

Minutes of the 4th Meeting of
the Social Services Committee (2016-2017) of
the Tuen Mun District Council

Date: 12 July 2016 (Tuesday)

Time: 9:33 a.m.

Venue: Tuen Mun District Council (TMDC) Conference Room

<u>Present</u>		<u>Time of Arrival</u>	<u>Time of Departure</u>
Ms SO Ka-man (Chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr TSANG Hin-hong (Vice-chairman)	TMDC Member	9:30 a.m.	End of meeting
Mr SO Shiu-shing	TMDC Member	9:30 a.m.	11:51 a.m.
Mr TO Shek-yuen, MH	TMDC Member	9:30 a.m.	10:35 a.m.
Ms KONG Fung-yi	TMDC Member	9:30 a.m.	End of meeting
Mr CHAN Yau-hoi, BBS, MH, JP	TMDC Member	9:30 a.m.	11:29 a.m.
Ms WONG Lai-sheung, Catherine	TMDC Member	9:52 a.m.	End of meeting
Ms HO Hang-mui	TMDC Member	9:38 a.m.	End of meeting
Mr TSUI Fan, MH	TMDC Member	9:30 a.m.	10:40 a.m.
Ms CHING Chi-hung	TMDC Member	9:32 a.m.	10:31 a.m.
Ms LUNG Shui-hing, MH	TMDC Member	9:32 a.m.	End of meeting
Mr CHAN Man-wah, MH	TMDC Member	9:36 a.m.	End of meeting
The Hon HO Kwan-yiu, JP	TMDC Member	9:38 a.m.	12:17 p.m.
Ms CHU Shun-nga, Beatrice	TMDC Member	9:30 a.m.	End of meeting
Mr KAM Man-fung	TMDC Member	9:51 a.m.	End of meeting
Mr MO Shing-fung	TMDC Member	9:48 a.m.	End of meeting
Mr YIP Man-pan	TMDC Member	9:32 a.m.	End of meeting
Mr YEUNG Chi-hang	TMDC Member	9:30 a.m.	End of meeting
Mr YAN Siu-nam	TMDC Member	9:30 a.m.	End of meeting
Ms NG Dip-pui	Co-opted Member	9:35 a.m.	12:16 p.m.
Mr CHU Wai-ming	Co-opted Member	9:30 a.m.	End of meeting
Mr CHAN Ho-ting	Co-opted Member	9:30 a.m.	12:15 p.m.
Mr TSANG Hing-chung	Co-opted Member	9:30 a.m.	12:15 p.m.
Ms LAI Ka-man	Co-opted Member	9:32 a.m.	12:37 p.m.
Mr SO Wai-luen	Co-opted Member	9:30 a.m.	End of meeting
Miss CHOI Nga-ling, Angela (Secretary)	Executive Officer (District Council)1, Tuen Mun District Office, Home Affairs Department		

By Invitation

Dr LOH Lai-ting, Taron	Senior Medical and Health Officer (Community Liaison) 1, Department of Health
Mr TONG Tung-kit, Terry	Senior Librarian (Tuen Mun), Leisure and Cultural Services Department
Ms LAW Lai-chun, Gladys	Senior Executive Officer (Planning) 2, Leisure and Cultural Services Department
Dr MOK Chun-keung	Chief of Service (Medicine and Geriatrics), Tuen Mun Hospital
Dr FU Yat-pang, Michael	Associate Consultant (Medicine and Geriatrics), Tuen Mun Hospital
Ms CHOW Yuk-lan	Advanced Practice Nurse (Medicine and Geriatrics), Tuen Mun Hospital
Dr TANG Kam-shing	Service Director (Quality and Safety), New Territories West Cluster, Hospital Authority
Mr LAW Sin-chu, Stanley	Hospital Manager, New Territories West Cluster, Hospital Authority

In Attendance

Mr CHAU Ka-nin, Eric	Senior Liaison Officer (2), Tuen Mun District Office, Home Affairs Department
Mr LEUNG Cheuk-fai	Senior School Development Officer (Tuen Mun)1, Education Bureau
Ms KWAN Yuen-yuk, Rosemary	Assistant District Social Welfare Officer (Tuen Mun)1, Social Welfare Department
Mr CHOW Wai-yip	Police Community Relations Officer (Tuen Mun District), Hong Kong Police Force

Absent with Apologies

Mr LAM Chung-hoi	TMDC Member
Mr CHEUNG Hang-fai	TMDC Member
Mr TAM Chun-yin	TMDC Member
Mr YU Tai-wai	Co-opted Member
Ms TSANG Ka-lai	Co-opted Member

I. Opening Remarks

The Chairman welcomed all present to the 4th meeting of the Social Services Committee (“SSC”).

2. The Chairman reminded Members that any Member who was aware of a personal interest in a discussion item should declare the interest before the discussion. The Chairman would, in accordance with Order 39(12) of the Tuen Mun District Council (“TMDC”) Standing Orders, decide whether the Member who had declared an interest might speak or vote on the matter, might remain in the meeting as an observer, or should withdraw from the meeting. All cases of declaration of interests would be recorded in the minutes of the meeting.

II. Absence from Meeting

3. The Secretariat had received no leave applications from Members.

III. Confirmation of Minutes of the 3rd Meeting Held on 10 May 2016

4. The above minutes were unanimously confirmed by the SSC.

IV. Matters Arising

(A) Calling for Provision of Additional Resources for Dental Services for General Public Sessions in Tuen Mun District
(Paragraphs 62 to 71 of Minutes of Previous Meeting)

5. The Chairman welcomed Dr Taron LOH, Senior Medical and Health Officer (Community Liaison) 1 of the Department of Health (“DH”), to the meeting. Besides, the Chairman indicated that at its previous meeting, the SSC had made comments on the problem of inadequate public dental services in the district and requested the department to gradually enhance the services. The SSC had also decided that this issue would be carried over to this meeting.

6. In response to the enquiry made by Members at the previous meeting as to whether a telephone appointment service for dental services in general public sessions (“GP session dental services”) could be provided, Dr Taron LOH of the DH said the department understood that there was room for improvement in the queuing arrangements in respect of the consultation discs for GP session dental services, and it had explored the feasibility of launching the telephone appointment service. But it might be a waste of resources if patients missed their dental appointments, because those with genuine needs for emergency dental services might thus be unable to receive treatment on the immediate day. In view of this, the telephone appointment service

was not to be provided for the time being. The department would continue to review and explore how to further enhance the operation of GP session dental services. It would also give due consideration to the views of various parties.

7. Members made comments and enquiries in the first round of discussion, which are summarised as follows:

- (i) A Member asked whether the department would arrange for waiting persons to use the services if any patients missed their appointments. Another Member remarked that little progress had been made, although the DH had said it would consider Members' opinions. In the Member's view, more resources should be invested in launching the service;
- (ii) Some Members considered that the quota for GP session dental services, being only 42 persons per week, was far from enough. One of the Members suggested the DH raise the service quota, increase the number of service days, and establish district dental clinics to serve more people;
- (iii) A Member enquired why the number of service days in Tuen Mun was one day less than those in other districts and what the service quotas were in other districts. She indicated that the DH could draw reference from the current telephone appointment service at general out-patient clinics and provide the same service for GP session dental services. If the department worried about patients' failure to attend appointments, it might prepare a waiting list to notify persons on the list about the availability of the services. She suggested the Government improve dental services in Tuen Mun; and
- (iv) A Member enquired why the service quotas in Tuen Mun and Yuen Long were different despite the similar populations of the two districts. The Member believed that the problem of inadequate services could only be solved by an increase in the service quota, and suggested that at least one more day of services be provided so that elderly people needed not line up from 2:00 a.m.

8. The Chairman remarked that the quota of just 42 persons per week was far from enough for GP session dental services in Tuen Mun. In her view, the service quota in Tuen Mun should not be less than those of other districts.

9. Dr Taron LOH of the DH gave a consolidated response as follows:

- (i) At present, the DH provided the public with free emergency GP session dental services, which covered treatment of acute dental diseases, prescription for pain relief, treatment of oral abscess and tooth extraction, through its 11 government dental clinics at specific periods of time each week. Dentists also offered professional advice to patients with regard to their individual needs;
- (ii) The Government currently focused its resources on providing emergency dental services for the public and, due to limited resources, curative dental services (e.g. scaling, filling, root canal treatment and crowning) were mainly provided by the private sector and non-government organisations (“NGOs”). Dental clinics in Tuen Mun operated by voluntary agencies included Yan Oi Tong Dental Clinic and Yan Oi Tong Melody Garden Dental Centre. The provision of full dental services for the public required tremendous financial resources. Therefore, besides making publicity, education and promotion efforts, it was also necessary to focus resources on providing services for persons with special needs, especially elderly people with financial difficulty;
- (iii) In recent years, the Government had launched an array of initiatives to provide care specifically for persons with special dental needs. Among these initiatives were the Outreach Dental Care Programme for the Elderly and the Community Care Fund Elderly Dental Assistance Programme, which provided dental care services for low-income elderly persons with special needs. Besides, the Elderly Health Care Voucher Scheme subsidised the elderly’s use of private primary healthcare services, including dental care services;
- (iv) At dental clinics, there were already flexible in place to handle individual cases involving patients’ failure to attend appointments; and
- (v) The comments made by Members at the previous SSC meeting had been passed on to the relevant departments.

10. The Chairman enquired about the quotas for GP session dental services in other districts.

11. Dr Taron LOH of the DH explained that in general, the service quota for a district was determined in light of the demand, population and resources in the district,

adding that the figures could be provided after the meeting.

[Post-meeting note: The DH provided the data about the service quotas as mentioned above after the meeting. Please refer to Annex 1 for details.]

