



中華人民共和國香港特別行政區政府總部衛生福利局  
 Health and Welfare Bureau  
 Government Secretariat, Government of the Hong Kong Special Administrative Region  
 The People's Republic of China

Our Ref. : HW/ES/3/24 Pt.2 (01)  
 Your Ref : CB(3)/PAC/R38

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12 June 2002

Clerk to Public Accounts Committee  
 LegCo Secretariat  
 (Attn : Miss Sandy Chu)  
 Legislative Council Building  
 8 Jackson Road  
 Central

**BY FAX : 2537 1204**

Dear Miss Chu,

**The Director of Audit's Report on the  
 results of value for money audits (Report No. 38)**

**Chapter 5: Residential services for the elderly**

Thank you for your letter of 30 May requesting additional information on the planning ratio for infirmary places and on measures that the Administration has adopted to meet the demand for residential services for elders. The supplementary information is set out in the following paragraphs.

**Planning Ratio for Infirmary Places**

2. First of all, I would like to point out that as shown in Annex I of my previous letter dated 24 May, the total number of infirmary beds in 2001/02 is 2851. This represents a ratio of 3.8 infirmary beds per 1,000 elders aged 65 or above. The total number of infirmary beds will be increased by 100 to 2,951 by March 2003, and the ratio will correspondingly be increased to 3.9 infirmary beds per 1,000 elders. I would also like to point out that the

Administration is on schedule in meeting the policy pledge set in 1997/98 in providing 1,000 infirmary beds by 2002/03.

3. As regards the planning ratio of 5 infirmary beds per 1,000 elders, in my previous letter, I have set out the significant developments in the provision of medical and care services for frail elders since its adoption in 1981. These developments include the planning mechanism for provision of hospital beds with the establishment of the Hospital Authority in 1991, and strengthening of both community and residential services practising continuum of care to take care of elders with higher levels of frailty.

4. I would like to clarify that the Administration has not abolished the planning ratio, but considers this target which was set over twenty years ago is no longer appropriate and should be reviewed in light of the above developments. The Administration further considers that in addition to the planning ratio, the review should cover the changing needs for infirmary beds and the role of the Hospital Authority in provision of such beds. Given that this is a complex subject, the Administration will require some time to work out proposals. When we have definite proposals on specific areas, we will consult relevant parties including the Elderly Commission and the relevant Panels of the Legislative Council.

#### **Measures to Meet Demand for Residential Services**

5. The Administration will continue to accord priority to meeting the care needs of frail elders, including the need for residential services. However, I wish to point out that the waiting list for residential services (comprising about 27 000 applicants) does not totally reflect genuine need as:

- (a) The applicants have not yet undergone the standardized care need assessment mechanism; and
- (b) About 50% of the applicants are residing in private or self-financing homes, or in subvented care homes receiving lower levels of care services; or are receiving some form of home and community services.

6. The Administration will continue to respond to demands for long term care services by enhancing value for money and improving services. With the introduction of enhanced home and community care services

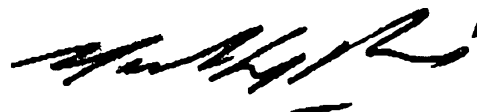
(EHCCS) in April 2001, eligible elders for residential services are given the option to receive the new services in lieu of residential services, or while they are awaiting residential services placement. About 29,000 elders are now being served by a range of community services, including EHCCS, representing about 60% increase compared to 1997/1998. The Administration intends to re-engineer and upgrade existing community support services, and to further expand EHCCS to ensure appropriate care services are provided to frail elders once their care needs are determined by the standardized care need assessment mechanism.

7. In parallel, the Administration will continue to provide residential services for those elders who require such services through a mixed mode of service provision, with participation from non-governmental organizations and the private sector. There are about 26,000 subsidised beds, representing about 62% increase compared to 1997/1998. In 2002-2003, the Administration will provide an additional 1,600 subsidised beds.

8. The Administration will keep the provision of long term care services, including residential services, under regular review, taking into account the experience of EHCCS, and the service needs as determined by the standardized care need assessment mechanism.

9. I hope the additional information above will assist members of the Public Accounts Committee to further consider Audit's review on residential services for elders.

Yours sincerely,



(Dr E K Yeoh)

Secretary for Health and Welfare

c.c. Secretary for the Treasury  
Director of Social Welfare  
Director of Housing  
Director of Health  
Chief Executive, Hospital Authority  
Director of Audit