

LCQ20: Healthcare services in Kowloon East

Following is a question by the Hon Tang Ka-piu and a written reply by the Acting Secretary for Health, Dr Libby Lee, in the Legislative Council today (November 22):

Question:

Regarding the healthcare services in Kowloon East (KE), will the Government inform this Council:

(1) whether it knows the daily attendance and average utilisation rate of each of the general outpatient clinics (GOPCs) in the Kwun Tong district in the past three months; whether the Government has plans to increase the provision of GOPC services in the Kwun Tong district in the coming two years; if so, of the details;

(2) whether it knows the age distribution of GOPC patients mentioned in (1), and set out a breakdown by the following age groups: aged below 18, 18 to below 35, 35 to below 45, 45 to below 65, and 65 or above;

(3) whether it knows the channels through which GOPC patients mentioned in (1) booked their consultation appointments, and set out a breakdown by the following four channels and their respective proportions: (i) bookings made by chronic disease patients with clinics for regular follow-up consultations, (ii) telephone bookings, (iii) bookings made through the Hospital Authority (HA) mobile application "HA Go" and (iv) bookings made through other channels; as it is learnt that follow-up consultations are required for more and more chronic disease patients, how HA copes with the need of patients with sudden illnesses or episodic diseases, and how consultation quotas can be evenly distributed among patients from different booking channels;

(4) whether it knows the specific details of the United Christian Hospital (UCH) expansion project in the coming three years (including the specific completion dates for various item of works and the enhanced services to be provided by the accident and emergency (A&E) department and various specialist outpatient departments (SOPDs) of the expanded UCH); whether UCH has plans for the next phase of expansion; if so, of the details; if not, the reasons for that;

(5) as it is estimated that the future population of KE will reach at least 1.3 million, whether the Government has further hospital construction plans to cope with population growth in KE, or whether measures are in place to encourage private organisations or private hospitals to provide healthcare services in KE; if so, of the details;

(6) whether it knows the average and median waiting times of patients at the

A&E department of UCH in the past three months, as well as the average waiting time for stable new case bookings at SOPDs; whether it has assessed if the waiting time for the relevant services will be shortened upon completion of UCH's expansion; if it has, of the targets; and

(7) given that Prince of Wales Hospital is now the teaching hospital for the Faculty of Medicine of the Chinese University of Hong Kong, whether it knows if HA will consider launching a pilot scheme through collaboration between hospitals in the Kowloon East Cluster and the faculties of medicine of local universities, such that hospitals in the cluster will have priority in receiving medical interns, with a view to alleviating the problem of manpower shortage?

Reply:

President,

In consultation with the Hospital Authority (HA), the reply to the various parts of the question raised by the Hon Tang Ka-piu is as follows:

The HA considers a series of factors in planning and developing public healthcare services, including the increase in service demand due to population growth and demographic changes, healthcare needs brought about by the rising prevalence of chronic diseases, and factors such as technological development, manpower supply and delivery models of relevant services, and formulates plans in line with service arrangements of various clusters.

(1) to (3) The General Out-patient Clinics (GOPCs) of the HA 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. At present, in the Kowloon East Cluster (KEC) of the HA, there are five GOPCs in the Kwun Tong district providing a total of over 450 000 consultation quota in 2022-23 and accounting for about 10 per cent of the city-wide GOPC quota. Service utilisation of the clinics and age distribution of patients are shown in Annex 1.

The GOPCs of the Kwun Tong district reserve about 50 per cent of the daily consultation quota of weekdays for chronic disease patients and those with episodic illnesses respectively. To enhance the consultation capacity of the existing clinics in the district, the HA completed improvement works and refurbishment of facilities for the Kowloon Bay Health Centre GOPC and the Ngau Tau Kok Jockey Club GOPC in January 2018 and August 2023 respectively. Furthermore, the Government has secured funding approval from the Legislative Council (LegCo) in March this year for the construction of a GOPC at Ko Chiu Road in Yau Tong, of which the works is expected to be completed in 2028. The Government has also reserved a site for clinic use at On Sau Road in Kwun Tong as part of the Hospital Development Plan (HDP). The Government will solicit support from the Kwun Tong District Council and the LegCo on the project in due course.

Regarding booking of appointments, the clinics will arrange next appointment for chronic disease patients who require follow-up after each consultation based on their clinical needs, thus they do not need to make separate booking. For those with episodic illnesses, consultation time slots in the next 24 hours are available for booking through the GOPC Telephone Appointment System (Telephone System) or the "Book GOPC" function in "HA Go", the HA's one-stop mobile application. With regard to the Kwun Tong district, for the past year (October 2022 – September 2023), about 85 per cent of patients with episodic illnesses made booking through the Telephone System and about 15 per cent through the mobile application.

In view of the rapidly ageing population, rising prevalence of chronic diseases and increasing healthcare service demand, the public healthcare system, as the cornerstone and safety net of Hong Kong's healthcare system, has to concentrate resources and accord priority to accident and emergency (A&E) 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 Primary Healthcare Blueprint (Blueprint), focusing on strengthening primary healthcare services and alleviating the pressure on the public healthcare system especially the specialist out-patient clinics (SOPCs) under public hospitals. The Government will continue to advocate the concept of "Family Doctor for All" and have launched the Chronic Disease Co-Care Pilot Scheme in mid-November. 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 also has to consider concentrating the limited resources of public general out-patient 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.

