# LCQ7: Adopting an updated assessment tool to assess care needs of the elderly

Following is a question by the Hon Luk Chung-hung and a written reply by the Secretary for Labour and Welfare, Dr Law Chi-kwong, in the Legislative Council today (November 21):

Question:

In 2000, the Social Welfare Department (SWD) implemented a Standardised Care Need Assessment Mechanism for Elderly Services, under which accredited assessors use an internationally recognised assessment tool to assess the care needs of the elderly and match them with appropriate long-term care services. As some frontline service providers considered that the assessment tool was ineffective in identifying the cognitive and mental needs of those elderly persons with early-stage dementia, SWD commissioned the Sau Po Centre on Ageing of the University of Hong Kong in 2013 to update the assessment tool to interRAI-HC (elderly health and home care assessment tool) version 9.3 (the new version tool). The Government indicated at the end of last year that the new version tool would be introduced within the current financial year. In this connection, will the Government inform this Council:

(1) of the progress of adopting the new version tool, including the launch date and the to-date number of accredited assessors who have attended training programmes for conducting assessment with the new version tool;

(2) whether it has gained an understanding of the edge of the new version tool over the existing version of the tool in respect of identifying the cognitive and mental needs of those elderly persons with early-stage dementia;

(3) whether the Government will accede to requests for conducting reassessment with the new version tool for those elderly persons who have been assessed by the existing version of the tool and found ineligible for subsidised long-term care services; and

(4) whether it has assessed if more elderly persons will be identified to be in need of long-term care services after the adoption of the new version tool; if it has assessed and the outcome is in the affirmative, whether it will increase the quotas for such services gearing to this situation; if so, of the details?

Reply:

President,

My reply to the Hon Luk's question is as follows:

(1) to (3) With the support from the Lotteries Fund, the Social Welfare Department (SWD) commissioned the Sau Po Centre on Ageing of the University of Hong Kong (the Consultancy Team) in 2013 to carry out a research project on the enhancement of the infrastructure of long-term care in Hong Kong. One of the objectives is to update the assessment tool adopted under the Standardised Care Need Assessment Mechanism of Elderly Services (SCNAMES). The assessment tool currently in use, namely the interRAI-HC version 2.0 will be updated to the latest interRAI-HC Chinese version 9.3. Through using the updated assessment tool, clinical information will be collected from the elderly persons on aspects of their cognition, communication, mood and behaviour, social functioning, functional impairment, disease diagnosis and other health conditions, etc., for a more precise assessment of their current care needs and early identification of signs and symptoms indicating impairments (including dementia) for matching with appropriate long-term care services for the elderly.

The Consultancy Team is currently examining the applicability and reliability of the updated assessment tool in Hong Kong and will submit a research report to the SWD in due course. Before the launch of the updated assessment tool, the Consultancy Team will also provide training on the use of the updated assessment tool to about 2 000 serving accredited assessors.

Under the current SCNAMES, elderly persons with long-term care needs or existing service users who find the services they are receiving not able to meet their care needs may request SWD, through their referring offices, for another assessment and apply for long-term care services that match with their care needs.

(4) The new assessment tool should be able to more precisely assess the different level of long-term care services required by the elderly, so as to assist in service matching in a more appropriate manner. The impact on the overall long-term care needs have yet to be assessed pending further detailed studies.

The Government will continue to adopt the approach of according priority to the provision of home care and community care, which are supplemented by residential care, in providing support for frail elderly persons with long-term care needs. The Government has all along been striving to increase subsidised elderly care places under a multi-pronged approach. To this end, the 2018 Policy Address has proposed a series of new initiatives to support frail elderly persons, including those suffering from dementia. These initiatives include:

a) Strengthening the community care and support services for the elderly by providing an additional 2 000 service quota under the Enhanced Home and Community Care Services;

b) Providing an additional 1 000 vouchers (bringing the total to 7 000 vouchers) under the Second Phase of the Pilot Scheme on Community Care

Service Voucher for the Elderly to support ageing in place for elderly persons with moderate or severe impairment;

c) Implementing a new scheme to set up day care units for the elderly at qualified private and self-financing residential care homes for the elderly (RCHEs) to increase the supply of day care services;

d) Providing designated residential respite places in private RCHEs participating in the Enhanced Bought Place Scheme to relieve the stress of carers; and

e) Purchasing an additional 5 000 EA1 places under the Enhanced Bought Place Scheme in the next five years to increase the supply of subsidised residential care places for the elderly and enhancing the overall service quality of private residential care homes for the elderly.

