

Thursday, 8 January 2026

## Public healthcare fees and charges reform shows initial success Accident and Emergency Departments focus resources on critical care

The Hospital Authority (HA) spokesperson announced today (January 8) that since the implementation of the public healthcare fees and charges reform one week ago, operations in Accident and Emergency Departments (A&Es) of public hospitals have been functioning smoothly. The overall number of attendances has decreased. A&Es have been able to concentrate resources to serve critical and emergency patients, ensuring timely treatment for all critical and emergency patients and improving the efficiency of patient care.

During the past week (from January 1 to 7), a total of 32 147 patients attended the 18 A&Es under the HA. Among them, 1 807 patients were triaged as critical or emergency cases, 14 077 as urgent cases, while the remaining 16 263 as semi-urgent or non-urgent cases.

During this period, the daily average A&E attendances was 4 592, which included an average of 258 critical or urgent cases (5.6 per cent), 2 011 emergency cases (43.8 per cent), and 2 323 semi-urgent or non-urgent patients (50.6 per cent). Compared to the full year of 2025, the daily average A&E attendances was 5 210, comprising 228 critical or emergency cases (4.4 per cent), 2 156 emergency cases (41.4 per cent), and 2 826 semi-urgent or non-urgent cases (54.2 per cent).

The HA spokesperson said, "Over the past week, the number of A&E attendances and the proportion of patients of various triage categories at A&Es indicate that the public healthcare fees and charges reform has yielded initial results. Not only have the number and proportion of semi-urgent and non-urgent patients decreased, but all critical and emergency patients arriving at A&Es have been able to receive immediate treatment from healthcare staff. The vast majority of emergency patients received treatment within 15 minutes of arrival. Additionally, the proportion of urgent patients receiving treatment within 30 minutes has increased from 82.7 per cent last year to 88.8 per cent, while the average waiting time for urgent patients has decreased from 22 minutes to 19 minutes."

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 7 this year, a total of 257 A&E patients applied for refund, compared to 691 patients during the same period in 2025. The spokesperson 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. This enables A&E to concentrate resources on treating patients with urgent medical needs.

Currently, all A&Es are operating smoothly. While a small number of semi-urgent and non-urgent patients might experience longer waiting time when A&Es were handling a large volume of critical cases at certain period, the majority of these patients were treated and discharged within a few hours. All patients requiring admission after treatment in A&E can be admitted within four hours, with no patient remaining in the A&E for extended periods awaiting admission.

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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