12. Members made comments and enquires in the second round of discussion, which are summarised as follows:

- (i) A Member was dissatisfied with the DH's response, opining that the department should put forward improvement proposals instead of clinging to its current practices. Moreover, the Member said the Government should invest more resources in healthcare services including dental services, as the support for dental services was inadequate for the existing large population;
- (ii) A Member suggested a letter be issued requesting an additional day of GP session dental services and a mechanism by which persons on the waiting list should be notified about the availability of services if any patients missed their appointments;
- (iii) A Member said that as shown on the DH's website, GP session dental services were provided on Tuesday and Friday in Yuen Long and Tsuen Wan. Noting that Tuen Mun had a population similar to Yuen Long and larger than Tsuen Wan, the Member asked why the quota for GP session dental services in Tuen Mun was lower. Moreover, she was dissatisfied with this issue remaining unsolved after further discussion, opining that the department should provide a timetable for improvements to the services;
- (iv) A Member said the TMDC had requested before that the Government should undertake to provide dental services, but the Government was still thinking about it. She pointed out that dental services were a pressing issue given the rising and ageing population, adding that it took a long time to queue for services at Yan Oi Tong Dental Clinic or private dental clinics. In her view, the Government should consider the issue from the perspective of the public rather than the sector. She urged the Government to improve dental services;
- (v) A Member asked if it was possible to extend the hours of GP session dental services, and indicated that dentists could be recruited immediately

in case of a manpower shortage. Moreover, the Member suggested launching schemes such as the dental health care voucher (“HCV”) so that members of the public could receive prompt treatment for dental diseases. Another Member believed that efforts against dental and oral problems could help ease the burden on the overall healthcare finance;

- (vi) Some Members indicated that dental diseases could make eating difficult and the body could thus hardly get enough nutrition. One of the Members remarked that it was disappointingly inadequate for Tuen Mun, a district with a population of 500 000, to have a quota of just 42 persons per week for GP session dental services. The Government should invest more resources to increase the service quotas and set up dental clinics in various districts;
- (vii) A Member was disappointed that no progress had been made despite repeated discussions on this issue. She pointed out that many elderly people suffered from dental diseases since they had never received dental care services. She opined that in light of the principle of fairness and equity, at least one more day of GP session dental services should be provided in Tuen Mun. In her view, moreover, it was necessary to launch the telephone appointment service to save elderly people from queuing up at clinics too early, and reference could be drawn from the existing telephone appointment services at general out-patient clinics. She believed that problems in resources were solvable and agreed that a letter be issued expressing views to the relevant departments;
- (viii) A Member considered that it was far from adequate for the Government to merely provide emergency dental services, as an elderly person could hardly afford the cost of crowning a tooth at a private dental clinic even he used all his HCVs. Therefore, the Member suggested a letter be issued to Secretary for Food and Health requesting a wider scope of and a higher quota for dental services in Tuen Mun; and
- (ix) A Member suggested that in the letter, the resource problems be pointed out and the Government be requested to provide more resources and one additional day of GP session dental services. In view of the fact that Tuen Mun had a similar population to Yuen Long but might face a more serious ageing problem, GP session dental services in Tuen Mun should not be less than those in Yuen Long; otherwise it was unfair to Tuen Mun

residents. Besides, he reckoned that the Government should make long-term plans in respect of the demand for dentists and dental services for children.

13. The Chairman believed that no Members accepted the DH's response and suggested a letter be issued to Chief Secretary for Administration and Secretary for Food and Health expressing Members' views as follows: (a) it was unfair that the quota for GP session dental services in Tuen Mun was less than those in other districts with similar population sizes, such as Yuen Long; (b) it was very inadequate to provide GP session dental services in Tuen Mun with a quota of 42 persons only; (c) at least one more day of GP session dental services should be provided to make Tuen Mun in line with other districts; (d) a mechanism should be put in place to allow persons on the waiting list to use dental services if any patients missed their appointments, in order not to waste resources; (e) a timetable for improvements to GP session dental services should be provided; and (f) it was expected that greater efforts would be made to promote education on dental care for children, which was equally important.

14. A Member opined that the scope of GP session dental services should be widened beyond extraction to cover, for example, crowning.

15. Another Member believed that it would take time for the Government to study the issue, so she only supported raising the quota, providing more days of services, and widening the service scope for the time being. Moreover, she said the HCV amount of \$2,000 per year was inadequate, and hoped a specific dental HCV could be launched before dental clinics were set up to offer comprehensive services.

16. The Chairman concluded by saying that it was fine to cover the above views in the letter.

[Post-meeting note: The above letter was issued on 18 August 2016. The related written response was shown in Annex 2.]

(B) Calling for Provision of Study Rooms in Government Complex in Area 14 (Siu Lun) and Community Halls in the District (Paragraphs 72 to 81 of Minutes of Previous Meeting)

17. The Chairman welcomed Mr Terry TONG, Senior Librarian (Tuen Mun); and Ms Gladys LAW, Senior Executive Officer (Planning) 2 of the Leisure and Cultural Services Department ("LCSD"), to the meeting. Besides, the Chairman said the SSC had decided at its previous meeting that the issue of "Calling for Provision of Study

Rooms in Government Complex in Siu Lun” be carried over for further discussion. As for the proposal on opening the conference rooms of community halls in the district for use by the public as study rooms during their unallocated sessions, it had been referred to the District Facilities Management Committee (“DFMC”) and followed up at the DFMC meeting held on 7 June this year. The Chairman asked the Secretary to report on the results of the DFMC’s discussion on this issue.

18. The Secretary reported that at its meeting on held on 7 June, the DFMC had decided to pass the proposal on “Opening Conference Rooms of Community Halls in the District for Use by Public as Study Rooms during their Unallocated Sessions” to its Working Group on Community Involvement for follow-ups.

19. Members made comments and enquiries in the first round of discussion, which are summarised as follows:

- (i) A Member opined that the SSC could focus on discussing the issue of “Calling for Provision of Study Rooms in Government Complex in Siu Lun”, and hoped the LCSD would give an account of the related matters;
- (ii) A Member agreed that some community halls should be used as study rooms during the peak of the examination period. He indicated that as Members had pointed out the problem concerning the shortage of study room facilities, the relevant departments should address it seriously by providing more study rooms for use by people in need;
- (iii) A Member held the view that study rooms should be provided in the government complex in Area 14 (Siu Lun) of Tuen Mun (“Siu Lun Complex”), which was under construction;
- (iv) Some Members indicated that while the construction plan for Siu Lun Complex had been endorsed, the Government should actively consider fine-tuning the existing plan if there was public demand for study rooms. One of these Members said the only facilities required for a study room were desks, chairs and sound-proof fittings, and small rooms could be converted into study rooms on a pilot basis. He further pointed out that upon completion, Siu Lun Complex would be used by many students as there were a number of schools in its vicinity, so it would be more desirable if study rooms were provided in the complex; and
- (v) A Member noted that there were more and more students in South East

Area and students of schools along Castle Peak Road had demand for study rooms. The Member hoped community halls could be used as study rooms during their unallocated sessions if study rooms could not be provided in Siu Lun Complex.

20. Mr Terry TONG of the LCSD responded that study room facilities and services in Hong Kong were arranged and planned by the Education Bureau (“EDB”), whereas the LCSD and other government departments and institutions only assisted in providing study room services. At present, the LCSD provided 174 seats in the study room of Tuen Mun Public Library. The study room of Tuen Mun Public Library saw an average usage rate of about 52% during the period from January 2014 to December 2015, an average usage rate of 49% during the period from March to May this year, and a usage rate of about 50% in June this year. Moreover, upon enquiry, he knew that the usage rates of study room facilities in major libraries such as Sha Tin, Ping Shan Tin Shui Wai and Tsuen Wan Public Libraries were similar to that of Tuen Mun Public Library. He said the LCSD had been monitoring the usage of study rooms, adding that the number of users of students’ study rooms had kept declining over the past few years, probably due in part to the significant drop in the number of students taking open examinations after the Hong Kong Certificate of Education Examination and the Hong Kong Advanced Level Examination were substituted by the Hong Kong Diploma of Secondary Education Examination. Data of the Hong Kong Examinations and Assessment Authority showed that the number of persons taking open examinations had significantly dropped from 160 000 or so in 2010 to 68 000 plus in 2016, and this could probably be one of the reasons for the decline in the number of study room users. Furthermore, he indicated that during the examination period (i.e. March to May), the opening hours of library study rooms were extended to seven days a week, from 8:00 a.m. to 10:00 p.m. on Monday to Friday and from 8:00 a.m. to 9:30 p.m. on Saturday and Sunday. What with the current usage rates and the utilisation of resources, the LCSD believed that the students’ study room services currently provided in Tuen Mun Public Library could meet the demand of students in the district, so the department had no plan to provide more study room facilities in the district.

21. Members made comments and enquires in the second round of discussion, which are summarised as follows:

- (i) A Member said people from different age groups had their respective demand for study rooms, so study rooms should be provided in more venues promptly;
- (ii) A Member pointed out that today’s students usually study at places

convenient for discussion, such as fast food shops, so the model and design of the existing study rooms should be changed to meet students' needs;

- (iii) A Member asked whether the LCSD wished to promote the culture of study only before examination by quoting the declining candidate number for open examinations over the years to justify why there was no need to provide more study rooms in Tuen Mun. She said people studied not only before examinations because continuing learning was common among the public today, adding that study room services could hardly be improved with no change in mindset. She further said it was not accurate to use the whole-day average of user numbers to calculate usage rates of study rooms. She hoped the department would examine the data in depth and provide more study rooms;
- (iv) A Member said there was demand for study rooms in different periods of time, so the Government should actively consider providing study rooms and adapting the design, models and opening hours of study rooms for different people. In addition, he would like the EDB and the LCSD to explore how to improve the services;
- (v) A Member enquired whether the decline in study room usage rates was a result of inadequate publicity for or inappropriate opening hours of study rooms. She not only reckoned that study rooms should be provided in Siu Lun Complex, but suggested that schools also be opened on Saturday and Sunday for students to have self-study and discussions. Furthermore, she said many vacant places managed by the Housing Department ("HD") could be used as study rooms, and reckoned that the LCSD and the EDB should step up publicity for study room services; and
- (vi) A Member said it was true that the number of examination candidates was declining, but he attributed the decline in study room usage rates to the complicated application procedures for use of study rooms, changes in study patterns and the quite many restrictions in study rooms. He added that some schools were open to students for studying.

