THE HONG KONG COUNCIL OF SOCIAL SERVICE

香港社會服務聯會

贊助人： 行政長官董建華先生
PATRON: The Chief Executive
The Honourable TUNG Chee Hwa

行 政 總 裁： 方敏生
CHIEF EXECUTIVE: Christine M.S. FANG

香港灣仔軒尼詩道十五號溫莎公爵社會服務大廈
十一至十三樓
11-13/F Duke of Windsor Social Service Building
15 Hennessy Road, Hong Kong
Postal Address : G.P.O. Box 474 H.K.
Fax : (852) 2865 4916 Tel : (852) 2864 2929
E-mail: council@hkcss.org.hk

Response to the Provision of Infirmary Care in non-hospital setting

Summary

1. Welfare Sector already has 18 years of experience in providing infirmary care in the form of Infirmary Unit (IU) or Infirmary Care Supplement (ICS), spending 3 years' time to carry out a pilot project is not necessary.

2. To actualize the Policy objective of "Continuum of care" and to prevent the elders from moving from one elderly home to another, we fully support the 2002 Audit Report's recommendation to provide infirmary care in welfare sector. Instead of carrying out a 3-year pilot project, we have the following alternative proposal :
   - Allocate the $20 million new resources to C&A Homes with IU or ICS experience or Nursing Homes to provide new infirmary places in the form of Infirmary Units (IU).
   - The above proposal has the following 4 advantages :
     a) Better serve the needs of the elders and uphold the Policy Objective of "continuum of care" in residential care for the elderly. Elders do not have to move to another home, like the new homes to be created by the pilot project proposed by the Government, should their conditions turn frail to infirmary level.
     b) Save the time required by the pilot project and can help alleviating the significant shortage of infirmary beds as soon as possible.
     c) Ensure the quality and reduce the risk of below-standard care as the elderly homes providing the new infirmary places are those already have proven experiences in providing infirmary care.
     d) Save the administrative costs involved in the open bidding of the pilot projects.

3. No matter whether the Government eventually adopts our proposal or keep their original one, it is clear that the monthly subvention of providing infirmary care in non-hospital setting would be reduced to around $11,000 per bed. As compared to the $29,982[1] monthly cost to provide infirmary beds in hospitals, around $19,000 could be saved per month. If 150 places would be provided, $34,200,000 could be

[1] Source : Audit Report on Residential Care for the Elderly (2002) (p.33)

saved each year. These resources saved should be re-invested in elderly residential care to lessen the serious shortage of services.

4. NGOs have been and will continue to be one of the key stakeholders in Residential Care for the Elderly. Yet, we have not been consulted on this important policy change. We therefore urge the Government to discuss with the NGOs to jointly work out a solution.

1. Background

1.1 In the Audit Report on Residential Care Services for the Elderly (2002), 2 major recommendations have been made on the future provision of infirmary care :

a) Need for review of provision of infirmary care to address the significant shortage of **70%** of infirmary places and a long waiting time of 31 months for the places. As quoted from the Audit report : "*for many years, the planning target for infirmary places adopted by the Hospital Authority was **5 places per 1,000 population aged 65 or over**. Audit notes the actual provision of infirmary places had consistently been **well below the planning target** in the past few years."* **Based on the population aged 65 or over in 2004, the shortage remains as 70%[2].**

b) To solve the above-mentioned significant shortage in infirmary beds, Government should review and decide whether infirmary care should be provided in the welfare setting instead of in the hospital setting. As calculated by the Audit, the cost of providing infirmary care in welfare setting was $18,625[3] per month, which was far below the unit cost of $29982[4] to provide infirmary beds under Hospital Authority. (2002 figures)

1.2 On November 30, 2004, we learnt from the news report that the Government is proposing a pilot project to allocate $20 million to 2 operators to provide 140 to 150 infirmary places in non-hospital setting, i.e. at a cost of $11,111 to $11,904 per month per case.

2. Initial response to the Government proposal

2.1 Support the direction of providing infirmary care in welfare setting

– To actualize the Policy Objective of "continuum of care" so that elders do not have to move from one home to another should their conditions turn frail, ***we support the principle of providing infirmary care in welfare setting, as proposed by the Audit Report.*** In fact, Various reforms have been going on to strengthen the Residential Care Homes for the Elderly (RCHEs) to provide higher level of care, like the conversion of Homes for the Aged to provide C&A Homes and Nursing Home service. Thus, welfare sector is ready to take up this challenge and help in searching for a seamless care for the elders.

---

[2] 814,300 (population aged 65 or over in 2004) ÷ 1,000 × 5
= 4,071 beds (planned) - 1,234 beds (actual provision) = 2,837 beds (shortage) i.e. 69.7%

[3] $18625 = $12930 (monthly unit subvention of Nursing Homes) + $5695 (monthly sum of Infirmary care Supplement paid to Residential Care Homes to take care of infirmary cases) (Audit Report, 2002)

[4] Hospital Authority is providing 1,134 infirmary beds at a cost of $408 million a year (Audit Report, 2002)

3. Pilot project is not required

3.1 Welfare sector has been providing infirmary care to elders whose medical conditions are stable

- Since 1986, welfare sector has been providing infirmary care through infirmary unit (IUs) established in Care and Attention Homes (C&A Homes). Each unit provides care to 20 cases. At present, there are 29 IUs providing care to 580 infirm cases.
- Starting from 1997, all C&A Homes have been given Infirmary Care Supplement (ICS) to take care of infirm elders.
- From the unit subvention proposed by the Government, i.e. $11,111 per month, it is somewhat similar to that of the resources given to IU or ICS (around $10,750[5] per month). Thus, it is expected that the care level required is also similar.
- According to the 2002 Audit Report, 23%[6] of the infirm cases on the waiting list for infirmary places are currently residing in our subvented RCHEs.

