

LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES

Central Waiting List for Subsidized Long Term Care Services for the Elderly

PURPOSE

An information paper on the central waiting list (CWL) for subsidized long term care (LTC) services was submitted to Members for the meeting on 7 July 2003. This paper briefs Members on the latest position and sets out the consultation process and modifications made to the operational details in response to views and concerns expressed by the elderly services sector, including service providers, frontline workers and service users.

OBJECTIVES OF CWL

2. The primary aim of CWL is to provide a single entry point for admission to subsidized LTC services, including both community and residential care services. This will remove the need for elders to approach different service units to apply and waitlist for different services as in existing practice and ensure more timely matching of available services to elders in need. More specifically, CWL can achieve the following:

- (a) streamlining the application process – applicants need only apply to a single point for various types of subsidized LTC services, and the appropriate services will be arranged according to the care need assessment results;

- (b) better co-ordination in service allocation and more timely provision of available services – assessment will be conducted for elders at the time when they apply for LTC services¹. Those assessed to have care needs (i.e. impairment level at moderate or above) will be registered in CWL and provided with or waitlisted for the appropriate services as applicable. Elders assessed to have no care needs (i.e. no or low impairment level) will be referred to other district-based support services as necessary;
- (c) more effective utilization and management of resources – available services will be targeted to meet elders’ identified needs. Through the process, elders assessed to have LTC needs will be allocated the matched community or residential services when available while elders with no LTC needs but would benefit from community support will be referred to the community services for follow-up. This rationalisation will facilitate service planning and resource management; and
- (d) encouraging aging in place – applicants who wish to stay at home will be given the choice of community care service, even if matched to any residential care service.

CONSULTATIONS

3. The initiative to establish a single entry point for all home and community and residential care services was included in the 2001 Policy Objective on Care for Elders. The then target was to enhance the computer system to facilitate centralized registration of both residential and community care services in 2002-03. The Social Welfare Department (SWD) has actively engaged the elderly services sector in discussions concerning the implementation of CWL. The Elderly Commission gave its support to the implementation of CWL at its meeting on 23 June 2003.

¹ This arrangement does not apply to applicants already on existing waiting lists for residential and community care services prior to implementation of CWL. In line with current practice, these applicants will undergo assessment when they are called for admission to the services which they waitlist for, and the appropriate services arranged in accordance with the assessment results.

4. On 4 July 2003, SWD conducted a briefing for the service providers of elderly services on the background and general features of CWL. Thereafter, there were intensive discussions on the implementation details with the Working Group on Standardized Care Need Assessment Mechanism for Elderly Services. The Steering Committee on the Implementation of Standardized Care Need Assessment Mechanism for Elderly Services also discussed the subject in August 2003. We also had sharing sessions with other concerned parties including the Association for the Rights of the Elderly.

5. On 3 and 4 September, SWD conducted two briefings for frontline case workers and service providers on the implementation details of CWL. A draft Manual of Procedures was also distributed during these two sessions for the advance information of the elderly services sector. Staff of SWD also met with frontline workers and elders on a number of occasions in October 2003 to discuss and clarify their concerns and misconceptions about the CWL.

ACTIONS TAKEN IN RESPONSE TO VIEWS AND CONCERNS EXPRESSED

6. SWD has carefully considered and taken into account the views and concerns expressed during the consultation process in finalizing the CWL system and the operational procedures. With a view to addressing elders' anxiety, we have ameliorated the CWL process with the following refinements :

- (a) in order to provide some early support to elders assessed to require residential care services **only** (the so-called "sole option" cases) and to give them a choice to continue living in the community, community care services, for example, enhanced home and community care services, will be arranged for elders either in place of or while they are awaiting admission to residential care services. For elders who choose to receive community care services as a temporary aid, their names will continue to be placed on the CWL and they will be

called for admission to homes when vacancies in their preferred locations/homes arise in accordance with their original application dates; and

- (b) for elders assessed to be suitable for either residential or community care services (the so-called “dual option” cases), we believe that to encourage ageing in place and having regard to the current supply of community services, the elders should be matched for community care services. Upon admission to community care services, their applications for residential care services will be treated as inactive. However, these elders or their carers or case workers may seek to re-activate their residential service option at a future point. Once re-activated, these elders will be called for admission to residential care services when vacancies arise in accordance with their original application dates subject to valid assessment results. For the purpose of service planning, these “inactive” cases on the CWL will be separately accounted for so as not to distort the overall demand for LTC services. On the other hand, if elders assessed for “dual option” decline to be admitted to community services, they will be treated as a normal and active case on the CWL.

7. Concerns were also expressed during the consultations on two other detailed practices planned for implementation in subvented NGO homes in the context of CWL, namely the doing away of a compulsory requirement of medical examination of the elders prior to admission and the introduction of temporary discharge arrangement. The sector’s concerns and the Administration’s response are detailed below. It should be noted that the two proposed measures are nothing new; they have been applied to bought place scheme (BPS) and enhanced bought place scheme (EBPS) homes and/or new contract homes arranged through competitive bidding. Both are aiming at improving users’ accessibility to services.

8. On the issue of pre-admission medical examination, SWD has received clear advice from the Department of Health and the Hospital Authority that such medical examination is not an effective measure in

preventing the spread of infectious diseases. Retention of the current mandatory requirement that applicants have to undergo a pre-admission medical examination including chest x-ray for admission to a subvented home unnecessarily delays the procedure of admission, causes anxiety to elders and their families and is inconsistent with the practice adopted in other government subsidized residential care places. While consensus has been reached with the sector that items relating to laboratory tests could be removed, some insist on continuing with the X-ray examination prior to admission. It is now agreed that while medical check-up would no longer be a pre-requisite requirement for elders' admission to subvented homes, home operators in their discretion may ask elders to undergo medical check-up before admission based on the health conditions of the elders.

9. There are occasions that elders admitted into subsidised residential care places subsequently leave the home or the territory or are hospitalised for prolonged periods, resulting in such places being allocated but not used. To ensure optimal use of resources, SWD will extend the temporary discharge arrangement currently practised by BPS/EBPS homes to subvented NGO homes. Under this arrangement, residential care home for the elderly (RCHE) residents who have received hospital treatment for a continuous period of two months *and* without a definite date of discharge in the foreseeable future, and those RCHE residents who have been away from Hong Kong for a continuous period of one month *and* without a definite date of return in the near future will be temporarily discharged from the RCHE. The purpose of this arrangement is to optimize the use of vacancies subsidized by the government to benefit elders still awaiting residential placement. In extending this arrangement to all RCHEs, we will continue to ensure that elders temporarily discharged will be accorded priority for readmission to their original RCHEs once vacancies are available and that the RCHE operators will take into account the circumstances of each case and exercise flexibility where appropriate to assist the elders upon discharge from hospital or return to Hong Kong.

10. To cope with an increasing demand for assessment, SWD has deployed and trained a total of 16 nurses from closed/hived off service units as accredited assessors. SWD is at the final stage of upgrading its

computer system and preparation of the Manual of Procedures for implementation of the CWL in November 2003. SWD will continue to conduct detailed briefings to make sure all frontline workers serving elders are well aware of the CWL procedures.

ADVICE SOUGHT

11. Members are invited to note the progress made in establishing the CWL.

**Social Welfare Department
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