

OFFICIAL RECORD OF PROCEEDINGS

Thursday, 7 July 2005

The Council continued to meet at Nine o'clock

MEMBERS PRESENT:

THE PRESIDENT

THE HONOURABLE MRS RITA FAN HSU LAI-TAI, G.B.S., J.P.

THE HONOURABLE JAMES TIEN PEI-CHUN, G.B.S., J.P.

THE HONOURABLE ALBERT HO CHUN-YAN

IR DR THE HONOURABLE RAYMOND HO CHUNG-TAI, S.B.ST.J., J.P.

THE HONOURABLE LEE CHEUK-YAN

THE HONOURABLE MARTIN LEE CHU-MING, S.C., J.P.

DR THE HONOURABLE DAVID LI KWOK-PO, G.B.S., J.P.

DR THE HONOURABLE LUI MING-WAH, S.B.S., J.P.

THE HONOURABLE MARGARET NG

THE HONOURABLE MRS SELINA CHOW LIANG SHUK-YEE, G.B.S., J.P.

THE HONOURABLE JAMES TO KUN-SUN

THE HONOURABLE CHEUNG MAN-KWONG

THE HONOURABLE CHAN YUEN-HAN, J.P.

THE HONOURABLE BERNARD CHAN, J.P.

THE HONOURABLE CHAN KAM-LAM, S.B.S., J.P.

THE HONOURABLE MRS SOPHIE LEUNG LAU YAU-FUN, S.B.S., J.P.

THE HONOURABLE LEUNG YIU-CHUNG

THE HONOURABLE SIN CHUNG-KAI, J.P.

DR THE HONOURABLE PHILIP WONG YU-HONG, G.B.S.

THE HONOURABLE WONG YUNG-KAN, J.P.

THE HONOURABLE JASPER TSANG YOK-SING, G.B.S., J.P.

THE HONOURABLE HOWARD YOUNG, S.B.S., J.P.

DR THE HONOURABLE YEUNG SUM

THE HONOURABLE LAU CHIN-SHEK, J.P.

THE HONOURABLE LAU KONG-WAH, J.P.

THE HONOURABLE MIRIAM LAU KIN-YEE, G.B.S., J.P.

THE HONOURABLE EMILY LAU WAI-HING, J.P.

THE HONOURABLE CHOY SO-YUK, J.P.

THE HONOURABLE ANDREW CHENG KAR-FOO

THE HONOURABLE TAM YIU-CHUNG, G.B.S., J.P.

THE HONOURABLE ABRAHAM SHEK LAI-HIM, J.P.

THE HONOURABLE LI FUNG-YING, B.B.S., J.P.

THE HONOURABLE TOMMY CHEUNG YU-YAN, J.P.

THE HONOURABLE ALBERT CHAN WAI-YIP

THE HONOURABLE FREDERICK FUNG KIN-KEE, J.P.

THE HONOURABLE AUDREY EU YUET-MEE, S.C., J.P.

THE HONOURABLE VINCENT FANG KANG, J.P.

THE HONOURABLE WONG KWOK-HING, M.H.

THE HONOURABLE LEE WING-TAT

THE HONOURABLE LI KWOK-YING, M.H.

DR THE HONOURABLE JOSEPH LEE KOK-LONG

THE HONOURABLE DANIEL LAM WAI-KEUNG, B.B.S., J.P.

THE HONOURABLE JEFFREY LAM KIN-FUNG, S.B.S., J.P.

THE HONOURABLE ANDREW LEUNG KWAN-YUEN, S.B.S., J.P.

THE HONOURABLE ALAN LEONG KAH-KIT, S.C.

THE HONOURABLE LEUNG KWOK-HUNG

DR THE HONOURABLE KWOK KA-KI

DR THE HONOURABLE FERNANDO CHEUNG CHIU-HUNG

THE HONOURABLE CHEUNG HOK-MING, S.B.S., J.P.

THE HONOURABLE WONG TING-KWONG, B.B.S.

