(Translation)

Restricted

Elderly Commission
Minutes of the 58th Meeting

Room 2005, 20/F, Murray Building, Garden Road, Central
3:00 p.m., 10 July 2009 (Friday)

Present

Chairman

Dr the Honourable LEONG Che-hung, GBS, JP

Members

Prof CHAN Cheung-ming, Alfred, BBS, JP

Mr CHAN Iu-seng, Star, BBS, JP

Dr LAM Ching-choi, BBS, JP

Prof Jean WOO

Mr CHAN Chi-yuk, Kenneth

Mr CHAN Han-pan

Mr MA Chan-hang, Leo

Dr YAM Yin-chun, Loretta, BBS

Dr WONG Yee-him, John

Ms FUNG Yuk-kuen, Sylvia

Mr TANG Kwok-wai, Paul, JP	Permanent Secretary for Labour and Welfare
Mr Stephen FISHER, JP	Director of Social Welfare
Mr NIP Tak-kuen, Patrick, JP	Representative of Secretary for Food and Health
Dr CHAN Wai-man, JP	Representative of Director of Health

In Attendance

Ms Carol YUEN	Deputy Secretary for Security	Agenda Item 3
Mr CHAN Chor-kam	Deputy Director of Fire Services	
Mr MAK Kwai-pui	Chief Ambulance Officer Fire Services Department	
Mr NG Wai-keung	Senior Divisional Officer Fire Services Department	
Ms LAM Shuet-lai, Shirley	Principal Assistant Secretary for Food and Health	Agenda Item 4
Ms Christina YUEN	Research Director MOV Data Collection Center Limited	Agenda Item 5
Mr Calvin CHOI	Research Manager MOV Data Collection Center Limited	
Miss Freda TUNG	Senior Statistician Census & Statistics Department	
Ms Alice MO	Statistician Census & Statistics Department	
Dr Ernest CHUI	Associate Professor Department of Social Work and Social Administration The University of Hong Kong	Agenda Item 6
Dr LAW Chi-kin, Stephen	Research Assistant Professor Hong Kong Institute of Asia-Pacific Studies The Chinese University of Hong Kong	
Ms YIP Man-kuen, Carol, JP	Deputy Secretary for Labour and Welfare	
Ms HO Siu-ping, Betty	Principal Assistant Secretary for Labour and Welfare	
Mrs Kathy NG, JP	Assistant Director Social Welfare Department	
Mr NGAN Man-por	Chief Social Work Officer Social Welfare Department	
Miss Sheila KONG	Chief Social Work Officer Social Welfare Department	
Ms TANG Lai-fan	Senior Social Work Officer Social Welfare Department	
Ms CHAN Sau-ming	Senior Social Work Officer Social Welfare Department	

Ms KWAN Shuk-yee, Nancy	Senior Social Work Officer Social Welfare Department
Ms KWAN Yuen-yuk, Rosemary	Senior Social Work Officer Social Welfare Department
Ms CHAN Sau-lai	Acting Senior Social Work Officer Social Welfare Department
Mr LAM Win-hon, Patrick	Statistician Social Welfare Department
Dr NG Ping-sum	Senior Medical and Health Officer Department of Health
Miss CHAN Nga-sze, Joyce	Assistant Secretary for Labour and Welfare
Miss LEE Wing-tung, Jessica	Assistant Secretary for Labour and Welfare
Mr LO Chun-hang, Simpson	Assistant Secretary for Labour and Welfare
Miss MOK Tik-shan, Elizabeth	Chief Executive Officer Labour and Welfare Bureau
Ms LI Wing-hang, Amanda	Executive Officer Labour and Welfare Bureau

Absent with Apologies

Prof CHIU Fung-kum, Helen

Rev LAU Wai-ling, Dorothy, BBS, JP

Secretary for Planning and Housing/Director of Housing

Chief Executive of Hospital Authority

Secretary

Mrs CHAN CHOY Bo-chun, Polly	Principal Assistant Secretary for Labour and Welfare

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Dr LEONG Che-hung, the Chairman, welcomed Members to the meeting. In particular, he extended his welcome to Ms FUNG Yuk-kuen, Sylvia, a new Member of the Elderly Commission (EC); and Mrs CHAN CHOY Bo-chun, Polly, Principal Assistant Secretary for Labour and Welfare, and Mr LO Chun-hang, Simpson, Assistant Secretary for Labour and Welfare who had both assumed office recently. He also thanked Miss CHAN Nga-sze, Joyce and Mr Henry LAI, Assistant Secretaries for Labour and Welfare who would soon leave/had left the post, for their contributions to the EC in the past years.