22. The Chairman suggested the relevant departments fine-tune the plan for Siu Lun Complex before its completion, so that more comprehensive facilities would be provided there. Moreover, study rooms could serve not only open examination

candidates but different people, so the relevant departments such as the LCSD and the EDB should listen to public opinions and make early preparations. Besides, the Chairman asked the above departments to convey Members' views to the relevant parties.

23. A Member suggested a letter be issued requesting the HD to consider providing study rooms in vacant places, in order not to waste land resources.

24. The Chairman indicated that the HD was not a department relevant to the issue and Members could express their opinions to the HD directly as they had frequent contact with the HD. She said the SSC could write to the LCSD and the EDB expressing Members' views on the matter about providing study rooms in Siu Lun Complex.

[Post-meeting note: The above letter was issued on 19 August this year. The related written response is shown in Annex 3.]

(C) 24-hour Thrombolytic Service for Acute Stroke Patients at Tuen Mun Hospital
(Paragraphs 92 to 96 of Minutes of Previous Meeting)

25. The Chairman welcomed Dr MOK Chun-keung, Chief of Service; Dr Michael FU, Associate Consultant; and Ms CHOW Yuk-lan, Advanced Practice Nurse, of the Department of Medicine and Geriatrics of Tuen Mun Hospital, and Mr Stanley LAW, Hospital Manager of the New Territories West Cluster ("NTWC") of the Hospital Authority ("HA"), to the meeting. The Chairman indicated that at its previous meeting, the SSC had decided that this issue be carried over for further discussion and requested the NTWC to step up publicity for the subject service.

26. Mr Stanley LAW of the NTWC said this was the first time the HA attended an SSC meeting after the TMDC of the new term was formed. He expressed gratitude to the TMDC for its support in the past and hoped the two sides would maintain good partnership and communication in the future. He said that medical officers of Tuen Mun Hospital were going to give an introduction to the 24-hour thrombolytic service for acute stroke patients and other services for stroke patients in Tuen Mun Hospital.

27. Dr Michael FU of Tuen Mun Hospital gave a PowerPoint presentation (Annex 4) on the subject service.

28. Members made comments and enquires, which are summarised as follows:

- (i) A Member believed that the subject service enabled stroke patients to receive treatment within the “golden three hours” and save them from going to other districts for medical services. He praised Tuen Mun Hospital for its foresight, crisis management and professionalism, having much confidence in the stroke treatment services of the hospital;
- (ii) A Member noted that many people had little knowledge about the initial symptoms of stroke despite the current trend of younger ages of stroke patients. The Member suggested more efforts be made to promote messages about stroke prevention and the “golden three hours” in the community, and leaflets be produced for collection by people in need in the district. It was also suggested that promotion and publicity be done at elderly centres in the district and information be provided for private and family doctors, so that patients being hit by stroke could receive prompt treatment. Moreover, a Member reckoned that the Government should provide more resources for the HA to launch territory-wide publicity for the subject service. Another Member suggested the EDB educate students in schools about the symptoms and prevention of stroke, encouraging them to develop healthy living and diet habits from their childhood, which could reduce the risk of stroke, and to remind their families about messages on stroke;
- (iii) Some Members were glad and grateful about the subject service provided by Tuen Mun Hospital. One of the Members gave credit to the Tuen Mun Hospital representatives for attending the meeting to introduce the service;
- (iv) A Member pointed out that stroke patients were admitted to mixed gender medical wards for hospitalisation, where curtains were not used to facilitate nurses’ performance of patient care duties at night. In her view, this would cause inconvenience to stroke patients. Besides, she suggested Tuen Mun Hospital strengthen its follow-up work in rehabilitation services, with a view to improving patients’ chance of recovery and providing care for their families;
- (v) A Member enquired about “precautions against recurrent stroke” and remarked that the use of the acronym “FAST” was effective in describing the initial symptoms of stroke. In addition, he suggested a working group under the SSC consider collaborating with the HA to strengthen

local publicity; and

- (vi) A Member enquired about the number of patients receiving the subject service over the half year since its launch.

29. Dr Michael FU of Tuen Mun Hospital gave a consolidated response as follows:

- (i) 45% of acute stroke patients were aged below 65, and the public had little knowledge about stroke, with only 20% of stroke patients seeking medical treatment at accident and emergency (“A&E”) departments within the “golden three hours”. Publicity and education were major directions for the HA’s work this year and the HA had already produced the related promotional leaflets. Besides, one day in each October was designated as the World Stroke Day. The HA looked forward to cooperating with the TMDC in doing more publicity and education work; and
- (ii) There had been a total of 51 patients receiving the subject treatment from February to May this year. The treatment was not suitable for every patient, and only one out of every two patients was fit for and consented to the treatment. Moreover, Tuen Mun Hospital boasted a higher proportion of patients receiving the intravenous thrombolytic therapy among major public hospitals in Hong Kong, thanks to the dedicated services of its team.

30. Dr MOK Chun-keung of Tuen Mun Hospital gave a consolidated response as follows:

- (i) Rescue of patients with acute diseases required highly-skilful medical practitioners gathering together at a place, such as an acute stroke ward. Though nominally admitted to the same ward, male and female patients were separated by the middle of the ward. Patients in stable condition (after about five days to one week) would be transferred to the stroke rehabilitation ward, where male and female patients stayed apart with each other; and
- (ii) Stroke patients needed post-hospitalisation support. The Tuen Mun Hospital team kept in close contact with the rehabilitation ward and rehabilitation groups in the community, such as the Hong Kong Stroke Association and the Community Rehabilitation Network, to offer assistance to stroke patients.

31. The Chairman thanked the representatives for their detailed introductions, and suggested the NTWC and the EDB step up publicity and education efforts in such areas as stroke prevention. She said the promotional leaflets could be distributed not only to SSC Members but members of other TMDC committees, so that more people could be aware of this meritorious service.

32. A Member asked whether Tuen Mun Hospital had adequate medical personnel to perform rescue duties within the “golden three hours” if there were a number of stroke patients being admitted to the hospital at the same time.

33. Both the Chairman and Members said some residents had indicated that there were some drugs with claims to prevent stroke available in the market. They would like to know whether these drugs were effective.

34. The Vice-chairman asked whether the Social Welfare Department (“SWD”) could join NGOs/groups providing subvented services in promoting the subject service.

35. The Chairman asked whether the SWD could help promote the services of Tuen Mun Hospital at elderly centres.

36. Dr Michael FU of Tuen Mun Hospital gave a consolidated response as follows:

- (i) Figures showed that the average A&E attendance at Tuen Mun Hospital was the highest in Hong Kong. There had been an occasion on which two patients arrived at the hospital at almost the same time and both of them could receive thrombolytic treatment. The medical team was comprised of A&E doctors, neurologists and nurses for acute stroke, and the design of the A&E Department enabled the team to give treatment to more than one stroke patient at the same place. Besides, service guidelines had been devised in view of the vital importance of teamwork. The hospital was able to meet the demand at the moment;
- (ii) While some patent or Chinese medicines available in the market claimed to have a blood flow-improving effect, it was difficult for western medical practitioners to comment with medical evidence on the effectiveness of these drugs. On the contrary, the medical team might have a concern that patients who had taken drugs claiming to have a thrombolytic or anti-blood clotting effect would face a higher risk of bleeding if they received the subject service. Besides, some foreign

experts recommended patients suffering from heart disease or acute stroke to take aspirin immediately, which could help prevent further blood clotting; and

- (iii) Tuen Mun Hospital looked forward to working with the TMDC in publicity and having the TMDC's continued support.

37. The Chairman would like the Tuen Mun Hospital representatives to consider attending a meeting of the Working Group on Medical and Rehabilitation Services under the SSC or joining the working group in carrying out publicity and education activities. Besides, the Chairman said she believed that the SWD would also agree to help in the publicity and promotion efforts for the subject service. She would also like the Tuen Mun Hospital representatives to convey Members' views to the relevant departments.

V. Discussion Items

(A) Calling for More Resources to Enhance Service Quality of Tuen Mun Hospital

(SSC Paper No. 36/2016)

(Written Response of HA)

38. The Chairman welcomed Dr TANG Kam-shing, Service Director (Quality and Safety) of the NTWC, to the meeting.

39. Dr TANG Kam-shing of the NTWC briefly introduced the paper.

40. A proposer of the paper reckoned that while the addition of hardware should certainly not be overlooked, it was more important to increase software. She noted that recently Tuen Mun Hospital was ranked again at the bottom in the surgical quality rating and saw relatively more medical incidents. Besides, some patients had indicated that doctors refused to issue medical certificates for patients but instead asked them to apply for medical reports through a procedure which nevertheless required time and costs to complete. She added that the A&E waiting figures and medical incident figures of Tuen Mun Hospital reflected its manpower shortage. In view of this, she asked about the numbers of doctor and nurse vacancies at Tuen Mun Hospital and how much additional manpower was needed to meet the rise in demand for operating theatre services in the future.