THE HONOURABLE CHIM PUI-CHUNG

THE HONOURABLE PATRICK LAU SAU-SHING, S.B.S., J.P.

THE HONOURABLE ALBERT JINGHAN CHENG

THE HONOURABLE KWONG CHI-KIN

THE HONOURABLE TAM HEUNG-MAN

MEMBERS ABSENT:

THE HONOURABLE FRED LI WAH-MING, J.P.

THE HONOURABLE LAU WONG-FAT, G.B.M., G.B.S., J.P.

THE HONOURABLE TIMOTHY FOK TSUN-TING, G.B.S., J.P.

THE HONOURABLE MA LIK, G.B.S., J.P.

THE HONOURABLE RONNY TONG KA-WAH, S.C.

PUBLIC OFFICER ATTENDING:

DR THE HONOURABLE YORK CHOW YAT-NGOK, S.B.S., J.P.
SECRETARY FOR HEALTH, WELFARE AND FOOD

CLERK IN ATTENDANCE:

MR RICKY FUNG CHOI-CHEUNG, J.P., SECRETARY GENERAL

PRESIDENT (in Cantonese): Clerk, now there are only 28 Members in this meeting, please ring the bell to summon Members to the Chamber.

(After the summoning bell had been rung, a number of Members entered the Chamber)

PRESIDENT (in Cantonese): A quorum is now present. The meeting now begins.

MEMBERS' MOTION

PRESIDENT (in Cantonese): Second motion: Improving general out-patient services.

IMPROVING GENERAL OUT-PATIENT SERVICES

MR ANDREW CHENG (in Cantonese): Madam President, I move that the motion as printed on the Agenda be passed.

Good morning everyone. Madam President, after the Hospital Authority (HA) took over general out-patient (GOP) services from the Department of Health in 2003, the problem of insufficient services has become increasingly serious. Recently, public concern was aroused by the situation of some patients queuing outside the clinics for consultation chips in the middle of the night.

Some time ago, I went with members of the Legislative Council Panel on Health Services and the Secretary for Health, Welfare and Food to pay a visit to two GOP clinics (GOPCs). I found that the situation was not like what the Chief Executive said last Monday in the Question and Answer Session in this Council, that the old people waited to collect chips for GOP services was not merely because they wanted to seek medical consultation, or because as the Chief Executive said that these old people went to queue up for chips there to chat with their friends and after the consultation, they would go for morning tea together. It may be that the Chief Executive has a habit of feeding his Japanese carps every morning and so he thinks that these old people who go to wait and collect the chips are like his Japanese carps waiting cheerfully and contentedly for fish food.

He should know that many of these old people are queuing up before the clinics all through the night, devoid of sleep, just for the sake of waiting to collect chips simply because they are sick. As we saw on that day, the old folks came to take their place in the queue before daybreak. Some even came the night before — at about 11 pm, to be in the forefront of the queue. And they were waiting for chips to be distributed in the early morning by the clinic — while they were sick.

Madam President, though Hong Kong is an affluent place, its sick and aged have to endure the torments of waiting overnight and queuing up at the crack of dawn, come wind come weather, rain or shine. This is really tragic. It is a most backward practice to make people queue up and wait to collect chips, for it is not just a waste of the time of the patients but also a great inconvenience for them. To top it all, the long and dreary wait would make their health conditions go from bad to worse.