Furthermore, the SWD will continue to implement the Pilot Scheme on Residential Care Service Voucher for the Elderly by adopting the "money-following-the-user" approach with a view to offering elderly persons in need of residential care service an additional choice and providing an incentive for RCHEs to improve their services.

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# LCQ22: Statistics on and screening services for breast cancer

Following is a question by the Dr Hon Elizabeth Quat and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (November 21):

Question:

Breast cancer is the most common cancer with the third highest mortality rate among women in Hong Kong. In 2016, breast cancer accounted for 26.6 per cent of all new cancer cases among women in Hong Kong. Besides, Hong Kong is one of the regions in Asia with high incidence of breast cancer, with the number of cases of women diagnosed with breast cancer rising by three times in the past two decades. In this connection, will the Government inform this Council:

(1) of the public healthcare institutions which currently provide mammography and breast ultrasound scanning for women; the number of units providing such services and the average charge for each test (with a breakdown by District Council district);

(2) whether it knows, in each of the past five years, the number of person-

times, age distribution and waiting time of women who received mammography and breast ultrasound scanning which were provided by public and private healthcare institutions; if it does not have such figures, whether it will compile such statistics;

(3) whether it knows the number of new confirmed breast cancer patients in each of the past five years, with a breakdown by stage of breast cancer and age distribution;

(4) given that public hospitals provide appropriate services for breast cancer patients through their multi-specialty teams while surgeons and clinical oncologists will make appropriate treatment arrangements, whether it knows the current ratio of the number of specialists responsible for treating breast cancer in public and private healthcare institutions to the number of patients;

(5) given that the Chief Executive indicated in the Policy Address she delivered last month that a study to identify the risk factors associated with breast cancer for local women was expected to be completed in the latter half of next year, and that the Government would closely monitor the scientific evidence and outcome of the study to review the type of screening suitable for women of different risk profiles, of the details (including the timetable) of such work;

(6) given that the number of new breast cancer cases and the number of deaths caused by breast cancer among women have been increasing year after year in recent years, and some cancer experts have suggested that breast cancer screening should be carried out for women at increased risk of developing breast cancer (e.g. those who have a family history of breast cancer), whether the Government (i) knows the current number of women at increased risk of developing breast cancer, (ii) will review the mechanisms for and measures on preventing breast cancer in order to help such women take preventive actions, and (iii) will launch a screening programme specifically for such women prior to the implementation of the relevant measures to be put forward by the study mentioned in (5); if so, of the details (including the timetable); if not, the reasons for that;

(7) given that a study report of the Hong Kong Breast Cancer Foundation has pointed out that the implementation of a population-wide screening programme is an effective way to lower the breast cancer mortality rate, whether the Government has studied the justifications behind the assertion made earlier by the Cancer Expert Working Group on Cancer Prevention and Screening that "all screening tests have their limitations";

(8) whether it knows if the Hospital Authority procured additional 3D mammography screening machines in the past five years in order to provide screening tests for women at increased risk of developing breast cancer; if HA did, of the number; if not, the reasons for that; and

(9) as there are views that women's awareness of the efficacy of breast examination is inadequate at present, whether the Government will allocate

resources to step up publicity to boost the importance attached to breast examination by women; if so, of the details (including the timetable); if not, the reasons for that?

