

Funding and Service Agreement¹

Visiting Medical Practitioner Scheme

I Service Definition

Introduction

1. Visiting Medical Practitioner Scheme (VMPS) provides primary medical care and support to the residents in residential care homes for the disabled (RCHDs). It also offers consultation and training to RCHDs' staff and family members/care-givers on health care management.

Purpose and objectives

2. Through VMPS, the Service Operators of the RCHDs will be able to establish a service network with the general medical practitioners with a view to providing continuing medical care and support to the residents in these homes for the improvement of their general health and preventive care.

Nature of service

3. VMPS is delivered through regular visits to the RCHDs by the medical practitioners, which covers a range of programmes as follows:

- (a) on-site medical treatment and management of episodic illness and sub-acute problems of the residents, including residents discharged from hospitals or under specialist care, and liaise with hospital-based services as necessary;
- (b) regular health assessment and physical checkups of the residents;
- (c) advice/assistance in maintenance of proper patient records and medical history for the residents and drug storage and management;
- (d) advice on measures regarding prevention and control of infectious disease as well as environmental hygiene of the RCHDs;
- (e) telephone consultation on the management of emergency conditions exhibited by the residents;
- (f) training on health care, infection control, etc. to the staff of the RCHDs;
- (g) talks on health promotion, management of chronic illness, etc. for the residents and their family members; and
- (h) any other services as deemed appropriate and agreed between the RCHD and the medical practitioner concerned.

¹ This Funding and Service Agreement is a sample document for reference only.

4. Category A RCHDs (*Note 1*) shall provide the full range of services including medical consultation, health promotion and preventive care as listed in Items 3(a) to (h) above, and Category B RCHDs (*Note 2*) with services including health promotion and preventive care as listed in Items 3(d) to (h) above.

Target group

5. Persons with disabilities (PWD) living in RCHDs under the subvention of the Social Welfare Department (SWD).

Fee Charging

6. VMPS services, including drugs for minor ailments such as common cold, influenza etc., should be provided free of charge to all the residents covered by VMPS. The Service Operator is recommended to explore a subsidy scheme for those residents who could not afford the costs of the drugs not covered by VMPS.

II Performance Standards

7. The Service Operator shall meet the following performance standards:

Outputs

Category A RCHDs

<u>Output Standard</u>	<u>Output Indicator</u>	<u>Agreed Level</u>
1	No. of clinical visits (<i>Note 3</i>) conducted in a year	80 (preferably on a weekly basis)
2	Percentage of service users having received at least one health assessment in a year (<i>Note 4</i>)	95%

Category A and B RCHDs

3	No. of staff training on health care/infection control organised in a year	1
4	No. of health care talks delivered to service users and/or their families in a year	1
5	No. of hygiene audit conducted for infection prevention and control in a year	2

Outcomes

<u>Outcome Standard</u>	<u>Outcome Indicator</u>	<u>Agree Level</u>
1	Percentage of service users indicating satisfaction with VMPS services in a year (<i>Note 5</i>)	75%
2	Percentage of service users' family member/guardians/carers indicating satisfaction with VMPS services in a year (<i>Note 6</i>)	75%
3	Percentage of staff indicating satisfaction with VMPS services in a year (<i>Note 7</i>)	75%

[Notes and Definitions are attached at Annex of this Funding and Service Agreement (FSA)]

Essential Service Requirement

8. The visiting medical practitioners engaged in VMPS shall possess qualification recognized in Hong Kong under the Medical Registration Ordinance (Chapter 161).

Quality

9. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III Obligations of SWD to Service Operators

10. SWD will undertake the duties set out in the General Obligations of SWD to the Service Operator as specified in the FSA Generic Section.

IV Basis of Subvention

11. The basis of subvention is set out in the offer and notification letter issued by the SWD to the Service Operator.

Funding

12. An annual subvention will be allocated on a Lump Sum Grant (LSG) mode to the Service Operator for a time-defined period. In receiving the LSG, the Service Operator is accorded flexibility in the use of the grant but required to observe the guidelines set out in the latest LSG Manual, LSG Circulars, management letters and correspondence in force as issued by SWD on subvention policies and procedures. The portion of LSG for this VMPS will be subject to adjustment for other charges in line with the price adjustment factor (currently the Composite Consumer Price Index). The Government will not accept any liabilities or financial implication arising from the project beyond the approved funding.

