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9 February 2006

Clerk to the Panel on Public Service
Legislative Council Secretariat
8 Jackson Road
Central
Hong Kong

(Attn: Ms Rosalind Ma)

Dear Ms Ma,

Submission from the Hong Kong Fire Services Department Ambulancemen's Union (AU)

Thank you for your letter of 19 January 2006 to the Secretary for Security. I am authorised to reply on his behalf.

(A) Details about the proposal to transfer some of the urgent care services to the Auxiliary Medical Service (AMS)

(i) Provision of ambulance services by the Fire Services Department (FSD) to the Hospital Authority (HA)

Currently, the FSD provides two types of ambulance services to the HA: "Priority One" calls and "Priority Two" calls. The former refers to transfers of patients with extreme urgency from a hospital or medical institution to an acute hospital for emergency treatment or investigation without delay. FSD's performance pledge is to respond to such calls within 12 minutes, just like other emergency ambulance services.

As regards "Priority Two" calls, they are also known as "urgent calls" by FSD. According to the definition of HA, these calls are less urgent as compared with those "Priority One" calls. Ambulance staff are required to transfer patients from a hospital or medical institution to another for treatment or investigation. There is no performance pledge, and FSD's internal target is to respond to such calls within an hour. In 2005, the total number of urgent calls handled by FSD was 34 175.

(ii) Demand for Emergency Ambulance Service (EAS)

Apart from the aforementioned ambulance services, FSD also handles other EAS, including daily calls from members of the public. The demand for EAS has been on the rise in recent years. In the six-year period from 2000 to 2005, the number of such calls which need to be handled within 12 minutes (including the "Priority One" calls from HA) had increased from 459 658 to 549 866, an increase of 19.6% (or about 3.7% annually). Therefore, to meet the demand, despite the Government-wide initiatives to control expenditure and the size of the civil servants, we have increased the strength of the ambulance stream in the past few years, from 2 219 in April 2000 to 2 311 in end December 2005 (or an increase of 4.1%).

We are looking into three areas for possible ways to better meet the demand for EAS :

(a) We will continue to consider allocating additional resources for the ambulance stream. In fact, in January 2006, the Panel chaired by the Chief Secretary for Administration and the Financial Secretary further approved open recruitment of 97 ambulance staff in 2006/2007.

(b) We are working on the demand side, for example, by encouraging appropriate use of EAS with a view to ensuring that EAS is more targeted at persons in genuine need of such service.

(c) We are reviewing the modes of service delivery to ensure ambulance resources are put to better use, including the study on the feasibility of adjusting the mode of service delivery in respect of "urgent calls".

(iii) Feasibility of Adjusting the Mode of Service Delivery of "Urgent Calls"

We understand that for some "urgent calls", the patients may not need to be handled by professionally-trained personnel like the ambulance staff of FSD. Therefore, we are discussing preliminarily with HA whether other organizations could handle some "urgent calls" based on the medical assessment. This could enable FSD's ambulance staff to focus on EAS calls that have a genuine need for the ambulancemen's expertise, and hence reduce their workload and improve the service for those patients who are in genuine need of EAS.

The Auxiliary Medical Service (AMS) has also been involved in the preliminary discussions because it is one of the Security Bureau's auxiliary services departments, and has been providing non-emergency ambulance transfer services to HA, the Department of Health and private hospitals. In 2005, AMS handled 16 443 such transfers.

The above preliminary proposal relating to "urgent calls" is different from the "2+1" option (i.e. to use a non-disciplinary member to act as the third member of the ambulance crew) mentioned in AU's letter of 13 January 2006. FSD has already explained in detail the background of the present proposal vide the Ambulance Command Notice issued on 16 January 2006 (see Annex). It explains that the proposal is still under study, and that adjusting the mode of service delivery of the "urgent calls" will only be considered under the guiding principle that appropriate medical service for patients must not be affected. The resources for the ambulance stream will not be reduced because of such arrangement. The proposal is definitely not outsourcing, since in general outsourcing is an arrangement where part of the services of a government department is handled by external service providers. AMS is a government department, and thus even if its members were requested to handle some of the "urgent calls", it does not involve any outsourcing arrangements.

Further, civilianization is one of the standing measures disciplined services departments employ to ensure maximum economy in the use of public money. It has long been pursued in the disciplined services. A study conducted by the Efficiency Unit of the Chief Secretary's Office in 2004 concluded that there was little civilianization potential in the ambulance stream. The main considerations included the

need to provide immediate pre-hospital treatment to patients / casualties in an uncontrolled environment, and the need to meet a target response time of 12 minutes for EAS. As regards the current "urgent calls" service, even if it was to be provided by AMS members, it is, strictly speaking, not a civilianization proposal. AMS members are not general civilian staff. They are required to wear uniform, and are tasked to provide relevant medical services to assist government departments and outside agencies, during both emergencies and peace time under the Auxiliary Medical Service Ordinance, Cap. 517.

(B) <u>Way Forward</u>

We agree that in studying any option for improving EAS, we should ensure that patients will receive appropriate pre-hospital medical service. Therefore, if a final decision were made to adjust the mode of service delivery of "Priority Two" calls, whether a particular call should be handled by FSD or other organizations will be made by medical staff of HA based on clinical observation. We will continue to discuss the proposal with relevant departments and institutions, and will consult FSD's ambulance staff. If we decide to proceed with adjusting the mode of service delivery of "Priority Two" calls, we will consult the Panel on Security on the concrete proposal.

Yours sincerely,

(Charles Wong)
for Secretary for Security

c.c. Clerk to the Panel on Security
Secretary for the Civil Service
Director of Fire Services