41. Members made comments and enquiries in the first round of discussion, which are summarised as follows:

- (i) A Member said Tuen Mun Hospital was named every time when figures on hospitals' surgical outcomes or medical incidents were released, adding that the hospital had long been facing a shortage of medical personnel such as doctors. Pok Oi Hospital, though already in operation, was yet able to provide comprehensive specialist services, so residents in Tuen Mun and Yuen Long still had to go to Tuen Mun Hospital for medical treatment. Therefore, she requested prompt recruitment of additional staff. She further said the wife of a Legislative Council ("LegCo") member had switched from Tuen Mun Hospital to another hospital for delivery, probably because of a lack of confidence in the service quality of Tuen Mun Hospital;

- (ii) A Member indicated that Tuen Mun Hospital faced a huge workload as it had to serve a total of 1.1 million residents in Tuen Mun and Yuen Long. He was concerned about the allocation of resources, stressing the importance of fairness in this regard. While the representative said in his response that more beds had been provided for Tuen Mun Hospital and its manpower increase was the highest in Hong Kong, the number of beds per capita was still lower in Tuen Mun Hospital than hospitals in other districts. While the burden on Tuen Mun Hospital could be eased after Tin Shui Wai Hospital came into operation, the Member was concerned about whether a large number of doctors of Tuen Mun Hospital would be deployed to Tin Shui Wai Hospital. Besides, the Member enquired how Tuen Mun Hospital was different from hospitals in other districts in terms of the numbers of doctors and hospital beds per capita after Shui Wai Hospital came into operation;

- (iii) A Member pointed out that for more than a decade, the NTWC had had the lowest ratios of doctors, nurses and hospital beds to district population among all hospital clusters, adding that there were just 109 additional hospital beds provided for the NTWC in 2016 to 2017, among which only some 50 beds were allocated to Tuen Mun Hospital, representing a relatively slow increase. The Member urged the HA to provide more hardware. Besides, he enquired when the Operating Theatre Block was expected to come into service and how much additional operating theatre service would be provided. Furthermore, he hoped the HA and the Government could discuss the development of a private hospital, so as to provide another alternative for the public and ease the burden on Tuen Mun Hospital. Noting that Prince of Wales Hospital and the Chinese

University of Hong Kong had successfully collaborated to increase medical manpower, he suggested consideration be given to introducing the medicine discipline at Lingnan University as a means to increase doctor manpower and improve the services of Tuen Mun Hospital. In addition, he said that actually there were quite many doctors in Hong Kong, but the number of doctors in public hospitals were relatively few; therefore, the Government should take measures to attract existing doctors from the private sector;

- (iv) A Member believed that medical blunders at Tuen Mun Hospital stemmed from the manpower shortage at the hospital and thus the excessive burden it faced. It was heard that a patient died on the following day of an operation because the hospital's manpower was too inadequate to provide immediate post-operative care for the patient. In view of this, she requested that more doctors and nurses should be provided and the Government should provide more medical resources and allocate them in accordance with population density. Moreover, she pointed out that some hospitals provided better medicines for free, whereas Tuen Mun residents had to purchase medicines from other districts. Besides, as the SWD had stated that patients without medical certificates were not eligible for medical allowance, the Member reckoned that the SWD should communicate more with hospitals;
- (v) A Member indicated that though with a population of more than one million, the NTWC mainly relied on Tuen Mun Hospital and Pok Oi Hospital to provide medical services. He would like to know how the doctor-to-patient ratio of the NTWC compared with those of other hospital clusters, and how surgical services were divided among Tuen Mun Hospital and Pok Oi Hospital before the completion of Tin Shui Wai Hospital. He pointed out that work pressure and manpower shortage could have direct impacts on service quality. Furthermore, he asked about the current working hour arrangements for medical staff at Tuen Mun Hospital and how the HA would incentivise medical workers to join or transfer to Tuen Mun Hospital;
- (vi) A Member remarked that the perennial manpower shortage at Tuen Mun Hospital was a matter about the allocation of resources and therefore, the distribution of population and hospitals should be taken into account for equitable use of resources. Noting that currently the Medical Council of

Hong Kong had a total backlog of 900 complaint cases, she appealed to LegCo members not to filibuster so that the bill to amend the medical ordinance could be passed as soon as possible. Having been admitted to Tuen Mun Hospital during the outbreak of the Severe Acute Respiratory Syndrome, the Member expressed respect for medical staff and praised them highly for maintaining professionalism amid hard work. Besides, she said the LegCo member mentioned above had explained that his wife had been diagnosed as having placental irregularities and recommended to stay in bed, so he had had to send his wife to Kowloon for care by her family living there, and he had already informed Tuen Mun Hospital about the case. The Member said this case had nothing to do with the services or medical quality of Tuen Mun Hospital; and

- (vii) A Member extended appreciation to doctors at Tuen Mun Hospital, but opining that there was always the chance of errors amid the huge demand and the manpower shortage. He said the written response did not touch on the acute shortage of hospital beds, adding that there would be more than a total of 3 000 beds in Tuen Mun Hospital, Pok Oi Hospital and the to-be-commissioned Tin Shui Wai Hospital to serve the some 1.1 million population in New Territories West, representing a ratio of 2.7 beds per thousand population, which was lower than the territory-wide average of 4.2 to 4.3 beds per thousand population. As this would also have impacts on residents in Yuen Long and Tin Shui Wai, the TMDC and the Yuen Long District Council (“DC”) should make concerted efforts to strive for medical resources for the primary purposes of providing more hospital beds, developing a new hospital, and increasing manpower in light of the addition of hospital beds. In his view, it was necessary to recruit more doctors for the sake of residents and the overall medical services.

42. The Chairman would like the NTWC representatives to convey Members’ views to the relevant parties. Moreover, as the 18 DCs met regularly, she hoped the DC Chairmen concerned would help to raise the issues about the demand for medical services in Tuen Mun, the unfair condition occurred and the substandard services, striving for medical resources for Tuen Mun and Yuen Long.

43. The Vice-chairman said many terms of the TMDC had been aspiring to enhance the service quality at Tuen Mun Hospital, requesting fair allocation of medical resources and proposing the development of a private hospital, which could make up

the deficiency. He indicated that although there was room for improvement by Tuen Mun Hospital, the public and patients still gave it credit in view of its huge workload. He therefore believed that Tuen Mun Hospital could give people confidence. He further said the hospital transfer concerning the LegCo member had nothing to do with the quality of Tuen Mun Hospital, hoping that Members had no misunderstanding about this. He also hoped Tuen Mun Hospital could further upgrade its services and make long-term plans for its medical equipment and staffing.

44. Dr TANG Kam-shing of the NTWC gave a consolidated response as follows:
- (i) Active efforts had been made to increase hospital beds over the past several years. The NTWC had taken up larger proportions of the additional hospital beds provided by the HA over the past several years;
 - (ii) The HA had provided additional funding for three years to strengthen services, among which \$300 million had been provided for several hospital clusters facing heavier burdens, including the NTWC, the New Territories East Cluster and the Kowloon East Cluster, to meet their urgent needs (e.g. recruitment of nurses and supporting staff). From 2015 to 2016, the HA had invested more than \$50 million in this regard, among which 70% had been used for provision of additional manpower and the remainder had been used for purchase of medical equipment;
 - (iii) The number of medical graduates was limited each year and the NTWC had already taken measures to ease the burden on medical personnel as far as practicable, such as hiring part-time and retired doctors and trying its best to hire doctors with limited registration. Moreover, as there were shortages of doctors in some specialities, the NTWC would make flexible internal staff deployment. Besides, doctors at Tuen Mun Hospital were dedicated to guiding medical students who worked as interns at the hospital, in the hope that they would consider working at Tuen Mun Hospital after graduation. The numbers of staff had also been significantly increased in other supporting grades to ease burdens on various fronts;
 - (iv) Joint efforts were made with the Central Coordinating Committee in Medicine and Geriatrics Department each year to explore how to enhance service quality. There were hopes not only in terms of manpower but also for balanced usage among wards, because patients in overcrowded wards were more vulnerable to infection and inadequate care, which

could lead to deteriorating condition, and it was also difficult for them to receive basic physiotherapy or other care. It was also hoped that some emergency operations could be diverted to Pok Oi Hospital to even out the usage of the two hospitals. In addition, the hospital would strengthen postoperative care in view of a case concerning a surgical patient whose condition deteriorated two days after an operation;

- (v) To seek improvement, the HA would handle incidents and make rectifications in accordance with the established mechanism;
- (vi) Doctors had been hired for Tin Shui Wai Hospital and they would be assigned to work at Tuen Mun Hospital or Pok Oi Hospital first. Moreover, the approach of “new staff led by old hands” would be used, in which some experienced medical personnel would lead new staff to Tin Shui Wai Hospital for work;
- (vii) Development of private hospitals was a matter concerning the bureau’s policies, and the views would be conveyed to the bureau;
- (viii) The Operating Theatre Block was located on a site formerly occupied by a car park. Its surface area was larger than the operating theatre block in use, and the number of its operation theatres could almost double to 20. If the funding was approved, the Operating Theatre Block was expected to be commissioned in 2021. The NTWC had long-term plans for manpower increase, and it would apply for manpower resources before launching services and would carry out the services in a gradual manner; and
- (ix) Similar views on medical certificates and medical reports had been received before. As complicated matters and the demand of individual patients were involved, it was difficult to give a clear explanation at the meeting. Yet, Members were welcome to raise the issues and he would refer them to the Patient Relations Centre, which would explore the best solution to help patients in light of their individual cases.

45. Members made enquiries and comments in the second round of discussion, which are summarised as follows:

- (i) A Member expressed concern about whether medical resources were distributed in an equitable manner. He asked whether the doctors who

were going to work at Tin Shui Wai Hospital were included in the fast-growing manpower in recent years and whether the existing doctors at Tuen Mun Hospital would be transferred to Tin Shui Wai Hospital in the following year. He further enquired about the numbers of hospital beds and doctors at Tuen Mun Hospital after Tin Shui Wai Hospital came into operation;

- (ii) The proposer of the paper enquired about the current shortfalls in doctors and nurses in the NTWC and the number of additional manpower needed to be hired in the future;
- (iii) A Member asked again about the strength of doctors and nurses over the past three years and whether Lingnan University could launch the medicine discipline. He raised objection to the Budget's proposal to cut the recurrent expenditures of the HA. While the HA stated that it could use its reserves, but he reckoned that the reserves should be used in other areas to enhance service quality; and
- (iv) A Member worried that Tuen Mun Hospital would face a manpower shortage if its staff were deployed to Tin Shui Wai Hospital, opining that the manpower of Tuen Mun Hospital should not be transferred to another hospital. Besides, she requested that more resources be provided for hiring medical personnel such as doctors and nurses.