Agenda Item 1: Confirmation of the Minutes of the 57th Meeting

2. The minutes of the last meeting were endorsed without amendments.

Agenda Item 2: Matters Arising

Paragraph 11 of the Minutes of the 57th Meeting

3. Prof CHAN Cheung-ming, the Vice-chairman, said that the vetting committee had already met to assess the new round of 20 applications for establishing elder academies. The Secretariat was seeking supplementary information or clarification from some of the applicants. The establishment of these 20 elder academies would bring the number of elder academies in primary and secondary schools to 98. Including the eight tertiary institutions which had offered elder academy programmes, more than 100 elder academies would have been established. The vetting committee agreed that no deadlines would be set for future applications so as to facilitate applications by interested schools/welfare organisations. Instead, the vetting committee would meet regularly twice or thrice a year to consider applications submitted before the meetings. The Chairman said he was disappointed that no government schools had participated in the Elder Academy Scheme so far. He would reflect this to the Secretary for Education and put forth the suggestion that a briefing on the elder academies be organised for principals of government schools to attract the participation of

these schools. He also appealed to Members to help promote the Elder Academy Scheme to schools that they were acquainted with.

Paragraph 15 of the Minutes of the 57th Meeting

4. Prof CHAN reported the progress of the three Pilot Neighbourhood Active Ageing Projects (PNAAPs). Some of the district projects under the first PNAAP were near completion. Ms Eliza LEUNG, member of the Working Group on Active Ageing, was undertaking a review on the projects.

Paragraph 24 of the Minutes of the 57th Meeting

5. The Chairman said that a dedicated portal for the elderly was originally planned to be set up by the Hong Kong Housing Society in conjunction with the Cybersenior Network Development Association Ltd. However, the plan had been called off since the two parties were not able to reach a consensus on the collaboration details.

6. Mrs CHAN CHOY Bo-chun, Polly, Principal Assistant Secretary for Labour and Welfare, reported that the Office of the Government Chief Information Officer had openly invited organisations providing elderly-related services on 30 June to submit proposals for the development of the portal by 28 July. The Office also conducted a briefing in connection with the invitation a few days ago. A total of 46 representatives from 25 organisations attended the briefing.

Agenda Item 3: Ambulance services: Medical Priority Dispatch System

7. The Chairman welcomed Ms Carol YUEN, Deputy Secretary for Security, and the representatives of the Fire Services Department (FSD) to the meeting.

8. First of all, Ms YUEN explained to Members that the primary objective of introducing the Medical Priority Dispatch System (MPDS) was to enhance the emergency ambulance service. At present, the target response time of ambulance services was 12 minutes across the board. Under the performance pledge of FSD, ambulances could arrive at the scene within 12 minutes for 92.5% of all the emergency calls. The shortcoming of such a system was the failure to differentiate the urgency of patients and provide quicker service to patients in critical or life-threatening situation. In fact, many overseas countries had adopted a priority dispatch system, with target response time set at eight to 10 minutes for critical cases and 20 minutes or above, or even no target response time, for non-critical ones. The Administration now proposed to introduce the MPDS. The proposal was summarised as follows:

Response Level	**Degree of Urgency**	**Target Response Time**	**Response Time Achievement**
1	Critical or life-threatening	9 minutes	92.5%
2	Serious but non-life-threatening	12 minutes	
3	Non-acute	20 minutes	

9. Under the MPDS, the target response time for Response 1 calls, i.e. critical or life-threatening cases, would be reduced by three minutes. It was expected that this could effectively increase the survival rate of patients. Taking patients of cardiac disease as an example, the survival rate of these patients could be increased by about 30% if the response time was reduced by three minutes.

