



中華人民共和國香港特別行政區政府總部食物及衛生局  
Food and Health Bureau, Government Secretariat  
The Government of the Hong Kong Special Administrative Region  
The People's Republic of China

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21 May 2018

Ms Kay CHU  
Clerk to Joint Subcommittee  
Legislative Council Complex  
1 Legislative Council Road  
Central, Hong Kong

Dear Ms CHU,

**Meeting of the Joint Subcommittee on Long-term Care Policy  
on 12 December 2017 - Palliative Care Services**

The Joint Subcommittee on Long-term Care Policy (“the Subcommittee”) discussed the subject at its meeting on 12 December 2017 and requested the following information in writing:

- (a) The amount of financial resources allocated by the Government for the provision of palliative care services and the training of palliative care specialists; and
- (b) The amount and percentage of HA’s recurrent expenditure on its palliative care services and the utilisation rate of palliative care beds of HA.

The requested information is set out in **Annex**.

Yours sincerely,

( Ms Sandy CHOW )  
for Secretary for Food and Health

c.c. Chief Executive, Hospital Authority (Attn: Ms Dorothy LAM)

## **Palliative Care Services provided by the Hospital Authority**

Currently, public palliative care service in Hong Kong is mainly provided by the Hospital Authority (HA) led by palliative care specialists, under the specialties of Medicine and Oncology. Palliative care provided by HA includes inpatient service, outpatient service, day care service, home care service and bereavement counselling to terminally ill patients.

### **Provision of palliative care service**

2. HA provides palliative care services with a comprehensive service model for terminally ill patients and their families through multi-disciplinary teams of healthcare professionals across various specialties, including doctors, nurses, and allied health professionals. Resources specifically deployed for the provision of palliative care services and corresponding cost information are not readily available.

3. As at 31 December 2017, HA had over 360 palliative care beds. Besides, if necessary, some terminally ill patients admitted to other specialties and in need of palliative care services can also receive treatment from the palliative care teams. The overall inpatient bed occupancy rate of the palliative care in HA was around 90% in 2017/18 (up to 31 December 2017)<sup>1</sup>.

### **Enhancement in palliative care service in recent years**

4. HA endeavours to enhance its palliative care services. In recent years, HA has allocated additional resources to improve the service model and strengthen multi-disciplinary services with a view to alleviating the physical and emotional distress of patients and improving their quality of life at the final stage of their lives.

5. Since 2010-11, palliative care services was extended to cover patients with end-stage organ failures, e.g. end-stage renal disease, in addition to terminally ill patients suffering from cancer. The additional recurrent resource involved is around \$34 million. In 2012-13, HA has strengthened the professional input from medical social workers and clinical psychologists to improve the psychosocial care services including counselling, crisis management, etc., to terminally ill patients and their caregivers. The additional recurrent resource involved is around \$12 million.

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<sup>1</sup> The figures only include palliative care inpatient services that are captured by the designated coding in the computer system.

6. Since 2015-16, HA has strengthened the Community Geriatric Assessment Team (CGAT) service in phases to enhance end-of-life (EOL) care for elderly patients living in residential care homes for the elderly (RCHEs) facing terminal illness. HA has deployed additional recurrent resources of around \$16.5 million on the enhancement. CGATs are working in partnership with the palliative care teams and RCHEs to improve medical and nursing care for those terminally ill patients in RCHEs, and to provide training for RCHE staff.

7. In 2018-19, HA will further enhance palliative care by strengthening palliative care consultative service in hospitals; enhancing palliative care home care service through nurse visits; strengthening the competency of nursing staff supporting terminally ill patients beyond palliative care setting through training; and strengthening EOL care for elderly patients in RCHEs. The additional resource involved for the above programmes is around \$30.8 million.

8. On paediatric palliative care, HA will develop a structured palliative care service for paediatrics by establishing a centralised multi-disciplinary team at Hong Kong Children's Hospital to support territory-wide palliative care service under the HA paediatric service network in 2018-19. The additional resource involved is around \$6.4 million.

### **Training of palliative care specialists**

9. Currently, the Hong Kong College of Physicians and the Hong Kong College of Radiologists are two local colleges which provide specialist training and award specialist qualifications on palliative care to doctors who wish to acquire such qualifications. These two colleges are under the Hong Kong Academy of Medicine (HKAM). Specialist training programmes will be continued to consolidate the provision of specialist palliative care services in the system.

10. Moreover, HA has all along attached great importance to the training of nursing staff and allied health (AH) professionals in order to cope with service demand and facilitate professional development. For nurses, the Institute of Advanced Nursing Studies in HA organises Post-registration Certificate Course in Palliative Care Nursing. As regards AH professionals, designated training programmes are developed and coordinated by HA's Institute of Advanced Allied Health Studies for staff working in palliative care settings.

11. Furthermore, HA also invites local and overseas experts to organise training and workshops on palliative care regularly with the aim of enhancing the expertise and professional skills of multi-disciplinary healthcare professionals.

12. HA will continue to develop and improve palliative care services having regard to factors such as population growth and changes, advancement of medical technology and healthcare manpower, and collaborate with community partners to better meet the needs of patients.