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Paper for LegCo Panel on Welfare Services

Provision of Medical Social Services

Purpose

This paper informs Members of the current provision and the latest developments in this area.

Background

2. Medical Social Services (MSS) started in Hong Kong in 1939 when almoners were appointed in the then Medical and Health Department(M&HD). In the late 1960s, the name "almoner" who mainly provided "alms' to patients was changed to "medical social worker" (MSW) in view of the requirement for formal social work training for this professional post. Upon the recommendation of the " Standing Commission on Civil Service Salaries and Conditions of Service Report No.2" released in 1979, the MSW grade of the then (M&HD) was merged with the "social work officer" grade of the Social Welfare Department (SWD) in October 1982. From then on, MSS units, except those in the then subvented hospitals, have been placed under the administration of SWD. Social workers of SWD are posted to medical social services in the same way they are deployed to work in family services, probation services, etc.

3. When the Hospital Authority (HA) was established in 1991, it took over the MSS units in the former subvented hospitals while SWD continued to operate MSS units in former Government hospitals and specialist clinics under HA. In addition, various clinics of the Department of Health (DH) are also served by SWD's medical social workers.

4. As at the end of February 2002, SWD has an establishment of 363 MSWs of Social Work Officer/Senior Social Work Assistant/Assistant Social Work Officers ranks, serving 59 MSS units in hospitals and clinics of both HA and DH over the territory while HA has a staff strength of 130 serving 22 hospitals. As at February 2002, SWD's MSWs are handling over 32,000

active cases with an average caseload of 102 per worker. Distribution of SWD's MSWs in hospitals and clinics with statistical information on the caseload of MSS, is at Annex 1.

Objectives of the Service

5. MSWs are stationed in hospitals and clinics to provide timely psycho-social intervention to patients and their families and help them cope with or solve problems arising from, illness or disability. As a member in the clinical team, MSW plays an important role in linking up the medical and social services to facilitate a patient's recovery and rehabilitation in the community.

6. Major types of services provided by MSWs to patients and their families include counselling services through individual casework or group work approach; close collaboration with other medical and allied health professionals for psychosocial assessment and formulation of welfare plans; discharge planning and referrals for community resources; provision of tangible assistance such as waiver of medical charges, making recommendations for public housing and charitable trust funds etc. As a public officer, MSWs in SWD are also required to perform statutory duties empowered under various Ordinances, for example, the Mental Health Ordinance and the Protection of Children and Juveniles Ordinance.

Review of Medical Social Services

7. Facing the changing mode of service delivery in medical and health services, increasing emphasis on service integration to better meet the rising needs of patients and their families and calls for greater efficiency through service rationalization and streaming, the Department initiated a review a year ago to identify more effective approaches to provide assistance to patients. The review was conducted in-house under the guidance of a steering group comprising representatives from SWD, HA, DH and the Health and Welfare Bureau. As a result, new initiatives on re-engineering of service units, new approaches in service delivery and streamlining of work procedures have been introduced.

New Service Delivery Mode
"One Patient, One Medical Social Worker"

8. MSS units used to be aligned with hospital and clinic facilities. In-patients are served by MSWs stationed in hospitals and discharged patients attending out-patient clinics for follow-up are served by clinic-based MSWs. To provide continuity of services according to users' convenience, MSS units are encouraged to adopt the "One Patient, One Medical Social Worker" approach as far as possible. At present, seven large hospitals with out-patient clinics attached, including Prince of Wales Hospital, North District Hospital, Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Castle Peak Hospital, Princess Margaret Hospital, Kwai Chung Hospital have adopted this approach whereby the patient is served by the same MSW regardless of his/her in-patient or out-patient status. The approach not only enhances efficient and continuous one-stop personal service to patients, but also avoids duplication of duties of MSWs in compiling documents on case transfer as well as minimizing the administrative and clerical work on file search and record keeping.

"Community-based" Service Delivery Mode

9. In the past, the MSS at the out-patient chest clinics of DH was mostly provided by MSWs on a part-time visiting basis. To improve the service and better utilize manpower resources, a community-based social service delivery mode was adopted in January 2002. Chest clinic patients and their families in need of welfare services are now referred to and served by the caseworkers in family service centres located within the community nearest to their place of residence. The new mode facilitates caseworkers to take a more holistic approach to care for patients and their families.

