

# Review Report

## Pilot Scheme on

## Civil Service Chinese Medicine Clinics



Civil Service Bureau

The Government of the Hong Kong Special Administrative Region

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# Chapter 1

## Introduction

The Pilot Scheme on Civil Service Chinese Medicine Clinics (Pilot Scheme) was launched on 2 March 2020 to provide Chinese Medicine (CM) services for treatment purpose for civil service eligible persons (CSEPs)<sup>1</sup>. Under the Pilot Scheme, two Civil Service Chinese Medicine Clinics (CSCMCs) have been set up, namely CSCMC (Eastern) and CSCMC (Tsuen Wan)<sup>2</sup>, providing CSEPs with an additional choice when seeking medical treatment.

1.2 To assess the effectiveness of the Pilot Scheme, identify areas for improvement, and map out the future arrangements for provision of CM services to CSEPs, the Civil Service Bureau (CSB) conducted a review of the Pilot Scheme one year after the service launch. The review has taken into account the following:

- (a) statistics on service output of CSCMCs collated by the Hospital Authority (HA);
- (b) results of the Opinion Survey on the Pilot Scheme<sup>3</sup> (opinion survey);
- (c) operational experience and suggestions from the service providers of the two CSCMCs<sup>4</sup> and the HA; and
- (d) feedback and suggestions received via various channels<sup>5</sup>.

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<sup>1</sup> Civil service eligible persons consist of –

- (a) monthly paid civil servants and their eligible dependants;
- (b) retired civil servants living in Hong Kong and in receipt of a pension or an annual allowance and their eligible dependants living in Hong Kong;
- (c) eligible dependants of civil servants killed on duty and living in Hong Kong;
- (d) eligible dependants living in Hong Kong and in receipt of a pension under the Widows and Orphans Pension Scheme or the Surviving Spouses' and Children's Pension Scheme following the death of civil servants while in service or after retirement; and
- (e) other persons who are eligible for civil service medical benefits by way of their terms of appointment.

<sup>2</sup> CSCMC (Eastern) is located at Pamela Youde Nethersole Eastern Hospital while CSCMC (Tsuen Wan) is located at Yan Chai Hospital.

<sup>3</sup> An anonymous opinion survey was conducted from 17 August 2020 to 16 May 2021. Survey form (at **Annex A**) was distributed to CSEPs at the two CSCMCs during the said period. A total of 1 550 completed survey forms were collected.

<sup>4</sup> At present, the service providers contracted by HA are Tung Wah Group of Hospitals (for CSCMC (Eastern)) and Yan Chai Hospital Board (for CSCMC (Tsuen Wan)) respectively.

<sup>5</sup> Feedback and suggestions have been received via various channels since service launch, including the staff sides of the four Central Consultative Councils, the Standing Committee on Medical and Dental Facilities for Civil Servants (SCMDF), as well as other staff associations.

1.3 The views gauged on the Pilot Scheme are analysed in Chapter 2. To improve the quality of the services and further enhance the provision of CM services to CSEPs, a series of short-term enhancement measures as well as our medium- to long-term goals in respect of the provision of CM services to CSEPs are set out in Chapter 3.

## **Chapter 2**

### **Views Gauged on the Pilot Scheme**

2.1 This chapter sets out the major views gauged on the Pilot Scheme in respect of the following areas –

- (a) mode of delivery of the services;
- (b) quality of the services;
- (c) quantity of the services; and
- (d) operational arrangements.

#### **(a) Mode of delivery of the services**

2.2 The two CSCMCs were located in Chinese Medicine Clinics cum Training and Research Centres (CMCTRs), which operated under a tripartite collaboration model involving the HA, a non-governmental organisation (NGO) and a local university, aiming to promote CM through services, teaching and research. The NGOs were responsible for the day-to-day clinic operation. CSEPs were generally satisfied with the current mode of delivery of the CM services through the CMCTRs at CSCMCs.

2.3 Meanwhile, there were suggestions that CM services might be provided via diversified modes, not just CSCMCs. For example, CM services might be provided at CM Mobile Clinics (中醫流動醫療車), and that the service hours of the existing CSCMCs might be extended to provide service in the evenings and during weekends.

#### **(b) Quality of the services**

2.4 CSEPs were in general satisfied with the quality of the services provided by CSCMCs. According to the opinion survey, about 98% of the respondents gave positive ratings to the professionalism and attitude of CM practitioners in the two CSCMCs. At the same time, around 74% of the respondents had patronised CM general consultation service and been prescribed CM products, among which 95% gave positive ratings to the quality and quantity of CM products. An overview of the opinion survey results is at **Annex B**.

2.5 Most respondents showed appreciation to the services provided by the two CSCMCs in the opinion survey, and “clean and comfortable environment of the clinic”, “professionalism and attitude of CM practitioners”, “provision of CM services which are free of charge”, “attitude of clinic staff” and “convenience of the services” are the areas that topped the list<sup>6</sup>. Some respondents preferred Chinese herbal medicine while some found Chinese medicine granules more convenient. The detailed ratings of the top 5 areas with which respondents most appreciated are at **Table 1**.

**Table 1** Top 5 Areas with which Respondents Most Appreciated of the Two CSCMCs

| Areas  | %     |
|--|-------|
| 1. Clean and comfortable environment of the clinic   | 26.4% |
| 2. Professionalism and attitude of CM practitioner   | 25.6% |
| 3. Provision of CM services which are free of charge | 17.8% |
| 4. Attitude of clinic staff                          | 13.6% |
| 5. Convenience of the services                       | 10.3% |

**(c) Quantity of the services**

2.6 According to the statistics provided by HA, the total number of discs provided under the Pilot Scheme from 2 March 2020 to 28 February 2021 was around 63 000. As of 31 August 2021, a total of around 94 100 discs had been provided by the two CSCMCs since service launch in March 2020 (details at **Table 2**).