Reply:

President,

The Government attaches great importance to cancer prevention and control. The Cancer Expert Working Group on Cancer Prevention and Screening (CEWG) under the Government's Cancer Coordinating Committee regularly reviews and discusses the latest scientific evidence, local and worldwide, with a view to making recommendations on cancer prevention and screening suitable for the local population. My reply to the various parts of the question raised by the Dr Hon Elizabeth Quat is as follows:

(1) and (2) At present, both the Department of Health (DH) and the Hospital Authority (HA) provide mammography and breast ultrasound scanning services for women. Details are as follows:

Department of Health

Woman Health Service (WHS) is provided in the DH's three Woman Health Centres (WHCs) and ten Maternal and Child Health Centres (MCHCs) on sessional basis (details are set out at Tables 1 and 2 of Annex A) for women aged 64 or below for the purposes of health promotion and disease prevention. The services include health education, assessment, counselling and investigations as appropriate. Investigation includes mammography for women at higher risk of developing breast cancer. Breast ultrasound scanning as a supplementary examination may be arranged for them if necessary.

The fees and charges for WHS and attendance for mammography over the past five years are set out at Tables 3 and 4 of Annex A. The DH does not keep records of age distribution of clients who received mammography or attendance and age distribution of those who received breast ultrasound scanning as a supplementary examination. The waiting time for the DH's WHS varies depending on individual WHCs/MCHCs. The median waiting time is five weeks.

Hospital Authority

Currently, there are 14 hospitals in different hospital clusters of HA providing mammography and breast ultrasound scanning services (details are set out at Table 1 of Annex B). HA doctors will assess patients' conditions and refer patients for mammography or ultrasound scanning when necessary. As the examination fees have already been covered in the in-patient or out-patient service fees, patients are not required to pay additional fees.

The number of patient attendance over the past five years and the waiting time in 2016-17 and 2017-18 for mammography provided by HA are set out at Tables 2 and 3 of Annex B. The HA does not maintain or plan to compile

age breakdown on the number of patient attendance for mammography and statistics on the number of patient attendance and waiting time for breast ultrasound scanning service.

(3) According to the statistics of the Hong Kong Cancer Registry, the incidence of cases of female breast cancer in Hong Kong from 2012 to 2016, with a breakdown by stage of cancer and age distribution at diagnosis, are tabulated at Annex C.

(4) The cancer services (including breast cancer treatment) provided by the HA are based on a co-ordinated cross-specialty (e.g. pathology, radiology, medicine, surgery, clinical oncology and palliative care) and cross-disciplinary service system. The HA does not have information on the ratio of breast cancer specialists to patients.

(5) to (7) In examining whether to introduce a population-based screening programme for a specific disease or cancer (including breast cancer), the Government shall make reference to the CEWG's recommendations and carefully considers a number of factors, including the seriousness and prevalence of the disease locally, accuracy and safety of the screening tests for the local population, as well as effectiveness of the screening programme in reducing disease incidence and mortality. The Government shall also give due consideration to the actual circumstances such as the feasibility, equity and cost-effectiveness of the screening programme and public acceptance.

Women at increased risk (such as carriers of certain deleterious gene mutations, those with a family history of breast or ovarian cancer, etc.) should seek doctors' assessment and advice before deciding whether they should undergo breast cancer screening.

As for asymptomatic women at average risk, the Government and the medical sector need to gather more research findings and data to explore whether it is appropriate to implement population-based breast cancer screening for this group of women in Hong Kong. In this regard, the Government has commissioned the University of Hong Kong to conduct a study on risk factors associated with breast cancer for local women so as to help formulate the future strategies for breast cancer screening in Hong Kong. The study is expected to be completed in the latter half of 2019. The aim of the study is to formulate a risk prediction model for breast cancer in Hong Kong using a case-control study approach under which a comparison is made between women with and without breast cancer. It also aims to find out the relations between risk factors (such as age, body mass index and other personal characteristics, physical activity, family history of breast cancer, history of benign breast disease, etc.) and breast cancer development. The Government will review and consider what type of screening is to be adopted for women of different risk profiles, having regard to the scientific evidence and outcome of the study.

Some western countries and regions which have relatively high incidence of breast cancer have implemented population-based mammography screening programmes since the 1980s. However, studies found that there was only a

slight drop or even no reduction in the mortality of breast cancer after implementation of such programmes. Some studies revealed that screening programmes have caused problems and harm such as over-diagnosis and over-treatment. As for countries and regions which have a predominantly Chinese or Asian population and have implemented population-based breast cancer screening programmes, detailed assessment data on the effectiveness (such as data on whether the programmes can effectively reduce the mortality of breast cancer among the female population, increase the long-term survival rate of such patients, etc.) and cost-effectiveness of the programmes have yet to be published by the governments concerned. The Government will review and formulate future strategies for breast cancer screening in the light of the findings of the aforementioned study on risk factors associated with breast cancer for local women.