10. To dovetail with HA's emphasis on the development of community-based health care, a new mode of service delivery was implemented when the ex-Tuen Mun Polyclinic (TMPC) was reprovisioned into the Tuen Mun Ambulatory Care Centre (TMACC) in July 2001. The manpower of the MSS unit stationed in the ex-TMPC was transferred to the four respective family service centres in Tuen Mun district to continue delivering the service to needy out-patients referred from TMACC. If required, MSWs from the Tuen Mun Hospital will attend to any urgent and immediate needs of patients of

this out-patient clinic at the TMACC. A similar operational mode will be tried out at the Specialist Out-patient Clinic at Queen Elizabeth Hospital (QEH) in June 2002.

11. Not all patients will be served through a community-based approach. For example, MSWs will continue to be deployed to serve out-patients from the Oncology Clinic, Special Medical Unit, Renal Unit and Geriatric Day Hospital as these patient's medical condition requires constant care and frequent follow-up clinic sessions and that MSWs' closer collaboration with the medical team is essential to provide better support to the patients and their families. SWD is taking a closer look at the service provision in out-patient clinics of other hospitals, for example, the Princess Margaret Hospital, Queen Mary Hospital and Prince of Wales Hospital etc. In consultation with HA, re-engineering of the service provision in these hospitals will be implemented in 2002-03.

Manpower Requirement

12. The manning ratios for MSWs were approved by the then Medical Development Advisory Committee (MDAC) in 1979. This bed-based or attendance-based formula (e.g. 1 MSW for 90 hospital beds or 1 MSW for 400 out-patient cases per year) is no longer appropriate to meet the changing needs of patients as it fails to take account of the turn-over rate of patients, the different types of activities offered, the intensity of the intervention process and the variation in case-life among cases.

13. Pursuant to a population-based funding arrangement for HA, it has been agreed that the additional provision of MSWs will be funded on the actual requirement of new programmes and services to be implemented, instead of the projected increase in hospital beds and caseload at the clinics. For 2002-03, provision for 4 additional MSWs has been included in SWD's Estimates (but see paragraph 14 below).

Streamlining of Service Provision

Phasing out the dual system in some hospitals

14. Since the establishment of HA, some SWD MSWs have been allocated to the former subvented hospitals to cope with service expansion. This has resulted in a mixed provision of both SWD and HA MSWs in the same hospital. The dual system has led to confusion and inconvenience to patients, medical staff as well as other helping organizations outside hospitals. To address this long-standing problem, an agreement has been reached between SWD and HA. Effective from 2002-03, SWD will withdraw its manpower of MSWs from former subvented hospitals in phases. The withdrawal of MSWs from former subvented hospitals will give rise to surplus social workers in SWD. The phased implementation plan of rationalizing MSS in former subvented hospitals therefore has to be carefully planned. With the understanding that SWD's MSWs will continue to be an important team member in HA's new programmes and service initiatives, SWD will withdraw its MSWs from former subvented hospitals as and when there are sufficient resources to absorb the staff concerned in other funded initiatives in either the medical social service or other welfare service unit. For example, under the first phase, SWD will withdraw 14 MSWs from nine former subvented hospitals with the resources transferred to the concerned hospitals for them to engage their own MSWs. The 14 SWD MSWs will be redeployed to take up other work including supporting HA's new initiatives in psychiatric services. Depending on the availability of similar opportunities in the future, we aim to complete the service rationalization by withdrawing from the remaining two former subvented hospitals, in due course. Details of the phased plan are at Annex 2.

Developing specialized support for some patient groups

15. To strengthen collaboration with clinical counterparts and to develop expertise in providing services to children with special needs, the ten MSWs in the six Child Assessment Centres (CACs) under DH, formerly organized under the Department's five districts, have now been amalgamated into an Urban Team and a New Territories Team. These specialized teams will work closely with the medical and nursing professions to attend to the needs of families with children attending child assessment centres.