Madam President, recently, there were queue-jumping and speculation of chips in the government clinic in Tai Po. I believe such things do not just occur in Tai Po, but I came to know of the existence of such cases there because of a photograph taken by a Tai Po resident. The photograph shows a notice hung on a tree outside the clinic and it says to the following effect: "In view of recent complaints about chips speculation, we (that is, the clinic staff) have informed the police. Members of the public are advised not to have anything to do with people who speculate on the chips. If members of the public are aware of such speculation activities, they should call the police station in order that these illicit activities can be curbed." Of course, people may report to the police when they see such speculation or queue-jumping activities. Madam President, just imagine while these old people who have spent the previous night waiting and are naturally not in good shape, there are people who jump the queue and speculate on chips, but no one from the clinic comes out to put things in order and the patients are just told to report the case to the police. That is simply outrageous. Such queue-jumping and chip speculation activities are the consequences of this system which makes the people wait and collect chips in person. In such circumstances, GOPCs should cease using this system and only when this system is abolished that there can be hope for improvement. We think that even if the quota for consultation remains the same, patients should be able to make their booking at any time and then they can go home and wait until the time for appointment comes. Then it will not be necessary for them to wait outside the clinics as they are doing now to collect the chips.

Madam President, therefore, I suggest in the motion that efforts should be made to explore alternative means, such as telephone and online booking, to replace the present chips allotment system. Taking into account the fact that most old people do not know how to use hotlines and make online booking, telephone booking should be provided with staff answering the calls and making arrangements for medical appointment. Clinics in hospitals may be opened 24 hours a day to provide computer terminals for chips allotment round the clock. During office hours, staff can be deployed to help the elderly people to book appointments at computer terminals.

Another demand in the motion is to ask the Government to allocate additional resources to provide out-patient services. Currently there is a shortage of GOP services and the waiting time is long. The root of the problem lies in insufficient resources. In recent years the HA has been plagued by an acute fiscal deficit. Estimated deficits for 2004-05 and 2005-06 are \$300 million and \$670 million respectively. With the growth in population and its ageing, the demand for health care services just keeps on rising. Against such a background, the funding allocated to the HA for 2005-06 is \$1 billion less than that for 2004-05 while at the same time, income received by the HA in health care fees and charges may also drop. In 2002, the Government increased the fees and charges for public health care services. Under the new charging scheme, there are new items such as increases in charges levied by accident and emergency departments and medication fees are raised. Half of the income received from these new items would be retained by the HA and there are also measures like increases in the administrative charges for hospitalization, and so on. In the first two years after the implementation of this new charging scheme, all the additional income would be allocated to the HA. So during the few years in 2002-03, 2003-04 and 2004-05, the additional income which went into the HA coffers was some \$20 million, some \$200 million and some \$300 million respectively. But after the two-year period is over, the additional income from the new charges would all go to government coffers and it is estimated that income from health care services received by the HA next year would fall by \$300 million.

In the face of drastic cuts in funding, the reversion of income from health care services back to the Government and acute fiscal deficits, there is certainly a need for the HA to reduce services. Currently, as the HA places an emphasis on hospitalization services and there is a de-emphasis on primary health care, there is bound to be greater pressure on GOP services.

In order to ensure that GOP services will be given adequate resources to provide a reasonable delivery, the Secretary for Health, Welfare and Food should strive to enable all income from health care services be allocated to the HA and in this way the resources obtained from the patients will be used in the delivery of health care services. The HA should set up measuring criteria and a decision mechanism to gauge the demand for GOP services across the 18 districts in Hong Kong, with a view to ensuring that there will be more resources and manpower allocated to GOPCs in all the districts in line with increases in population, the elderly population and the number of the chronically ill, hence enhancing the service delivery.

Another major proposal in the motion is to demand that the Government should formulate clearly defined policies for GOP services in the public sector. In the past, such services were delivered with the major objective of controlling and monitoring infectious diseases. But now this objective is out of tune with the times as the main function of public GOP services should be the provision of an effective health care safety net.