(8) Over the past five years, the HA acquired two 3D mammography machines.

(9) Many risk factors for breast cancer are closely related to lifestyles, such as lack of physical activity, alcohol consumption, obesity after menopause, etc. The Government will enhance education and publicity on breast health. Through mass media and collaboration with community partners and service providers, the Government will actively promote the adoption of healthy lifestyles (e.g. avoiding alcohol consumption, having a balanced diet, doing regular exercise, maintaining healthy body weight and waist circumference, prolonging breastfeeding duration, etc.) as the major preventive strategy. It will also promote the awareness of breast health among women for early detection of breast abnormalities and immediate medical attention.

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# Pesticide residue exceeds legal limit in white string beans sample

The Centre for Food Safety (CFS) of the Food and Environmental Hygiene Department today (November 21) announced that a white string beans sample was found to contain pesticide residue at a level exceeding the legal limit. The CFS is following up on the case.

A CFS spokesman said, "The CFS collected the white string beans sample from an online shop for testing under its routine Food Surveillance Programme. The test result showed that the sample contained carbofuran at a level of 0.87 parts per million (ppm), exceeding the legal maximum residue limit (MRL) of 0.1 ppm.

"Based on the level of pesticide residue detected in the sample, acute adverse health impacts on high consumers cannot be ruled out. Symptoms include vomiting, nausea, abdominal cramps, sweating, diarrhoea, blurred

vision, breathing difficulties and elevated blood pressure," he added.

Generally speaking, to reduce pesticide residues in vegetables, members of the public can rinse vegetables thoroughly under clean running water, and scrub produce with hard surfaces with a clean brush to remove dirt and substances including pesticides and contaminants from the surface and the crevices, when appropriate.

Any person who imports, manufactures or sells any food not in compliance with the requirements of the Pesticide Residues in Food Regulation (Cap 132CM) concerning pesticide residues commits an offence and is liable to a maximum fine of $50,000 and to imprisonment for six months upon conviction.

Since the regulation came into effect on August 1, 2014, the CFS has taken over 162,300 samples at import, wholesale and retail levels for testing for pesticide residues. Together with the unsatisfactory sample announced today, a total of 239 food samples (including 231 vegetable and fruit samples) have been detected as having excessive pesticide residues. The overall unsatisfactory rate is less than 0.2 per cent.

The spokesman added that excessive pesticide residues in food may arise from the trade not observing Good Agricultural Practice, e.g. using excessive pesticides and/or not allowing sufficient time for pesticides to decompose before harvesting. The MRLs of pesticide residues in food set in the Regulation are not safety indicators. They are the maximum concentrations of pesticide residues to be permitted in a food commodity under Good Agricultural Practice when applying pesticides. In this connection, consumption of food with pesticide residues higher than the MRLs will not necessarily lead to any adverse health effects.

The CFS will follow up on the unsatisfactory result, including tracing the source of the food in question and taking samples for testing. Investigation is ongoing.

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# PMSA launches public consultation on licensing regime for property management companies and property management practitioners

The following is issued on behalf of the Property Management Services Authority:

The Property Management Services Authority (PMSA) launched a public consultation today (November 21) on proposals regarding the licensing regime

for property management companies and property management practitioners under the Property Management Services Ordinance (Cap. 626) (PMSO). The consultation will last six weeks until January 2, 2019.

Under section 15 of the PMSO, the Authority may, by regulation, prescribe the criteria and related matters for holding property management company and property management practitioner licences. The PMSA has been actively liaising with stakeholders on the details of the licensing regime to gauge views from various parties and to better understand the mode of operation of the industry for formulation of a practicable licensing regime which is beneficial to the industry and the public. Having considered the views of the industry and stakeholders, the PMSA formulated the proposals on the licensing regime as contained in the consultation document. Before establishing the licensing regime, the PMSA would like to seek the views of the public.