**Table 2** Number of Discs Provided by CSCMCs (from 2 March 2020 to 31 August 2021)

| Clinics           | Number of Discs <sup>^</sup> |             |        |
|-------------------|------------------------------|-------------|--------|
|                   | General Consultation         | Acupuncture | Total  |
| CSCMC (Tsuen Wan) | 23 100                       | 23 100      | 46 200 |
| CSCMC (Eastern)   | 19 200                       | 28 700      | 47 900 |
| Total             | 42 300                       | 51 800      | 94 100 |

<sup>^</sup> rounded to the nearest hundred

<sup>6</sup> Other areas include “accessibility of the clinic” (3.9%), “quality of CM products” (1.9%) and “high privacy of the consultation room”/ “clarity of signage and announcement”/ “long service hours of the clinic” (0.5% in total).

2.7 During the abovementioned period, the utilisation rates of both general consultation and acupuncture services provided by the two CSCMCs were consistently higher than 95%. While the number of discs available in the two CSCMCs would be adjusted daily subject to the service hours<sup>7</sup> and actual operation of the clinics, the average daily number of discs stood at about 110 per CSCMC under the Pilot Scheme. A small number of no-show cases (no-show rate of about 4% to 5%) were recorded daily by the two CSCMCs due to non-attendance of patients.

2.8 Most CSEPs suggested in the opinion survey that the number of discs provided by CSCMCs be increased. Some suggested that the scope of services be expanded to cover bone-setting/tui-na. **Table 3** below sets out the top 3 areas of concerns summarised from the open-ended questions in the opinion survey, which included “arrangement for follow-up appointments”, “telephone booking system” and “number of CSCMCs/discs”.

**Table 3 Respondents’ Top 3 Areas of Concerns**

| Areas                                     | %   |
|---|-----|
| 1. Arrangement for follow-up appointments | 30% |
| 2. Telephone booking system               | 24% |
| 3. Number of CSCMCs/discs                 | 22% |

2.9 The above areas of concerns, as revealed in the opinion survey, were in essence, related to the service capacity of CSCMCs. This matched with the subject matters most commonly raised in enquires and complaints we had received. The CSCMCs also reflected that the majority of complaints received were related to insufficient number of discs.

2.10 To sum up, CM services provided by the two CSCMCs were in general well received by CSEPs under the Pilot Scheme. The utilisation rates of both general consultation and acupuncture services were consistently over 95% though there were non-attendance cases at times. The major concern of CSEPs was the difficulty in securing an appointment, and hence they unanimously suggested increasing the service capacity of the CSCMCs.

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<sup>7</sup> Service hours of CSCMC (Tsuen Wan) are Monday to Friday (09:00 - 13:00, 14:00 - 19:00) and Saturday (09:00 - 13:00, 14:00 - 17:00); whereas for CSCMC (Eastern), the service hours are Monday, Wednesday & Friday (09:00 - 13:00, 14:00 - 17:00), Tuesday & Thursday (09:00 - 13:00, 14:00 - 19:00) and Saturday (09:00 - 13:00). In view of the COVID-19 pandemic, the service hours of CSCMC (Eastern) have been temporarily adjusted to Monday to Friday (09:00 - 13:00, 14:00 - 18:00) and Saturday (09:00 - 13:00, 14:00 - 17:00) until further notice.

#### **(d) Operational arrangements**

2.11 The two CSCMCs were located at the CMCTRs in Tsuen Wan and Eastern District respectively. While the CSCMCs shared the same location with the CMCTRs, the former were equipped with designated facilities for CSEPs which included reception counters, consultation rooms and acupuncture beds. This “designated facilities” arrangement, which delineated the services provided to CSEPs and members of the public, was well received by CSEPs in general as shown by the results of the opinion survey (at **Annex B**).

2.12 While the above operational arrangements were highly commended by CSEPs, the booking arrangement was an area requiring improvement. Under the Pilot Scheme, telephone booking via a dedicated telephone line for each CSCMC was the sole means for making appointment. Walk-in booking was not accepted. About 56% of the respondents gave negative ratings to the degree of convenience of telephone booking. As a matter of fact, both CSB and the two CSCMCs have received feedback from CSEPs on the difficulty in making successful bookings since the launch of the Pilot Scheme. Many CSEPs expressed disappointment for not being able to make an appointment after numerous attempts, so much so that some even speculated that the reception counter staff had intentionally held up the telephone line (please refer to Case Study A at **Annex C**). To improve the booking arrangement, some CSEPs raised suggestions such as developing an internet or mobile application for booking, enhancing the telephone system, adopting a waiting list mechanism for episodic appointment, etc.

2.13 Another area of concern was the arrangement regarding follow-up appointments. Under the Pilot Scheme, a CSEP could keep one episodic disease appointment (either general consultation or acupuncture) and one follow-up appointment (either general consultation or acupuncture) at any one time. The follow-up appointment would be arranged by clinic staff upon the recommendation of the attending CM practitioner if further CM treatment was required. According to the opinion survey, 30% of the respondents who had provided an answer to the open-ended questions expressed concerns on the arrangement for follow-up appointments (see **Table 3**). Among them, over 75% would like their follow-up appointments be arranged earlier and some 15% were unable to make a follow-up appointment and needed to book a new episodic appointment instead. Some respondents suggested allowing booking of a follow-up appointment beyond 30 calendar days. Similar feedback and suggestions on the booking



arrangement have been received by CSB and the CSCMCs. Besides, some CSEPs suggested each CSEP be allowed to hold follow-up appointments for both general consultation and acupuncture services at the same time.

2.14 There were also suggestions on extending the operating hours of the CSCMCs<sup>8</sup>, including extending the service hours of the telephone booking line and providing CM services in the evening and on Sundays and public holidays.

2.15 At present, CSEPs, upon arrival at the CSCMCs, would have to register at a designated counter. While reception arrangements were in general highly commended by CSEPs, we had received a small number of complaints on the registration process. For details, please refer to the Case Study B at **Annex C**. Though the complaints were not substantiated after investigation, these incidents shed light on the importance of dissemination of accurate service information of CSCMCs to CSEPs.

