

For information
2 May 2002

Legislative Council Panel on Security
Further Development of
Paramedic Ambulance Service

Introduction

This paper updates Members on the progress of the further development of paramedic ambulance service (PAS) in Hong Kong.

Background

2. At the Panel meeting held on 7 February 2002, Members were briefed on the results of the consultancy study on the further development of PAS in Hong Kong and the Government's plan to provide paramedic care on all ambulances by the end of 2004-05. In response to Members' enquiries about the Government's response to a consultancy recommendation to secure additional ambulances, supplementary information was provided in a letter of 18 February 2002. Copies of the full consultancy report have also been despatched to Members for information.

3. As we have explained in the previous Panel Paper (CB(2)858/01-02(01)), the consultant has not only made recommendations on the further development of PAS in specific, but also, given the planned provision of full PAS in three years, on the further development of the Emergency Ambulance Service (EAS) in general. We have accepted the broad direction as mapped out in the consultancy and agreed on an implementation plan taking into account the resources available and the prevailing policy, with immediate priority given to transition to full provision of PAS in three years' time.

4. To take forward the implementation plan, provisions have been secured in 2002-03 for the creation of 68 new posts, the addition of three ambulances and the replacement of 23 ambulances, as spelt out in our letter of 18 February (CB(2)1132/01-02(01)). Regarding further development which may have substantial financial implications, FSD will review the resource requirements, consider appropriate measures to ensure cost-effectiveness and, if necessary, seek additional resources in the normal manner.

Recommendations and implementation progress

5. One of the consultancy recommendations is to secure 29 additional ambulances by April 2002 and 10 additional ambulances by April 2003. We have explained in our letter of 18 February that the proposed addition was arrived at solely by a new forecast methodology which we consider has provided a useful tool to help quantify possible requirements to meet the projected growth in emergency ambulance calls. At the same time, in planning for resource allocation, we will consider other relevant factors, including actual response time performance, actual and forecast growth in the number of calls, the implementation of other management and organizational improvement initiatives such as introducing changes to the shift arrangements.

6. For example, through the allocation of new resources in 2002-03 and internal redeployment, about 6 additional ambulance shifts per day will be provided to improve the response time performance. Besides, FSD will pilot flexible shift arrangements in selected ambulance units as recommended by the consultant. It is anticipated that such arrangement will improve the response time performance, equivalent to adding 7 ambulance shifts. In addition, with the commissioning of new ambulance depots at Tseung Kwan O and Tin Shui Wai areas in 2002, the overall ambulance coverage and response time performance will further be improved.

7. The progress to date regarding implementation of the other consultancy recommendations is as follows -

- (a) FSD has secured resources for the appointment of a dedicated training team and for the advanced recruitment of ambulancemen to enable trainees to be released from their normal operational duties to attend the training so as to qualify about 500 ambulance personnel at EMA II* level by April 2005.
- (b) FSD has entered into an agreement with the Hospital Authority for the provision of an additional half-time Medical Directors (making two half-time ones) with effect from June 2002 for the development and delivery of the EMA II programs.

* According to the classification of the Justice Institute of British Columbia Paramedic Academy, Canada, EMA II is a medical personnel with medical skills and knowledge to provide advanced pre-hospital care at a pre-hospital setting. Paramedic training for EMA II includes intravenous infusion, defibrillation and use of selected drugs.

- (c) The Medical Director will start preparing a five-year strategic plan on training and education in June 2002.
- (d) Temporary alterations to the Fire Services Ambulance Command Training School (FSACTS) at Ma On Shan will soon be carried out to provide more PAS training facilities. The initial training of ambulance recruits has also been transferred to the Fire Services Training School at Pat Heung to provide room for PAS training at FSACTS. FSD will in consultation with Architectural Services Department plan for the permanent extension of the FSACTS at Ma On Shan to accommodate all ambulance training programmes.
- (e) FSD has obtained approval from the Civil Service Bureau to make payment of the special allowance to Principal Ambulanceman and Senior Ambulanceman to be qualified as EMA II in 2002-03 and will continue to seek the approval on granting the special allowance (including to qualified Ambulancemen) to ensure full provision of PAS. The status of the allowance will be subject to review in the light of the proportion of ambulance supervisors who have so qualified and the result of a current review of job-related allowance in general.
- (f) FSD is planning to introduce flexible shift arrangements in selected ambulance depots on a trial basis. Staff consultation is now underway.
- (g) An internal study to develop protocols for introducing structured call taking and pre-arrival instructions in the Fire Services Communication Centre has commenced.
- (h) FSD has also embarked on an internal study to improve radio communication between ambulances and the Accident and Emergency Department of hospitals.

8. FSD is also pursuing the other recommendations made by the consultant as highlighted below, and will review the requirements of each recommendation and explore the feasibilities of taking them forward through redeployment of existing resources and/or acquisition of additional resources -

- (a) Provide a further half-time equivalent Medical Director.
- (b) Introduce a dedicated Quality Assurance Team.
- (c) Introduce a dedicated Customer Services and Relations Team.
- (d) Continue to develop the clinical skills of paramedics beyond the EMA II level and incorporate some additional training into the

recertification process to further advance the cognitive and psychomotor skills of the EMA II staff.

- (e) Set up a Clinical Information Management System.
- (f) Retain the dedicated paramedic training team and training reserve posts for ongoing training programmes.
- (g) Investigate introducing swing shifts and a dedicated fleet to address Urgent Calls.
- (h) Introduce pre-arrival instructions and reviewing the dispatch algorithms used by the Control Centre.
- (i) Introduce Critical Care Transport Teams and Emergency Response Teams and provide training.
- (j) Introduce prioritised dispatch of ambulances after full provision of PAS and review of the response time target.

Timetable for full provision of PAS

9. Out of an establishment of 777 ambulance supervisors at the ranks of Principal/Senior Ambulanceman, 320 or 41% have been qualified as EMA II. Taking into consideration the natural wastage of Principal/Senior Ambulanceman in the next three years, FSD will conduct 8 paramedic training courses each year for 192 ambulance personnel to qualify them at EMA II level.

10. We anticipate that by the first quarter of 2003, about 60% of ambulances in the fleet will be capable of providing paramedic care. Such proportion will increase progressively to 80% and 100% by the end of the first quarter of 2004 and the first quarter of 2005 respectively.

Way Forward

11. FSD will continue to further develop its EAS to provide the best possible pre-hospital care to the public. Notably it will ensure the provision of paramedic care on all ambulances by the end of 2004-05.

Security Bureau
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