CA decides to accept commitments offered by merging parties in relation to proposed acquisition of WTT Holding Corp by HKBN Ltd

The following is issued on behalf of the Communications Authority:

The Communications Authority (CA) today (April 17) announced its decision to accept the commitments offered by the merging parties in relation to the proposed acquisition of WTT Holding Corp by HKBN Ltd (the Proposed Transaction), and not to commence an investigation on the Proposed Transaction under the Competition Ordinance (Cap 619) (CO).

On August 7, 2018, HKBN Ltd announced the Proposed Transaction, which falls within the Merger Rule under the CO. After conducting a competition assessment on the Proposed Transaction, the CA identified competition issues on building access and wholesale service provision that would likely arise from the Proposed Transaction and communicated with the merging parties on those issues.

In January 2019, the merging parties offered a set of commitments to the CA to address the two competition issues identified. The CA issued a notice on February 13, 2019, to seek representations from the industry and interested parties on the CA's proposed acceptance of the commitments. Having reviewed the representations received, the CA took the view that the proposed commitments should be revised to address certain issues raised in the representations. Subsequently, the merging parties offered a set of revised commitments to the CA.

"Having carefully considered the representations received and all relevant information available, the CA is satisfied that the revised commitments are sufficient to effectively address its competition concerns in relation to the Proposed Transaction. The CA has decided to accept the revised commitments and not to commence an investigation on the Proposed Transaction," a spokesman for the CA said.

A succinct summary of the competition issues identified by the CA in relation to the Proposed Transaction and the revised commitments accepted by the CA to address those issues is at www.coms-auth.hk/filemanager/en/content_713/annex_20190417.pdf. For details of the CA's decision, please refer to the CA Statement published today and the relevant documents in relation to the Proposed Transaction at (www.coms-auth.hk/en/policies_regulations/competition/co/registers_under_the_competition_ordinance/acceptance_of_the_commitments/index.html).

LCQ22: Mandatory Provident Fund scheme members consolidating their accounts

Following is a question by the Hon Jimmy Ng and a written reply by the Secretary for Financial Services and the Treasury, Mr James Lau, in the Legislative Council today (April 17):

Question:

In June 2014, the Mandatory Provident Fund Schemes Authority (MPFA) launched the E-Payment for MPF Transfer system (the E-payment system), which made use of the Hong Kong Monetary Authority's Hong Kong dollar Real Time Gross Settlement system to automate payments for the transfer of Mandatory Provident Fund (MPF) accrued benefits between trustees. The E-payment system not only shortens the time needed for MPF transfers but also enhances the accuracy and efficiency of the transfer process. The E-payment system renders (i) the time needed for trustees to process transfer of MPF accrued benefits and (ii) the out-of-market time to be shortened to two to three weeks and about one week respectively, thereby significantly reducing scheme members' exposure, due to market fluctuations during the transfer process, to the risk of "selling low, buying high". In this connection, will the Government inform this Council if it knows:

(1) in respect of each approved trustee who made use of the E-payment system to transfer MPF accrued benefits in each of the past three years, (i) the average processing time and (ii) the average out-of-market time (set out in a table);

(2) the number of complaints received by the Consumer Council from MPF scheme members since the launch of the E-payment system about the slow pace in the transfer of MPF accrued benefits between trustees; whether the MPFA (i) collected the views of the various stakeholders on the E-payment system, and (ii) reviewed the effectiveness of the system and implemented improvement measures, in the past three years; and

(3) whether the MPFA has plans to implement, within this year, other measures and electronic systems to streamline the administration processes of MPF schemes in order to encourage and facilitate the consolidation of MPF accounts by scheme members; if the MPFA has, of the details; if not, the reasons for that?

Reply:

President,

(1) The transfer of Mandatory Provident Fund (MPF) benefits requires the original trustee to redeem the fund units in the scheme member's account

after receiving the election form from the new trustee. The original trustee will then send the MPF benefits to the new trustee for transferring into the new scheme.

The Mandatory Provident Fund Schemes Authority (MPFA) does not have information on the actual average processing time and out-of-market time in respect of the transfer of MPF benefits by trustees using the E-payment system.

That being said, performance pledges of the processing time required by trustees (including the out-of-market time) (Note) are set out in the Annex. According to the understanding of the MPFA, in general, the actual time required is less than the time required under the performance pledges.

(2) The Consumer Council has not received any complaints in relation to the time taken to handle transfer of accrued benefits by MPF trustees since the implementation of the aforesaid payment system in 2014.

