For information
On 12 December 2017

Legislative Council
Panel on Welfare Services
Panel on Health Services

Joint Subcommittee on Long-term Care Policy

Palliative Care Services

Purpose

This paper briefs Members on the palliative care services provided by the Government.

Background

2. Hong Kong is facing a rapidly ageing population and rising prevalence of chronic disease. In this context, the Government recognizes the need to drive the development of services for the elderly as well as to strengthen palliative care services for persons facing terminal illness.

Palliative care service of the Hospital Authority

3. Currently, 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. In the past, palliative care service of HA focused mainly on the care of advanced cancer patients. In the last decade, palliative care service has been gradually extended to cover patients with other diseases, such as patients suffering from end-stage organ failure (e.g. renal failure, chronic obstructive pulmonary disease (COPD)).

4. Palliative care service of HA is provided to patients facing terminal illness by multidisciplinary teams of professionals, including doctors, nurses, medical social workers, clinical psychologists, physiotherapists, occupational therapists, etc. The aim is to improve the

quality of care and facilitate a more peaceful dying process.

5. HA's palliative care service is organized and coordinated on a cluster basis. In-patient palliative care service provides care for those with more complex conditions or dying patients. A range of ambulatory palliative care services are also available including outpatient clinics for the management of less acute and complex symptoms, day care services for rehabilitation and psychosocial care, and home care services to optimize symptom control in the community and to empower the informal care-givers. The families are supported by bereavement care before and after patients' death.

6. In recent years, HA has strengthened its palliative care service in different areas. For instance, HA has developed palliative care service models for patients with end-stage organ failure, especially patients with renal failure, working in collaboration with other specialties. Palliative care day centres have been developed through collaboration with community partners to provide one-stop multidisciplinary care for patients living in the community. Psycho-social support and bereavement care have also been enhanced by strengthening the services of medical social workers and clinical psychologists. Statistics on the utilisation of HA's palliative care services in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016) are provided in **Annex**.

7. To support terminally-ill patients living in residential care homes for the elderly (RCHEs), HA's Community Geriatric Assessment Teams (CGATs) have worked with the palliative care teams as well as RCHE staff to strengthen the care of RCHE patients at end-of-life stage, and to provide relevant training to RCHE staff.

8. To plan and further improve the quality and sustainability of HA's palliative care service as well as to cope with increasing demand, HA has developed in this year the "Strategic Service Framework for Palliative Care" (the Framework), to guide the development of palliative care service in the coming five to ten years. Strategic directions for improving adult and paediatric palliative care were formulated.

9. To improve adult palliative care, emphases are put on the enhancement of governance and service organisation, the promotion of better care coordination and collaboration, the facilitation of care-in-place by strengthening palliative care in the ambulatory and community setting and quality improvement. On paediatric palliative care, HA will establish territory-wide paediatric palliative care services, promote integrated and

shared care, and enhance community support for children and families in need of palliative care. Moreover, enhancing medical-social collaboration with community partners such as non-governmental organisations, patient groups and volunteers, for supporting patients and families or carers are also highlighted amongst the strategies.

10. HA will continue to review the demand for palliative care service, and continue to develop palliative care services to meet patients' needs.

End-of-life care services supported by the Social Welfare Department

11. Starting from 2015-16, Social Welfare Department (SWD) has allocated additional resources to all new contract RCHEs commencing service for the provision of end-of-life care services, including the increase of corresponding manpower resources. In addition, SWD has progressively been adjusting the subsidy amount for existing contract RCHEs, upon contract extension or commencement of new contracts, for the provision of end-of-life care services. As at end-October 2017, there were 29 contract RCHEs in operation and 17 of them were offering end-of-life care services. SWD has reserved additional resources for the remaining 12 existing contract RCHEs to introduce end-of-life care services upon contract extension or commencement of new contracts. By the end of 2019-20, all contract RCHEs will provide end-of-life care services.

12. Contract RCHEs may utilise the additional resources to render professional and systematic holistic care to elderly residents suffering from life-threatening illness and approaching the end of life, and provide support for their carers. Such services aim at alleviating the pain and discomfort of elderly persons, as well as relieving the stress of elderly persons and that of carers, thereby helping them face death in a dignified and peaceful way. The scope of services includes medical and nursing care, psychological and bereavement care, social and family support, spiritual care and death preparation, etc. Contract RCHEs providing end-of-life care services are equipped with a specially designed room offering a home-like environment to support needy elderly persons. In addition, the Staff Development and Training Section of SWD will organise training programmes relating to end-of-life care services on a need basis.

13. To strengthen the planning of premises, SWD has completed the review of the Schedule of Accommodation (SoA) for RCHEs. The new SoA has incorporated the area provisions for end-of-life care services. It

took effect in September 2017 and will be applicable to newly planned subvented and contract RCHEs.

Study on Quality of Healthcare for the Ageing

14. With an aim to forming a long-term development direction of healthcare services in response to the challenges of an ageing population, including services for palliative care, the Food and Health Bureau commissioned in 2015 the Chinese University of Hong Kong to conduct a three-year research study on the quality of healthcare for the ageing. As part of the Study, the research team will analyse the implementation of advance directives and provide recommendations with a focus on the legislative and relevant ethical and cultural issues.

15. We will examine the findings and recommendations of the Study and would gauge views of relevant stakeholders when charting the way forward.

Advice sought

16. Members are invited to note the content of the paper.

Food and Health Bureau
Labour and Welfare Bureau
Social Welfare Department
Hospital Authority

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Annex

Statistics on Utilisation of HA's Palliative Care services in 2014-15, 2015-16 and 2016-17 (up to 31 December 2016)

Palliative Care Service	Number of Attendances		
	2014-15	**2015-16**	**2016-17 (up to 31 December 2016) [Provisional Figures]**
Palliative care inpatient service [Note 1] (Total number of inpatient / day inpatient discharges and deaths)	8 254	7 970	6 006
Palliative care specialist outpatient service [Note 1]	9 449	9 058	7 130
Palliative home visits by staff [Note 2]	33 199	34 311	30 273
Palliative day care attendances	12 275	12 231	9 560
Bereavement service	3 034	3 436	2 942

Note 1: The above statistics refer to the throughputs in Palliative Care Specialty only.

Note 2: Data definition has been refined since April 2016. Therefore, the statistics are not comparable before and after April 2016.