Medical Surveillance Programme for Construction Workers

Introduction
The Pneumoconiosis Compensation Fund Board (PCFB) would like to invite a Service Provider (SP) / Service Providers to implement a medical surveillance programme targeted at local construction site workers with silica dust exposure at work in Hong Kong.

This programme started in November 2011, and the contract signed with the existing SP will be expired in January 2016. PCFB would like to invite the existing / other SPs to bid for the new service contract, which will be effective from February 2016 – January 2018 or 2019*.

* The new service provider would be granted a service contract of 2 or 3 years, subject to confirmation of the Board

Objectives
- To provide periodical medical examinations to local workers working in the Hong Kong construction industry, including those self-employed workers engaging in small-scale renovation works, so as:
  - to assess the workers' health conditions;
  - to help in ensuring initial and continuing compatibility between the health of the workers and the conditions of their work;
  - to provide a baseline of information useful in the case of occupational disease
- to provide useful information for enhancing future works on the prevention of Silicosis in Hong Kong
- to detect Pneumoconiosis at early stage so as to recommend patients to take appropriate actions (change jobs, claim compensation etc.)

Roles of the SP
- to conduct a medical surveillance programme
- to provide established medical centres or set up new centre(s) in February 2016 for running such programme throughout the year. These medical centres (or at least some of them) should accept bookings for late evening, say up to 9:00pm and Sundays.
- to keep a set of separate records of workers’ examination results, and make it in a form easily transferrable to PCFB or another party, if necessary
- to keep X-ray films (number up to 20,000) for workers having completed the examinations in the past four years
- to submit monthly statistics and annual reports to PCFB according to the format provided by the Board
- to allow and provide assistance to PCFB’s designated personnel for carrying out the performance audit (if applicable)
Roles of PCFB
- to provide full financial support to the programme
- to monitor the progress of the programme
- to recruit local construction personnel to take the examinations on a voluntary basis
- to launch publicity campaigns to promote the services to the targeted clients
- to provide advice to the SP, if necessary

Detailed logistics arrangements

Medical centres and service hours
- to set up medical centres for running this programme. The centres should have already been established in Hong Kong (or be able to start operation in February 2016) and best be situated at prominent locations easily accessible by public transportation (for example near MTR stations)
- services must be available in evenings, say up to 9:00pm during some of the weekdays
- services must be provided on Sundays
- preference will be given to those SPs who could have centres operated in different districts in Hong Kong
- it would also be an advantage if a centre could be offered in Tuen Mun / Yuen Long / Tin Shui Wai, where a lot of workers are living in these districts
- the SP should guarantee that a minimum booking of booking spots per month be reserved for PCFBs clients during weekdays office hours and from 6:30pm afterwards, on Sundays before 5:00pm and public holidays (preferred). Preference will be given to those SPs who can guarantee a higher quota

Medical examination items & specific requirements
(the examination items need not be taken in the same sequence as listed below)

- Questionnaire for history of dust exposure / protective measures; chest symptoms especially cough and shortness of breath and etc.
  - The results must be read and interpreted by a designated doctor#
- General medical examination
  - This part must be done by a designated doctor#
  - The SP must specify the items to be included under this section
- Chest X-ray
  - All films must be read with reference to the International Labour Organisation (ILO)
International Classification of Radiographs of Pneumoconiosis (2011 Edition)
- All films must be reviewed and interpreted by a designated doctor#

Lung function test (FVC, FEV)
- The test must be done following the ATS or ERS standards
- The spirometry results must be analysed by a designated doctor#
- A medical report / summary in Chinese should be made available to client
- Personal consultation and education
  - The personal consultation (on all normal and abnormal case) must be done by a designated doctor# but it could be done face-to-face on the same day or in other form like telephone call on the same day / other days etc. In this respect, the SP should design the most appropriate format of these consultations. If any abnormal case is found and client needs to receive further consultations and / or examinations, the cost for those consultations and / or examinations should be borne by the client himself
- Clients should be required to stay in the centre for a maximum of 2 hours only to complete all the required examinations, and consultations (if they are designed to be held on the same day), and not be required to return to the centre on another day unless the client wants to do so. As stated above, personal consultation could be done face-to-face on the same day or in other form like telephone call on the same day / other days etc.

# Designated doctor in the above refer to a medical doctor registered in Hong Kong and belongs to one of the following two groups:

1) Specialists in Occupational and Environmental Medicine
2) Specialists in Respiratory Medicine
3) Specialists in Family Medicine^ or Specialists in Advanced Internal Medicine^  
   ^ The X-ray film must be reviewed by a radiologist and reported to the physician

Note:
1) Clinical experience or higher qualifications in respiratory medicine or occupational medicine are favourable attributes.
2) All CXR requires reporting by radiologist. Specialists in respiratory medicine or occupational and environmental medicine may choose to compile the reports themselves.

The tenderer must ensure that this requirement be met otherwise the submission will not be considered.

Medical records
- The SP should establish a separate system (hard copies and/or electronic files) with proper
back-up and security control to store all clients’ records including X-ray films^  
- The SP should agree to send the whole set of records either to PCFB or her designated organisation after the termination of the service contract.