The MPFA has been gauging views from stakeholders including scheme members and trustees through different channels (such as hotlines, emails and meetings) to review the system's operation and trustees' scheme administration processes. If necessary, the MPFA will refine the system accordingly, or make suggestions to trustees regarding their administration processes and request them to enhance their service quality.

(3) The Government and the MPFA are preparing for the setting up of a Centralised Platform (CP) to facilitate standardisation, streamlining and automation of MPF scheme administration processes.

The CP is developed for over four million MPF scheme members, including employees/self-employed persons, MPF personal account holders, as well as nearly 300 000 employers in Hong Kong. The stakeholders will be able to manage their MPF with the CP easily, conveniently and efficiently. Scheme members can also consolidate their MPF accounts through the CP conveniently and swiftly.

Our target is to issue tender for the CP project within 2019, with a view to completing the development of the CP in 2022 and implementing the CP by phases thereafter.

Note: The relevant information, together with other information on services provided by each MPF approved trustee and their MPF schemes, are available in the Trustee Service Comparative Platform on the MPFA's website.

LCQ6: Mental health of principals and

teachers

Following is a question by the Hon Michael Tien and a written reply by the Secretary for Education, Mr Kevin Yeung, in the Legislative Council today (April 17):

Question:

It has been reported that an incident of a primary school teacher committing suicide on the school campus last month has aroused public concern about the work pressure on teachers and the psychological counselling services they receive. On the other hand, the results of the Teachers' Work Stress Survey conducted by the Hong Kong Professional Teachers' Union last year showed that close to 30% of the teacher respondents had depression symptoms. Although the Government will, starting from September this year, implement the measure of "two school social workers for each school" in more than 460 secondary schools in Hong Kong, the measure of "one school social worker for each school" in primary schools has remained, and the major service targets of the school social workers are students instead of teachers. In this connection, will the Government inform this Council:

(1) whether it knows the respective numbers of cases in the past five years in which school social workers provided psychological counselling services to primary and secondary school teachers, and the mechanism under which school social workers handled cases of teachers in need of professional psychological counselling services;

(2) apart from setting up the Teachers' Helpline and organising stress management courses, of the measures that the Education Bureau has put in place to (i) support principals and teachers in coping with work pressure and (ii) promote their mental health; and

(3) of the latest progress of the implementation of the measure of "two school social workers for each school" in secondary schools; whether it will provide more resources to strengthen the provision of psychological counselling services by school social workers to principals and teachers?

Reply:

President,

The Government provides primary and secondary schools with social workers and guidance personnel as well as relevant resources to enhance student guidance work. Under the Whole School Approach, schools provide all students with comprehensive and extensive guidance service through the collaboration among teachers, social workers, guidance personnel or other professionals. School social work service aims to identify and help students with academic, social or emotional problems, maximise their educational opportunities and develop their potentials. On support for teachers, social

workers and student guidance personnel help enhance teachers' understanding of students' emotions, behaviours and developmental needs, offer teachers appropriate professional consultation service and advice to help them handle the problems of students, and provide immediate intervention and follow-up service in times of crisis.

Regarding the questions of the Hon Michael Tien concerning the mental health of principals and teachers and the implementation of the measure of "two school social workers for each secondary school", in consultation with the Social Welfare Department (SWD), the Education Bureau (EDB) provides a consolidated reply as follows:

(1) School social workers and guidance personnel are primarily targeted at serving students. Principals, educational psychologists or school social workers are not professionals for treating and handling mental health issues of adults. A teacher who shows persistent or distinct signs of stress should immediately seek help from relevant professionals (such as clinical psychologists and psychiatrists) and receive appropriate counselling or treatment as early as possible. The Government has not asked school social workers to provide teachers with professional psychological counselling services nor collected information on the provision of such services to teachers by schools. Therefore, the relevant statistics are not available.

(2) The EDB has all along attached great importance to teachers' well-being. We have already provided additional resources and implemented various measures to establish a healthy and stable working environment for teachers. For example, since the 2017/18 school year, the EDB has increased the teacher-to-class ratio for public sector schools by 0.1 across the board, providing around 2 200 additional regular teaching posts. Besides, aided secondary schools with surplus teachers arising from the reduction of secondary one classes in the past few years were allowed to extend the retention period for the surplus teachers concerned until the overall secondary one student population rebounds steadily. Moreover, the EDB will implement the policy of "one executive officer for each school" starting from the 2019/20 school year to provide public sector schools and Direct Subsidy Scheme schools with resources for hiring a total of about 1 000 School Executive Officers. This reduces the administrative work of teachers and principals, thereby creating room for them to focus more on teaching and developing a healthier working environment for teachers. To facilitate the sustainable development of schools, the EDB also encourages schools to enhance communication and collaboration with teachers, to formulate appropriate work arrangements based on school development and students' needs, as well as to review the teachers' work in a timely manner.

