



肺塵埃沉着病補償基金委員會
Pneumoconiosis Compensation Fund Board

45th週年
Anniversary

Provision of Social Support Services for Pneumoconiosis/Mesothelioma patients and/or Carers

Social Support Services

Tender Invitation – Briefing Session
(25 July 2025)

Outline



1. Pneumoconiosis Compensation Fund Board
2. Introduction of Social Support Services
3. Roles of the service providers on Case Management
4. Roles of the service providers on Visit Arrangement
5. Targets and Inclusion Criteria
6. Requirements of Designated Staff for the Services
7. Roles of PCFB
8. Patient Records
9. Payment
10. Requirements of Technical Proposal
11. Requirements of Price Proposal
12. Marking Scheme
13. Requirements for Tender Submission
14. Tender Closing Date
15. Patient Information and Estimated Case Number
16. Compliance with Law
17. Enquires
18. Q & A

Pneumoconiosis Compensation Fund Board



According to the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (PMCO), PCFB has the following functions:

- **To administer the fund;**
- **To make recommendations to the Government with respect to the rate of levy;**
- **To conduct and finance educational, publicity, research and other programmes to prevent pneumoconiosis and mesothelioma and to conduct and finance programmes for the rehabilitation of persons suffering from the above diseases;**
- **To administer funds received from the Government and designated by the Government as ex gratia payments to persons diagnosed before 1 January 1981 to be suffering from pneumoconiosis; and**
- **To perform such other duties as are imposed on it by this Ordinance.**

[Section 26(1), Cap 360, Pneumoconiosis and Mesothelioma (Compensation) Ordinance]

Introduction of Social Support Services



- The Social Support Services has been launched **since 2016**, serving the group of Pneumoconiosis and Mesothelioma patients in Hong Kong.
- **PCFB cordially invites tenderers to submit tenders for the provision of Social Support Services.**
- The service period will be effective from **January 2026 to December 2028** in a **3-year fixed term**.
- **Aims:**
 1. To provide rehabilitation support to patients and/or their carers, focusing on emotional and psychological needs.
 2. To improve the social or psychological problems and assist in meeting patients' rehabilitation needs to improve their quality of life.

Roles of the Service Providers on Case Management



- a) To open a case file for each individual case and design a **tailor-made care plan** submitted on a **half-yearly basis**.
- b) To closely monitor the progress of each case.
- c) To **assess each case during the first visit and reassess in June and December**,
 - The SP should propose a set of tools for assessment with justifications.
 - Examples include the Barthel Index, Geriatric Depression Scale, Rasch-Type Loneliness Scale, and any other appropriate assessment tools.
 - If license fees are required for the tools, the SP is responsible for obtaining the license.
 - The final set of tools to be used must be mutually agreed upon by PCFB and the SP.
- d) To provide **appropriate interventions**,
 - Deliver **social support counselling** to help resolve family relationship crises and emotional stress, guide positive thinking and provide spiritual support etc.
 - Introduce or reinforce skills to **improve social well-being**.
 - Empower carers to provide **better care for patients**.
 - Make **proper referrals to social services** and provide relevant support services, such as residential care homes, escort services, Chinese medicine, house cleaning, and meal services, and provide relevant support services.



- e) To maintain **close communication with Case Managers**.
- f) To provide **caring calls** to maintain close contact with service users.
- g) To **escort patients** to medical follow-ups and related rehabilitation services when necessary, without additional charges.
- h) To provide **a case report** with the latest progress of service user and action(s) taken in Chinese after each visit and send the reports to PCFB on a monthly basis.
- i) To submit all documents (**care plan, case report, monthly summary, statistics and half-yearly progress report**) to PCFB through specified channels, in the required format, and at regular intervals as requested.
- j) To attend regular evaluation and operational meetings upon PCFB's request.
- k) To allow and assist PCFB's designated personnel in conducting performance or operational audits, if applicable.

