

Motion on
“Strengthening the support for
persons suffering from dementia and their carers”
Progress Report

Background

At its meeting of 22 February 2012, the Legislative Council passed the motion on “Strengthening the support for persons suffering from dementia and their carers”, moved by Dr Hon PAN Pey-chyou as amended by Hon WONG Sing-chi, Dr Hon Joseph LEE and Hon Alan LEONG. The wording of the motion is at Annex. This progress report sets out the Administration’s position, as well as the follow-up actions taken on the motion.

2. The Government is committed to providing holistic medical services to patients with dementia, and comprehensive subsidised care and support services for demented elders with long-term care (LTC) needs and their carers respectively. Through a multi-disciplinary and cross-sectoral team approach, the Food and Health Bureau (FHB), Labour and Welfare Bureau (LWB), Department of Health (DH), Hospital Authority (HA), Social Welfare Department (SWD) and other relevant parties are working closely on the provision of various service programmes to patients with dementia.

Progress

Medical Services

3. At present, there are around 10 700 patients with varying degree of dementia being followed up by the psychiatric department of HA hospitals. The Department of Medicine and the Department of Psychiatry of HA hospitals jointly provide multi-pronged assessment and therapy to patients with dementia. Depending on the severity of the condition, the patients may be referred to relevant specialist out-patient clinics for follow-up treatment by geriatricians and psychogeriatricians as appropriate. The medical personnel will formulate individualised treatment plans with a view to providing patients with continuous and effective treatment. Medication, cognitive training, healthcare assessment and rehabilitation services will be provided on a case-by-case basis.

4. HA provides outreach services to elderly patients residing at residential care homes for the elderly (RCHEs), including those suffering from dementia, through its community geriatric assessment teams and psychogeriatric outreach teams. Services provided include the formulation of treatment plans, monitoring of patients' recovery and follow-up consultations. At present, HA's community geriatric assessment teams cover about 650 RCHEs while the psychogeriatric outreach services cover most of the subvented RCHEs and over 200 private RCHEs in the territory. In 2012-13, HA will continue to provide such services to the RCHEs and will regularly review the related needs for continuous services improvement.

5. In recent years, HA has increased the use of new anti-dementia drugs with proven clinical efficacy to improve the quality of life of patients and delay the functional deterioration of dementia. HA will continue to keep in view the development of new anti-dementia drugs and review the use of the drugs through the established mechanism.

Long Term Care Services

(i) Service provision

6. At present, the Government provides subsidised residential care services (RCS) and community care services (CCS) for elders, including demented elders, with LTC needs. Additional resources have been allocated to increase service provision in recent years. Of the 2 600 additional RCS places which are to commence operation from 2011-12 to 2014-15, more than 800 were already available as of April 2012. In addition, the Government has earmarked sites in another ten development projects for the construction of new residential care homes for the elderly (RCHEs).

7. Regarding CCS, the additional 500 places under the Enhanced Home and Community Care Services will commence operation within 2012-13, while the additional 185 day care places will be provided from 2012-13 onwards. Service hours have also been extended. As of April 2012, 36 (i.e. 57%) of the 63 day care centres/units (DE/DCUs) had extended their service hours either on a regular basis or upon request from users and/or their family members.

Meanwhile, the Government is working out the details of the pilot scheme on CCS voucher for the elderly with a view to launching its first phase in 2013-14. All the above initiatives will benefit demented elders with LTC needs.

8. In the provision of such services for demented elders, SWD will continue to adopt an integrated approach so that elders can receive a continuum of care suited to their changing needs, and can stay at the same RCHE or DE/DCU even when their physical conditions deteriorate. The Administration has no plan to change this approach.

(ii) Dementia Supplement (DS) for subsidised RCHEs and DE/DCUs

9. The Government has earmarked additional recurrent funding of \$137 million in 2012-13, on top of the existing \$71 million, to increase DS for subsidised RCHEs and DE/DCUs. The DS in respect of each demented service user will be about \$40,000 for RCHEs and about \$24,000 for DE/DCUs in 2012-13. The provision of DS enables RCHEs and DE/DCUs to employ additional professional staff, including occupational therapists, nurses, social workers, etc., or purchase relevant professional services, to enhance training programmes and services for their demented service users as well as support services for their carers. SWD has started allocating DS at the new rate to subsidised RCHEs from April 2012. DE/DCUs will receive it in around June 2012.

(iii) Training for demented elders

10. At present, all subsidised RCHEs and DE/DCUs are providing specific training for their demented service users. With the increase of DS in 2012-13 as mentioned in para. 9 above, they can enhance their service in this regard.

(iv) Training for professional and care workers in elderly care service units

11. SWD will organise more training for professional and care staff of elderly care service units in 2012-13 to enhance their knowledge of dementia and strengthen their skills in caring for demented elders. In this financial year,

the training programmes for professional staff (i.e. social work and para-medical staff) will be increased by 60 places to 180 places. Training programmes for non-professional staff will also be increased by 120 places to 300 places.

Support for Carers

12. DH offers on-site training for care workers in RCHEs and day care centres/units. The training programme is supported by a multidisciplinary team including doctors, nurses and allied health professionals. Various topics, such as recognition of dementia features, behavioral management, coping with carers' stress, skills in organizing activities for demented elders, are covered. DH also collaborated with non-Government organizations to organize seminars, workshops and health talks to provide family members and other carers of the demented elders with practical tips on dementia care.

13. HA has included the management of common elderly health problems, including dementia, in the training curriculum and the continuous medical education of family medicine doctors. In addition, HA's Community Geriatric Assessment Teams and Psychogeriatric Outreach Teams provide on-site training for care workers in RCHEs in managing demented residents as and when required. HA also provides support and training to family members and carers of demented elders with a view to enhancing their understanding of the disease.