2.16 As pointed out in paragraph 2.7 above, a no-show rate of around 4% to 5% was recorded at both CSCMCs due to non-attendance of individual patients. Apart from these non-attendance cases, late arrival of individual patients has also affected the operation of the clinics. Flexibility in handling late arrivals was vested with the respective CSCMCs to minimise disruption to clinics' operations. Both CSCMCs did not impose penalties on non-attendance cases. Meanwhile, there were a few complaint cases involving CSEPs, who intended to cancel their bookings in advance, not being able to get through the busy telephone lines timely, which may have contributed to the wastage of discs in the end.

2.17 Under the Pilot Scheme, all general consultation and acupuncture services were provided by the on-duty CM practitioners and patients were not allowed to choose a particular CM practitioner. Subject to the clinical conditions, patients would be prescribed up to a maximum of five doses of CM products (Chinese herbal medicine or Chinese medicine granules) per attendance of general consultation. Some participants of the opinion survey suggested lifting the cap on the number of doses of CM products per attendance and allowing them to select a particular CM practitioner for the services. Similar feedback was also received from individual CSEPs and staff associations through other channels. Besides, some individual CSEPs conveyed to CSB and the CSCMCs that they would like to have the flexibility to purchase additional doses of CM products, and to choose a

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<sup>8</sup> Please refer to footnote 7 on the operating hours of the two CSCMCs.

particular CM practitioner who is an expert in treating particular illnesses. Some others requested the provision of free decoction service.

2.18 While there have been suggestions on improving the booking and re-appointment arrangements, most CSEPs were satisfied with the operational arrangements of the clinics as a whole. This was reflected by the results of the opinion survey that about 95% of the respondents gave positive ratings.

## **Chapter 3**

### **Way Forward**

3.1 Overall speaking, the major views set out in Chapter 2 showed that the Pilot Scheme was well received by CSEPs. CSEPs were generally satisfied with the CM services provided under the Pilot Scheme which provided them with an additional choice when seeking medical treatment. However, there was still room for improvement in some aspects.

3.2 In the course of reviewing the Pilot Scheme, some improvement measures have already been introduced with a view to enhancing the service as soon as possible. Regarding booking arrangement, in the first few months after the launch of the Pilot Scheme, we received quite a number of complaints that CSEPs had experienced various problems in calling the clinics for making appointments, such as congested telephone lines, and that they were only informed “full-booking” after making hundreds of calls. To improve the situation, enhancement works have been carried out for the telephone booking systems of the two CSCMCs. Upon the completion of the enhancement works in CSCMC (Tsuen Wan) and CSCMC (Eastern) in November 2020 and January 2021 respectively, the two CSCMCs can activate a pre-recorded message to inform callers once all the available discs are exhausted. CSEPs opined that this enhancement saved their efforts and time from making appointments by phone.

3.3 Furthermore, we have implemented measures to ensure fair allocation of discs. Since the launch of the Pilot Scheme, in order to allow more CSEPs to benefit from the services, each CSEP is only allowed to have one booking each for episodic disease and follow-up appointment at any one point in time<sup>9</sup>. Subsequently, it has come to our attention that some patients have made appointments at both CSCMCs concurrently hence deviating from the above principle. To close the loophole, the Chinese Medicine Information System has been enhanced to facilitate real-time checking of patients’ appointment at the two CSCMCs with effect from 28 June 2021. Since then, patients are no longer able to make “double booking” at different CSCMCs at the same time.

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<sup>9</sup> This is in line with the arrangement for the Government subsidised CM services.

3.4 Apart from the abovementioned measures which have already been implemented, with reference to the views set out in Chapter 2, a series of short-term enhancement measures are recommended. Moreover, medium- to long-term goals would be set with a view to improving the provision of CM services to CSEPs gradually.

**(a) Enhancement Measures**

*Measure 1: Regularising the Pilot Scheme and Increasing the Annual Service Capacity of CSCMCs to around 100 000 Discs by 2022-23*

3.5 CSEPs were in general satisfied with the quality of the CM services currently provided by the two CSCMCs including general consultation and acupuncture services. Under the current mode of operation, we are confident that the CSCMCs would continue to upkeep the high quality of the services.

3.6 In view of CSEPs' persistent demand for CM services, we see the continuous need to provide CM services as the civil service medical benefits. Therefore, we recommend regularising the Pilot Scheme and making available more discs to meet the demand. We plan to increase the number of discs by increasing the capacity of the two existing CSCMCs; and setting up new CSCMC(s) at other CMCTR(s). Our target is to increase the service capacity from the current annual number of discs of 63 000 to around 100 000 by 2022-23. In so doing, we would ensure that such arrangement would in no way affect the provision of Government-subsidised CM services at the CMCTRs.

*Measure 2: Launching a Designated Webpage on CSCMCs to Enhance Communication and Information Dissemination*

3.7 At present, CSEPs may visit the website of CSB or make telephone calls to the clinics to obtain information on the services provided by CSCMCs. If they wish to make enquiry, offer feedback or lodge complaints, they may contact CSB, HA or the clinics by various means. In order to provide updated information on the services in a handier manner, and to maintain better communication with CSEPs, it is recommended that a designated webpage for CSCMCs be made available to serve as a one-stop information portal for CSEPs to obtain updated information on the services provided by CSCMCs. At the same time, a designated email

account will be made available for CSEPs to provide feedback on the services. In the future, information on the operational arrangements of the clinics will be clearly promulgated in the webpage, it is believed that cases of miscommunication such as the one revealed in Case Study B at Annex C could be avoided.

*Measure 3: Exploring a Suitable Ratio of Discs for Episodic and Follow-up Appointments*

3.8 Currently, the CSCMCs allocate a certain percentage of discs for episodic diseases appointment and follow-up appointments respectively. While the exact number of discs allocated for the two types of appointments may be adjusted flexibly by the clinics subject to their actual operation, about 40% to 50% of the discs have been allocated for episodic diseases appointment while the remaining were for follow-up appointments since the launch of the Pilot Scheme. Given a large number of CSEPs have expressed difficulty in scheduling a timely follow-up appointment, we are open to exchange views with the staff side on the ratio of discs for the two types of appointment. In this connection, the matter will be brought up for discussion at the SCMDF meeting, and then we will further discuss with Food and Health Bureau (FHB) and HA on implementation.

