

LCQ6: Making appointments for general outpatient clinic services

Following is a question by the Hon Holden Chow and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (November 1):

Question:

Some members of the public have relayed that making appointments for general outpatient clinic (GOPC) services through telephone channels is often unsuccessful. After conducting real-life tests, some media have found that except for using the Hospital Authority (HA) mobile application "HA Go" to make appointments for the services, which is more likely to be successful, making appointments through other telephone channels is unsuccessful due to either "the call cannot be answered at the moment" or "the appointment quota is full". There are views that it is simply difficult for elderly people who are unfamiliar with the use of smartphones to make appointments for GOPC services. In this connection, will the Government inform this Council if it knows:

(1) the average daily number of GOPC consultation quotas provided in each of the 18 districts across the territory, as well as the respective numbers of person-times who successfully made appointments for GOPC services via the telephone system and HA Go in various districts (and their percentages in the total numbers of GOPC attendances in various districts), in each of the past five years, and set out the breakdown in a table;

(2) whether the HA will take measures to enhance and improve the telephone appointment service of GOPC, so that more members of the public can successfully make appointments via the telephone system; if so, of the details; if not, the reasons for that; and

(3) the manpower employed by the HA to provide the telephone appointment service of GOPC, including those answering telephone calls, in each of the past five years?

Reply:

President,

Having consulted the Hospital Authority (HA), our reply to the question raised by the Hon Holden Chow is as follows:

The general outpatient clinics (GOPCs) of the HA, which have an annual attendance of over 5 million, mainly aim to serve low-income persons and socially disadvantaged groups in priority, in particular the elderly, low-income families and chronic disease patients. 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.

Currently, the GOPCs offer a daily consultation quota of about 20 000 on weekdays, of which about 10 000 are reserved for patients with episodic illnesses. There are two ways for patients with episodic illnesses to reserve consultation time slots. The first one is to use the GOPC Telephone Appointment System (Telephone System), and the second one is to use the "Book GOPC" function in "HA Go", the HA's one-stop mobile app. They can reserve consultation time slots available in the next 24 hours. The HA has been uploading the average daily quotas of GOPCs for the preceding four weeks on its GOPC webpage. The annual quotas in various districts over the past five years are also attached in the Annex for Members' reference.

In the first eight months this year, around 80 per cent of the overall consultation quotas of GOPCs are allocated to the Telephone System while more than 20 per cent are allocated to the mobile app. At present, the Telephone System is an automated computerised round-the-clock system for patients to book or cancel GOPC appointments in a self-service manner. There is no need for the HA to arrange staff to handle telephone bookings. The HA aims to save manpower in handling telephone bookings through an automatic system, so that manpower can be deployed to focus on serving patients directly at clinics. Currently, to provide convenience to citizens, patients can directly call individual clinic of their choice to make an appointment through dialling its phone number. If the lines are busy during appointment peak hour, members of the public may not be able to make appointment and may be temporarily unable to access the Telephone System of the clinic. This is different from the online platform of "HA Go" because telephone lines have a certain capacity, which is increased to around 800 now, and citizens only call a designated clinic each time, instead of enquiring the consultation quotas at 74 clinics at the same time.

As a matter of fact, since the launch of the Telephone System, the HA has been listening to the views of the public, conducting reviews on an on-going basis and introducing improvement measures, including:

(1) System enhancement – despite gradual enhancement on the system and increase in the number of telephone lines to about 800 for various GOPCs, the analogue Telephone System has been in use for more than 10 years with limited room for enhancement. The HA endeavours to digitise the existing system within three years such that the efficiency of telephone appointment for the GOPCs will no longer be limited by the current number of analogue telephone lines, making it easier for the public to access;

(2) Procedures streamlining – the Telephone System will link up GOPCs in the same district to form a network in order to pool together their consultation quotas. After entering the Telephone System of individual clinic, the system will indicate the available consultation time slots of that clinic in the next 24 hours. If consultation time slots are not available at that clinic, the Telephone System will automatically search for consultation time slots of the nearby clinics to facilitate the patients' appointment;

(3) Real-time updates – the automatic computerised Telephone System operates round the clock. If a patient cancels an appointment, the Telephone System will immediately release the consultation time slot for booking by other

patients. Patients do not need to make an appointment at a specific time. This can also reduce wastage. If they cannot make an appointment successfully at the time they make the call, they may try it later again; and

(4) Elderly-friendly – making reference to the distribution of service users of individual GOPCs, the HA allocates some Elderly Appointment Quotas to patients aged 65 or above. They can get the Quotas by registering with their Identity Card.

As mentioned earlier, in the first eight months of 2023, around 80 per cent of the overall consultation quotas are allocated to the Telephone System while more than 20 per cent are allocated to the mobile app. We observed that over 30 per cent of the users who had successfully made reservations through the mobile app are elderly, a figure similar to that of making reservations through telephone, indicating that many elderly people have gradually mastered the operation of the mobile app. Compared with the traditional Telephone System, the mobile app is actually more convenient, especially when many elderly persons have hearing impairment. The advantages include no capacity limitation as I mentioned earlier, i.e., not limited to around 800 telephone lines. Personalised function is also available for saving patients' information so that patients are not required to input the information when calling the Telephone System every time. Compared with making reservation through Telephone System, we estimate that the process save half of the time. The public can also save their frequently-used clinics, view their booking status, check the appointment status of the GOPCs in all districts at a glance, as well as receive reminders for upcoming appointments and check appointment records. Besides, users can also access medical records and drug details and conduct personalised health management through the mobile app. The HA will continue to enhance the mobile app with a view to encouraging more people to make GOPCs appointments by this convenient approach in the long run.

In fact, while we are developing a smart city and in face of an ageing population, we should encourage various sectors and facilitate the public, including the elderly, to use technology. We need to further promote the use of mobile app for health management among the elderly. Only in this way can we better cope with the challenges of ageing population in Hong Kong.

In face of an ageing population and the increasing prevalence of chronic diseases and rising medical demand, the public healthcare system, as the cornerstone and safety net of Hong Kong's healthcare system, needs to concentrate resources and accord priority to accident & emergency and specialist services, as well as secondary and tertiary healthcare which require complicated technologies. We have put forward a proposal for reform in the Primary Healthcare Blueprint, focusing on strengthening primary healthcare services and alleviating the pressure on the public healthcare system especially the specialist outpatient clinics under public hospitals. We will continue to advocate the concept of "Family Doctor for All" and will launch 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, we have 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. We will gradually reposition the GOPCs to focus on taking care of the socially disadvantaged groups. Thank you, President.