In principle, however, GOPCs now offer subsidized health care services to all people and there is no specific targets of subsidization in mind. What the GOPCs are doing is to adopt a chips allotment system which can be considered also as a means to drive patrons away, and in this way the number of service targets is restricted by this kind of rationing practice. Now the GOPCs distribute a fixed number of consultation chips every day and in most cases these chips are given away on a first-come-first-served basis. After paying a visit to the clinics with the Secretary, we know that most of the old people who queue up before these clinics are the chronically ill and in order to avoid having these old people waiting so early in the morning for the chips, it is perfectly workable to have the appointments made by the doctors as some of these patients just come for medication. The reason is that they have consulted the doctors at the specialist out-patient clinics (SOPCs) and after their conditions have improved, they are referred to the GOPCs. However, these patients think that the medication they receive from GOPCs are not enough and they are worried that their conditions would deteriorate, so after one or two months, they are again seeking consultation and queuing to get chips from the clinics. This scenario is caused by policies, service targets and objectives of the Government and the HA which fail to make the elderly as well as the entire community know that patients of SOPCs will be referred to GOPCs when their conditions have improved.

The abovementioned shortcoming has led to a drastic increase in demand for consultation places in the quota for GOPCs. How should this problem be solved?

Madam President, in the motion I also demand that more resources be allocated to set up additional evening out-patient clinics. Currently there are 74 GOPCs in operation across the territory, but only 21 have evening out-patient services and such services are provided until 10 pm in the evening. The Democratic Party suggests that 14 more evening out-patient clinics be set up in districts with an ageing population, thereby increasing the total number of such clinics to 35. In this way the consultation quota for the clinics can be increased as the consultation hours are extended. This will prevent old people from having to queue up and wait for chips at the same periods of time in order to get a chip from the limited consultation quota.

In addition, we are also of the view that out-patient services in the private and public sectors have failed to effect any co-ordination. In view of this, we wish to tender a piece of advice to the Secretary. As currently civil servants take up 10% of the patients for GOP services, the Government may explore the setting up of a system of medical vouchers and it can be introduced in the Civil Service as a first step. In this way civil servants may visit private sector clinics, thereby alleviating the pressure exerted on the GOPCs.

Madam President, these are the many suggestions I have made on behalf of the Democratic Party on improving GOP services.

Madam President, I so submit.

Mr Andrew CHENG moved the following motion: (Translation)

"That, as the Hospital Authority (HA) has in recent years adopted the practice of referring patients of its specialist out-patient clinics (SOPCs) who are in stable condition to general out-patient clinics (GOPCs), leading to an increased demand for general out-patient (GOP) services, while at the same time the Administration has reduced the funding for HA, as a result of which the existing GOP services are grossly inadequate and patients have to wait for an excessively long time for the services, this Council urges the Government to formulate a clear policy on the provision of out-patient services, ensure that GOP services can provide

grass-roots people with an effective health care safety net; at the same time, the Government should enhance HA's transparency in policy formulation, service planning, resources deployment, service delivery, etc. so that the general public and local people can take part in deciding and monitoring the primary health care services provided by HA; furthermore, HA should increase the resources and manpower for GOPCs having regard to the number of patient referrals from SOPCs to GOPCs, and adopt effective measures to improve the quality and quantity of out-patient services, including:

- (a) improving the processes and administrative arrangements of service delivery, increasing the quotas of booked appointment, and exploring alternative means, such as telephone and online booking, to replace the present chips allotment system, thereby saving patients the trouble of having to wait and collect the chips in person;
- (b) formulating clearly defined staffing standards for health care personnel at GOPCs;
- (c) allocating additional resources to shorten the waiting time at out-patient clinics in districts with a longer waiting time for out-patient services;
- (d) allocating more resources to set up additional evening out-patient clinics in districts in need and increase the consultation quota at such clinics;
- (e) expeditiously implementing its undertaking to set up Chinese medicine out-patient clinics in all the 18 districts in the territory; and
- (f) provided that the burden on patients will not be increased, considering the use of public-private partnership approach to promote engagement of private medical practitioners in out-patient services."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Mr Andrew CHENG be passed.

PRESIDENT (in Cantonese): Mr WONG Kwok-hing and Mr Vincent FANG will move amendments to this motion respectively. The motion and the two amendments will now be debated together in a joint debate.

I will call upon Mr WONG Kwok-hing to speak first, to be followed by Mr Vincent FANG, but no amendments are to be moved at this stage.