46. Dr TANG Kam-shing of the NTWC gave a consolidated response as follows:

- (i) Tin Shui Wai Hospital would come into operation in phases, and the relevant authority had made staffing preparations and assigned the staff to serve in Tuen Mun Hospital first to ensure adequate preparations were made before they worked at Tin Shui Wai Hospital. The existing staff of Tuen Mun Hospital would not be deployed to Tin Shui Wai Hospital;
- (ii) The number of vacancies dropped as some housemen had just formally become doctors and joined the NTWC this month. The vacancies in some departments (e.g. the Medical and Geriatric Department) were almost filled up, while the figures for other departments were not available at the moment; and
- (iii) The HA could hardly respond on behalf of others to the complex question as to whether Lingnan University could set up a faculty of medicine.

47. The Chairman would like the NTWC representatives to provide figures on doctor vacancies after the meeting. As Members were very concerned about the perennial problem of manpower shortage, they would keep on pursuing their demands if there was still no improvement. Moreover, she indicated that the SSC would write to Secretary for Food and Health and Cluster Chief Executive (New Territories West) expressing Members' views on the services of Tuen Mun Hospital and the shortage of its manpower and resources. Besides, she hoped the representatives of the Tuen Mun District Office would convey Members' views to District Officer (Tuen Mun), inviting the district officer to express on other platforms the difficulties faced by Tuen Mun and to help strive for more resources.

48. A Member suggested writing to the HA as well because the issue involved the allocation of resources.

49. The Chairman said the SSC would also write to the HA voicing its opinions.

[Post-meeting note: The above letters were issued on 22 August 2016.]

VI. Reporting Items

(A) Work Reports by Working Groups under SSC **(SSC Paper No. 37/2016)**

(i) Working Group on Medical and Rehabilitation Services

50. Members noted the contents of the report of the above working group.

(ii) Working Group on Community Care

51. Members noted the contents of the report of the above working group.

(iii) Working Group on Education and Youth Services

52. The Convenor reported that the working group had discussed at its previous meeting issues concerning the TSA and the education support for ethnic minorities, and representatives from the primary and secondary school heads associations in Tuen Mun and from the EDB had attended the meeting upon invitation. He was disappointed by the response of the EDB representative who had said that she was responsible for community liaison only though she would listen to opinions and convey them to the EDB. The working group hoped to exchange views with the EDB at the meeting and the EDB representative was overqualified for the opinion recording task. He said he hoped the EDB could assign representatives who were familiar with the relevant policies to attend meetings, adding that the EDB would be informed beforehand about what

policies were to be discussed.

53. Mr LEUNG Cheuk-fai of the EDB responded that he would convey these views to the bureau. Representatives from the EDB Regional Education Office would attend the meetings of the working group and exchange views with its members on the discussion items set out in the agendas. Where necessary, the EDB would also invite representatives from the relevant policy divisions to attend the meetings

54. The Chairman, who was also a member of the working group, indicated that the EDB's representatives had more than once done merely clerical and recording tasks and demonstrated unfamiliarity with policies. She hoped the EDB could assign representatives who were familiar with policies to attend the next meeting of the working group to exchange views with its members.

55. The Chairman announced that the three working group reports were endorsed.

(E) Report by Tuen Mun District School Development Section of EDB
(SSC Paper No. 38/2016)

56. Members made enquiries and comments in the first round of discussion, which are summarised as follows:

- (i) A Member said that in the previous week when secondary school places were allocated, there was information that among all secondary schools in Hong Kong, one school had reduced the number of classes from five to four, five schools from four to three, 32 schools from three to two, and 14 schools from three to one. What was worrisome was that half of the 14 secondary schools in Tuen Mun operated one class only. In view of this, the Member enquired about the current situation. He said school heads worried that it might not be appropriate if most students in Tuen Mun were allocated to Band One or Two schools, and student diversity would put great pressure on the schools. Besides, the instability of schools would translate into higher numbers of contract teachers and staff;
- (ii) A Member said there was over-enrolment in both primary one and primary three, adding that the primary one over-enrolment of 68 students was large enough to be accommodated by two more classes. The Member asked whether this situation was caused by misestimate of class numbers. She further enquired how the problem of over-enrolment would be addressed given the limited space in schools. She urged early preparations, worrying that the same problem would occur again in the

following school year and would be complicated by the growing number of cross-boundary students over recent years;

- (iii) A Member noted that this year there were 3 173 primary six school places and 4 183 primary one school places, making a difference of nearly 1 000 places. It had been said that the number of students would rebound, but the Government insisted on school closure amid a shrinking student population, and this resulted in the current over-enrolment. The Member asked how the Government would address the problem concerning school places in the future; and
- (iv) A Member said some primary schools had undergone mergers (commonly known as “school closure”) several years before due to the inadequate numbers of primary one and three students. As a population census was held this year, the Member hoped the Government could obtain statistical data to prevent any more misestimate of the student population. He indicated that some secondary school heads had recently expressed opinions about their pressure in student enrolment, but it was obvious at present that primary school places were not adequate while the number of school-age children kept rising. In view of this, he hoped the EDB could consider extending the policy of not cutting teacher posts before 2018. He further remarked that the EDB should not close schools because of short-term under-enrolment, hoping that the Government would pay attention to the situation and take improvement and mitigation measures.

57. Mr LEUNG Cheuk-fai of the EDB gave a consolidated response as follows:

- (i) According to population projections, the decline in the number of school-aged children for secondary one (“S1”) was a temporary phenomenon. In view of this transitional phenomenon, the EDB had launched a series of targeted relief measures (i.e. the “three-fold preservation measures”) starting from the 2013-14 school year to facilitate the continuous development of schools, stabilise the teaching force and maintain the quality of education. Among these measures was the extension of the retention period for surplus teachers, under which if an aided secondary school or a caput school had surplus regular teachers in the three school years from 2013-14 to 2015-16 as a result of its S1 class reduction amid the decline in the S1 student population, the EDB would extend the retention period for eligible surplus teachers from one year to three years. Moreover, the 2016 Policy Address stated that to further

stabilise the teacher force and cater for students' learning interests, schools with S1 class reduction in the 2013-14 and 2014-15 school years might, if necessary, apply for extending the retention period for the surplus teachers concerned to the 2017/18 school year. Besides, the EDB agreed to take the "2-1-1" option for reducing the number of students allocated to each S1 classes in Tuen Mun, provided that the views of various parties were balanced. In other words, the number of students in each S1 class would temporarily be reduced to 30 by phases within three years. The EDB estimated that the overall S1 student population would steadily rebound in the 2017-18 school year and thereafter. The "three-fold preservation measures" had taken effect in school years with relatively significant shrinkage in the S1 student population. There had been under-enrolment in some schools when the results of secondary school places allocation were announced, but the number of students could still change during summer holidays and schools would make efforts to recruit students, so the EDB often saw an improved picture when the student population was counted in mid-September;

- (ii) In the EDB's report, statistics on accommodation referred to the number of students that could be accommodated in operating classes (excluding vacant classrooms) in accordance with the planned class sizes as adopted by the schools concerned, whereas student enrolment statistics were compiled based on data collected in the annual Student Enrolment Survey conducted by the School Education Statistics Section of the EDB. The current class size in primary schools was 25 or 30 students, but in practice, schools might add two or three students to their classes on top of the class size; and
- (iii) The EDB would make good use of vacant classrooms in the district and explore with schools the feasibility of converting other rooms in the schools into classrooms, with a view to operating more classes and addressing the short-term rise in the demand for school places amid the temporary growth in the population of school-age children.

58. A Member noted that news reports said an international school called Mount Kelly called a press conference on 7 July, announcing that it would be founded in So Kwun Wat in 2017. She pointed out that the school had applied for change of land use pursuant to Section 12 of the Town Planning Ordinance around late December

2015, and while the application had been withdrawn in June 2016, the school had subsequently made the same application with another number. The application had only gone through consultation and no decision had been made on the arrangements for land use. She further said the school had to apply for an education licence before operation, but it had announced without an education licence that the first batch of students could be admitted to the school in 2017. She enquired why the EDB had not consulted the TMDC on matters concerning the above international school. Furthermore, she said Harrow International School Hong Kong (“Harrow”) had caused serious traffic congestion on Castle Peak Road and the problem was still being dealt with. She hoped there would not be another problem arising in the meantime. She also said the relevant authority had shown little respect for the TMDC as it had only consulted the TMDC Member of the constituency concerned in the case about Harrow’s siting in Tuen Mun, and it had turned out that traffic in Tuen Mun East was affected. Besides, she indicated that according to the service agreement incidental to the grant of land by the EDB to Harrow at that time, Harrow was allowed to conduct traffic assessment on its own. She asked how the present case of Mount Kelly would be handled and hoped the relevant authorities would consider first whether the traffic capacity of the area. She requested the EDB, which negotiated with the school on behalf of the Government, to give an account of the matters concerned at SSC meetings in the future.

59. The Chairman said the EDB should consult or report to the TMDC about any large tertiary institutions or international schools to be established in Tuen Mun, as in the case where the HD consulted or briefed the Environment, Hygiene and District Development Committee on new plans for housing development. She requested the EDB not to repeat the mistake it made in the Harrow case by consulting only one or two TMDC Members instead of the TMDC.

