

(For information)

PFC Staff Side Medical Paper1/2009

Medical Benefits for Police Officers

Background

The Police Force Council Staff Side represents the majority of the serving 27,000 men and women of the Hong Kong Police from Constable to Chief Superintendent ranks.

2. The Police Force is an operational organization duty-bound under the Police Force Ordinance to protect the people of Hong Kong and maintain law and order every day of every year. Therefore, the men and women that actually work within the Police Force have to be healthy and fit to carry out their mission. In that regard, **under CSR 900**, the Administration is contractually bound to give the best available medical care to these officers.

3. For a number of years, the police officers have noticed a major deterioration in the provision of medical services. Officers are concerned that they are unable to obtain adequate and timely treatment as promised under CSR 900.

4. Without any effective medical insurance plan from their employer they would need to make their own arrangements at their own expense to secure treatment in the private sector. Officers who are actually on duty and then injured have to attend public hospitals and queue with the general public to be treated and then suffer delays in the system before getting them back to work. The Hospital Authority is overburdened and consistently fails to provide timely follow-up appointments to aid timely recovery. The longer the police officers recovery, there is further waste of Police resources whilst officers are away from operational work and this adds a further unnecessary burden onto other colleagues.

5. We are now seeking action by Secretary for the Civil Service (SCS) for proper provision of adequate medical services to police officers, particularly those injured on duty. The Police Force has on average some 1,200 injury at work cases each year and over 700 are as a direct result of policing actions. Officers need to have peace of mind that when performing their constabulary tasks they can be confident that there will be effective medical services to deal with any injuries they might sustain.

Consultation with Civil Service Bureau

6. The consultation mechanism with the Civil Service Bureau (CSB) has not effectively addressed the concerns of the Police officers. The continued delays in providing proper medical for the Police is an issue that now affects police frontline morale and ultimately wasteful and damaging to the efficiency of the Police service.

7. The Staff Side has addressed Secretary for the Civil Service in letters on 2008-06-12 and 2008-09-24. SCS had met with the Staff Side in an informal discussion on 2008-09-19. CSB states it takes its contractual obligation to provide medical and dental benefits to civil service eligible persons seriously. They see this as a civil service wide issue. CSB has so far been unable to set a priority to deal with the lack of care to police officers injured on duty, separate from other service wide adjustments to medical benefits.

8. CSB claims it is working with the Department of Health (DH) in exploring and implementing measures to relieve the tight service capacity. CSB stands by the SCMDF as the dedicated committee established to discuss issues relating to the provision of medical and dental benefits for civil servants. The deliberations of the Standing Committee on Medical and Dental Facilities for Civil Servant (SCMDF) with representatives from Civil Service Bureau, Hospital Authority, Department of Health and Staff Associations and Unions has not been able to effectively deal with the concerns of Police Officers.

9. The Staff Side notes that since the establishment of the HA, the level of service had dropped substantially. It was because when the HA was established, they were given a fiscal envelope in which there was no breakdown between expenses for taking care of the public and those for taking care of the Civil Service. The Staff Side considers that the Government as an employer should take a responsible role and ensure that it took care of its employees and that there should be a better breakdown of the budget to work out the cost for taking care of the Civil Service.

10. The Police Staff Side announced at the meeting of the Standing Committee on Medical and Dental Facilities for Civil Servants (SCMDF) held on 2008-09-26 that it would permanently withdraw from membership from the SCMDF as this consultation mechanism was ineffective in addressing long standing problems. The Staff Side would seek to pursue the issue of provision of medical and dental benefits for police officers through the Police Force Council and approaching the Commissioner of Police, Standing Committee on Disciplined Services Salaries and Conditions of Service and the LegCo Panel on Public Service for assistance to press for more resolute action by the Secretary for the Civil Service.

The Way Forward

11. In the Report on the Grade Structure Review of the Disciplined Services in November 2008 the Standing Committee has commented that it must bring to the Administrations attention the issue of medical benefits as a matter of relevance to the efficient and effective management of the Disciplined Services. SCDS echoes Police Force Management and Staff that medical benefits is a priority area that deserves immediate attention, particularly in respect of officers injured on duty. **The number of injured on duty cases has risen from 798 in 2000 to 1280 in 2006.**

12. The Police Force Council Staff Side has withdrawn from attending the SCMDF, as it is not an effective forum. The Police Staff

Side seeks early and direct action by Secretary for the Civil Service and the Commissioner of Police on **three priority** issues: -

- (i) Police officers injured on duty need to be given priority for medical treatment – they should not be required to wait for hours at public hospitals;
- (ii) Police officers are only permitted to perform their duties when fit and they should not be required to undergo long waiting periods of many weeks for diagnostic checks – the wait for many weeks and months for ultra-sound, MRI or other scans and diagnostic checks is not cost effective when considering the impact on reduced manning and patrols and the cost of staff salaries in the waiting period and sick leave before any diagnostic check is provided.
- (iii) Officers reporting on duty and requiring medical treatment due to minor complaints such as influenza should be given priority for medical treatment – It is not cost effective for patrol officers to be taken off the street for many hours when they go for a minor medical check-up - they might not be back on the street for many hours due to queuing systems at HA hospitals. This is wasteful and adversely affects policing deployments.

13. The Commissioner of Police, as we understand it, is concerned over the Staff Side's wish to withdraw from the SCMD, as they did not feel that the medical and dental services provided by the Government had been adequate and the SCMD had not made satisfactory progress. Force Management fully understood and appreciated the Staff Side's concerns. In response to Staff Side request on how to come up with fresh ideas and proposals Force

Management has agreed to set up focus group within the Force to study the issues involved.

14. The Commissioner we also understand has noted SCDS comments that injured on duty officers are not given adequate priority for medical treatment, leading to some having to resort to private medical services. The Commissioner of Police has indicated to us that he supports SCDS view in implementing practicable interim measures for prompt enhancement of medical services for officers injured on duty. **Initial ideas may include administrative arrangements to accord priority in public hospitals and clinics to staff injured on duty or arrange a tailor-made group medical insurance coverage to underwrite medical treatment for these staff.**

15. The Police Force Staff Side welcomes the views and comments of Panel members.

**Police Force Council
Staff Side
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