10. Under the proposed MPDS, callers were required to answer some simple questions. Operators at the Communications Centre would identify the critical cases and assign the appropriate ambulance response according to the answers to the first three questions at the

earliest, including the address of the incident, the phone number of the caller and what happened. After dispatching the ambulance, the operator would provide the caller with first-aid or self-help advice for patients. If the caller was not able to state clearly the conditions of patients, the operator would adhere strictly to the principle of "if in doubt, dispatch immediately" and classify the call as a Response 1 call. This arrangement was particularly helpful to elderly singletons or elders who made their calls through the Personal Emergency Link (PEL).

11. Members raised the following questions and views about the MDPS:

(a) Members generally supported the principle of introducing the MPDS but expressed concern about details of its future operation.

(b) A Member pointed out that some members of the public (particularly elders) often used ambulance service out of the need for "conveyance" rather than ambulance service. Classifying patients according to the degree of urgency would therefore be conducive to resource allocation. Members agreed to enhance the service for Response 1 calls by reducing the target response time to nine minutes, and considered the target response time for Response 3 calls (i.e. the proposed 20 minutes or even an extension to 30 minutes) acceptable.

(c) A Member suggested further advancing the implementation of the MPDS to about two years after completion of the consultation period.

(d) A Member suggested enhancing public education on the use of ambulance service by, say, incorporating it into the general studies of schools.

(e) A Member was concerned about whether the target response time of nine minutes for Response 1 calls was practically feasible and whether the nine

minutes was clocked from the receipt of calls or departure time of ambulances. The Member also enquired whether in practice, the critical issue affecting the response time was traffic situation or the dispatch arrangement, and whether the target compliance rate of response time for Response 1 calls could further be raised if these problems could be resolved.

(f) A Member would like to know the distribution of the different response levels based on questions to be asked by the operators under the proposed MPDS in simulation tests using existing cases.

(g) If the caller was a doctor, would the operator at the Communications Centre have to finish all the questions before prioritising the dispatch?

(h) A Member was of the view that the proposed "Response 3" could be further sub-classified. For example, consideration could be given to accord a lower priority to cases in which non-critical patients specified a hospital for treatment.

(i) Under the existing system, could ambulances transfer patients to private hospitals at their request?

(j) Were there any nurses stationed in Residential Care Homes for the Elderly (RCHEs)? Would this affect elders living in RCHEs when they sought ambulance service?

(k) As the PEL system maintained users' medical records, the seeking of ambulance service through PEL would effectively help operators at the Communications Centre collect information about users' illness so that ambulancemen could make proper preparation.

(l) Would the public be consulted on the specific questions asked by the operators to ensure that these questions could be readily answered in actual circumstance of emergency?

(m) Would FSD consider, with reference to overseas practice, encouraging district organisations to install Automated External Defibrillators (AEDs) at popular locations for emergency use by the public or instruct the callers how to use AEDs while staying on line after the dispatch of ambulances? What were the legal responsibilities involved?

(n) A Member pointed out that some chronic patients receiving hospice service were actually reluctant to use first-aid service. It was suggested that a mechanism be put in place to identify such patients and convey them to non-acute hospitals.

12. Ms YUEN and FSD responded as follows:

(a) In respect of the implementation schedule, Ms YUEN explained that a lead time of two to three years would be required for public education and publicity, staff training, and preparation of the questioning protocol applicable to Hong Kong. Although relevant questioning protocol had been in use in overseas countries for years, it would need to be translated and modified to suit local language environment and culture. Besides, the Government would have to bid for resources in accordance with the internal mechanism. Ms YUEN said that the Administration would be willing to further advance the implementation of the system if the results of the public consultation were in favour of the broad principle of introducing the proposed MPDS and some problems on the details could be resolved smoothly.

(b) The target response time of nine minutes was clocked from the receipt of calls by the operators at the Communications Centre, including two minutes for mobilising and seven minutes for travelling. At present, FSD could generally achieve the target response time of 12 minutes for 92.5% or above of the cases. The Bureau was thus confident that a satisfactory compliance rate could be achieved even if the target response time for Response 1 calls was shortened to nine minutes as proposed.