MR WONG KWOK-HING (IN Cantonese): Madam President, good morning.

As early as in the 1950s and 1960s, the Government began to provide out-patient services. At the time, health care services were inadequate and many people would rise early in the morning to wait for out-patient services. The Hong Kong Federation of Trade Unions set up workers' medical clinics at that time to help the grassroots. However, we think that the Government has the greatest responsibility in providing health care services to the people. Many elderly people would recall that in those days, whenever any one in their family, such as their children or parents became sick, they would have to get up at five or six o'clock in the morning to queue up for appointment.

A few decades have hurried by and now Hong Kong has turned from a poor tiny city into an affluent metropolis now. But unfortunately, even today, many Hong Kong people, especially those who are poor, would still have to make a lot of efforts just to get minimal medical services. For the elderly and the chronically ill in particular, since they are advanced in years and frail in health, coupled with financial reasons, there are actually not many options available to them. As they cannot afford the high medical costs, they would have to settle for the cheaper out-patient services provided by the Government and wait in long queues to get them.

In order that they can obtain this kind of basic out-patient services, many people, be they in their fifties, sixties, seventies or even eighties, have to get up at five or six o'clock in the morning, brave howling winds, the scorching sun and torrential rain and wait in the long queues. They are actually having a miserable time and it is definitely not having a good time as the Chief Executive has said and they are not going to have morning tea after getting the chips. I think such remarks from the Chief Executive are typical of people who have no idea about the sufferings of the common masses. Therefore, I would like to make use of this opportunity to point out that the Chief Executive and other top

officials must watch out for the things they say, for words not properly put may hurt the feelings of the old people. Whenever these old people want to visit the doctor, they have to line up for a few hours before they can get a chip and after this they have to wait a few more hours before they can actually consult a doctor and finally receive medical treatment. It is already a miserable thing for a person to get sick, and it is all the more miserable for them to wait so long to get a chip. Therefore, they will need to spend the entire morning to consult a doctor. There are many old people, the chronically ill and poor people who are in genuine need and they cannot afford to waste a precious morning. If they have the time, they would rather hurry to work or school and if they have the choice, they will not spend so much time queuing for out-patient services. Queuing for out-patient services is therefore a true depiction of the life of the poor.

Some parents have difficulty in walking and so their pious children have to take a place in the queue to collect the chips for them. A colleague of mine in my office tells me that every time when her mother makes a regular visit to a doctor, she has to get up at three or four in the morning and line up in front of the clinic to get a chip. After she has got a chip, she will ask her elder sister to go with their mother to the clinic. An entire morning is spent from waiting in the line to getting a chip and finally to going with the mother to the clinic. When this colleague of mine comes into office, she is already too exhausted to work. This is how things are. This is what is happening to us wage earners. So not only patients will have to spend long hours queuing to get chips but that their family members are all affected by this chips allotment system. I hope therefore that the Hospital Authority (HA) will make some improvement.

Ever since the HA has adopted the practice of transferring patients of SOPCs whose conditions have grown stable to the GOPCs, these patients have taken up many of the chips in the GOPCs. Consequently, GOP services are stretched to their limits.

The original motion moved by Mr Andrew CHENG is commendable both in its spirit and objective, but we think that content-wise there is room for improvement and there are inaccuracies as well. That is why we propose an amendment to supplement the contents. We are not proposing an amendment simply for the sake of it but because we think that the motion moved by Mr

Andrew CHENG is not comprehensive enough. Having said that, we still support Mr CHENG's motion. There are several reasons for us proposing this amendment. First, we think that community care should be strengthened and this is a point not mentioned in Mr CHENG's original motion.

Currently the HA provides outreach health care services to patients discharged from hospital and there are out-patient doctors providing regular medical services to the chronically ill living in residential institutions. These doctors would also treat other episodic diseases of these inmates. However, these services are available only to discharged patients and the elderly living in residential institutions. A comprehensive range of health care services at the community level is still lacking. Many elderly people, the chronically ill and those who have difficulty in moving about all have to endure a gruelling wait to get the chips.