^ From November 2011 to now, all X-ray films are stored in form of hard copies (about 20,000 copies)

**Follow-up actions**
- All clients should receive a medical report / summary (in Chinese) after completion of all examination items
- The designated doctor should, in the personal consultation (on the same day or on the other days by face to face meeting or telephone conversation), explain to the client clearly in case s/he is diagnosed to have any health problem
- If a client is suspected to contract Silicosis, and subject to the agreement of the client, s/he should be referred to the Department of Health Chest Clinics for follow-up. S/he should also be encouraged to leave those dusty work processes
- If a client is diagnosed to have other lung diseases or health problems, and subject to the agreement of the client, the SP should refer him/her to a suitable medical institution for follow-up. However, the client should be reminded that s/he would need to pay all the related fees

**Quality Assurance**
- A quality assurance system should be designed and implemented so as to ensure high quality of service offered to our clients. Details should be included in the proposal, and the comprehensiveness, feasibility and reliability of the monitoring shall be part of the technical marking criteria. For the lung function laboratory, quality assurance includes the operator competence, the equipment accuracy and standardized operating procedures. Abnormal findings in general examination, CXRs and lung function tests should be managed or referred accordingly. Clinical audits and statistical analyses should form part of the quality assurance.

**Service targets**
- Age 18 or above
- Hong Kong residents
- Have worked in the construction industry for at least one year and is currently working in the industry
- Re-examinations would be arranged for those workers having completed the examinations a few years ago

**No of targeted clients to be served each year**
- 6,000 - 8,000
- Referrals must be made through PCFB
- PCFB would not guarantee the minimum number of clients to be referred to the SP each year

**Contract commencement date**

(To be confirmed by PCFB)

**Budget**

- The SP should work out a budget for the whole project period (2 years or 3 years) based on the unit cost of each examination
- If the charges for a 2-year and 3-year contract be different, the SP must specify that clearly in the tender submission
- The unit cost should be a lump-sum figure inclusive of all service as described in the above “Medical examination items & specific requirements” section
- The unit cost should be calculated on every 1,000 examination, i.e. from 1-1,000 cases, 1,001-2,000 cases, and etc. up to 8,000 cases per year and above
- PCFB would only pay for those cases who have completed the whole examination, and not for those cases who have only completed part of the examination (e.g. taking the X-ray only)
- PCFB would not accept any ‘no-show’ fee to be charged by the SP

**Tender submission requirement**

A **technical proposal should be submitted to the Board with the following information**

- Name(s) and CV(s) of the responsible physician(s)
- Information about the participating organisation (if applicable)
- Experience in handling similar jobs
- Proposed location(s) for doing the medical examinations including the following information
  - Can all the examinations be done in the same place? (it would be more desirable if the whole examination could be done in the same unit / building, or if different items would need to be done in different locations, the locations should be within a reasonable walking distance
  - Can all the examinations (including designated doctor’s consultation, face to face or telephone,) be done on the same day?
  - Estimated time for each examination (including waiting time)
  - Equipment (particularly spirometers and chest X-ray machine) and staff (particularly designated doctors) available in the medical centre(s)
  - Proposed service days and hours
  - How many clients each center could handle each month (all days)?
  - How many clients each center could handle each month (only after 6:00pm)?
How many clients each center could handle each month (Sundays and public holidays)?
Measures on protection of client information and privacy in the booking process, data transferal as well as keeping of clinical records
- Details of the proposed examination / follow-up, including but not limited to technical specifications in the spirometry and chest x-ray, questionnaire going to be used, the items to be included in the general medical examination etc.)
- Details of the proposed quality assurance system
- Other information considered relevant by the participating body

**Price quotation**
- Unit cost per 1,000 clients up to 8,000 per year and above.
- The quotation should be made valid during the whole contract period
- If the charges for a 2-year and 3-year contract be different, the SP must specify that clearly in the tender submission

**Assessment**
70 % technical score
30 % price score

Technical score
1. Those bidders obtain less than 50 out of the total 100 will be disqualified
2. For those qualified bidders, the following formula will be applied to convert the mark into a technical mark
   
   \[
   \text{Mark obtained by a qualified bidder / Highest mark being awarded} \times 70
   \]

Price score*
1. Only those prices submitted by bidders having pass the technical score requirement will be considered
2. The following formula will be applied to convert individual price into a price mark
   
   \[
   \text{Lowest price among all bidders / Price submitted by individual bidder} \times 30
   \]
* For uniformity, the total cost of 8,000 cases per year for 2 years and 3 years will be used for calculating the price score)
PCFB does not bind itself to accept the lowest tender or any tender, and reserves the right to negotiate with any tenderer about the terms of the offer. PCFB reserves the right to reject any or all of the proposals. PCFB will not disclose the fee or any information to a third party. PCFB’s decision will be final. All information related to the selection such as marks, scores and comments will be treated confidential and not be disclosed to any bodies other than staff and Board members of the Fund Board. PCFB reserves the right to grant similar contracts to more than one SP at the same period of time (not necessarily at the same price).

Submission
- The technical proposal (hard copy) should be sent to the office of the Fund Board. It should be put in a sealed envelope, marked “Confidential – Medical Surveillance (Technical)” and addressed to Mr Ricky Law, Secretary General.

- The price quotation (hard copy) should be submitted SEPARATELY to the office of the Fund Board. It should be put in a sealed envelope, marked “Confidential – Medical Surveillance (Price)” and addressed to Mr Ricky Law, Secretary General.

Submission deadline: 1200 noon, 10 November 2015 (counted as documents reach PCFB)
Late submissions will not be considered

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