Roles of the Service Providers on Visit Arrangement



- a) The **maximum number of visits per case** per year is set at **17**, with each visit lasting at least **60 minutes**.
- b) The frequency of visits should be based on the needs of the service users and **approval from Case Managers** is required for 8 or more visits.
- c) If an additional visit is arranged within a month, the SP must obtain the **Case Manager's approval** with justifications. Otherwise, the unapproved visit(s) will not be paid.
- d) If additional visits are required beyond the approved total maximum number of visits, the SP must **submit applications** with justifications for PCFB's approval.
- e) A **maximum of 1 home visit** is allowed to wrap up the services for carer(s) after the patient has passed away.
- f) Termination or suspension of services should occur under the following circumstances.
 - The patient has passed away.
 - Follow-up is complete, indicated by satisfactory reassessment results or significant improvement in the patient's condition.
 - The service user's intention to suspend the services.
 - Suggestions made by the Case Managers or SP, subject to PCFB's approval.

Case Managers will refer eligible patients and/or their carers to receive the services. Referrals from service providers are also permitted **with Case Manager's approval**.

Eligible Pneumoconiosis and mesothelioma patients:

- a. With more than **5 times relevant hospital admissions within 6 months**;
- b. **Aged 70 or above**, who are **living alone or living in residential care home alone**;
- c. Using ventilators, oxygen machines, continuous positive airway pressure machines (CPAP), sputum aspirators or wheelchair-bound;
- d. with a Degree of Incapability (DOI) of **60% or above**;
- e. Diagnosed with **mesothelioma** or **receiving compensation for care and attention**;
- f. Scoring by validated assessment tools, indicating **moderate to high levels** on i) Dependency in daily living activities, ii) Depressive and iii) Feelings of loneliness.
- g. With special needs such as **social services and residential care**; or
- h. With other conditions referred by Case Managers.

Eligible Carers:

Need additional support for emotional, psychological, social and family or other issues can be referred by Case Managers or the SP, with Case Managers' approval, when these issues are assessed to potentially impact patients' quality of life.



Requirements of Designated Staff for the Services

All visits must be conducted by **registered social workers**, who meet the following criteria:

- a) Have **at least 8 years** of post-registration social work experience;
- b) With a **higher degree in counselling** or other relevant disciplines (considered as advantage);
- c) Include the CV of the staff responsible for visits in the Technical Proposal and provide it to PCFB whenever there is staff turnover.



Roles of PCFB

- To supervise the entire programme.
- To **provide full financial support** for the services.
- To recruit suitable patients and/or carers and launch publicity campaigns.
- To assign Case Managers to work closely with the SP to monitor the progress of each case.
- To provide advice to the SP and to conduct regular checks on the SP's visits to ensure service quality.



Patient Records

- a) The awarded SP should establish a **separate system** (hard copies and/or electronic files) with **proper backup and security controls**.
- b) The Patient Records should be submitted to PCFB in **specific formats, submission channels and at regular intervals** as required by the PCFB.
- c) PCFB and SP should both be data owners,
 - The SP should agree to send the whole set of records and transfer data either to PCFB or its designated organisations within two weeks after the service contract termination.
 - In all circumstances, the SP should strictly comply with the requirements of the **Personal Data (Privacy) Ordinance (PDPO)(Cap. 486)** to ensure that personal data kept is accurate, securely kept and used only for the purpose for which they have been collected.
 - All patient records should be kept by the SP during the service period. Destruction/transfer of any record without the approval of PCFB is prohibited during or **within 7 years** after contract termination.



Payment

Payment to the SP will be made on a **semi-annual basis**, subject to the submission of all required supporting documents and information to PCFB's satisfaction.

Payments will be calculated based on the following conditions:

- a) Completed visits lasting at least 60 minutes each. Visits lasting less than 60 minutes will not be eligible for payment.
- b) Additionally, payment will only be made for eligible patients/carers.
- c) Not accepting other related fee.

Requirements of Technical Proposal



1. Not more than **40 pages** and at least 12 font size
2. Supplementary materials will be excluded from the total page count
3. 1-2 pages of **executive summary** for the proposal
4. An **introduction** about the Tenderer and its experience in related services
5. Contact information of its authorized representative
6. CVs of personnel limited to 2 pages each
7. Proposed service should take reference from the tender requirements and include the following details:
 - Detailed descriptions of the whole service and implementation plan;
 - Workflow and timeframe for submission of all patient records to PCFB;
 - Data record and protection measures;
 - Quality assurance measures;
 - Suggested assessment and reassessment tools with justification;
 - Suggested districts to be served;
 - Number of min. and max. visits per year;
 - Suggested formats of patient records;
 - Suggested intervention services to be provided with justifications;
 - Plan for emergency escort service;
 - Any other applicable information.