(c) Mr CHAN Chor-kam, Deputy Director of Fire Services, added that all operators at the Communications Centre would have to undergo the training of an internationally recognised certificate course. Over the past few years, FSD had sent officers to the US for MPDS training. Upon completion of the training course, the officers performed tests on some practical cases when they returned to Hong Kong and the results proved that this mode of operation was feasible.

(d) Mr CHAN explained that the average demand for ambulance service was 188 shifts during day time and 100 shifts over the night. Irrespective of the degree of urgency, the dispatch was made on a next-in-queue basis. Upon implementation of the MPDS, FSD would have a higher flexibility for dispatch so as to provide quicker ambulance service for critical patients.

(e) A survey conducted by FSD on the use of ambulance service by the public in 2008 revealed that in most of the cases, the public had a genuine need for ambulance service and inappropriate use accounted for about 10% of the cases.

(f) FSD recognised that the some of the questions asked by operators at the Communications Centre could be skipped if the call was made by a doctor. This view would be incorporated into the dispatch instructions in future. Consideration would also be given to further sub-classifying the dispatch service for Response 3 calls after experience had been acquired from the operation of the MPDS.

(g) Under the existing mechanism, patients who held a document issued by a doctor could request the ambulance to convey them to a specific public hospital. Besides, depending on the degree of emergency of the patients and the patients' medical history, the ambulancemen would send the patients to a specific private hospital if they so wished, provided that they signed a disclaimer.

(h) At present, when ambulance service was sought for critical patients (e.g. those who had a cardiac disease or fell into a coma) at RCHEs, FSD would send First Responders to provide emergence ambulance service before the ambulance arrived. If nurses stationed at the RCHEs were on duty, there would be no need for First Responders to be sent.

(i) According to the figures examined by the consultant previously, Response 1 calls accounted for about 30%, while Response 2 and Response 3 calls 20% and 50% respectively. In some overseas countries, the percentages of Response 1 calls ranged from 30% to 50%.

(j) In recent years, FSD had promoted vigorously the use of AEDs and run the Heart Saver Scheme in collaboration with other organisations to train the public to use AEDs and promote the installation of AEDs at high density

locations. FSD maintained records on the locations of AEDs which were very user-friendly. As instructions were set by the device, and basically no errors would occur if the public followed instructions in using the device, there was no question of legal responsibilities.

13. The Chairman summed up Members' views as follows:

- The EC supported the broad principle and overall direction of introducing the proposed MPDS. It was understood that the current approach of treating all cases with the same priority could not address calls for ambulance service in accordance with the degree of urgency of conditions; valuable ambulance resources were not effectively targeted to those in the greatest need; and the primary objective of the proposed MPDS was to differentiate the nature of sickness or injury through the mechanism so as to provide quicker response for critical patients/casualties.

- To effectively achieve the objective of the proposal, the EC considered it necessary to handle details of implementation cautiously. In particular, there should be proper arrangements and guidelines as to how to identify the degree of urgency of different kinds of sickness or injury.

- As far as the needs of elders were concerned, the EC welcomed the Government's proposal to adhere strictly to the principle of "if in doubt, dispatch immediately". In the event that the caller (an elder or any person who made the call for the elder) was not able to give specific details about the situation, FSD would assign an ambulance immediately on a prudent basis.

14. The Chairman invited the Bureau to report to the EC again on issues such as the final recommendations, relevant data and the questioning protocol before implementing the MPDS.

Agenda Item 4: Vaccination Programme for the Elderly in the Coming Winter Season

15. Mr NIP Tak-kuen, Patrick, Deputy Secretary for Food and Health, briefed Members on the vaccination programme for the elderly in the coming winter season with the aid of a powerpoint presentation.

16. Mr NIP pointed out that to safeguard public health and reduce the risk of contracting seasonal flu, pneumococcal meningitis and human swine flu (HSI), so as to prevent complications and reduce mortality, the Science Committee of the Centre for Health and Protection had recommended providing HSI vaccination to four target groups, including healthcare workers, children aged between six months and six years, elders aged 65 or above and persons at a higher risk of complications and mortality due to pre-existing medical conditions. The Science Committee had also recommended administering seasonal flu and pneumococcal vaccinations for elders aged 65 or above.

