

**Legislative Council  
Panel on Health Services**

**Services Provided by Community Geriatric Assessment Teams  
of the Hospital Authority and  
Visiting Health Teams of the Department of Health**

**Purpose**

This paper is to brief members on the services provided by the Community Geriatric Assessment Teams of the Hospital Authority and the Visiting Health Teams of the Elderly Health Services of the Department of Health.

**Background**

**Community Geriatric Assessment Teams (CGATs)**

2. To enhance interfacing between hospital-based geriatric services and community services, Community Geriatric Assessment Teams (CGATs) were established in 1994 through timely assessment and appropriate management for high-risk elderly.
3. There are at present 10 CGATs based at various Hospital Authority (HA) hospitals. They cover the whole territory on a catchment area basis. The CGAT is made up of a team of medical, nursing, physiotherapy, occupational therapy and social work professionals.
4. CGATs are set up with the objectives to, inter alia:
  - (i) provide expert and timely assessment of high risk elderly persons through a community-based approach to provide early treatment of medical conditions;
  - (ii) enhance continuity of patient care; and
  - (iii) improve the interface between hospital and welfare institutions.

## **Visiting Health Teams (VHTs)**

5. To enhance primary health care to the elderly, improve their self-care ability, encourage healthy living and strengthen family support so as to minimize illness and disability, the Chief Executive announced in his 1997 Policy Address the establishment of 18 VHTs in two years, 12 in 1998/1999 and another six in 1999/2000.

6. In 1998/1999, 12 VHTs were set up in 12 districts, namely, Central & Western, Eastern, Wan Chai, Shamshuipo, Kwun Tong, Yau Tsim Mong, Tsuen Wan, Kwai Tsing, Tuen Mun, Shatin, North and Sai Kung. By early 2000, another six VHTs will be established in Hong Kong South, Wong Tai Sin, Kowloon City, Tai Po, Yuen Long and Islands. A total of 18 VHTs, one in each district, will provide outreaching health services.

## **Scope of Services**

### **Services of CGATs**

7. CGATs provide a comprehensive range of community geriatric services to elderly persons including assessment, outreaching support, treatment, rehabilitation, empowerment etc. Elderly persons may also be referred to other services of HA, Government, NGOs and other care providers according to their medical and psychosocial needs.

8. The scope of the services of the CGATs is also widening in accordance with the changing needs for the care of elderly persons in the community:

#### **(I) Geriatric assessments**

The teams provide pre-registration assessments to all applicants of the Central Infirmary Waiting List (CIWL) of the HA.

Since the phased opening of Nursing Homes in 1998, CGATs have undertaken to provide pre-admission assessments for all applicants on the Nursing Home waiting list.

They also provide pre-admission assessments to many applicants on the Care & Attention (C&A) Home waiting list, pre-admission assessments for bought place scheme of private aged homes and specialist assessment of residential home residents for the purpose of granting Infirmity care supplements.

## **(II) Specialist outreaching support to residential institutions**

The teams provide specialist outreaching support to residents and carers in all C&A Homes. As a result, hospital admissions and specialist out-patient attendances have decreased. Quality of care provided to residents in these homes has also been improved as evidenced by the decrease in the number of drugs taken by the residents and the decrease in the number of falls and bed sores.

About 50% of the applicants on the CIWL of the HA are residing in private aged homes. Three pilot programmes have preliminarily shown the effectiveness of specialist outreaching support provided by CGATs in these homes. It is planned that more private aged homes will be supported by CGATs in the near future.

Some CGATs also provide support to a few residential homes for the disabled, including homes for the aged blind, care & attention homes for the severely disabled and long stay care homes.

9. In 1998, CGATs paid about 33 000 visits to C&A homes, and conducted 2 700 assessments for applicants on CIWL, 1 860 assessments for Nursing Home applicants and 1 500 assessments for C&A home applicants.

