

**立法會**  
**Legislative Council**

LC Paper No. CB(2) 114/00-01  
(These minutes have been seen by  
the Administration and cleared  
with the Chairman)

Ref : CB2/PS/4/99

**LegCo Panel on Security**

**Subcommittee on  
Emergency Ambulance Service**

**Minutes of meeting  
held on Tuesday, 23 May 2000 at 4:30 pm  
in Conference Room B of the Legislative Council Building**

**Members present** : Hon James TO Kun-sun (Chairman)  
Hon David CHU Yu-lin  
Hon Howard YOUNG, JP

**Members in attending** : Hon CHAN Yuen-han  
Dr Hon LEONG Che-hung, JP  
Hon CHAN Kwok-keung

**Public Officers attending** : Ms CHANG King-yiu  
Deputy Secretary for Security

Mr MAK Kwai-pui  
Chief Ambulance Officer  
Fire Services Department

Mr CHU Man-chun  
Chief Fire Officer (Atg)  
Fire Services Department

**Attendance by invitation** : Hong Kong Fire Services Department Ambulancemen's Union

Mr NG Siu-ki  
Chairman

Mr WAT Ki-on  
Vice-Chairman

**Clerk in attendance** : Mrs Sharon TONG  
Chief Assistant Secretary (2)1

**Staff in attendance** : Mr Raymond LAM  
Senior Assistant Secretary (2) 5

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**I. Withdrawal from membership**

Members noted that Mrs Selina CHOW had resigned from the Subcommittee.

**II. Confirmation of minutes of meeting held on 4 May 2000**  
(LC Paper No. CB(2)1941/99-00)

2. The minutes were confirmed.

**III. Meeting with the Administration and representatives from the Hong Kong Fire Services Department Ambulancemen's Union**  
(LC Paper Nos. CB(2)1452/99-00(02), 1545/99-00(01) and 2083/99-00(01))

Briefing by the Administration

3. At the invitation of the Chairman, Deputy Secretary for Security (DS for S) introduced the Administration's paper on emergency ambulance service (EAS) and stressed the following points -

- (a) The use of response time target, i.e. the interval between the time of an emergency call and the arrival of an ambulance or an ambulance aid motorcycles (AAMC) at the street level, for measuring the performance of EAS was recommended by a consultancy study in 1995, and supported by the Director of Audit in his Report No. 29 in October 1997. The adoption of a 12-minute response time target as the performance indicator to replace the target of 10-minute travel time was supported by

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the Panel on 13 October 1998. FSD had pledged to respond to 92.5% of calls within the 12-minute response time target since November 1998;

- (b) The inclusion of the response time of AAMCs in the calculation of the overall EAS performance was also recommended by the 1995 consultancy study. The Director of Audit had in his Report No. 29 urged the FSD to fully utilize AAMCs in the provision of EAS. AAMCs played a particularly valuable function in responding to emergency calls in which early treatment was of paramount importance, or for areas affected by traffic jams or lack of proper vehicular access. The early arrival of an AAMC at scene could help stabilize the condition of the patient in the first instance, save the time for treatment that should otherwise be provided by the ambulance crew, and accelerate the turn-around time of an ambulance at scene and hence the time to take the patient to the nearest hospital;
- (c) According to the statistics covering the period from December 1999 to February 2000, 93.15% of the EAS calls met the 12-minute response time target. Of all the responded calls, only 0.94% was assisted by the use of AAMCs;
- (d) In all cases where the FSCC decided to despatch an AAMC, at least one ambulance would simultaneously be sent to ensure that needy patients at scenes would be transported to hospitals as early as possible;
- (e) As part of the FSD's enhanced productivity programme (EPP) in 2000-01, EAS would be strengthened by the addition of eight AAMCs. At the same time, three ambulances had reached the end of their serviceable life and would be withdrawn from service. The arrangement would help optimize the utilization of EAS resources, and make available at least one AAMC in each of the existing 29 ambulance depots in the territory; and
- (f) The development of the Third Generation Mobilizing System (TGMS) of the Fire Service Communication Centre (FSCC) was underway and its future operation would contribute to enhance the quality of EAS.