17. Mr NIP said that the Government had adopted the Science Committee's recommendation and would administer the above three types of vaccinations for elders aged 65 or above in the coming winter season. For elders under the Government Influenza Vaccination Programme (GIVP), the vaccinations would be free of charge. Among them, chronic patients who needed to attend regular follow-up consultation or recipients of Comprehensive Social Security Assistance (CSSA) could continue to receive vaccinations at public hospitals or clinics. Visiting Health Teams under the Department of Health (DH) would visit RCHEs to provide on-site seasonal flu vaccination, whereas visiting medical officers would administer pneumococcal and HSI vaccinations for residents of RCHEs. As

for elders not on the GIVP, the vaccination would be delivered by private doctors. The Government would provide the vaccines and subsidise the injection. Mr NIP said that HSI vaccines were being developed and the production procedures were expected to be completed by fall. Taking into account the lead time for tests and procurement, it was envisaged that the vaccination programme could be implemented by the end of this year. The procurement of seasonal flu and pneumococcal vaccines was underway and it was expected that vaccinations could be administered in mid October this year. The Food and Health Bureau (FHB), DH and Hospital Authority (HA) would work out the implementation details and inform the public in due course.

18. Expressing concern about the desire for vaccination and immunisation coverage rate of the elderly, the public and healthcare workers, a Member suggested enhancing their incentives and promotion work. In response, Mr Nip said that the public's desire for vaccination might be affected by the possible developments of the pandemic or possible mutation of the virus after the arrival of the influenza peak season in fall and winter. Before implementing the vaccination programme, the Government would ensure that the vaccine had acquired relevant international certifications, and that the target groups would receive vaccinations from the DH, HA and private doctors, including the visiting medical officers of the RCHEs. A promotion programme was also under planning by the DH. As for incentives, Mr Nip explained that under the vaccination programme for the elderly, apart from providing vaccines to private doctors, the Government would also subsidise the injection, so that elders could receive vaccinations at a low price or even for free.

19. Dr CHAN Wai-man, Assistant Director of Health, added that under the existing GIVP, the following four types of persons were eligible to receive free influenza vaccinations:

(i) residents and staff of RCHEs and residential care homes for persons with disabilities;

(ii) high-risk persons on CSSA (including elders aged 65 or above, children aged between six months and six years, pregnant women, and chronic patients attending public clinics);

(iii) elders aged 65 or above with chronic illness and attending public clinics;

(iv) healthcare workers working in the DH, HA and other government departments, and persons handling live poultry.

The DH was organising a series of promotion activities to encourage elders to receive vaccinations. She also pointed out that medically, influenza vaccine and pneumococcal vaccine could be received at the same time. All vaccinations were administered on a voluntary basis.

Agenda Item 5: Thematic Household Survey on "Socio-demographic Profile, Health Status and Self-care Capability of Older Persons" (2008) – Key Findings

20. Ms Christina YUEN of MOV Data Collection Center Limited briefed Members on the key findings of the survey with the aid of a powerpoint presentation, including the socio-demographic profile, financial disposition, social life, health conditions, living style and care arrangements of older persons.

21. The Chairman thanked Ms YUEN for her detailed report, saying that the findings of the survey would be instrumental to future researches related to long-term care services.

Agenda Item 6: Elderly Commission's Study on Residential Care Services for the Elderly

22-32. The item was reported under separate confidential cover.

Agenda Item 7: Any Other Business

33. The Chairman informed Members that Mr CHAN Iu-seng and Dr LAM Ching-choi were going to leave the EC owing to the "six-year rule", but would remain as members of the "Working Group on Active Ageing" and "Working Group on Long Term Care Model" respectively. Mr Stephen FISHER, Director of Social Welfare, would also retire next month. He thanked them for their contributions to the EC and hoped that they would continue to support the EC's work.

Date of Next Meeting

34. The next EC meeting was tentatively scheduled for September 2009.

Time of Adjournment

35. The meeting was adjourned at 5:00 p.m.

September 2009