If more community care services are provided, more elderly people and the chronically ill can obtain outreach health care services and there will be no need for them to fight for a chip in the clinics. I hope very much that the Secretary could give serious thoughts to our views and launch more community care services, popularize and perfect them. This will ease the demand for accident and emergency and out-patient services. This is the first reason.

The second reason why we propose this amendment is Mr Andrew CHENG's suggestion in this motion that telephone and online booking be used to replace the present chips allotment system. In our opinion, there is a problem with the word "replace" and we think this is totally undesirable. We oppose this point. But even if we oppose this point, we support the original motion of Mr Andrew CHENG, for its spirit and objective are commendable. However, if Mr CHENG's motion is passed, the situation will be very bad indeed. Many elderly people came to see me and said that this would not work. They wanted me to propose an amendment at the soonest. For if Mr CHENG's suggestion in his motion is accepted and the present chips allotment system is replaced, what should these old people do because they do not know how to use the Internet and they are slow in using the telephone and some of them even do not have a telephone at all? They will become very worried. Therefore, though all kinds of measures should be used, there is still a need to keep the chips allotment system. This is the second reason why we are compelled to propose an amendment.

The third reason, we feel obliged to urge the Government to consider out-patient services in the new towns, especially those in the remote and newly developed areas, such as Tung Chung which is mentioned in our amendment. The out-patient services in Tung Chung have remained insufficient for a long time. The district council has made its strong views known on that subject to the Government. Out-patient services in the evening there are much more inadequate. As far as I know, presently Tung Chung only has some so-called special evening out-patient services and these are provided on a trial basis only on three days in a week. So the people can only get sick on Mondays, Wednesdays and Fridays but never on Tuesdays, Thursdays and Saturdays, and never on Sundays as well. How can this be possible? We therefore think that out-patient services in the new towns should be enhanced. There are some 50 000 or 60 000 residents in Tung Chung. But from the information we are surprised to note that about 96 to 100 chips are distributed every morning and 72 chips are distributed in the afternoon. The so-called special evening out-patient services which are provided only on Mondays, Wednesdays and Fridays only give away 50 to 60 chips each evening. How can this possibly meet the demand of some 50 000 to 60 000 residents living in Tung Chung?

The fourth point about our amendment is that we have added a mechanism for involvement of the Legislative Council and this is something not found in the original motion. This is what in our opinion an inadequacy in the original motion. For the sake of the public, we think the Legislative Council has the responsibility to enhance its monitoring of the Government to see to it that out-patient services are improved. The Government must hold itself accountable to this Council as well. What it must stop doing is to do what it likes and say something frivolous to hurt the old people. This is why I propose this amendment. All in all, this can be summed up in a well-known Chinese saying, "Care for our own aged parents first and then extend the same care to all the aged people in general." The elderly of today could be a foreshadowing of our goodselves.

I hope to express my wish through the President that the Secretary could respond favourably to the four suggestions I have made in my amendment. Thank you, Madam President.

MR VINCENT FANG (in Cantonese): Madam President, first of all, I would like to declare an interest, for I am a member of the Hospital Authority (HA).

Lining up to visit a doctor would not have been anything unusual. For often times we have to wait two or three hours when we visit a private medical practitioner. But it is surprising to find in an international metropolis like Hong Kong, an increasing number of old and sick people have to go to the government clinics in the small hours of the night to line up and wait to get chips for consultation with a doctor. These people would need half a day to wait in the line, consult a doctor and finally get the medicine. That a sick and aged person should be required to endure such a tormenting experience is something not to be expected of an economically advanced city.

Two days ago in the morning, members of the Legislative Council Panel on Health Services together with Dr York CHOW, Secretary for Health, Welfare and Food, went to inspect two government GOPCs and we did see many elderly persons coming to wait for the chips in the middle of the night. The Secretary made an instant response that he would look into making arrangements on consultation bookings for the chronically ill. I think Members were all happy to hear such a positive response.