In addition to stress management, the training provided by the EDB to school leaders, such as the Induction Programme for Newly-appointed Principals and the Educational Administration and Management Course for Senior School Administrators, also includes topics of human resources management to guide trainees in using various strategies to support teachers and relieve their work stress. Such strategies include conducting a holistic review on teachers' work and simplifying unnecessary administrative

procedures, leveraging additional manpower or stakeholders' resources to unleash teachers' capacity, launching an induction scheme to help teachers have a better grasp of their responsibilities, and cultivating a positive and collaborative culture in schools. As we understand, many schools also make use of teacher development days, which encompass topics such as stress management, emotion management, mind and body healthcare, and team building, to support principals and teachers in coping with their work stress.

Meanwhile, the EDB encourages schools to promote mental health on campus and enhance the understanding and value of mental health generally among students, teachers and parents through means such as implementing mental health projects and education. While these activities are mainly targeted at students, teachers and other stakeholders are also encouraged to be aware of the importance of mental health, understand the sources of stress and how to handle it by participating in such activities. Apart from organising talks and sharing sessions on mental health for teachers, the EDB has provided primary and secondary teachers with the Professional Development Programme for Mental Health from the 2017/18 school year onwards, which includes elementary training for teachers and in-depth training for designated teachers, both covering the content of mental health of teachers. Besides, aiming at supporting students with mental illness, the Student Mental Health Support Scheme launched by the Food and Health Bureau in collaboration with EDB, the Hospital Authority and SWD also includes training related to teachers' mental well-being and healthy lifestyle. Moreover, talks and related activities are organised to share with teachers ways to maintain their mental health under the Joyful@School Campaign co-organised by the EDB and the Department of Health, as well as the Mindshift+ Educational Programme launched by the University of Hong Kong with funding support from the EDB. Through participating in the above professional development activities, teachers can enhance their understanding of mental health and finding ways to handle and cope with their stress as well as emotions. We believe that such knowledge and skills not only help teachers support students with mental health needs, but also strengthen their capabilities in handling their own emotions and stress. In addition, the Hong Kong Teachers' Centre has been organising different kinds of stress reduction programmes. The Quality Education Fund (QEF) has also included "Teacher Development and Wellness for Promoting Schools as Learning Organisations" as a priority theme, so that schools can apply for funding from the QEF to organise activities relating to teachers' health and stress management, with a view to enhancing teachers' well-being.

(3) The SWD plans to implement the measure of "two school social workers for each school" in secondary schools from the 2019/20 school year, with the recruitment of about 370 additional school social workers. The number of school social workers for each secondary school will then be increased from the current provision of 1.2 to 2 and about 46 posts of Social Work Officer will be increased concomitantly to enhance supervisory support.

LCQ9: Performing first aid on persons suffering from sudden cardiac arrest

Following is a question by the Hon Kenneth Lau and a written reply by the Secretary for Security, Mr John Lee, in the Legislative Council today (April 17):

Question:

ã€€ã€€Some villagers have relayed to me that as the response time of emergency ambulance service for many remote villages is quite long, persons suffering from sudden cardiac arrest may die as a result of not receiving treatment in time. They have therefore proposed that the Government should install automated external defibrillators (AEDs) in the village offices of such villages so that timely first aid may be performed on such persons in the hope that they will stand a better chance of survival. In this connection, will the Government inform this Council:

(1) whether it has installed AEDs in the village offices of villages and at hiking trails; if so, of the addresses and the total number of such locations; if not, the reasons for that;

(2) whether the Fire Services Department (FSD) will organise community AED and cardiopulmonary resuscitation (CPR) educational lectures in rural areas to enable villagers to acquire the relevant knowledge; if so, of the details; if not, the reasons for that;

(3) whether it will collect and disseminate to villagers the contact information of residents in the vicinity of the various remote villages who have received first aid training, so that villagers may contact such persons for performing first aid on persons suffering from sudden cardiac arrest before the arrival of ambulance personnel; if so, of the details; if not, the reasons for that; and

(4) while FSD has recently been, through the virtual character known as "Anyone", promoting to members of the public CPR and the applications of AEDs as well as publicising the message that "anyone can save lives", there is currently no legislation exempting rescuers from the legal liabilities that might be incurred in performing first aid, whether the Government will consider afresh enacting the relevant legislation to allay the concerns of rescuers?