*Measure 4: Exploring New Arrangements to Maximise the Utilisation of Available Discs*

3.9 As pointed out in paragraph 2.7 above, a no-show rate of around 4% to 5% was recorded by the CSCMCs due to non-attendance of individual patients. There were also late-arrival cases at times. With a view to fully utilising all discs, we recommend exploring with the staff side the introduction of a penalty mechanism for non-attendance cases without prior notification for multiple times, say, three consecutive times. That said, we are mindful that some individual patients had in fact attempted to inform the clinics of their non-attendance in advance but failed to do so as the telephone lines of the clinics were busy. After completion of the enhancement works on the telephone booking systems of both CSCMCs, the occurrence of persistent busy telephone lines has been greatly improved, hence CSEPs should not encounter too much difficulty in informing the clinics of their non-attendance.

3.10 There has been a suggestion that, in case a patient did not turn up within 10 minutes after the scheduled appointment time, the clinic staff should reallocate the disc to another patient, say by releasing the appointment slot to another patient on the same day or the next working day. However, it is in fact difficult, in terms of time arrangement, to reallocate the vacated discs to other CSEPs on the same day. Besides, given the service hours of the CSCMCs and the time slots available for booking in the clinics on each working day has been fixed, it may also not be possible to reschedule the vacated appointment slots for booking by CSEPs on the next working day.

3.11 Meanwhile, we have invited staff associations to remind CSEPs to cancel their appointment in advance if they are unable to attend as scheduled so that the discs could be released for booking by other CSEPs to ensure a better utilisation of resources. In addition, in collaboration with HA and the CSCMCs, a point-to-note reminding patients to attend their appointments punctually has been added to the appointment slip, and signage bearing the same message has been posted in the CSCMCs. For the benefit of all service users, we will continue to appeal to CSEPs to attend their appointments punctually. We would also explore other means to remind patients of their appointments so as to reduce the number of non-attendance and late arrival cases.

*Measure 5: Improving the Appointment Booking Arrangement by way of a Mobile Application*

3.12 To further improve the booking arrangement, provision of a simple, easy to use and informative mobile application for making appointments should be the right direction. Our target is to make available a mobile application in 2022 to allow CSEPs to obtain information and services of the CSCMCs (including making episodic appointments, enquiring appointment details and cancelling appointments made via mobile application). Patients may also add the appointment details to their personal calendar of mobile phone through the mobile application, thereby helping reduce non-attendance and late arrival cases.

**(b) Medium- to long-term goals**

3.13 As revealed in Chapter 2, CSEPs were satisfied with the operational arrangements, in particular the reception arrangement and environment of the clinics. When turning to booking arrangement, operating hours and clinical arrangements (such as follow-up appointment arrangement, number of doses of CM products and selection of particular practitioner), CSEPs have expressed various views and made suggestions on improving the arrangements.

3.14 Under the existing mode of operation, two CSCMCs are located in the CMCTRs. The CM services provided by the service provider to CSEPs under the Pilot Scheme, and other members of the public under the Government-subsidised services are largely the same. If two different sets of clinical arrangements are adopted under the Pilot Scheme and the Government-subsidised services, it may cause confusion to clinic staff and adversely affect clinic operation. We therefore hold the view that the clinical arrangements for CSCMCs should be consistent with those adopted by the CMCTRs as far as possible. In this connection, the following clinical arrangements shall continue:

- a maximum of five doses of CM products per general consultation treatment;
- CSCMCs assign only same day and next working day appointments for episodic diseases;
- CSCMCs arrange follow-up appointment upon the recommendation of the attending CM practitioner within 30 days of consultation; and
- patients cannot choose a particular CM practitioner.

3.15 When the service capacity of the CSCMCs are enhanced gradually, we believe that CSEPs' requests for adjusting the aforementioned clinical arrangements could be addressed to some extent. For example, if a patient could be given a timely follow-up appointment, it may help mitigate the patients' requests for increasing the maximum doses of CM products for each consultation.

*Medium/long-term Goal 1: Providing Bone-setting/Tui-na Services*

3.16 Currently, the two CSCMCs provide general consultation and acupuncture services only. Since the provision of bone-setting/tui-na services at the 18 CMCTRs are rather limited, the number of attendance of bone-setting/tui-na services constituted less than 2% of the total attendance of the subsidised CM outpatient services in 2020-21. Also, considering the relatively scanty number of CM practitioners who provide bone-setting/tui-na treatment at the CMCTRs, we have decided that the CSCMCs would continue to provide general consultation and acupuncture services only for the time-being. Notwithstanding the above, we would regard the introduction of bone-setting/tui-na services as our medium/long-term goal. When more CM practitioners at the CMCTRs acquire the expertise and experience in bone-setting/tui-na services, thereby raising the service capacity of bone-setting/tui-na services thereat, we would actively explore the introduction of bone-setting/tui-na services to CSCMCs.

3.17 As regards the requests for provision of specialist services, since CM consultation aims at totality treatment and there is no such formal CM specialisations in Hong Kong at present, we have no plan to provide specialist services in the CSCMCs.

*Medium/long-term Goal 2: Enhancing the Capacity of CM Services for CSEPs Gradually*

*Medium/long-term Goal 3: Exploring Diversified Mode of Provision of CM Services*

3.18 While we would not rule out the possibility of exploring different means to provide CM services to CSEPs in the long run, the operational difficulties that may be involved should not be underestimated. For example, to provide CM services via CM Mobile Clinics (中醫流動醫療車) as a new service mode, a number of operational and technical issues such as logistics at the back-end, design of the vehicles, facilities and devices for consultation and dispensing, would need to be deliberated first. Development of any new service mode would require thorough discussions with the stakeholders as well as detailed planning, and hence would take time to materialise.