16. Guardianship cases under the provision of Mental Health Ordinance (MHO) were previously handled by SWD casework service units throughout the territory. To improve the quality of service through specialization of skills, 30 SWOs with more expertise and knowledge about the MHO serving the MSS units in a psychiatric setting have been grouped together to form five Regional Designated Teams to take up the responsibilities of conducting investigations, compiling social enquiry reports and representing the Director of Social Welfare at Guardianship Board hearings.

Standardization and Interfacing

17. To enhance more effective and efficient performance of MSWs and to ensure better co-ordination in the planning and development of the service, the MSW Co-ordinating Committee (CoC) under the chairmanship of HA was formed in 1995. The CoC holds meetings every three months, attended by supervisors of MSS Units in over 30 hospitals. The main objectives are to share information and experiences; to standardize procedures and documentation; and to promote the development and specialization of MSS through organizing training workshops, developing service protocols for good practice and core competency for MSWs etc. At the district level, there are also regular meetings between MSS units and family services centres in the same hospital clusters for better understanding on service provision and delivery to meet the specific needs in each district.

Developing Expertise

18. In the light of the increasing emphasis on evidence-based medicine and total patient care, the role of MSWs as part of the integrated clinical team needs to be enhanced through continuous learning. Apart from the regular staff development and multi-disciplinary training programmes for MSWs, clinical supervision teams and peer learning groups on various specialties are formed in service units to encourage professional development.

19. Also, in order to enhance performance management, with assistance from the HA, core competencies for MSWs have been identified and developed. These will be used as a reference for performance assessment as well as a good framework to provide the training profile and needs of

MSWs.

20. To assist both HA and SWD MSWs to provide a better service to patients in need, service protocols on the handling of suicide, stroke , renal failure, hospice care, and conditional discharge of psychiatric patients have been developed by joint working groups to provide professional good practice guidelines for all MSWs.

Way Forward

21. The Government places emphasis on strengthening the provision of MSS through a more accessible, and effective integrated service to patients and their families. In order to adapt to the ever-changing health care environment and the continued demands associated with the development of integrated and multi-disciplinary community-based care, we will continue to enhance the interfacing, collaboration and partnership with different healthcare and welfare professionals. We will also develop expertise on skills and knowledge in psychosocial care and ensure the effectiveness of medical social services in the health care setting.

Social Welfare Department and Hospital Authority
March 2002

Annex 1

Staff Establishment of Medical Social Services Units under SWD (as at February 2002)

Hospitals/Clinics/Centres under Hospital Authority

	SWO	ASWO	SSWA
General Specialities	27	175	4
Psychiatric Specialities	33	110	0
Total	60	285	4

Clinics/Centres under Department of Health

	SWO	ASWO	SSWA
Child Assessment Centre	2	10	0
Integrated Treatment Centre (serving HIV/AIDS patients)	0	2	0
Total	2	12	0

	SWO	ASWO	SSWA
Grand Total	62	297	4

Statistical information on caseload of Medical Social Services (as at February 2002)

No. of cases served = 43239
No. of cases closed = 10957
No. of New /Reactivated cases = 10509
No. of active cases at the end of the month = 32087
Average caseload per MSW = 102

Staff Establishment of Medical Social Services Units under HA (as at February 2002)

	SWO	ASWO	SWA
General Specialties	18	108	4

Total workforce of MSW under HA :130

Statistical Information on Caseload of Medical Social Services of HA (as at February 2002)

Total number of cases served 17,699
Average caseload per MSW 136

Annex 2

Phases of withdrawal of services from former subvented hospitals

Name of Hospital	**No. of MSW to be withdrawn by SWD**
Phase I: 1 April 2002	
Tang Shiu Kin and Ruttonjee Hospitals	5
Grantham Hospital	1
Ngau Tau Kok Geriatric Day Hospital	1
TWGH Wong Tai Sin Hospital	1
sub-total	***8***
Phase II: 1 July 2002	
Hong Kong Buddhist Hospital	2
Haven of Hope Hospital	1
Tung Wah Eastern Hospital	1
Cheshire Home, Shatin	1
Yan Chai Hospital	1
sub-total	***6***
Phase III: after 2002-03	
Tung Wah Hospital	4
Fung Yiu King Hospital	3
sub-total	***7***
Total	**21**