Reply:

President,

The Fire Services Department (FSD) has been actively promoting cardiopulmonary resuscitation (CPR) and the use of automated external defibrillator (AED). The FSD established the Community Emergency Preparedness

Division (CEPD) on October 2, 2018 to promote in the community the means and skills in respect of emergency preparedness through educational and promotional activities, with a view to further enhancing public awareness of emergency preparedness in a holistic manner, strengthening the public's response capability in the event of emergencies or contingencies, and imparting knowledge to the public on firefighting, self-help as well as escape and evacuation. The promotion of CPR and the use of AED to the public is one of the key highlights of the promotion and publicity work of CEPD.

Through various platforms (such as social media, training courses, advertisements) and by different promotional strategies, The FSD has been reaching out to people from different age cohorts and community groups (including residents of rural areas) to publicise the concepts of "Anyone Can Save Lives" and "Dare to Do, Save a Life". The FSD also encourages organisations which have attended the training courses (such as schools, sports associations, property management companies) to install AEDs in public premises, so that first aid can be provided to cardiac arrest patients in the event of emergencies. The FSD hopes to educate more members of the public on CPR and the use of AED, so that when a cardiac arrest patient is nearby, people around will be able to provide first aid to the patient immediately, thereby increasing the patient's chance of survival.

In consultation with relevant policy bureaux and departments, our consolidated reply to the questions raised by the Hon Lau is as follows:

(1) We do not have information on whether or not village offices of villages are equipped with AEDs.

ã€€ã€€As regards hiking trails, as most of the hiking trails and recreation sites in country parks are located in the countryside with no offices or shelters, there is practical difficulty in providing AEDs at those sites. Nevertheless, four country park visitor centres (including Sai Kung Country Park Visitor Centre, Lions Nature Education Centre, Clear Water Bay Country Park Visitor Centre and Tai Mo Shan Country Park Visitor Centre) are currently equipped with AEDs for use by countryside visitors in need.

ã€€ã€€Separately, the Auxiliary Medical Service (AMS) deploys its personnel to provide first aid and ambulance services at fixed first aid posts at designated country parks on Sundays and public holidays. When the AMS personnel are on duty at these fixed first aid posts and ambulances, they will provide assistance to cardiac arrest patient(s) using AEDs when necessary.

(2) Since 1999, the FSD has organised community CPR training courses from time to time, covering basic CPR and an introduction to the use of AED, for members of the public. So far, more than 30 000 people have attended the courses.

Since mid-2017, the FSD has allocated additional resources for organising educational lectures on CPR and AED as well as the "'Press to shock – Save a life' Automated External Defibrillator Course" in different

districts across the territory for free, with a view to further enhancing the public's knowledge of CPR and the use of AED. These educational lectures and courses have been organised in various districts, among which the large-scale educational lectures held in regions such as Tai Po and Yuen Long indeed serve to facilitate attendance by residents of the New Territories (including those from the rural areas).

For those who are interested in the "'Press to shock–Save a life' Automated External Defibrillator Course" (including residents of the rural areas), apart from applying for the course as individuals, they may apply for group class (with a minimum of 10 people per class). Subject to availability of resources, the FSD will deploy staff to the venues provided by the applicants (such as village offices) to conduct the course. Course details are available on the website of FSD: www.hkfsd.gov.hk/eng/education/amb_press_to_shock.html.

The FSD will continue to organise the aforementioned educational lectures and courses to enhance participation by members of the public.

(3) On publicity and public education, the FSD's approach is to step up efforts in educating more members of the public on CPR and the use of AED, so that they can help those in need in the event of emergencies prior to the arrival of rescue crew.

The FSD has launched an enhanced post-dispatch advice (PDA) service since October 2018. Comprehensive and appropriate PDA on 32 types of injuries and sicknesses (including physical trauma, loss of consciousness and cardiac or respiratory arrest) are provided to callers for emergency ambulance service. The service enables the emergency ambulance callers to, according to the appropriate advice given by the operators of the Fire Services Communications Centre, stabilise the patient's conditions before the arrival of rescue crew at scene, thereby increasing the patient's chance of survival.

