

LCQ3: Alleviating the pressure on the services of public hospitals

Following is a question by the Hon Chan Hoi-yan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (February 20):

Question:

It is learnt that in recent years whenever there was an influenza surge, the Accident and Emergency Departments (AEDs) and in-patient services of public hospitals were invariably severely overloaded and faced with immense challenges. There are views that apart from deploying additional resources, the Government should make efforts to prevent an outbreak of influenza and divert patients to the private healthcare system, so as to alleviate the pressure on the services of public hospitals. In this connection, will the Government inform this Council:

(1) of the respective seasonal influenza vaccination uptake rates of kindergarten, primary school and secondary school students in each of the past three years; whether it will set targets on the uptake rates of students and the entire population of Hong Kong; if so, of the details; if not, the reasons for that;

(2) whether it will regularise the existing School Outreach Vaccination Pilot Programme and extend the scope of the Programme to cover all kindergartens, primary schools and secondary schools across the territory; if so, of the details and implementation timetable; if not, the reasons for that; and

(3) whether it will set up outpatient clinics staffed by private medical practitioners next to the AEDs of public hospitals during influenza surges, so that AED patients categorised as semi-urgent and non-urgent may choose to seek medical consultation at those clinics, thereby alleviating the pressure on the services of AEDs; if so, of the details and implementation timetable; if not, the reasons for that?

Reply:

President,

To cope with the winter influenza season and the expected winter surge each year, the Department of Health (DH) and the Hospital Authority (HA) have been implementing a series of measures to minimise the impact of a seasonal influenza outbreak on the community and the resultant pressure on the public healthcare system, including strengthening disease prevention and surveillance, stepping up publicity and education, increasing bed capacity, recruiting part-time and temporary healthcare staff, and enhancing collaboration with external parties, etc. Having consulted the DH and HA, the

reply to the three parts of the question is as follows:

(1) Vaccination is one of the effective means to prevent seasonal influenza and its complications. It also reduces the risks of flu-associated in-patient admission and mortality. Therefore, the Government has all along been encouraging the public to receive vaccination as early as possible. Under the Government Vaccination Programme and the Vaccination Subsidy Scheme, the Government provides free and subsidised seasonal influenza vaccination (SIV) respectively for eligible high-risk groups (details at the Annex).

To further encourage students to receive vaccination, the DH rolled out the School Outreach Vaccination Pilot Programme in 2018/19 to reach out to primary schools and provide SIV for students through a government outreach team or a Public-Private-Partnership team, and increased the amount of subsidy for vaccination. The new measures have proved to be effective. As at February 17, 2019, the number of primary schools that had arranged for outreach vaccination increased from 65 in 2017/18 to 402 in 2018/19, with the coverage rate for primary school students reaching 55.3 per cent. Overall speaking, around 371 000 doses of SIV have been administered in 2018/19 under the above programmes for children aged 6 months to under 12 years, representing an increase of about 118.4 per cent over the corresponding period in the previous year.

In 2016/17, 2017/18 and 2018/19 (as at February 17, 2019), the number of children aged 6 months to under 12 years receiving SIV accounted for 17.4 per cent, 23.0 per cent and 45.4 per cent of the children in the age group respectively. These figures do not include those children receiving SIV outside the above vaccination programmes. The DH does not have relevant figures for secondary students as they are not eligible under the above vaccination programmes.

The DH will continue to review from time to time the scope of eligible groups and take proactive measures to raise the SIV coverage rate of the eligible groups as well as that of the total population in Hong Kong.

(2) Given the effectiveness of the 2018/19 School Outreach Vaccination Pilot Programme, the DH will regularise the programme from next year onwards, covering more primary schools and extending its coverage to kindergartens (KGs) and child care centres (CCCs) on a pilot basis. The DH is currently evaluating the arrangements for the pilot programme. The DH will assess various options in implementing the enhancement measures in consultation with relevant stakeholders, so as to come up with the best mode in providing outreach vaccination service at KGs and CCCs. The DH will announce the details in due course so that interested private doctors, private medical institutions, primary schools, KGs and CCCs can make early preparation.

(3) To ensure that patients with more serious conditions are accorded higher priority in receiving medical treatment, the HA adopts a triage system which classifies patients attending the Accident and Emergency Departments (AEDs) into the following five categories according to their clinical conditions: critical, emergency, urgent, semi-urgent and non-urgent. The HA has set

performance pledges on the waiting time for treatment so as to ensure that patients who need urgent medical attention are treated within a reasonable time.

To alleviate the pressure on the services of AEDs, the HA has introduced measures to increase manpower and provide the public with relevant medical service information. For instance, the A&E Support Session Programme and the Special Honorarium Scheme have been implemented to recruit additional healthcare staff to handle semi-urgent and non-urgent cases, so that healthcare staff in AEDs may focus on the treatment of patients who are in critical, emergency or urgent conditions. Also, the Locum Recruitment Website was launched in November 2018 to recruit more part-time healthcare staff in a more flexible and efficient manner. The HA would also increase 25 000 consultation quotas of General Out-patient Clinics during the winter service surge 2018/19 in order to address the service demand.

Besides, the HA's webpage and its mobile application HA Touch provide relevant information including the waiting time in AEDs of public hospitals, web links to private healthcare services and private doctors directories for public reference. During the recent Chinese New Year holidays, the HA set up the "One-stop medical services information portal during Chinese New Year Holidays" on its webpage to provide the public with information on private and charity group healthcare services (including Chinese medicine services) available during the period, with a view to alleviating the pressure on the services of AEDs.