60. Members made enquires and comments in the second round of discussion, which are summarised as follows:

- (i) A Member opined that there would not be so many problems if the education policies were sound. While the student population rebounded several years after some schools were closed due to under-enrolment, the EDB just explained that schools had been closed in order not to waste resources, without taking into account the long-term education trends. Moreover, she indicated that a primary school requested its students to bring along their tablets at school opening and a parent with three children all studying at that school had thus to purchase three tablets at one go, saddled with a too-heavy financial burden. In this connection, she

enquired whether the EDB provided any allowance for purchase of tablets and remarked that schools should pay heed to the circumstances of individual families;

- (ii) A Member said some residents had asked her if an international school was going to be established in Tuen Mun, and she was embarrassed at being uninformed about that. She hoped the EDB would consult the TMDC if there were any similar cases in the future. Besides, she noted that there were 4 610 S1 school places, which represented a surplus of some 1 000 places over the student population of 3 538. She enquired how to achieve full enrolment and how to address under-enrolment, if any. She further asked how the EDB would address the rebound in the number of S1 students;
- (iii) A Member repeated a question about school places and noted that as stated in the report, there was a difference of 1 000 between primary six and primary one school places this year. While it was said that there could be flexibility in student enrolment, the Member wondered if it was really possible to suddenly provide 1 000 more school places in Tuen Mun. The Member also enquired whether the EDB had measures in place and, in particular, whether the existing teaching staff establishment and vacant classrooms were adequate to meet the ongoing growth in the number of school places year by year; and
- (iv) A Member asked how the EDB would cope with the additional 10 000 to 20 000 school-age children (including those from nursery class to primary one) in the future if primary and secondary schools were closed at present. He pointed out that the shortage of students was a temporary problem that could be mitigated by short-term measures and the “2-1-1” option had been the choice barely acceptable to the education sector at that time. In his view, the EDB representative was over-optimistic saying that there would be full enrolment after the summer holiday. He said it was difficult for schools to recruit 1 000 students in Tuen Mun even if they worked hard in student recruitment.

61. Mr LEUNG Cheuk-fai of the EDB gave a consolidated response as follows:

- (i) Experience showed that schools were able to recruit different students, such as repeaters, dropouts who resumed schooling and newly-arrived children, before the student enrolment counting in September;

- (ii) The EDB reiterated that there was no consolidation policy (i.e. no “school closure” policy) for secondary schools. Even if a school operated only one S1 class, the EDB would still discuss with it different solutions in favour of its development (e.g. merging with another school) to save the school from closure;
- (iii) The EDB would, as appropriate, review the overall supply of school places in the district in light of the district’s actual circumstances and the demand for school places there. If any shortage of school places was found, the EDB would immediately put vacant school promises in Tuen Mun to use or initiate the school building procedures; and
- (iv) Usually, when a new school applied for registration, the applicant had to comply with the relevant requirements in the Education Ordinance.

[Post-meeting note: The EDB stated that the requirements in the Education Ordinance as mentioned above included: no person should publish any advertisement that alleged that an institution, organisation or establishment was registered or provisionally registered as a school under the ordinance when it was not, at the time of publication, so registered or provisionally registered; and no person should publish any advertisement with respect to a school that was registered or provisionally registered unless that advertisement included the registration number assigned by Permanent Secretary to the school.]

62. The Chairman noted that a school had jumped the gun by holding a press conference to announce its plan to recruit students. She hoped the EDB would handle and investigate the case promptly and actively and report to the TMDC about it. She said there were established procedures for licence application, which required that any plans to establish new tertiary schools or international schools or to launch major development projects should undergo consultation with or be reported to the DC concerned, just like those of the HD or the Civil Engineering and Development Department. The Chairman further said the TMDC Member of the constituency concerned was worried about issues concerning people’s lives, especially traffic issues.

63. A Member opined that the EDB should be more alert because the organisation had held a large press conference and declared itself to be an education institution. Noting that the school concerned had stated that it would recruit students and commence operation in 2017, she hoped no parents would become victims who failed

to enrol their children at the school after paying a school fee of \$2 million. She indicated that the organisation was applying for an education licence and it had made misrepresentations before the licence application succeeded. She hoped the EDB would take action promptly.

64. The Chairman requested the EDB representative to report on the matter concerning the international school at the next meeting.

65. A Member said he understood that the EDB had no “school closure” policy, but schools would face the pressure of elimination in case of under-enrolment. He further said that last year there had already been four schools in Tuen Mun operating two classes only. He hoped this situation would not occur this year.

66. The Chairman would like Mr LEUNG Cheuk-fai of the EDB to put Members’ opinions on record for reporting to the bureau. She would also like him to report on, inter alia, information about the new international school.

(F) Report by SWD
(SSC Paper No. 39/2016)

67. A Member expressed concern about the shortages of residential care homes for people with disabilities and residential centres for the elderly, saying that the SWD had not reported on the plan to convert the former Kei Leung Primary School into a residential care home for people with disabilities and a residential centre for the elderly as yet. She enquired whether the plan was still ongoing. She indicated that residents of the estates and courts nearby raised no objection to the establishment of these residential facilities, so she hoped the SWD would get it done as soon as possible.

68. Ms Rosemary KWAN of the SWD thanked the TMDC Member of the constituency concerned for offering assistance in the redevelopment of the former Kei Leung Primary School, so that the SWD could meet with residents and listen to their opinions. She also appreciated the SSC’s support for the project. She reiterated that the department would establish a supported hostel and a residential centre for the elderly, as well as a day centre that provided support for people with disabilities and patients recovering from mental illness, on the site of the former Kei Leung Primary School. The progress of the project had been reported at the previous meeting, and the SWD had secured resources for a study on technical feasibility, which had already been completed in late 2015. As a number of facilities and technical issues were involved in converting the primary school into a residential home and a day centre, the information collected from the completed technical feasibility study and the

recommendations it made had been sent to the relevant departments for comment. She stated clearly that the plan would proceed, and the SWD was collecting opinions from various departments and would report back to Members if there was any further progress.

(G) Report on Crime Figures in Tuen Mun District
(SSC Paper No. 40/2016)

69. Members noted the contents of the report by the Hong Kong Police Force.

VII. Any Other Business

(A) Organ Donation Promotion Campaign
(Paper No. 1 Distributed at Meeting)

70. The Chairman indicated that the TMDC had, by circulation of papers, decided earlier to act as a partner in the Organ Donation Promotion Campaign and signed the Organ Donation Promotion Charter to support activities promoting organ donation. The Chairman encouraged all Members to support the above campaign. She further said that to tie in with the implementation of the campaign, the TMDC had decided at its meeting on 5 July to assign the SSC to work out the details of the TMDC's implementation plan for the Organ Donation Promotion Charter for publication on the DH's Organ Donation website. As the Secretariat had drafted the details, the Chairman invited Members to peruse Paper No.1 distributed at the meeting and discuss the matters concerned. Members had no comments, and the Chairman announced that the above detailed implementation plan was endorsed.

71. The Chairman asked the Secretariat to give the Food and Health Bureau ("FHB") a response on the matter concerning the implementation plan and write to TMDC Members inviting them to participate in carrying out the detailed implementation plan. Besides, as requested by the FHB, the TMDC had to provide the bureau with information about the progress and effectiveness of the plan six months after the signing of the charter. In this connection, she asked the Secretariat to write to all TMDC Member six months later to gather information about their actual implementation of the above campaign. She encouraged Members' active support and participation.

(B) The 7th "Quit to Win" Smoke-free Community Campaign

72. The Chairman said the Working Group on Community Care had discussed this matter at its meeting on 20 June 2016, and had subsequently assisted in contacting district organisations and inviting them to be partner organisations in the campaign.

(C) Referral Memo

73. Ms Rosemary KWAN of the SWD indicated that a Referral Memo designed by the SWD Tuen Mun District Social Welfare Office was distributed at the meeting. She said an important duty of the SWD was to provide timely services for persons in need. Besides, she thanked TMDC Members for their assistance in making referrals for residents seeking assistance or needing support. The above memo could facilitate TMDC Members in making referrals. They only needed to send the completed memos to the SWD by fax or email and the SWD would give responses as soon as possible. Ms Rosemary KWAN of the SWD stressed that the memo served as one of the choices for Members making referrals, and they might continue to make referrals by telephone, letter or email if they considered it more appropriate to do so.

74. A Member asked whether the EDB had knowledge about the matter concerning the school requesting its students to purchase tablets for lessons. She wondered if it was necessary for primary one students to use tablets for lessons. Besides, she said that a parent with three children all studying at that school had to purchase three tablets, and thus faced an even heavier financial burden.

75. Mr LEUNG Cheuk-fai of the EDB responded that when implementing electronic learning (“e-learning”), some schools would request students to bring along their own mobile computing devices to school (i.e. the Bring Your Own Device (BYOD) arrangement) to facilitate the use of electronic textbooks and other e-learning resources, while some schools might choose mobile computing devices using specific operation platforms to facilitate their management and use of other applications or learning resources. The EDB recommended that when working out the relevant measures, schools should have close communication with various stakeholders including parents in order to gain their understanding and support. Under the Fourth Strategy on IT in Education, the EDB provided each public-sector school by phases starting from the 2015/16 school year with a one-off grant of \$100,000 on average for acquisition of mobile computing devices to be used for e-learning in class. On the principle of school-based management, schools might, in light of their own circumstances, deploy some mobile computing devices to serve the e-learning needs of individual students. In addition, the Government currently disbursed an annual Internet access subsidy of \$1,300 to each low-income family, and provided eligible families with affordable computer equipment and Internet access services, including mobile computing devices, through the Internet Learning Support Programme.

76. The Chairman would like Mr LEUNG Cheuk-fai of the EDB to keep in close contact with the TMDC Member concerned after the meeting.

[Post-meeting note: The EDB said it had contacted the school concerned, and understood that the school had held a parents' forum on the BYOD arrangement and put it on hold. The EDB had reported back to the TMDC Member concerned on the matter after the meeting.]

VIII. Date of Next Meeting

77. There being no other business, the Chairman closed the meeting at 12:54 p.m. The next meeting would be held on 13 September 2016.