We have also considered the feasibility and practicability of the suggestion of collecting the contact details of residents of remote villages who have received first aid training and distributing such information to villagers. Since these trained persons may not be able to rush to the scene immediately in the event of emergencies (e.g. cardiac arrest cases), their assistance may not be readily available in time-critical and life-threatening situations. The FSD therefore considers it more appropriate to step up publicity on CPR and the use of AED, as well as to provide the PDA service.

(4) There is currently no legislation in Hong Kong which provides for the exemption of rescuers from legal liabilities that might be incurred in performing first aid. The issue of whether such legislation is suitable to be introduced requires thorough discussion among relevant policy bureaux, departments and stakeholders, taking into consideration various factors and requisite conditions, including the public awareness of cardiac arrest and their knowledge of the first aid for it, as well as the level of first aid training of rescuers.

[LCQ20: Waiting time for the services of specialist outpatient clinics and ambulatory diagnostic services in public hospitals]

Following is a question by the Hon Wu Chi-wai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (April 17):

Question:

Since 2015, the Hospital Authority (HA) has been making public the waiting time for the services of the specialist outpatient clinics (SOPCs) under eight specialties under the various hospital clusters, to enable patients of new cases to decide on their own whether to make cross-cluster bookings for SOPC services. The arrangement aims at narrowing the variance in SOPC waiting time among different clusters and shortening patients' waiting time. Regarding the waiting time for SOPC services under the eight specialties and the ambulatory diagnostic services in public hospitals, will the Government inform this Council:

(1) in respect of each of the eight specialties under which cross-cluster bookings for SOPC services may be made, whether it knows

(a) the number of new cases received by the hospitals under each cluster in each year from 2015 to 2018, with a tabulated breakdown by whether the patients (i) came from within the cluster or (ii) were cross-cluster patients,

(b) among the cross-cluster patients mentioned in (a)(ii), the respective numbers of cases in which the patients (i) made bookings on their own and (ii) were referred by cross-cluster hospitals, in each year from 2015 to 2018 (set out in a table), and

(c) the respective (i) median and (ii) longest waiting time for new cases in each cluster in each year from 2010 to 2014; how such waiting time compares with that from 2015 to 2018 (during which the cross-cluster referral arrangement had been implemented);

(2) whether it knows if HA has reviewed the effectiveness of the current cross-cluster referral arrangement and put in place measures to enhance and expand such arrangement; if HA has, the details;

(3) as it has been reported that there is currently quite a great variance in

the waiting time for ambulatory diagnostic services under the radiology departments of various public hospitals, whether it knows the median waiting time for each ambulatory diagnostic service provided by the radiology departments under each cluster in each of the past three years; whether there are currently cross-cluster/cross-hospital referrals of patients of such services among the various clusters and among hospitals; if so, the details; the measures currently put in place by HA to shorten the waiting time for such services; and

(4) as it has been reported that the current waiting time for colonoscopy examinations in public hospitals is at least one year, whether it knows the measures put in place by HA to shorten the waiting time for the various endoscopy examination services?

Reply:

President,

My reply to the various parts of the question raised by the Hon Wu Chi-wai is as follows:

(1)(a) The Hospital Authority (HA) provides different kinds of public healthcare services throughout the territory to enable patients to have convenient access to the services according to their needs. HA encourages patients to seek medical treatment from hospitals in the cluster of their residence to facilitate follow-up of their chronic conditions and the provision of community support. Nevertheless, individual patients may have other considerations when they choose a medical facility for medical treatment. For instance, they may choose to receive medical treatment at a specialist outpatient clinic in a certain district for the convenience of travelling to and from their work place.

The number of specialist outpatient (SOP) new cases and the respective proportion utilised by patients living outside the districts in each hospital cluster of HA in 2015-16 to 2018-19 (up to December 31, 2018) are shown at Annex 1.

(b) HA does not maintain the requested statistics.

(c) The number of SOP new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases; and their respective median (50th percentile) and longest (90th percentile) waiting time in each hospital cluster of HA in 2010-11 to 2018-19 (up to December 31, 2018) are shown at Annex 2.