4. DS for S stressed that the Security Bureau and FSD would continue to monitor the quality of EAS and consider additional resources allocation if the performance fell below the target.

Views from the Hong Kong Fire Services Department Ambulancemen's Union (HKFSDAU)

5. At the Chairman's invitation, Mr WAT Ki-on of the HKFSDAU said that HKFSDAU supported the use of AAMCs to supplement ambulance services but

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objected to adopting a two-minute activation time, i.e. the duration between the receipt of call and the time when the despatch procedures completed. He stressed that the prime purpose of EAS was to save lives and send patients to hospitals as soon as possible. He expressed the following views -

- (a) While AAMCs contributed to enhance early treatment of patients under urgent and special circumstances, only ambulance could convey the patients to the nearest hospitals for proper treatment;
- (b) The arrival time of an AAMC should not be included in the calculation of the response time to an emergency call, since no matter how early the AAMC had arrived, the needy patient would have to wait until the arrival of an ambulance for transport to the hospital;
- (c) There was currently only one AAMC in each of the 21 depots operating in the day shift only. If more AAMCs were deployed on both the day and night shifts, the percentage of responded calls assisted by an AAMC would be higher than 0.94%;
- (d) The purpose of setting the activation time at two minutes was to facilitate achieving the 12-minute response time performance target. In practice, the duration of an activation process would depend on the number of ambulances in the depot and related administrative arrangements. Similar to fire services crews, ambulance crews should be able to complete the activation process in 20 to 40 seconds;
- (e) Due to a shortage of reserved ambulances, some 15-20% of the total calls were responded by ambulances or AAMCs on the streets or from other districts i.e. move-up calls. As highlighted in the Administration's response to Mr LEE Cheuk-yan's enquiries, 40.9% of the dispatch services within the period from March 1999 to February 2000 had taken more than one minute to complete;
- (f) FSD had not responded to the HKFSDAU's enquiry about the anticipated effect of the TGMS on shortening the activation time;
- (g) The reduction of three ambulances under the 2000-01 EPP would bring about a reduction in staff establishment which would in turn affect the quality of EAS; and
- (h) Despite continuous increase in service demand, the staff establishment of EAS had not been adjusted in the five years before 1997-98. The use of AAMCs to replace ambulances would not resolve the manpower shortage problem.

6. Mr WAT Ki-on of the HKFSDAU suggested that the Administration should

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compile separate statistics for the dispatch and travel time, as well as the time at which patients were transported to hospitals, to reflect the actual quality of EAS.

7. In response to the views of HKFSDAU, DS for S made the following points -
- (a) The 1995 consultancy study recommended, inter alia, the adoption of response time for measuring the performance of EAS. Like similar standards adopted by overseas countries, the performance target of 12-minute response time comprised two components, i.e. a two-minute activation time and a 10-minute travel time. Such performance target provided an objective measurement for the community to monitor the performance of EAS;
  - (b) The prime concern of EAS was to arrive at the scene and provide the appropriate treatment to patients as soon as possible. The time taken for transporting patients to hospitals would vary according to circumstances and would not be an accurate indicator for measuring performance;
  - (c) Excluding the turn-outs of AAMCs, around 92.21% of the calls, which was only slightly below the target of 92.5%, were responded by an ambulance within 12 minutes;
  - (d) The Administration had no plan to replace all ambulances by AAMCs, or further increase the number of AAMCs at this stage;
  - (e) Due to operational reasons, there would be activation processes taking more than two minutes to complete. However, the 12-minute response performance target in these situations would remain unchanged;
  - (f) The operation of the TGMS in 2004 would help streamline ambulance mobilizing procedures and further reduce the activation time;
  - (g) Response time performance of fire services was measured under a system of graded response time targets for different level of risks and areas in the territory. Currently the graded response time ranged from six minutes for urban areas to 23 minutes for rural areas;
  - (h) In the interest of public safety, move-up arrangements were essential for efficient and effective delivery of EAS; and
  - (i) Breakdown of the current response time target into activation and travel time targets, and adding the time taken for transporting patients to hospitals, might create unnecessary confusion in interpreting the performance of EAS.