As Mr Andrew CHENG, mover of the motion, has said, the present chips allotment system cannot give a sense of security to the aged and the result is that they all come to wait in the line as early as possible. And this phenomenon of people who get sicker after waiting long hours in the line shows that there are indeed inadequacies in the booking system for our GOP services and this must be improved.

However, I do not think the problem should be tackled by allocating more resources and manpower to GOPCs. The first reason is that the consultation quota at such clinics is not insufficient. As the HA pointed out last week, the consultation quota in some clinics has not been fully utilized and the utilization rate for the clinics ranges from 70.8% to 99.3%. In some clinics, patients may consult a doctor in the afternoon without having to get a chip. Two days ago, the supervisor of the Sai Ying Pun clinic pointed out that some patients would pass by the clinic in the afternoon to check out if chips were still available and if they were available, these patients would walk in for consultation. Therefore, even if the consultation quota is all used up, that does not mean that the chips are not enough to meet the demand.

It must be noted, however, that there are times that people are already lining up in front of the clinics before they open to wait for the chips. At times

all chips for the day are exhausted at 8 am. This has something to do with the weather. When it comes to the peak season for influenza, the number of chips allotted will certainly not be enough and so it is important to disseminate information and spread it around.

At present, there is already a very serious shortage of funding in the HA and therefore priorities should be accorded to more urgent areas in the provision of health care services to the public. As Dr York CHOW mentioned in a meeting of this Council, the HA should concentrate its resources on specialist services and serious illnesses and GOP services should be handed over to private medical practitioners. The HA therefore hopes to further promote the family doctor concept.

Information from the HA shows that starting from 2003, chronically ill patients from SOPCs whose conditions have become stable are referred to GOPCs. The result is that demand for the services of GOPCs has increased greatly. From the perspective of society as a whole, GOP services are mostly provided by the private sector and the public sector only meets 18% of the demand. Despite this, 18% is no small amount and it should also be noted that there are more and more chronically ill people lacking the financial means who must rely on GOP services offered by the Government over a long period of time. We should therefore make things easier for them by all means.

In view of this, I am proposing an amendment on behalf of the Liberal Party to ask the authorities to increase the information channels and to appropriately deploy the resources. In terms of increasing the information channels, it does not just mean that information about the clinics with chips still available for the day is made public but that information can be made available through the mass media to tell patients which timeslots have fewer people queuing for the chips. This will enable patients to get clinic services as much as possible while the existing resources will remain unchanged. Hence resources can be used effectively. The Liberal Party believes that if queuing time for appointments can be shortened so that patients in need can visit a doctor, this will be the first step towards the provision of quality health care services by the HA.

Apart from the effective dissemination of information, the Liberal Party believes that the consultation booking quota should be increased and that there should be telephone booking. These will reduce the number of people going to

the clinics to wait and collect chips in person. As for evening out-patient services, we know that such services are not provided in some places and such new towns as Tung Chung every evening. Residents there will need to travel a long way to Kwai Chung, Tsing Yi or Tsuen Wan to wait and collect chips. Given the stringent resources presently, the Liberal Party does not think that evening out-patient services should be expanded on a large scale. Apart from supporting the idea that the Government should build a hospital in Tung Chung as soon as possible, we also hope that the authorities will look carefully into the demand for evening out-patient services in various districts and to make a fresh assessment of the current number of GOPCs in New Territories East and New Territories West with only 11 and eight GOPCs respectively to see if these clinics can meet the rapid development of the new towns and the great surge in population.

As for the deployment of resources, all along the Liberal Party has stressed that resources must never be used without a good reason and they must also not be increased without a good reason either. Since there is a close relationship between health care services and the life and health of the people, we must ensure that the health care system will not be so overburdened as to result in a collapse. I must stress that the first task is to adopt a flexible approach so that existing resources can be deployed to various districts according to different demands. We must increase resources only when it has been ascertained that existing resources cannot meet the demand.