3.19 At this stage, we will continue to explore gradually expanding the service capacity of the CSCMCs, including providing more discs at the existing CSCMCs and setting up new CSCMCs in other districts where practicable to better meet the medical needs of CSEPs. In addition, we shall start discussing with the FHB on the provision of CM services for CSEPs at the CM Hospital in future<sup>10</sup>.

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<sup>10</sup> The CM Hospital is now under construction and is expected to commence services in 2025 the earliest.

## **Chapter 4**

### **Conclusion**

4.1 The Government sets up CSCMCs to provide CM services with an aim to enhance the civil service medical benefits by providing CSEPs an additional choice when seeking medical treatment.

4.2 The Pilot Scheme launched in March 2020 has been well received by CSEPs. This reaffirms that the provision of CM services by the CSCMCs is in the right direction for enhancing civil service medical benefits. We are grateful for the feedback provided by CSEPs and other stakeholders so that we could make timely adjustments and improvements in the Pilot Scheme as appropriate.

4.3 In this report, we have recommended five short-term measures and three medium- to long-term goals to further enhance the provision of the CM services for CSEPs. With the regularisation of the Pilot Scheme, we will continue to strive for improving the CM services for CSEPs in close collaboration with HA and the CSCMCs, with a view to providing more comprehensive civil service medical benefits to CSEPs in the long run.

**Opinion Survey on  
Pilot Scheme on Civil Service Chinese Medicine Clinics**

問卷編號： \_\_\_\_\_

**「公務員中醫診所先導計劃」意見調查**

**Opinion Survey on  
Pilot Scheme on Civil Service Chinese Medicine Clinics [CSCMCs]**

為確切掌握公務員中醫診所的服務使用情況和了解使用者的意見，希望您能填寫本問卷，提供您今次到本診所就診的意見。問卷提供的所有資料只供公務員事務局作是次意見調查之用。

Your assistance is sought to provide feedback on your experience today in attending this clinic by completing this questionnaire. Your feedback would facilitate us to have a better grasp of the use of services provided by the CSCMCs, and to better understand the users' opinion on the services. Information provided in the questionnaire will only be used by the Civil Service Bureau for the purpose of this opinion survey.

(請於適當方格填上☐號 Please tick as appropriate.)

**(I) 一般資料 General Information**

1. 性別 Sex  男 Male  女 Female
2. 年齡 Age  
 18 歲以下 under 18  18 - 30  31 - 60  
 60 歲以上 over 60
3. 預約類別 Type of Appointment  
 偶發性疾病 Episodic Disease Appointment  
 覆診 Follow-up Appointment
4. 接受治療類別 Type of treatment received  
 內科 General Consultation  
 針灸 Acupuncture

你可以透過傳真 (號碼：2501 0749) 或郵寄(隨問卷夾附回郵信封)將問卷交回。You may return the completed questionnaire by fax (Tel : 2501 0749) or by mail (reply envelope attached).

**(II) 宣傳 Publicity**

5. 過去三個月內，你到訪了公務員中醫診所(包括東區和荃灣公務員中醫診所)多少次？ How many times have you visited the CSCMCs (including the Eastern and Tsuen Wan CSCMC) in the past three months?

一次  
1 time

二至五次  
2 to 5 times

五次以上  
Over 5 times

6. 你從以下哪些渠道得知公務員中醫診所？(可同時選擇多項) How did you learn about CSCMCs? (may choose more than one option)

宣傳海報 Poster

公務員事務局便箋  
Civil Service Bureau (CSB) Memo

公務員事務局網頁  
CSB website

親友  
Relatives/friends

其他  
Others \_\_\_\_\_

**(III)對服務的評價 Evaluation of services received**

(5: 非常滿意 Totally satisfied; 4: 滿意 Satisfied; 3: 普通 Normal;  
2: 不滿意 Dissatisfied; 1: 非常不滿意 Totally dissatisfied)

**(A) 預約及登記安排 Booking and Reception**

7. 電話預約的便捷度 Degree of convenience of telephone booking

5      4      3      2      1

8. 接待處職員的效率 Efficiency of reception staff

5      4      3      2      1

9. 接待處職員的態度 Attitude of reception staff

5      4      3      2      1

10. 登記流程 Registration procedures

5      4      3      2      1

**(B) 診症服務 Treatment**

11. 候診時間 Waiting time before receiving treatment  
5      4      3      2      1
12. 中醫師的專業性及態度 Professionalism and attitude of CM practitioner  
5      4      3      2      1
13. 配發中藥產品的質素及數量 Quality and quantity of CM products issued  
5      4      3      2      1      不適用  
Not Applicable

**(C) 診所環境 Environment of the Clinic**

14. 診所整體舒適度 Overall comfort of the Clinic  
5      4      3      2      1
15. 診症室/針灸室整潔度 Cleanliness of consultation room/acupuncture treatment area  
5      4      3      2      1
16. 診所內廣播清晰度 Clarity of announcement in the Clinic  
5      4      3      2      1
17. 診所地點便捷度 Accessibility of the Clinic  
5      4      3      2      1

**(IV) 其他 Others**

18. 整體評分 Overall rating  
5      4      3      2      1
19. 今天選擇中醫服務的原因 Reasons for choosing CM service today  
\_\_\_\_\_  
\_\_\_\_\_
20. 對覆診期安排的意見(如適用) Views on the arrangement for follow-up booking (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

21. 欣賞公務員中醫診所的地方 Areas for appreciation of the CSCMCs

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22. 公務員中醫診所需要改善的地方 Areas for improvement of the CSCMCs

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23. 其他意見 Other views

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謝謝您的意見。

Thank you for your comments.

