

LCQ2: General outpatient clinic services

Following is a question by the Hon Stanley Li and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (February 28):

Question:

Many members of the public have relayed that the general outpatient clinic (GOPC) services under the Hospital Authority have long been in short supply, and the facilities of the clinics are obsolete. In this connection, will the Government inform this Council:

(1) of the following information on the GOPCs in Shatin and Sai Kung (i.e. (a) Shatin (Tai Wai) GOPC, (b) Lek Yuen GOPC, (c) Yuen Chau Kok GOPC, (d) Ma On Shan Family Medicine Centre, (e) Mona Fong GOPC, (f) Tseung Kwan O (Po Ning Road) GOPC, and (g) Tseung Kwan O Jockey Club GOPC) (set out in the table below):

(i) the year of commencing service;

(ii) the intended service capacity (in terms of the daily attendance) at the time of construction, together with a breakdown by (A) chronic disease patients and (B) episodic disease patients;

(iii) the average daily attendance in the past year, together with a breakdown by (A) chronic disease patients and (B) episodic disease patients;

(iv) the ratio of healthcare personnel to patients;

(v) the medical services provided;

(vi) whether refurbishment or conversion works have been carried out (and the years concerned);

(vii) the services enhanced after refurbishment or conversion of the clinic; and

(viii) whether the building in which the clinic is located has a sufficient plot ratio which allows expansion of the clinic to enhance its services;

Information of clinic	(a)	(b)	(c)	(d)	(e)	(f)	(g)
(i)							
(ii)	(A)						
	(B)						

(iii)	(A)							
	(B)							
(iv)								
(v)								
(vi)								
(vii)								
(viii)								

(2) of the respective populations of Shatin, Ma On Shan, Sai Kung and Tseung Kwan O according to the latest population census conducted by the Census and Statistics Department; the respective numbers of GOPCs that should be provided in the two District Council districts of Sha Tin and Sai Kung based on their existing populations according to the Hong Kong Planning Standards and Guidelines;

(3) as many Ma On Shan residents have relayed that the Ma On Shan Family Medicine Centre does not provide holiday outpatient clinic services, whether the Government will consider introducing holiday outpatient clinic services at the Centre to meet the demand of Ma On Shan residents for medical services during holidays; and

(4) whether the Government has plans to enhance GOPC services; if so, of the details; if not, the reasons for that?

Reply:

President,

In consultation with the Hospital Authority (HA), the consolidated reply to various parts of the question raised by the Hon Stanley Li is as follows:

The General Out-patient Clinics (GOPC) of the HA, which have an annual attendance of over five million, are mainly positioned to serve low-income persons and socially disadvantaged groups in priority, as well as chronic disease patients with stable conditions and those with relatively mild episodic illnesses. The primary healthcare needs of the vast majority of the public are currently taken care of by the private medical sector with about 20 million outpatient visits annually. The services provided by the GOPCs include medical consultations, general nursing services and a range of basic multi-disciplinary medical care, chronic disease management, as well as patient education and support services.

The Hong Kong Planning Standards and Guidelines (HKPSG) recommends the provision of one general clinic/health centre for every 100 000 persons. The HKPSG sets out basic planning standards. When it comes to application, not only would bureaux/departments make reference to the Guidelines, but they would also take specific circumstances of the community into full consideration to cater for the actual needs of the public. For instance, in

planning and developing public primary healthcare services, the Government also needs to consider a series of factors including the delivery model of primary healthcare services, changes in the population structure and distribution of target service recipients, supply of primary healthcare services in the district, and the need for public primary healthcare services. According to the 2021 Population Census conducted by the Census and Statistics Department, the population of Sha Tin District (including Ma On Shan) was about 692 800, whereas the population of Sai Kung District (including Tseung Kwan O) was about 489 000. Having regard to the districts' demographics and demand for primary healthcare, four and three GOPCs are provided by the HA in Sha Tin District and Sai Kung District respectively, providing more than 380 000 and 250 000 consultation quotas respectively in 2022-23. Over the same period, among the patients who visited the GOPCs in these two districts, about 70 per cent were of the target service group, which is on par with the territorial average.

The GOPCs in Sha Tin District and Sai Kung District reserve about 50 per cent of the total consultation quota for chronic disease patients and those with episodic illnesses respectively. The usage rate of the GOPCs in the two districts are set out in the Annex.

In accordance with the Primary Healthcare Blueprint (Blueprint), the Government has been reserving sites in different districts for the long-term development of primary healthcare services, studying how to plan and develop healthcare service facilities more effectively, as well as enhancing co-ordination of development and redevelopment of government buildings and premises of healthcare facilities in the community, including re-provisioning, expanding or consolidating the existing healthcare facilities under the principle of optimising land use, and would examine increasing plot ratio when necessary. The Government will also consider various measures to promote the inclusion of private or non-government organisation healthcare service providers in the district-based community health system.

In addition, the HA has implemented a series of measures to augment the service capacity of the existing GOPCs. These measures include actively recruiting additional staff, carrying out clinic renovation and renewing its facilities so as to streamline patient flow, improve the clinic environment and increase consultation rooms.

As regards Sha Tin District, the HA has completed interior renovation works and facility enhancement in Ma On Shan Family Medicine Centre, Yuen Chau Kok GOPC and Lek Yuen GOPC in 2013, 2021 and 2023 respectively. Through these renovation works, the consultation quotas of relevant clinics in Sha Tin District has increased by a total of about 60 000 since 2013-14. The HA is planning to set up a new GOPC in the proposed joint-user complex at Tsuen Nam Road in Tai Wai for re-provisioning the Sha Tin (Tai Wai) GOPC. Space has also been reserved in Phase II of the Prince of Wales Hospital Redevelopment and Ma On Shan respectively for the provision of a Community Health Centre and long-term development of primary healthcare services. Among the GOPCs in Sha Tin District, Lek Yuen GOPC provides outpatient services on Sundays and public holidays. In view of the current stringent manpower of doctors,

extending service hours (such as providing outpatient services during holidays in more clinics) will put further pressure on the current manpower. At this stage, there is no plan to introduce holiday outpatient services at Ma On Shan Family Medicine Centre.

As regards Sai Kung District, the three GOPCs in the district (i.e. Mona Fong GOPC, Tseung Kwan O (Po Ning Road) GOPC and Tseung Kwan O Jockey Club GOPC) had improvement works and facility enhancement completed in 2013, 2015 and 2020 respectively. Through these renovation works, the consultation quotas of relevant clinics in Sai Kung District has increased by a total of about 50 000 since 2013-14. The HA will set up a GOPC in the new government building in Area 67, Tseung Kwan O, which will be completed by early 2025 the earliest.

In face of the rapidly ageing population, rising prevalence of chronic diseases and increasing healthcare services demand, the public healthcare system, as the cornerstone and safety net of the Hong Kong's healthcare system, has to concentrate resources and accord priority to accident and emergency and specialist services, as well as secondary and tertiary healthcare which require complicated technologies. The Government has put forward a proposal for reform in the Blueprint, focusing on strengthening primary healthcare services and alleviating the pressure of the public medical system, especially the Specialist Out-patient Clinics under public hospitals. The Government will continue to advocate the concept of "Family Doctor for All" and has launched the Chronic Disease Co-care Pilot Scheme in November last year. Through the establishment of a family doctor system and screening, people with more economic capability can be diverted to the private healthcare sector for health management through a co-payment model. At the same time, the Government has to consider concentrating the limited resources for public general outpatient services by giving priority to those who may not be able to afford private healthcare services. The Government will gradually reposition the GOPCs to focus on taking care of low-income persons and the socially disadvantaged groups.