

Tuesday, 20 January 2026

**Semi-urgent and non-urgent cases drop significantly by 20%**  
**Accident and Emergency Departments focus resources on critical and emergency care**

The Hospital Authority (HA) spokesperson announced today (January 20) that since the implementation of the public healthcare fees and charges reform, there has been an overall decrease in the number of attendances at Accident and Emergency Departments (A&Es) of public hospitals, with a significant drop in semi-urgent and non-urgent cases. The average waiting time for urgent patients to receive treatment has also decreased, indicating that resources are more effectively focused on critical and emergency care, resulting in improved efficiency in treating emergency patients.

From January 1 to 18, 85 676 patients attended the 18 A&Es under the HA, representing a significant decrease of nearly 15% compared to the same period last year. Among the cases, 4 889 patients were triaged as critical and emergency cases, showing an increase of 7.7% compared to the same period last year. 38 155 patients were classified as urgent cases, representing a decrease of 8.4% year on year. The remaining 42 632 patients were classified as semi-urgent and non-urgent cases, marking a substantial decrease of 21.3% compared to the same period last year. The latest A&E statistics are analysed as follows:

- Significant decrease in average daily A&E attendances by 14.6%;
- About 4 900 critical and emergency patients exempted from A&E fees under the new fees and charges reform. These patients were required to pay the fees before the reform;
- For patients classified as urgent cases, the percentage of those being treated within 30 minutes - meeting the service pledge target - increased from 82.7% last year to 87.1%, with the average waiting time reduced from 22 to 20 minutes;
- Among the five triage categories, the proportion of semi-urgent and non-urgent patients decreased from 54.2% last year to 49.8%; and
- The average waiting time for semi-urgent and non-urgent patients decreased from 144 minutes last year to 111 minutes.

The Chairman of the HA Coordinating Committee in A&E, Dr Axel Siu said, "The latest statistics of A&Es, including attendance numbers, semi-urgent and non-urgent cases, and treatment efficiency for urgent patients, all indicate that resources of A&Es are now better directed towards critical and emergency patients. Non-urgent patients or patients with other medical needs are changing to seek more appropriate healthcare services other than A&Es, achieving the original intention of the public healthcare fees and charges reform. A&Es can better concentrate resources and treat patients with urgent medical needs more effectively. We are very pleased to see that the reform has successfully achieved its positive and intended outcomes."

Dr Siu reiterated that A&E is positioned to serve critical, emergency and urgent patients. Individuals with minor conditions or episodic illnesses, such as common colds, are encouraged to visit Family Medicine Clinics, private doctors, or 24-hour outpatient services of private hospitals. Following the implementation of the public healthcare fees and charges reform, the HA has regularised the A&E refund arrangements, which can facilitate less urgent patients in opting to other healthcare institutions after triage. From January 1 to 18 this year, a total of 952 A&E patients applied for refund.

The HA will continue to closely monitor the operations of A&E to ensure that resources are focused on patients with urgent medical needs, in line with the objectives of the public healthcare fees and charges reform to strengthen support for "poor, acute, serious, critical" patients.

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