(2) HA has implemented the triage system for new specialist outpatient clinics (SOPC) referrals to ensure patients with urgent conditions requiring early intervention are treated with priority. Under the current triage system, referral of a new patient is usually first screened by a nurse and then by a specialist doctor of the relevant specialty for classification into Priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable)

categories. HA's targets are to maintain the median waiting time for cases in Priority 1 and 2 categories within two weeks and eight weeks respectively. HA has all along been able to keep the median waiting time of Priority 1 and Priority 2 cases within this pledge.

The waiting time for Priority 1 (urgent) and Priority 2 (semi-urgent) cases are largely similar across the seven clusters. However, for the routine (stable) category that caters for less severe and non-urgent patients, there are variations in waiting time among clusters due to various factors. HA has implemented measures to manage the situation.

In order to enhance transparency, HA has, since April 2013, uploaded the SOPC waiting time on HA's website by phases. Since January 30, 2015, the SOPC waiting time information for all eight major specialties (namely Ear, Nose and Throat, Gynaecology, Medicine, Ophthalmology, Orthopaedics & Traumatology, Paediatrics, Psychiatry and Surgery) is available on HA's website. This information facilitates patients' understanding of the waiting time situation in HA and assists them to make informed decisions when considering whether they should pursue cross-cluster treatment.

In general, HA encourages patients to seek medical attention from SOPC in the clusters where they are residing to facilitate the follow-up of their medical conditions and the provision of community support. Patients with less severe and non-urgent conditions may also choose to wait for their first consultation in the cluster close to their residence and thus have little incentive to receive service in another cluster.

Currently, patients may book new medical appointments at SOPCs of their choices. Nevertheless, healthcare staff will take due account of individual patients' clinical condition and nature of service required in arranging cross-cluster appointment for SOPC services. For example, for patients who require community support and frequent follow-up treatments, HA staff may recommend and arrange the patients to seek medical care at SOPCs close to their residence and encourage patients to comply with the treatment plan.

On March 8, 2016, HA launched a mobile application "BookHA" to facilitate patients' choice on cross-cluster new case booking; the application has now been rolled out to cover major specialties.

In addition, HA has implemented a series of measures to manage SOPC waiting time, for example, enhancing public primary care service and public-private partnership; strengthening manpower; implementing SOPC annual plan programmes; reducing the disparity in waiting time at SOPCs in different clusters; optimising appointment scheduling practices of SOPCs. HA will remain vigilant to the service demand and allocate resources as appropriate for the provision of services in need.

(3) The median waiting time for diagnostic radiology services, including computed tomography, magnetic resonance imaging, ultrasonography and mammogram in each hospital cluster of HA in the past three years is shown at Annex 3.

Currently, the disparity of waiting time for diagnostic radiology services among public hospitals is related to a variety of factors at cluster level, including the differences in population and age distribution, the service scope, service model such as the range of inpatient, outpatient, operation and day care services, as well as the diversity in service demand.

Services of HA are delivered and coordinated through joint efforts of hospitals on cluster level, with each hospital within a cluster taking up different roles and functions to meet the service need and to support comprehensive clinical services within the cluster. Cross-hospital diagnostic radiology referral services are available among hospitals within each cluster, but there is no cross-cluster referral mechanism. The major reason is that the effective communication established through collaboration among hospitals within the same cluster would ensure the radiology services could provide appropriate diagnosis and treatment for patients. Radiological examinations for individual patients may vary according to the type and complexity of the underlying diseases, status of disease progression, treatment modes, follow-up regimes and previous treatment that has been given to the patient. Radiologists need to communicate closely with the relevant clinical management teams within the cluster to tailor radiological examinations for the clinical need of patients. For the long-term clinical management of patients, close liaison between the clinicians and radiologists within the cluster on devising the treatment and follow-up plan in response to the changing clinical conditions is also required.

HA has been very concerned about the waiting time for diagnostic radiology services in public hospitals. Measures have been implemented to improve services including increasing the number of equipment and the number of sessions, increasing the number of radiologists and recruitment of non-local trained doctors with limited registration. HA will continue to closely monitor the operation of radiology services to improve the waiting time for diagnostic radiology services.

(4) HA has taken measures to meet the public demand for endoscopy examination, including launching the Colon Assessment Public-Private Partnership Programme (Colon PPP) since December 2016 to offer choices to eligible patients to receive colonoscopy in the private sector. As at December 2018, a total of 150 private specialists participated in the Colon PPP, with 1 107 colonoscopies completed.

Besides, HA plans to open a total of 21 additional sessions per week for endoscopic procedures in Kowloon East Cluster, Kowloon West Cluster and New Territories East Cluster by the first quarter of 2020.