### **Services of VHTs**

10. The VHTs reach into the community and residential care settings to conduct wellness programmes with the aim of enhancing health awareness among elderly and increasing their self-care ability. Using the train the trainer/helper approach, VHTs provide training to carers to enhance their health knowledge and skills in caring for the elderly. A list of the health programmes developed is set out in the Appendix.

11. Wellness programmes targeting elderly persons are delivered in collaboration with care providers at the Multi-service/Social Centres for the Elderly (ME/SE), the Housing for Senior Citizen (HSC) and other organizations. Since establishment in July 1998, 2 800 wellness programmes have been conducted with over 100 000 attendances and more than 15 000 individual health advice/counselling have been given. Over 80% of ME/SE and more than half of the HSC in the 12 districts have been covered.

12. Health education and skill transfer programmes targeting formal and informal carers are conducted in residential care homes, day care facilities and housing estates. Moreover, training programmes are provided to home helpers and volunteers. These programmes aim at improving the quality of caregiving and promoting home safety. Up to now, more than half of the elderly homes within the 12 districts have been visited, and 600 programmes have been delivered with a total attendance of 8 000 carers.

13. In accordance with the recommendation of the Advisory Committee on Immunization, influenza vaccination is provided to elderly staying in residential homes to prevent outbreak in these settings, In November 1998, 33 850 elderly in more than 600 residential homes were given influenza vaccination with a coverage rate of 82.5%. This programme will be conducted annually to tie in with the peak season of influenza in Hong Kong.

### **Service Development**

14. At the commencement of the VHT service, consensus was reached between HA and DH about the respective role of the two outreaching teams. CGATs will focus on frail elderly who require specialist treatment while the emphasis of VHTs will be on primary health care education for elderly in general. Liaison is being established between CGATs with respective VHTs on a geographic basis. In particular, some of the health education/promotion activities previously delivered by CGATs are gradually being taken up by VHTs.

15. Service planning and development for VHTs is a dynamic process. The VHTs adopt a flexible and client-oriented approach to accommodate the needs of different client groups through working with other service providers.

16. The VHTs will reinforce collaboration network with public and private sector organizations concerned with elderly care. These include Hospital Authority, Social Welfare Department and the Hong Kong Council of Social Service. Similar networks will be set up in the six districts where new VHTs will operate.

17. Support to home helpers to provide home assessment service by occupational therapist for the elderly will be initiated. Promotion of home safety will help to prevent the elderly from falls.

18. Health education programmes will be developed to enhance supporting service to private home staff. The programmes will help to reinforce best practice in record keeping and handling of drugs as well as providing a safe environment for the elderly in private homes.

19. Professional input will be provided to the Carers' Support Centres, support teams of the 'Social Networking for the Elderly Project' and other community services providers for training of carers.

### **The Way Forward**

20. Elderly individuals are encouraged to take personal responsibility for their own health through knowledge and behavioral change. In this respect, the VHTs will continue to work in partnership with CGATs and other relevant parties using a client-oriented approach to promote healthy living and self-care. By empowering the elderly and their carers through health promotion and disease prevention programmes, it is hoped that the goal of wellness for the elderly could be achieved.

Health and Welfare Bureau

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**List of Health Education Programmes  
provided by Visiting Health Teams**

1. Hypertension
2. Osteoarthritis & Osteoporosis
3. Diabetes Mellitus
4. Nutrition
5. Mental Wellbeing
6. Hypothermia
7. Fall Prevention
8. Oral Health
9. Influenza
10. Cholesterol
11. Eye Care
12. Constipation
13. Ear Care
14. Skin Care
15. Cholera
16. Exercise
17. Ischemic Heart Disease
18. Stroke
19. Dementia
20. Parkinsonism
21. Stress Management
22. Lifting & transfer
23. Swallowing (Choking)
24. Walking Aids
25. Pressure Sore

Note: Programmes specifically designed for carers.