14. Separately, the Elderly Commission, LWB and SWD launched the District-based Scheme on Carer Training in 2007 to promote basic knowledge of elderly care. Elderly centres are invited to collaborate with community organisations in running elderly-care training courses which cover the knowledge and skills needed in caring for demented elders. As of December 2011, there were 119 elderly centres participating in the scheme and some 8 450 carers had completed the training.

15. To further relieve the pressure of carers, the Administration has, since March 2012, made use of the vacant bought places in private RCHEs under the Enhanced Bought Place Scheme to provide more respite places for elders residing in the community. SWD has already uploaded the vacancy information onto its website.

16. Cherishing the family is one of the core values of the Hong Kong society. This is reflected in the various types of support services provided by the Government to family carers, which aim at alleviating their stress and equipping them with the knowledge and skills necessary for them to discharge their family responsibilities. Given that LTC services for the elderly require considerable professional input, provision of care and support services, rather than a carer allowance, can better address the needs of elders and their carers. The Administration has no plan to change this policy.

Public Education

17. DH adopts an evidence-based approach in conducting health education programme. Studies have been conducted on the prevalence of dementia and myths about the disease. Results of the studies were announced through press conference to increase public awareness regarding early recognition of dementia.

18. DH has been using various channels, such as press briefing, newsletters, telephone hotline and web page, and the production of health education materials including pamphlets and Video Compact Disks, to raise community awareness, provide professional advice on dementia caring techniques, and remove stigma about dementia. A Do-It-Yourself health education kit is also available for free downloading from the webpage of the Elderly Health Service to promote dementia care. In the future, DH will continue its health promotion and training efforts.

19. Over the past years, a series of seminars have been organised for the frontline staff of the Housing Department, Immigration Department and the Mass Transit Railway on the symptoms and special needs of people with dementia. The seminars were well received by the frontline staff who might encounter patients with dementia at their workplace.

20. HA has also made available information relating to dementia and care management and community resources to support carers of demented persons in the community on its “Smart Patient Website”. In 2012-13, a new

section on “Smart Elders” in the “Smart Patient Website” will be launched to support high risk elderly patients.

Food and Health Bureau

Labour and Welfare Bureau

June 2012

**Motion on
“Strengthening the support for
persons suffering from dementia and their carers”
moved by Dr Hon PAN Pey-chyou
at the Council meeting of 22 February 2012**

Motion as amended by Hon WONG Sing-chi, Dr Hon Joseph LEE and Hon Alan LEONG

That, given that dementia (also known as ‘腦退化症’ or ‘癡呆症’ in the Chinese rendition) is a disease suffered by many people and it has wide-ranging effects and exerts heavy caring pressure on their family members; although the Chief Executive had respectively mentioned in the Policy Addresses for 2010-11 and 2011-12 that the services for persons suffering from dementia would be improved and increased, the situation has not shown any concrete improvements; with population ageing, the number of persons suffering from dementia in Hong Kong has continued to increase, but the Government all along lacks a long-term and comprehensive policy, and the support and resources provided are not sufficient to cope with the relevant demand, thus making such persons unable to receive appropriate treatment and care; in this connection, this Council urges the Government to:

- (a) co-ordinate the complementarity and collaboration between healthcare and welfare services, and formulate an inter-departmental, long-term and comprehensive policy to address the problem of dementia;
- (b) provide timely diagnosis, assessment, treatment and follow-up services for persons suffering from dementia, and set up and subsidize day care, assessment and support centres providing services specifically for persons suffering from dementia, so as to enable those persons in need to receive appropriate care;
- (c) immediately set up care and attention homes for people suffering from dementia, design and set up dedicated and comprehensive care services and ancillary facilities for such homes, and at the same time increase the service quota of residential care homes for the elderly and day care centres for the elderly as well as extend their service hours and increase their manpower, so as to shorten the waiting time of users and serve as a buffer;
- (d) introduce a carer empowerment programme and establish integrated community support services for strengthening carers’ practical caring skills and

providing appropriate support, and introduce a carer allowance and emotional counselling services to strengthen the financial and mental support for family members and carers of persons suffering from dementia;

(e) in establishing care and attention homes for people suffering from dementia and residential care homes for the elderly, introduce a multi-tiered care model for their environments and designs, so as to cater for different needs of persons suffering from varying degree of dementia;

(f) establish a database on persons suffering from dementia to facilitate more in-depth studies and statistical analyses on the conditions of such patients, and promptly assist them in receiving appropriate help when necessary;

(g) provide training to the relevant professionals to enhance their professional knowledge of treating, diagnosing and handling, etc. persons suffering from dementia; and

(h) enhance education for the whole community in relation to brain health and dementia so that the public may make prevention, and further strengthen the relevant primary healthcare services with a view to detecting persons suffering from dementia in the community at an early stage, facilitating early treatment of the disease and easing patients' conditions;

(i) set up support centres for people suffering from dementia in the 18 districts to provide counselling, emotional support and referral services, etc., assist and support carers in respect of their needs for long-term care, provide health education and organize social functions and recreational activities, etc., so as to enable the patients and carers to stay in touch with the community;

(j) establish outreach service teams comprising medical practitioners, community nurses and social workers, etc. to pay regular visits to patients receiving home care as well as follow up their conditions and keep contacts with them proactively, so as to expeditiously provide appropriate assistance to patients and carers in need; and

(k) set up integrated clinics with multidisciplinary services, and having regard to different needs at different times of persons suffering from dementia who also suffer from other diseases or even chronic diseases, put forward appropriate treatment proposals, so as to reduce patients' need to visit different hospital departments