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Discussion

*Staffing implications of EPP*

8. The Chairman enquired about the staffing implications of the EPP. DS for S responded that the EPP was targeted at enhancing cost-effectiveness in all bureaux and departments. Given EPP's financial implications, the FSD would have to redeploy existing resources to meet the increasing demand for EAS and improve service quality. As a result of an addition of eight AAMCs alongside a deduction of three ambulances in 2000-01, there would be a surplus of twenty ambulancemen posts. She stressed that no staff members would be made redundant arising from the implementation of EPP, and there was currently no plan to further increase the number of AAMCs.

*Response time targets and financial implications*

9. Mr CHU Yu-lun enquired about the performance targets of EAS in overseas countries and the key factors for improving the performance of EAS.

10. DS for S said that the 12-minute response time target compared favourably with the standards of 14 minutes for urban areas and 19 minutes for rural areas for 95% of calls adopted by the New South Wales in Australia. As regards activation time, the United Kingdom and New South Wales adopted a 3-minute performance standard and Taiwan adopted a 6-minute standard. Many countries, including Japan and Singapore, had not set any performance targets for EAS.

11. The Chairman requested and DS for S undertook to provide further information on EAS performance targets in major cities including Shanghai, Frankfurt and Houston.

*(Post-meeting note : The Administration's written response was forwarded to members vide Paper No. CB(2)2224/99-00(01) on 5 June 2000.)*

12. DS for S further said that the major considerations for improving the performance of EAS included increasing the number of ambulance staff, ambulances and AAMCs, and constructing additional ambulance depots. As recommended by the consultant in 1995, priority would be given to construction of additional ambulance depots to cater for the annual increase in demand for EAS. She added that despite the tight control on manpower growth since 1997, the number of ambulance staff had increased by 207, 132, 49 and 30 in 1997-98, 1998-99, 1999-2000 and 2000-01 years respectively.

13. Mr WAT Ki-on of the HKFSDAU responded that there was no addition of ambulance staff in the five to six years before the 207 new ambulancemen were recruited in 1997-98. The 30 new recruits in 2000-01 were only to fill the vacancies left by retirees and to meet the 5% annual increase in demand for EAS. He stressed that the HKFSDAU had not requested additional resources for improving EAS, but

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held a strong view that a more objective system of performance measurement should be adopted to reflect the actual activation and travel time of EAS. He added that the HKFSDAU had proposed in 1998 an initial response time target of 10 minutes, followed by progressive improvements to an ultimate 6-minute target for 90% of the emergency calls which would be in line with the standard for fire services.

14. The Chairman requested the Administration to provide information on the staffing and financial implications for achieving a 10-minute response time target. He said that the Panel on Security to be established in the next legislative session might follow up on the issue, if necessary. Dr LEONG Che-hung pointed out that the Administration should aim to strike a balance between the response time target and the associated public expenditure for achieving the target.

15. DS for S undertook to provide a written response. She pointed out that given the current allocation, the pledge of responding to 92.5% of the emergency calls within a 12-minute response time was already a very cost-effective level of standard which was adopted after wide consultation. She added that within the period from March 1999 to February 2000, around 84% of the emergency calls were responded within 10 minutes. She reiterated that in light of the potential casualties and property damages, the response time targets for fire services were set at shorter time.

*(Post-meeting note : The Administration's written response was forwarded to members vide Paper No. CB(2)2224/99-00(01) on 5 June 2000.)*

16. Dr LEONG Che-hung expressed reservations about the view that the performance targets for EAS and fire services should not be compared on the ground that the latter might bring about more serious consequences.

17. DS for S clarified that the Administration had adopted shorter response time targets for fire services with a view to minimizing the risk of potential damage to properties and human lives. She pointed out that in line with international standards, the fire brigades stationed at the Hong Kong International Airport were required to arrive at the scene within two minutes after a fire alarm was activated.