(4) to (6) At present, there are three hospitals in the KEC, including United Christian Hospital (UCH), Tseung Kwan O Hospital (TKOH) and Haven of Hope Hospital (HHH), providing comprehensive clinical and healthcare services to residents in the area.

Among them, both UCH and TKOH provide A&E services for those with critical conditions or severe injuries as well as victims of disasters. To ensure that citizens with urgent needs can receive timely services, A&E departments implement a patient triage system. Patients are classified into five categories, namely critical, emergency, urgent, semi-urgent or non-urgent, according to their clinical conditions, and receive treatment in accordance with the priority category. The HA's service target specifies that critical patients will receive immediate treatment, and most emergency (95 per cent) and urgent (90 per cent) patients will be treated within 15 or 30 minutes. Relevant service statistics of the A&E department of the UCH are shown in Annex 2.

For the SOPCs, specialist treatment services are provided for patients referred from the GOPCs, private practitioners or family doctors. Such services are planned and provided on a cluster basis. The SOPCs have all

along been implementing a triage system for newly referred cases to ensure that patients with urgent conditions and needs can be treated with priority. The newly referred cases are usually first screened by a nurse, followed by review by a specialist doctor of the relevant specialty for classification into Priority 1 (Urgent), Priority 2 (Semi-urgent) or Routine (Stable) categories. The HA targets to maintain the median waiting time for Priority 1 and Priority 2 cases within two and eight weeks respectively. Relevant statistics of the KEC's SOPCs are shown in Annex 3.

The HA will undertake multiple hospital works projects under the HDPs to increase the number of beds and other healthcare facilities in the three hospitals of the KEC to cope with the rising service demand.

Under the first 10-year HDP, the superstructure and associated works of the UCH expansion project commenced in September 2020. Upon completion of the UCH expansion project, there will be adequate space and upgraded facilities for supporting A&E and specialist out-patient services to meet the increasing service demand and help shorten patients' waiting time. Other ambulatory care services will also be enhanced to provide comprehensive integrated healthcare services for the community. The new Oncology Centre will provide radiotherapy, chemotherapy and psycho-social care for cancer patients in the KEC. In addition, the expansion project will also enhance convalescent and rehabilitation services in the KEC. It is anticipated that UCH will provide about 2 100 in-patient and day beds (i.e. 560 additional beds including eight haemodialysis day beds) upon completion of the expansion project. The HA also plans to add five operating theatres after completion of the project. The existing diagnostic and treatment facilities, including operating rooms, the coronary care unit, intensive care unit, radiology department, A&E department and endoscopy centre, will also be improved or expanded.

Moreover, the New Acute Hospital (NAH) being constructed in the Kai Tak Development Area under the first 10-year HDP will also provide 2 400 in-patient beds as well as other healthcare and support facilities. When planning for the NAH, the HA has already taken into consideration the projected service demand of the Kowloon Central Cluster as well as the neighbouring Kwun Tong district in the KEC.

The HA is reviewing the latest population projection, the Government's development plans and the corresponding adjustments in service demand for formulating the second 10-year HDP and revising its project list. Based on the latest projection of service demand, the HA will keep in view the healthcare service utilisation and demand in the KEC with a view to providing the most appropriate healthcare service model and facilities for meeting public needs in the long run.

In addition, the Government has reserved sites in different districts for the long-term development of primary healthcare services. In the long run, the Government will study how to plan and develop healthcare facilities more effectively, strengthen co-ordination of development and re-development of government buildings and healthcare premises at community level based on recommendations of the Blueprint. The Government will also consider various

measures to promote the inclusion of private or non-government organisation (NGO) healthcare service providers in the district-based community health system, including examining the feasibility of providing healthcare service venues for individual private healthcare service providers or NGOs, as well as devising a policy for land premium concession for NGOs delivering primary healthcare services.

(7) The HA is committed to collaborating with the Medical Council of Hong Kong (MCHK) and the medical schools of the two local universities in promoting training opportunities and quality of medical interns. In general, medical graduates of the University of Hong Kong and the Chinese University of Hong Kong as well as non-locally trained doctors (NLTDS, having passed the Licensing Examination administered by the MCHK) have to work as interns and undergo an assessment period of normally 12 months in recognised hospitals (including UCH) before applying for registration as doctors.

As medical interns are under training, they are not included under the medical manpower of the HA. The HA takes great concern in the manpower situation of public hospitals and has been actively launching various measures to retain and attract talents, including enhancement of recruitment of full-time and part-time doctors, implementation of the Extending Employment Beyond Retirement policy, introduction of the Home Loan Interest Subsidy Scheme and establishment of the HA Academy, etc. Meanwhile, more training and promotion opportunities are provided for existing staff to further retain manpower for meeting the rising service demand in the future while reducing attrition. The HA also makes use of different channels to actively recruit NLTDS, including promotion events in various countries and regions, recruiting more eligible NLTDS through special registration or limited registration to join the public healthcare system of Hong Kong to meet the growing service demand.