The consultation document can be downloaded from the PMSA's website. Members of the public are welcomed to submit their views to the PMSA by email (consultation@pmsahk.org.hk), fax (3696 1100) or post to the PMSA's office (Units 904-5, 9/F, Sunlight Tower, 248 Queen's Road East, Wan Chai, Hong Kong) during the consultation period.

The PMSA is a statutory body established in accordance with section 42(1) of the PMSO and is tasked to regulate the provision of property management services by companies and practitioners in Hong Kong, and to promote professional development of the industry. Through formulating and implementing a licensing regulatory regime and other complementary measures that suit the situation in Hong Kong, the PMSA aims to encourage and assist the property management industry and its practitioners in striving for enhancement in quality and professionalism, so as to provide property owners, occupiers and users with professional property management services.

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# Hospital Authority sets up Root Cause Analysis Panel to enhance effectiveness of X-ray findings assessment

The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) today (November 21) announced the establishment of a Root Cause Analysis (RCA) Panel following three cases of undue oversight of abnormal X-ray findings that happened recently.

The HA noted three incidents of undue oversight of abnormal X-ray

findings reported by hospitals via the Advance Incident Reporting System recently. Due to the coincidence in reporting time and similarities in the nature of the incidents, the Quality and Safety Department decided to set up an RCA Panel at the Head Office level to collectively examine the three cases with a view to exploring means to better support healthcare workers and ensure that they can identify abnormalities in chest X-ray findings in a more timely manner.

In consideration of patients' and families' wishes of masking their individual particulars, below is the salient information of the cases concerned.

1) A patient was admitted to the surgical ward of Prince of Wales Hospital via the Accident and Emergency Department (AED) for cholecystitis in November this year. Chest X-ray examination was arranged and an opacity over the left upper zone of the lung was found. Upon reviewing the patient's previous chest X-ray films, the doctor noted that the patient had taken an X-ray examination at the hospital in March 2017 and the X-ray film also showed a shadow on the left lung. Computed tomography (CT) scanning of the thorax, the abdomen and the pelvis was then arranged and the report showed a left upper lobe lung mass highly suspected to be malignant. Further investigations confirmed that the patient has a metastatic lung tumour. The patient is receiving appropriate medical treatment as indicated.

2) A patient of Queen Mary Hospital (QMH) sought medical treatment at Ruttonjee Hospital in October this year due to epigastric discomfort. A chest X-ray was performed and the report showed a mass suspected to be malignant. The patient was referred to Grantham Hospital for further assessment from the Tuberculosis and Chest Medicine Unit. Upon reviewing the patient record, it was found that among the chest X-rays taken in QMH since 2016, the mass had not been detected three times. The hospital has now arranged follow-up examinations for the patient to establish the most suitable treatment plan.

3) A patient attended the AED of Princess Margaret Hospital in November this year due to a fall accident. The patient was suffering from dyspnea and was admitted to the Medicine and Geriatrics ward. Chest X-ray examination suggested massive pleural effusion and therefore a chest drain procedure was arranged to deal with the condition. A subsequent pleural fluid cytology finding confirmed that the patient has lung cancer. Upon reviewing patient's chest X-ray films taken in February 2017 and May 2018, it was found that a shadow in the right lung was unnoticed on both occasions. The patient is now being taken care of by the Medicine and Geriatrics Department as well as the Oncology Department. CT scanning has been arranged for further examination and devising a treatment plan.

Open disclosure has been conducted by the three hospitals concerned in addition to expressing apologies to the patients and their families. The three hospitals will continue to provide follow-up treatment according to the patients' clinical conditions and to provide assistance as necessary to the patients and their families. The hospitals have reminded front-line colleagues to be cautious in reviewing patients' examination findings to

ensure timely diagnosis and treatment.

The HA attaches great importance to the quality and safety of patient services and has grave concern over the irregularities. The HA will invite representatives from Central Co-ordinating Committees of respective specialties to participate in the RCA Panel. The report will be completed and disclosed in eight weeks.