Tuen Mun District Council Secretariat

Date: 10 August 2016

File Ref: HAD TM DC/13/25/SSC/16

Department of Health**Dental Clinics with General Public Session (For emergency dental service - limited to pain relief & extraction)**

衛生署

牙科街症服務診所 (只提供緊急牙科服務 - 限於止痛及脫牙)

Hong Kong 香港

Clinic 診所	Address 地址	Tel 電話	Operation Hours (& Disc Quota) 服務時間 (及派籌數目)		Barrier Free Access Facilities 無障礙設施	
Kennedy Town Community Complex Dental Clinic 堅尼地城社區綜合 大樓牙科診所	10/F, Kennedy Town Community Complex, 12 Rock Hill Street, Kennedy Town, Hong Kong 香港堅尼地城石山街 12 號 堅尼地城社區綜合大樓 10 樓	3583 3461	Monday & Friday (84 discs) 星期一及五 (84 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet	無障礙場地入口 升降機 暢通易達洗手間

Kowloon 九龍

Clinic 診所	Address 地址	Tel 電話	Operation Hours (& Disc Quota) 服務時間 (及派籌數目)		Barrier Free Access Facilities 無障礙設施	
Kowloon City Dental Clinic 九龍城牙科診所	3/F, Kowloon City Health Centre, Kowloon City Government Offices, 42 Bailey Street, Hung Hom, Kowloon 九龍紅磡庇利街 42 號 九龍城政府合署 九龍城健康中心 3 字樓	2768 9721	Monday (84 discs) & Thursday (42 discs) 星期一(84 籌) 及 星期四(42 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet Tactile Guide Path	無障礙場地入口 升降機 暢通易達洗手間 觸覺引路帶
Kwun Tong Dental Clinic 觀塘牙科診所	LG/F, Kwun Tong Community Health Centre Building, 60 Hip Wo Street, Kwun Tong, Kowloon 九龍觀塘協和街 60 號觀塘 社區健康中心大樓 LG 樓	2345 4787	Wednesday 星期三(84 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet Tactile Guide Path	無障礙場地入口 升降機 暢通易達洗手間 觸覺引路帶

New Territories & Islands 新界及離島

Clinic 診所	Address 地址	Tel 電話	Operation Hours (& Disc Quota) 服務時間 (及派籌數目)		Barrier Free Access Facilities 無障礙設施	
Tai O Dental Clinic 大澳牙科診所	Tai O Jockey Club Clinic, 103 Shek Tsai Po Street, Tai O 大澳石仔埗街 103 號 大澳賽馬會診所	2985 7657	2 nd Thursday of the Month (32 discs) 每月第二個 星期四(32 籌)	AM 上午	Accessible Entrance Accessible Toilet Tactile Guide Path	無障礙場地入口 暢通易達洗手間 觸覺引路帶

Clinic 診所	Address 地址	Tel 電話	Operation Hours (& Disc Quota) 服務時間 (及派籌數目)		Barrier Free Access Facilities 無障礙設施	
Cheung Chau Dental Clinic 長洲牙科診所	2/F, St. John Hospital, Cheung Chau Hospital Road, Cheung Chau 長洲長洲醫院路 長洲醫院三樓	2981 0578	1 st Friday of the Month (32 discs) 每月第一個 星期五(32 籌)	AM 上午		
Mona Fong Dental Clinic 方逸華牙科診所	1/F, Mona Fong Clinic, 23 Man Nin Street, Sai Kung 西貢萬年街 23 號 方逸華診所 1 字樓	2163 9250	Thursday (42 discs) 星期四(42 籌)	PM 下午	Accessible Entrance Lift Tactile Guide Path	無障礙場地入口 升降機 觸覺引路帶
Tai Po Wong Siu Ching Dental Clinic 大埔王少清牙科診所	1 Po Wu Lane, Tai Po 大埔寶湖里 1 號	2652 3737	Thursday (42 discs) 星期四(42 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet Tactile Guide Path	無障礙場地入口 升降機 暢通易達洗手間 觸覺引路帶
Fanling Health Centre Dental Clinic 粉嶺健康中心 牙科診所	3/F, Fanling Health Centre, 2 Pik Fung Road, Fanling 粉嶺壁峰路 2 號 粉嶺健康中心 3 字樓	2671 2046	Tuesday (50 discs) 星期二(50 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet Tactile Guide Path	無障礙場地入口 升降機 暢通易達洗手間 觸覺引路帶
Tsuen Wan Dental Clinic 荃灣牙科診所	213 Sha Tsui Road, Tsuen Wan 荃灣沙咀道 213 號	2492 0880	Tuesday & Friday (84 discs) 星期二及五 (84 籌)	AM 上午	Accessible Entrance Accessible Toilet	無障礙場地入口 暢通易達洗手間
Yan Oi Dental Clinic 仁愛牙科診所	2/F, Yan Oi Polyclinic, 6 Tuen Lee Street, Tuen Mun 屯門屯利街 6 號 仁愛分科診所 2 樓	2452 3265	Wednesday (42 discs) 星期三(42 籌)	AM 上午	Accessible Entrance Lift Accessible Toilet Tactile Guide Path	無障礙場地入口 升降機 暢通易達洗手間 觸覺引路帶
Yuen Long Jockey Club Dental Clinic 元朗賽馬會牙科診所	269 Castle Peak Road, Yuen Long 元朗青山公路 269 號	2477 1808	Tuesday & Friday (42 discs) 星期二及五 (42 籌)	AM 上午	Lift Tactile Guide Path	升降機 觸覺引路帶

Note: Please queue up at the clinic to obtain a disc. No more discs will be distributed when quota is full. For enquiry about barrier free access facilities, please contact staff on duty or Access Officer at the respective clinics.

注意: 請於個別診所排隊輪候籌號, 額滿即止。如欲查詢有關無障礙通道設施, 請致電診所與當值職員或無障礙主任聯絡。

中華人民共和國
香港特別行政區政府
政務司司長辦公室



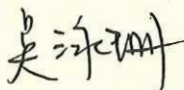
CHIEF SECRETARY
FOR ADMINISTRATION'S OFFICE
Government of the Hong Kong
Special Administrative Region
of the People's Republic of China

本函檔號：CSO 8/2/5/2016/22-8 (4)

香港新界
屯門屯喜路 1 號
屯門政府合署 2 樓
屯門區議會
社會服務委員會主席
蘇嘉雯女士

蘇主席：

謝謝你八月十八日致政務司司長的來信，就屯門區牙科街症服務事宜提出意見，內容備悉。本辦公室已把你的來信轉交有關當局跟進。

政務司司長辦公室政務主任 

二零一六年八月二十六日



電話 TEL: 2601 8677
圖文傳真 FAX NO: 2695 3886
本署檔號 OUR REF: (7) in L/M(3)in LCS1/HQ728/86(8)XXIV

屯門屯喜路一號
屯門政府合署二樓
屯門區議會
社會服務委員會
蘇嘉雯主席

蘇主席:

要求於兆麟政府綜合大樓及區內社區會堂增設自修室

貴會於本年8月18日就有關標題的來函，經已收悉，現僅回覆如下。

目前全港的自修室服務是由教育局負責協調統籌，康樂及文化事務署(康文署)為配合香港政府提供自修室的政策，已參考《香港規劃標準與準則》所訂下的設施指引，在轄下大部份的主要及分區圖書館附設有學生自修室作為圖書館的其中一項輔助設施，供學生及自修人士使用。

現時，屯門公共圖書館學生自修室設有座位174個。在每年公開考試期間(即3至5月)，該自修室更會延長服務時間，即每星期開放七天，星期一至五每天由上午8時至晚上10時，星期六、日及公眾假期由上午8時至晚上9時30分。

在過去兩年(2014年1月至2015年12月)，屯門公共圖書館學生自修室的平均使用率為每小時90人(約52%)，而在本年3月至5月公開考試期間，學生自修室在需求高峰期的平均使用率則為每小時86人(約49%)。由於數據顯示該學生自修室仍有空間供有需要人士使用，康文署現時未有計劃於區內增設自修室設施。

此外，屯門第 14 區（兆麟）政府綜合大樓的建造工程已於去年 8 月動工，如工程進展順利，預計可於 2019 年 2 月完成。綜合大樓內將設有由康文署、民政事務總署、入境事務處、社會福利署及郵政署負責管理的各項設施。鑑於原工程項目並未包括自修室，如在現階段增建自修室設施，須先得立法會財務委員會重新審核及批准，這將會影響整項工程進度及日後大樓的啟用日期。

最後，署方感謝貴會對自修室服務的關注，並會密切留意屯門公共圖書館學生自修室的使用情況。此外，署方亦同意部份委員最近在社會服務委員會建議加強宣傳屯門公共圖書館的學生自修室服務，我們已有計劃盡快在區內學校宣傳該自修室設施，讓更多區內同學知悉有關服務。

康樂及文化事務署署長

(羅麗珍



代行)

副本送：

屯門區議會社委會秘書

屯門區康樂事務經理

圖書館高級館長(屯門)

2016 年 8 月 30 日

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屯門區議會社會服務委員會
2016年7月12日

屯門醫院
中風治療服務

TEAM
搶救中風分秒必爭

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腦中風是影響人類健康最主要的疾病之一。根據世界衛生組織之全世界資料，在世界已開發國家中，腦血管疾病(cerebrovascular disease)大多位居十大死因的**第三位**。

除此之外，中風不同於其他疾病，存活的患者與家人常因殘障，帶來後續之心理、醫療及經濟之重大負擔。

因此，**腦中風急性期之治療**，以及二次中風之預防，成為醫界一個非常重要的努力方向！

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缺血性腦中風 Ischemic Stroke

Blood clots stop the flow of blood to an area of the brain.