**Overview of Opinion Survey Results**

**(A) Booking and Reception**

Figure 1 Degree of convenience of telephone booking

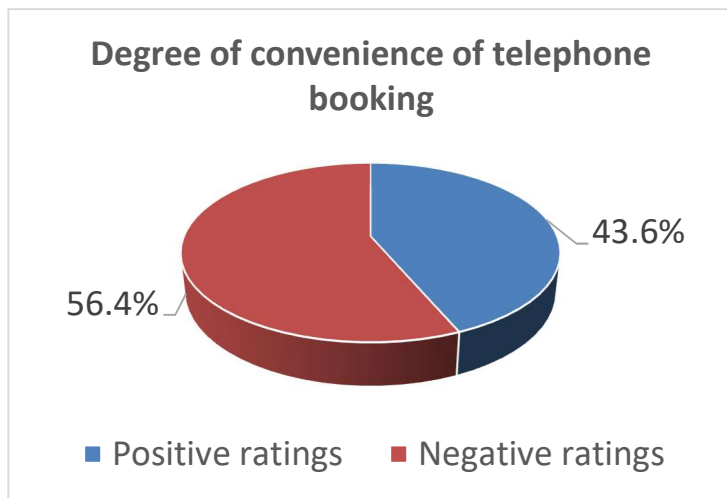


Figure 2 Efficiency of reception staff

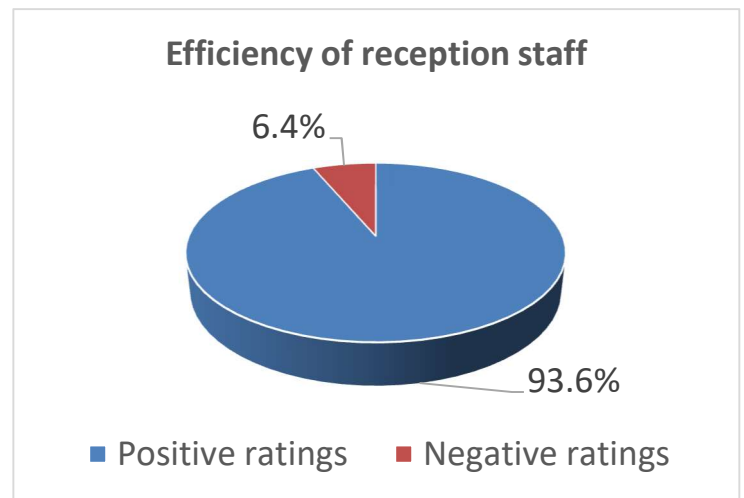


Figure 3 Attitude of reception staff

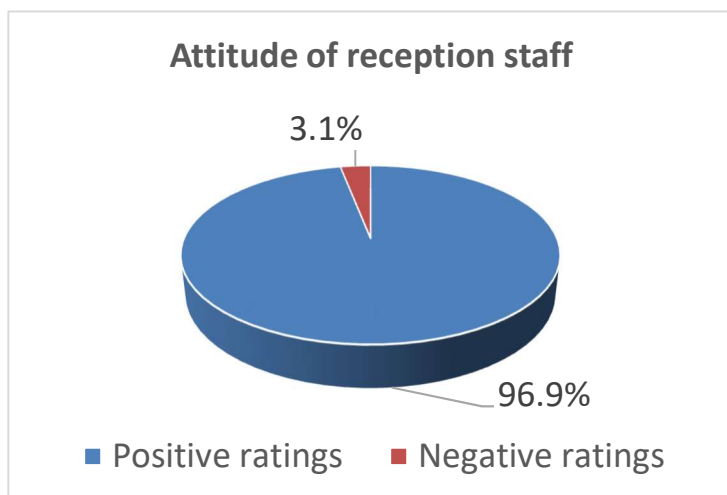
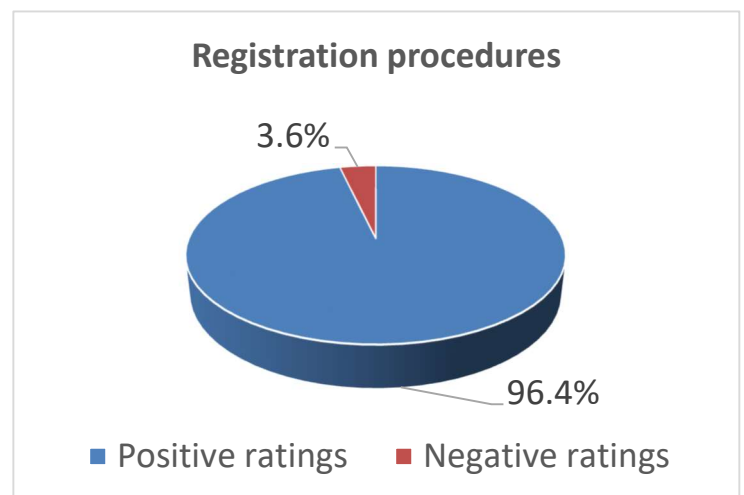