In short, welfare sector already has 18 years of experiences in providing infirmary care and the feasibility has been proven effective. Spending the time and resources to carry out a 3-year pilot project to simply test out the feasibility is not necessary. If Government would like to find out the additional support required in welfare sector to take care of elders requiring level of care higher than that of IU or ICS clients, a simple survey should be able to serve such purpose.

3.2 Other options available

- ***Instead of carrying out pilot project and creating independent infirmary homes, there is a more viable option to invite all the C&A homes with infirmary care experience and Nursing homes to provide the new infirmary places.***
  - Allocate the new resources of $20 million to C&A Homes with infirmary care experience or Nursing Homes to provide new infirmary places in the form of Infirmary Unit (IU). Original resources given to them to provide C&A Home or Nursing Home service could then be re-allocated to replace the beds through speeding up the conversion of Homes for the Aged exercise or purchasing places from the private homes.
  - Infirmary care, being a high level care, required expertise and experiences, inviting elderly homes with proven experience in infirmary care to provide the service is safer and can ensure the quality.

[5] $10,750 = $5950 unit subvention for a C&A place (calculated at mid-point salary) + $4800 Infirmary Care Supplement monthly sum.
[6] Quoted from Audit Report (2002).

Comparatively, care levels required in C&A home and Nursing Home service are lower and could be provided by other operators.

- It is estimated that this proposal can increase 155[7] infirmary places, no less than the 150 places proposed by the Government under the pilot scheme. **Yet, the above proposal has the following 4 advantages :**
  a) Better serve the needs of the elders and uphold the Policy Objective of "continuum of care" in residential care for the elderly. Elders do not have to move to another home, like the new homes to be created by the pilot project currently proposed by the Government, should their conditions turn frail to infirmary level. As mentioned above, many of the elders on the waiting list of infirmary are actually residing in our subvented C&A homes and nursing homes.
  b) Save the time required by the pilot project and can help alleviating the significant shortage of infirmary beds raised by the Audit Report as soon as possible.
  c) Ensure the quality and reduce the risk of below-standard care as the elderly homes providing the new infirmary places are those already have proven experiences in providing infirmary care.
  d) Save the administrative costs involved in the open bidding of the pilot projects.

4. Other concerns

4.1 Resources saved should be re-invested into residential care for the elderly

- No matter whether the Government eventually adopts our proposal or keep their original one, it is clear that the monthly subvention of providing infirmary care in non-hospital setting would be reduced to around $11,000. As compared to the $29,982[8] monthly cost to provide infirmary beds in hospitals, around $19,000 could be saved per month. If 150 places would be provided, $34,200,000 could be saved each year. These resources saved should be re-invested in elderly residential care to lessen the serious shortage of services.

4.2 Unclear admission criteria of infirm cases to be provided in welfare setting

- Until now, SWD has not clearly spell out the characteristics of the infirm cases to be cared in non-hospital setting, but only draw up some criteria of cases which hospitals will take care. The sector is therefore difficult to assess whether they are capable, given the resources proposed, to take care of the cases. Since all the infirm elders are very frail and fragile, we have to carefully assess our capabilities to avoid any risk that may incur.

---

[7] $20,000,000÷ $10,750 ÷12 = 155cases

[8] Source : Audit Report on Residential Care for the Elderly (2002) (p.33)

4.3 <u>No consultation with the welfare sector</u>

- NGOs have been and will continue to be one of the key stakeholders in Residential Care for the Elderly. Yet, we have not been consulted on this important policy change.
- ***We urge the Government to discuss with the NGO sector and jointly work out a solution that can really address the needs of the elders.***

END

December 10, 2004

<u>Co-signed by (In Alphabetical Order) :</u>

Alice Ho Miu Ling Nethersole Hospital
Asia Women's League Ltd
Caritas - Hong Kong
Chinese Rhenish Church Hong Kong Synod, Welfare Department
Ching Chung Taoist Association of Hong Kong Limited
Christian Family Service Centre
Chuk Lam Ming Tong Limited
Chung Shak Hei (Cheung Chau) Home for the Aged, Limited
Ebenezer School and Home for the Visually Impaired
Evangelical Lutheran Church Social Service - Hong Kong
Fung Kai Public School - Fung Kai Care & Attention Home for the Elderly
Helping Hand
Heung Hoi Ching Kok Lin Association
Hong Kong Chinese Women's Club
Hong Kong Christian Service
Hong Kong Lutheran Social Service, Lutheran Church - Hong Kong Synod
Hong Kong Society for the Aged
Hong Kong Young Women's Christian Association
Lok Sin Tong Chu Ting Cheong Home for the Aged
St James' Settlement
The Salvation Army
Tsung Tsin Mission of Hong Kong Social Service Division
Tung Lum Buddhist Aged Home
Tung Wah Group of Hospitals
Yan Chai Hospital Board Social Services Department