最常見的腦中風型態(85%)腦血管阻塞的原因：

- 血管本身因斑塊破裂而導致快速血栓阻塞；
- 從心臟的栓子或近端大血管的血栓脫落而浮到腦血管

出血性中風 Hemorrhagic Stroke

Weakened/diseased blood vessels rupture.

Blood leaks into brain tissue.

急性出血性中風可分為兩大類

- 腦內出血(ICH)
- 蜘蛛膜下腔出血(SAH)

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根據醫管局過去十年資料顯示，全港每年大約有**12,000**宗中風個案，而屯門醫院主要照顧新界西區居民，**每年**接收大約**1,500**症，佔全港整體中風個案收症率**12%**。

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急性腦中風病房

~~病人接受快速檢查評估及治療~~

腦中風中心的設置

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屯門醫院 - 普通科及急性腦中風病房

服務簡介

- 正式於2003年開設急性腦中風病床
- 制定急性腦中風處理之準則與流程
- 每星期由腦內科醫生主導，進行中風病情研討，多種不同專科背景人員共同給予病人最佳治療。

腦中風醫療團隊成員包括：

- 腦神經內科醫生
- 專科護士
- 復健師（物理治療、職業治療及語言治療）
- 心理學專科
- 營養師
- 社工人員等專業人員

協同治療包括：急診科、腦神經外科、神經放射科、康復科(中風)

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服務進展

為更有效利用現有資源下，腦神經內科及中風科拓展服務，並於2014年合併為男女混合病房，此舉主要能提升病房內腦神經內科醫生及專科護士之比例，以及配合中風醫療團隊其它成員，使之能**提高安全性及效率**，此病房主要接收：

- 急性腦中風
- 腦神經內科病症
- 內科及老人科急診病症

平均每年收症人數約為3,600人次，中風病人平均急症住院日數約為*7.5天，中風康復病床平均住院日數約為15.4天。


註：普通科病人平均急症住院日數約為4.5天



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腦中風中心的重要性

- 增加接受血栓溶解劑治療人數
- 減少死亡率
- 減少中風後依賴性重殘者



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達成共識，制定腦中風治療指引

臨床治療的觀念與方法，是隨著新知識及新研究的結果的出現，而有著不斷變化！

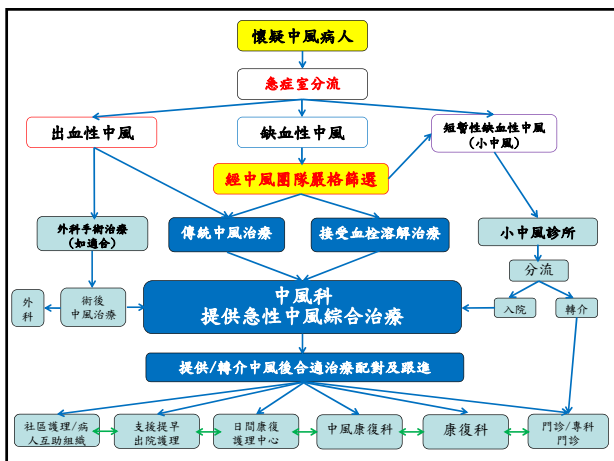
中風是可以預防的重大疾病，落實中風預防之衛生政策，將是降低家庭、社會與政府醫療經濟負擔之最佳策略。萬一發生中風，目前也有可能及時治療，**減少造成終身殘障之機率**。



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屯門醫院 - 中風病人治療流程

急性腦中風病房 (ASU B6)

~~屯門醫院中風病人治療流程~~

- 急性中風病房 - 提供急性中風綜合治療**
 - 密切監察病人病況，預防各種中風併發症。
 - 有充足資源於急症室應用，包括：中風臨床士協助中風團隊進行腦風扇之中風病預防，多種不同專科醫療人員共同商議 (Multidiscipline)，給予病人最佳治療。
- 提供中風後 合適治療配對及跟進**
 - 醫生、監察病質、預防併發症、整合護理計劃。
 - 護士：提供專業家人護理、協助及轉介合適服務。
- 中風後康復治療**
 - 物理治療：透過各種康復運動、感知和平衡訓練、改善患者的活動及參與能力，更加強他們的自理能力及協助活動，讓患者儘量中風後生活安全。
 - 職能治療：訓練自我照顧能力、社區生活技巧、肢體功能、思維和認知概念、另透過輸出語言、家庭改變和照顧者訓練、令患者康復社群。
 - 言語治療：為患者提供溝通及吞嚥能力，制定治療方案改善語言理解表達；建議完全無聲方法，教授吞嚥肌肉控制運動，避免病變 (吞嚥、後腦脹)。
- 社區教育及支援**
 - 舉辦中風講座講座，提升公眾教育。
 - 為患者及家屬提供輔導和援助。

急診中風篩選
屯門醫院中風治療團隊希望能在最速切的時間內，透過緊急醫療系統，提供最佳治療予大眾市民。



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醫管局 - 血栓溶解劑收案標準

臨床懷疑是急性缺血性腦中風，中風時……

1. 病發明確在**3小時內**
2. 腦部電腦斷層掃描**沒有顱內出血**
3. 年齡介於18-80歲

因此需在發作時間少於3小時之內，啟動中風小組

Yim Tsun-tsz, MSc, PhD
香港中文大學

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啟動腦神經內科 - 中風團隊

疾病相關危險因子
排除表現類似的疾病，如癲癇、精神科疾病等等
理學檢查

評估急救ABCs，
生命跡象
檢測意識，心肺功能
重點式的神經學評估

中風專科護士
立即評估
病史詢問
確定發生時間

Yim Tsun-tsz, MSc, PhD
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血栓溶解劑 - 背景

- 1995 NIND study, rt-PA
- **3個小時內**給予可減輕病人的疾病嚴重程度，且不影響病人死亡率
- **目前唯一**被認為治療急性缺血性中風有直接療效的藥物
- 醫生於給藥前**必需仔細篩選**病患，儘可能**避免出血**或藥物過敏併發症

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什麼是黃金三小時？

什麼是黃金三小時？為什麼不可以是五小時、十小時呢？

溶解血栓的治療效果於中風病發的3小時內最理想。溶解血塊，貫通已被閉塞的血管，以拯救快將死亡的腦組織。

經多項實證研究顯示，長時間缺血的腦組織令腦細胞徹底死亡。這時，貫通血管不但無法使病人情況改善，腦出血的機會更會隨注射時間的延長而逐步增加。

接受完溶解血栓治療是否代表中風症狀完全消失呢？

在緊密監控的情況下，每8位病人中有一位可以完全康復(12.5%)。

治療後要注意什麼呢？

此治療最嚴重的風險是出血現象。病者要絕對臥床休息，並接受中風團隊的緊密監察！

The New England Journal of Medicine

Yim Tsun-tsz, MSc, PhD
香港中文大學

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新界西醫院聯網 - 屯門醫院

- 早於**2004年**開始，已恆常於**辦工時間內**或有腦神經科醫生當值時，為急性缺血性中風之合適病人提供血栓溶解劑治療。
- 於**2016年2月1日起**，提供**24小時**急性缺血性中風—血栓溶解劑治療。
- 在提供24小時治療後，接受血栓溶解劑治療比率較以往**增加2.3倍**。

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實施24小時血栓溶解劑治療：資料分析

- 共**51**宗個案給予血栓溶解劑治療，**45**宗個案給予評估後否定血栓溶解劑治療
(當中有**7**宗個案經博愛醫院轉介給予血栓溶解劑治療及評估，其中**4**宗個案給予血栓溶解劑治療，**3**宗個案評估後否定)
- 另有**1**宗個案於辦工時間於博愛醫院接受血栓溶解劑治療後，轉介至屯門醫院急性腦中風科接受監察治療

Source of referral x IV-rtPA

Source	Count
TMH AED	2
TMH EMW	1
ASU (BG)	5
TMH MED	22
TMH others	3
Total	51

TPA call distribution

Category	Count
IV TPA given	45
Assess only	5
Total	51

Data captured by Stroke nursing team from Feb - May 31st 2016

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屯門醫院

急性缺血性中風-血栓溶解劑治療

國際標準



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國際標準 - 目標



Door to treatment in <=60 min

- 0 min: Hospital arrival and CT scan
- <=10 min: Initial CT scan
- <=15 min: Buffy stroke team (including neurology, radiology, CT scan)
- <=25 min: Initial CT scan
- <=45 min: Initial CT scan and time to activate thrombolysis
- <=60 min: Time to activate thrombolysis and stroke team

*Activate must be administered within 3 hours of symptom onset.

屯門醫院情況：

- 由病人被送入醫院 → 接受腦掃描及有初步評估報告，並且接受治療的時間，達到國際標準。



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我們面對的挑戰……



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公眾對中風的認知程度

在“認識中風”問卷調查中發現，超過80%已入院的中風病人，不太認識甚麼是中風！

因此，中風團隊向病人及家屬講解病情及商討治療方案的時間有可能被延長！



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怎樣正確面對中風……

提升公眾教育，讓更多市民認識：

- 甚麼是中風
- 認識“談笑用兵”
- 了解自身中風“風險因素”
- 怎樣預防中風



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認識中風

對抗突發中風口訣

掌握“談笑用兵”



談話表達出現困難

笑臉不對稱

用力不從心

迅速找救兵



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~~預防~~

“勝於”

治療！

**6種方法
減少中風機會**

美國疾病控制及預防中心2011

1. 認識個人之風險因子，如高血壓、糖尿病、高膽固醇等。
• 定期檢查血壓
• 定期檢查血糖
• 定期檢查膽固醇
• 定期檢查中風
• 定期檢查心臟
2. 積極生活及定期做健康運動。
3. 健康飲食包括多吃新鮮蔬果和低脂肪飲食。
4. 限制飲用含酒精飲料。
5. 拒絕吸煙；吸煙人士應立即戒煙。
6. 認識中風警號「BE FAST」，如懷疑中風，應立即求醫。

說 笑 用 兵

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謝謝！

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