Figure 4 Registration procedures



**(B) Treatment**

Figure 5 Waiting time before receiving treatment

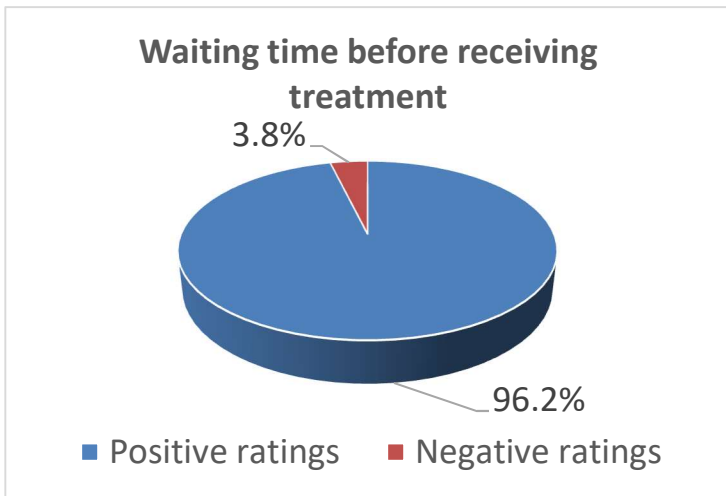


Figure 6 Professionalism and attitude of CM practitioner

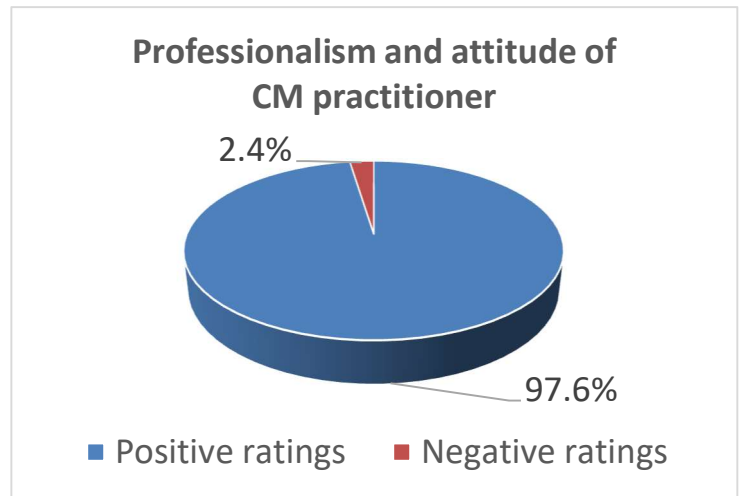
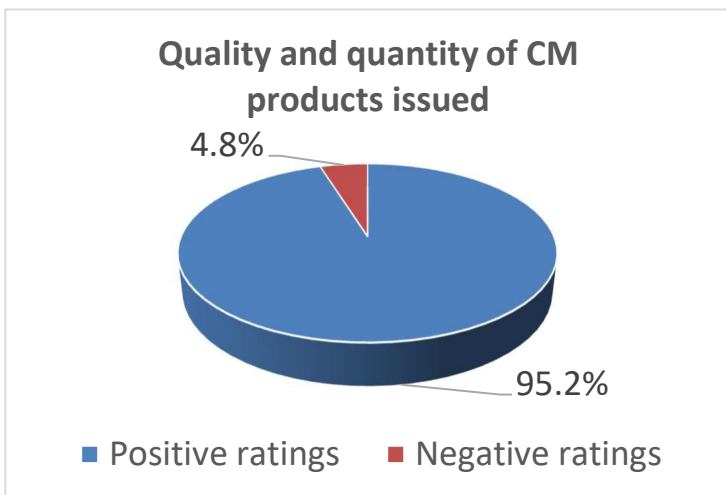