18. Mr NG Siu-ki of the HKFSDAU emphasized that late arrival of ambulances was mainly caused by a low level of standby ambulances in depots. There had been occasions where a few districts in the territory simultaneously had no ambulances available for dispatch. The Chairman pointed out that such situations should have been categorized under the column for response time exceeding 18 minutes in the statistics provided by the Administration. He added that the frequency of such occurrences had been steady over the period from March 1999 to February 2000.

19. Referring to page 10 of the HKFSDAU's submission, Mr CHAN Kwok-keung asked whether the two cited situations would be counted as meeting the response time target. DS for S responded that both responses would be regarded as failure to meet the performance target since the duration between the time of receiving the emergency

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call and the arrival of an ambulance or AAMC at the correct location were more than 12 minutes.

*The role of AAMCs*

20. Miss CHAN Yuen-han expressed concern about the impact of increasing the number of AAMCs to replace ambulances in the long run, given that AAMCs could not be used for transporting patients to hospitals.

21. DS for S responded that ambulances would remain the core element in the provision of EAS to the community. She reiterated that the addition of eight AAMCs in 2000-01 was to ensure the provision of at least one AAMC in each of the existing 29 ambulance depots. AAMCs were intended to supplement the inadequacy of ambulances in providing prompt and effective emergency response particularly to urgent cases requiring immediate attention, as well as remote and rural areas without vehicular access. She assured members that the Administration at present had no plan to further increase the number of AAMCs. However, she said that she would not rule out the possibility of further addition of AAMCs as a result of additional resources for construction of new ambulance depots in the future.

*Training for ambulancemen*

22. Dr LEONG Che-hung considered that apart from the response time target, it was imperative that ambulancemen should possess adequate knowledge and skills in paramedic service to provide appropriate treatment to patients, particularly senior ambulancemen who were assigned with an AAMC. He enquired about the training policy and opportunities for in-service ambulancemen crews.

23. Chief Ambulance Officer of the FSD said that the Administration recognized the importance of continuous training for in-service ambulancemen. All newly recruited ambulancemen would have to undergo a 24-week residential training. Ambulance supervisors who possessed the requisite qualifications would be nominated to attend a 20-week Emergency Medical Assistant II (EMA-II) training which comprised a two-week placement programme in hospitals, as well as a three-week AAMC driving course if they held a valid motorcycle driving licence. Graduates of EMA-II programme should be able to perform comprehensive patient assessment, intravenous and intramuscular injections, provide cardiac care by cardiopulmonary resuscitation and defibrillation, and have knowledge in use of selected drugs. As of today, 66 ambulances and 10 AAMCs were manned by Senior or Principal Ambulancemen who had completed the EMA-II training programme. By 2003, all AAMCs should be manned by Senior Ambulancemen who had attained the EMA-II level. He added that the FSD was conducting a review on the provision of paramedic ambulance service which would, among other things, examine the feasibility of upgrading all ambulance supervisors to EMA-II level. The review report would be ready by the end of September 2000. The Chairman requested the Administration to provide a copy of the review report to the Panel for follow-up.

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24. At the Chairman's request, the Administration undertook to provide information on the existing technical indicators for different ranks of ambulancemen.

*(Post-meeting note : The Administration's written response was forwarded to members vide Paper No. CB(2)2224/99-00(01) on 5 June 2000.)*

25. Mr WAT Ki-on of the HKFSDAU said that the HKFSDAU had long before proposed that the EMA-II training programme should be extended to all serving ambulancemen. He expressed support for all senior ambulancemen to attend the EMA-II training programme as soon as possible.

Recommendations

26. Members raised no objection to the inclusion of the response time of AAMCs on the overall response time performance of EAS. The Subcommittee held the view that the Administration should maintain separate statistics on the response time performance of ambulances and AAMCs.

27. There being on other business, the meeting ended at 6:40 pm

Legislative Council Secretariat

19 September 2000