Requirements of Price Proposal

Tenderers should submit an **ALL INCLUSIVE package price** for the unit price per caring visit. Each visit should last for at least 60 minutes.

- a) The quoted price must remain valid throughout the entire contract period.
- b) A cost breakdown may be included if it is deemed useful.
- c) The all-inclusive package cost should account for all fixed and variable costs that may arise under special circumstances. For example, some patients may require emergency escort services. Under no circumstances may tenderers charge PCFB additional fees.
- d) PCFB will only pay for cases that have received the full services. Payment will not be made for cases that receive incomplete services (e.g., a home visit lasting only 30 minutes where the patient refuses to continue).

Marking Scheme



Markings for Technical Proposal	Maximum score	Guidelines
1. Experience of organisations in providing related social support services	5	Years of experience
2. Qualification, experience and number of frontline staff responsible for the visits	25	<ul style="list-style-type: none"> i. Years of post-registration social work experience ii. Total number of social worker(s) iii. Qualification iv. Relevant experience, e.g. care of elderly and/or chronic disease patients or with a higher degree in counselling or other relevant disciplines
3. Quality, coverage and comprehensiveness of the proposed services	25	<ul style="list-style-type: none"> i. Protocol of the visit ii. Case follow-up plan iii. Expected outcome (assessment tools)
4. Maximum capacity of the tenderer	10	Maximum number of visits conducted per year
5. Leveraging relevant professional supports from internal and/or external sources to enhance the Programme	10	Number of relevant professional supports from internal and/or external sources and frequency of obtaining them (e.g. internal committee or board members, internal teams or external advisors, professional consultants and others)
6. A reliable data record and protection system	15	<ul style="list-style-type: none"> i. Data record policy ii. Training record iii. Internal/External Audit record (with supporting documents)
7. A reliable quality assurance scheme	10	A reliable quality assurance scheme <ul style="list-style-type: none"> i. Internal audit available and frequency ii. External audit available and frequency
Total	100	
Passing mark	50	If the total score is below 50, the tender will be disqualified.

Grand Total = Technical score (70%) + Price score (30%)

If the total technical score is below 50 out of 100, the tender will be disqualified.



Requirements for Tender Submission

A. Technical Proposal

- **5 copies** of the Technical Proposal with all documents and information required should be submitted together **with one softcopy** (in Microsoft Word format saved in a compact disc/USB device)
- Placed and sealed **in one envelope**, which should be marked **“Tender Submission: Social Support Services – Technical Proposal”**

B. Price Proposal

- **5 copies** of the Price Proposal
- Placed and sealed **in another envelope** marked **“Social Support Services - Price Proposal”**
- Complete the **price proposal form** (Unit price per caring visit under all-inclusive package) in Appendix III

Caring Visit under All-inclusive Package	Unit Price (HKS)
Name of Authorized person	
Position	
Contact Number	
Email Address	
Signature and Company Chop	

Technical Proposal and Price Proposal **should be submitted in separate envelopes.**
Don't put them together.



Tender Closing Date

- All Tenders must be addressed to **Mr. Ricky Law, Secretary General**
- Deposit in the **PCFB Tender Box** before **12:00 noon on 8 August 2025**
- Late tenders will NOT be considered
- Tenders submitted by post, e-mail or facsimile will NOT be considered

PCFB will notify successful tenderer(s) latest in **December 2025**

Patient Information and Estimated Case Number



- As at 30 April 2025, there are about **1 390 surviving cases** in Hong Kong.
- There were **2 238 visits** with **331 patients and carers** in 2024. These numbers reflect the criteria and assessment tools currently used by the SP.

Age distribution

Age	
Below 50	4
50-59	22
60-69	436
70-79	667
80 & above	239
Total	1 368

Degree of Incapacity (DOI)

DOI	
5-20%	1 086
25-40%	182
45-60%	63
65-80%	24
85-100%	13
Total	1 368



Compliance with Laws

- PDPO (Section 8.2)
- Prevention of Bribery Ordinance Requirement (Section 12.3)
- Anti-collusion (Section 12.5)
- Anti-Competitive Conduct (Section 12.6)
- Safeguarding National Security in Hong Kong (Section 12.7)

Enquires



Mr. Anthony Chung

Prevention, Rehabilitation and Research Officer

Tel: 3578 8102

Email: antchung@pcfb.org.hk

Thanks