the Health Bureau also collated information of consultation arrangements across 18 districts of Hong Kong during the 2024 Christmas holidays, with relevant information of about 50 private healthcare institutions and 120 CM clinics collected. The Health Bureau also collaborated with the Spatial Data Office of the Development Bureau and the Lands Department on uploading the information of relevant hospitals and clinics (including addresses, phone numbers and service hours) to the online portal GeoInfo Map for the public's reference. The arrangement aims to enable citizens in need to identify suitable hospitals or clinics for medical treatment.

Meanwhile, the Government and the HA have been promoting to the public the measures to address the service demand surge and the operation of public hospitals and clinics during the period through various platforms, including press releases, press conferences, media interviews, public appeals, social media and in-hospital broadcasts. The HA also issues press releases before public holidays to announce the latest information on GOPC services during public holidays, upload such information onto the HA's website, and include special notices under the "Book GOPC" function of the "HA Go" and the telephone appointment system to remind patients of the arrangements for GOPC services during public holidays. The Chinese Medicine Unit of the Health Bureau has also forwarded the relevant information to the CM sector with a view to providing more channels for the public to receive the relevant information.

The Government and the HA will continue to maintain close communication with the sector (including the CM sector) and make timely appeals to private healthcare institutions to provide additional services during the service demand surge and long holidays for alleviating the pressure on the services of the public hospitals.

(8) The provision of telehealth services will take up a corresponding proportion of healthcare staff resources. To cope with the increased service demand during public holidays, the HA has deployed resources to focus on service provision of A&E Departments, GOPCs operating during holidays and other in-patient specialties so as to deliver in-person healthcare services for the public. Such arrangement not only facilitates comprehensive diagnosis, but also enables patients to receive drugs required immediately after consultation and treatment. The HA is also able to focus resources effectively to enhance the consultation efficiency. The HA will review its service model from time to time to ensure that it can cope with public demand in a flexible manner and continue to optimise the quality of healthcare services.