Figure 7 Quality and quantity of CM products issued





### (C) Environment of the Clinic

Figure 8 Overall comfort of the Clinic

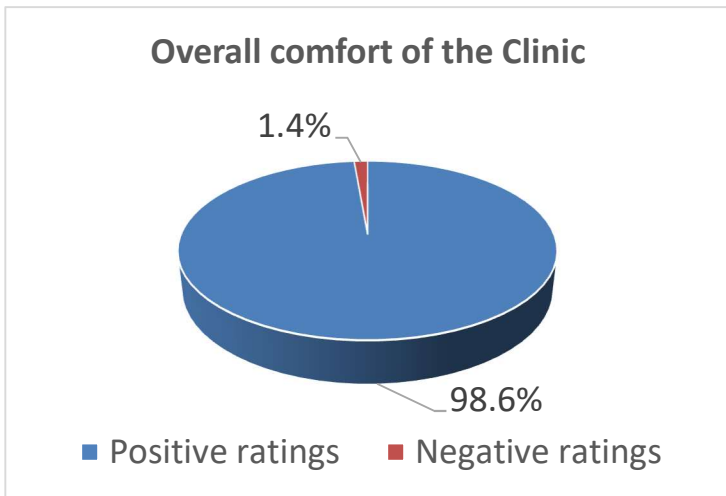


Figure 9 Cleanliness of consultation room/ acupuncture treatment area

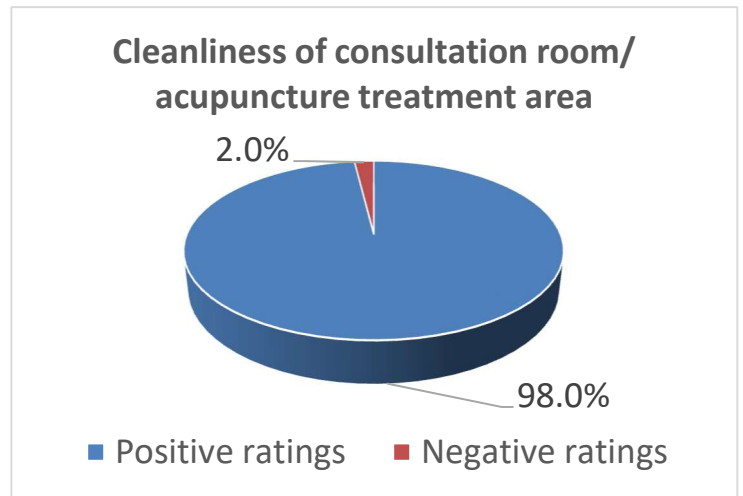


Figure 10 Clarity of announcement in the Clinic

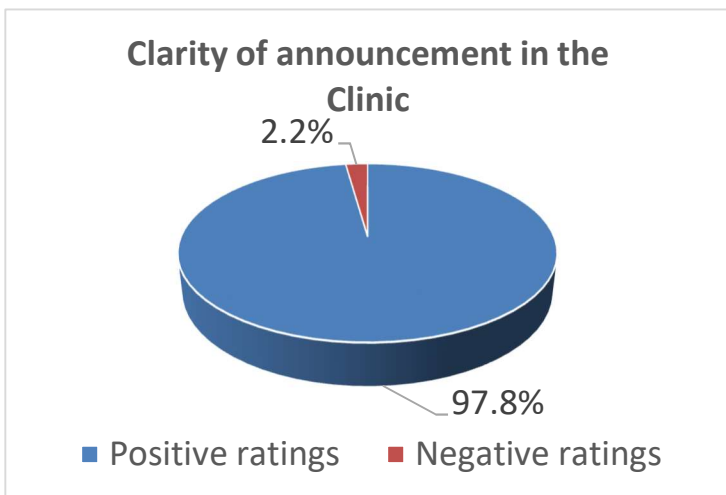
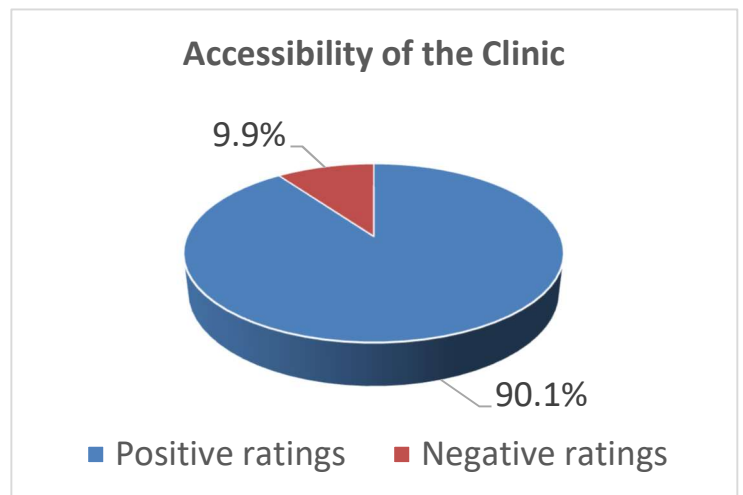
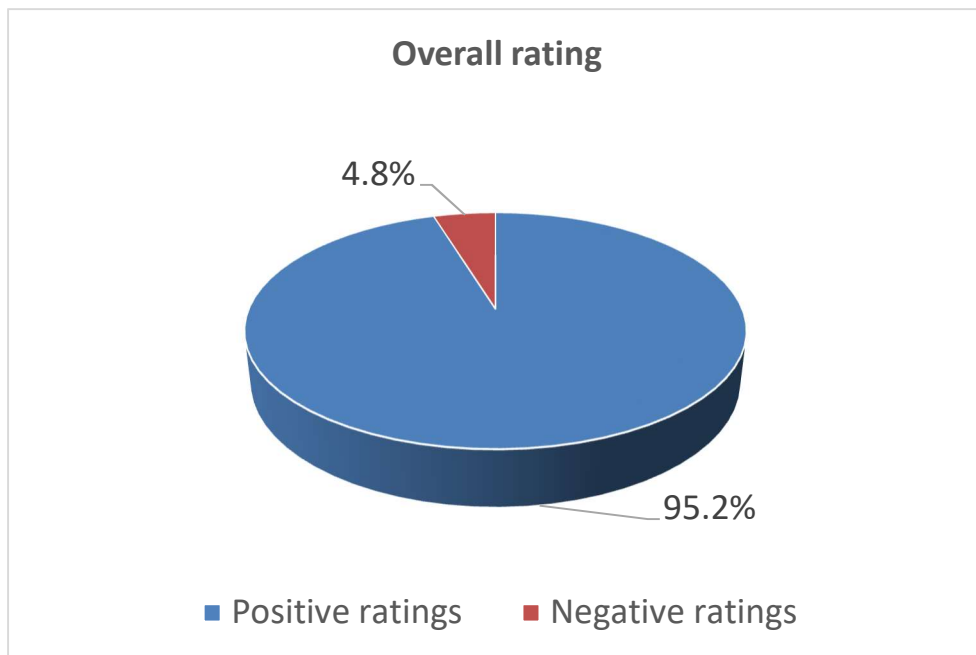


Figure 11 Accessibility of the Clinic



### (D) Overall Rating

Figure 12 Overall rating



**Case Study**

**Case Study A: Telephone Booking Arrangement**

- In the first few months of the Pilot Scheme, we received a few enquiry/complaint cases in respect of both CSCMCs whereby the complainants suspected the reception staff had refused to take the calls intentionally. According to the complainants, while they managed to get through the line after hundreds of attempts, the calls were held-up and terminated in the end.
- Upon receipt of complaints of similar nature, HA immediately checked with the concerned CSCMC whereas random checks were performed by CSB. Neither irregularity of the telephone lines nor misbehaviour of reception staff was identified. We had therefore sought further assistance from HA to approach the service provider of the telephone systems on this issue. According to the service provider, irregularity might occur occasionally when the number of incoming calls exceeded the maximum capacity of the ex-upgraded telephone booking systems. To address the problem, we explored with HA the improvement measures and decided to carry out enhancement works on the telephone booking system of both CSCMCs. Upon the completion of the enhancement works, the systems became more stable and the enquiry/complaint cases of similar nature have greatly reduced.

## **Case Study B: Registration Procedures**

- Upon arrival at the registration counter at a CSCMC, CSEPs are required to complete the registration process by presenting identification documents, say Hong Kong Identity Card/birth certificate. There have been occasions where the CSEP claimed that he/she did not bring along the identification document and requested reception staff to accept other forms of proof, for instance, images of identification documents or credit cards etc. Given the reception staff are obliged to confirm the patients' identity to ensure that only eligible CSEPs could receive the civil service medical benefits, requests from these patients could not be acceded to. The CSEPs concerned were dissatisfied with the arrangement and subsequently filed complaints against the reception staff, alleging them of being bureaucratic and unhelpful during the registration process.
- After investigation, we believe that staff of CSCMCs have clearly explained to the CSEPs concerned on the need to present valid identity proofs for registration. However, individual CSEPs still insisted that CSCMCs should flexibly reschedule their appointments to another day. They added that complaints would be made against the concerned staff if the CSCMCs fail to entertain their requests. A tiny fraction of CSEPs even shouted loudly and made a scene at the reception counters and refused to leave after the staff had explained the prevailing arrangement to them. Such improper behaviour, which had seriously hampered the operation of CSCMCs and affected other patients, was unacceptable.