Payment Arrangement, Internal Control and Financial Reporting Requirements

13. Upon the Service Operators' acceptance of the FSA and the Service Operator's confirmation with SWD of engagement of visiting medical practitioner(s), payment of the LSG subventions will be made on a monthly basis. The Service Operator shall inform SWD of any change/variation made in the service contract/agreement with the visiting medical practitioner(s) so engaged within one month after the effective date of the change/variation of the service contract/agreement. SWD reserves the right to decide the level of subvention allocation relating to VMPS based on the change(s) reported by the Service Operator.

14. The Service Operator is responsible for maintaining an effective and sound financial management system, including budget planning, projection, accounting, internal control and auditing. It should maintain proper books and records and supporting documents on income and expenditure relating to the project and make them available for inspection by the Government representative.

15. The Service Operator shall submit annual financial report (AFR) as reviewed and the annual financial statements of the non-governmental organization (NGO) as a whole as audited by a certified public accountant holding a practicing certificate as defined in the Professional Accountants Ordinance (Chapter 50) and signed by two authorised representatives of the NGO, i.e. Chairperson / NGO Head / Head of Social Welfare Services in accordance with the requirements as stipulated in the latest LSG Manual. The AFR should be prepared on a cash basis and non-cash items such as depreciation, staff leave accrual etc. should not be included in the AFR.

V Validity Period

16. This FSA is valid for a time-defined period. Should the Service Operator be in breach of any terms of condition of this FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from SWD that the same be remedied, SWD may, after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.

17. Whether there is any change to the performance standards within the agreement period, SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.

18. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. SWD reserves the right to reallocate the project.

VI Other reference

19. Apart from this FSA, the Service Operator should also comply with the requirements/ commitments set out in the respective Service Specifications, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflicts, this FSA shall prevail. The Service Operator's compliance with all these documents will be closely monitored by SWD.

Notes and Definitions

1. **Category A RCHDs** refer to RCHDs with residents who are less mobile or require escort in attending medical consultation. RCHDs under this category are:
 - residential special child care centres;
 - small group homes for mildly mentally handicapped children/integrated small group homes;
 - supported hostels for the mentally handicapped/physically handicapped persons;
 - hostels for moderately mentally handicapped persons;
 - hostels for severely mentally handicapped persons;
 - hostels for severely physically handicapped persons;
 - care and attention homes for severely disabled persons; and
 - long stay care homes.
2. **Category B RCHDs** refer to RCHDs with residents who are able to attend medical consultation on their own. RCHDs under this category are:
 - supported hostels for the ex-mentally ill persons; and
 - half-way houses.
3. **Clinical visits** refer to the visits conducted by the visiting medical practitioners to RCHDs to provide the range of programmes covered by VMPS, including medical treatment and management, health assessment, advice on maintenance of patient records, drug management and environmental hygiene, staff training, health talks and hygiene audit.
4. **Percentage of service users having received at least one health assessment in a year =**

$$\frac{\text{No. of service users having received one or more health assessment in a year}}{\text{Total no. of service users having been served in the year}} \times 100 \%$$

5. **Percentage of service users indicating satisfaction with VMPS services in a year** (applicable for RCHD under Category A and Category B) =

$$\frac{\text{No. of service users indicating satisfaction}^2 \text{ with VMPS services in the year}}{\text{Total no. of service users having completed service evaluation questionnaires in the year}} \times 100 \%$$

² Refers to respondents indicating “同意” or “非常同意” as shown in the “醫生外展到診計劃-服務使用者/家屬/職員意見調查問卷” provided by SWD.

6. **Percentage of service users' family members/guardians/carers indicating satisfaction with VMPS services in a year** (applicable for RCHD under Category A and Category B) =

$$\frac{\text{No. of service users' family members/guardians/carers indicating satisfaction}^2 \text{ with VMPS services in the year}}{\text{Total no. of service users' family members/guardians/carers having completed service evaluation questionnaires in the year}} \times 100 \%$$

7. **Percentage of staff indicating satisfaction with VMPS services in a year** (applicable for RCHD under Category A and Category B) =

$$\frac{\text{No. of staff indicating satisfaction}^2 \text{ with VMPS services in the year}}{\text{Total no. of staff having completed service evaluation questionnaires in the year}} \times 100 \%$$