As for the suggestions made in Mr Andrew CHENG's motion, namely, to formulate staffing standards for health care personnel at GOPCs and to set up Chinese medicine out-patient clinics in all the 18 districts in the territory, these are in line with the position of the Liberal Party. All along the Liberal Party has been supporting the idea that a public-private partnership approach should be used in health care services while patients do not have to bear too great an additional burden. This will shorten the queuing time for chips at GOPCs and enable patients to access better and comprehensive treatment and attention.

Madam President, the Liberal Party is of the view that the HA must enhance its transparency when formulating policies, planning services, deploying resources and providing services in future. Public monitoring of a huge health care institution like the HA must be increased. However, when it comes to enabling members of the public, district representatives and even Members of the Legislative Council to participate and decide matters concerning the provision of

primary health care services by the HA, the Liberal Party thinks that it should be handled with great care. This is because Members of this Council and the public cannot replace work presently done by the executive authorities. It would be more appropriate for them to participate by giving their opinions. We think that an even more important point is that reform in the public health care system should benefit from consideration of views and opinion input from the angle of service users. The overriding objective must be the provision of quality health care services.

With these remarks, Madam President, I propose the amendment.

MR LEUNG YIU-CHUNG (in Cantonese): Madam President, recently two incidents happened in the medical and health sectors and they really broke people's hearts. The first thing is the Chief Executive saying in the Question and Answer Session in this Council last Monday that the old people went so early in the morning to the clinics to line up to collect chips because they wanted to go with their friends to have morning tea. After this remark had been reported, there was a public outcry. This shows that Mr TSANG, the Chief Executive, does not know the slightest bit about life of the grassroots. But then, what can be done about it? He is selected by a small circle and it does not matter so much after all if he is ignorant of that. This is because he does not have to be accountable to the people and there is nothing we can do about it.

Another incident happened in this past couple of days and it was about a public mortuary having misplaced dead bodies and the limbs of some dead bodies were exposed. The reaction from the Secretary was that there could be a possibility that someone had deliberately exposed the limbs of the dead bodies for reporters to take photographs of. This breaks our hearts as well. This is an outright shirking of responsibility and such a remark was made without looking into the case in great detail. I think public reaction to this is whether an accountable Bureau Director is really accountable to the public and whether he has shown any respect for the dead. These two incidents have left people with a very bad impression that not only the living but also the dead are not respected. It makes people think that Hong Kong is a place where life is not respected. If this impression in the people stays unchanged, how can Hong Kong call itself a modernized world city? If even its own people cannot hope to lead a decent life, how can we expect other people to come here for visits? And how can they be attracted to settle here?

These things have become bygones and so we should look ahead. But does the Government intend to change this state of affairs? This is what we are most concerned about. Last Wednesday, Mr TSANG, the Chief Executive, visited the elderly lining up in front of a clinic to wait for out-patient services. The Secretary did the same thing this week. But people only have a feeling that they are putting up a show just to improve their public image. Such moves may of course pacify the public for a while, but I think what the public wants are real honest-to-goodness improvements.

We hope that the Government can really do something, at least propose some improvement measures such as providing a timetable. However, yesterday when I read the written reply given by the Secretary to my question, I was still very disappointed. The Secretary said that the overall utilization rate of the consultation quota for the 74 clinics in Hong Kong was only somewhere between 70.8% and 99.3%, showing that there was still room in the public GOP services offered by the clinics at various timeslots to meet the demand.

The reply from the Government shows that the existing services are enough and in a word, this is only a problem of uneven distribution and nothing more or perhaps some people have gone too early to wait to collect the chips and so the phenomenon. Therefore, the approach taken by the Government is that patients should know how to make their choice and they should not flock to clinics where a lot of people are lining up and they should go to clinics with fewer people. But have the authorities ever thought that this is practicable? For example, since it is hard to get a chip in the Tung Chung clinic, then should we ask the people of Tung Chung to go to Kwai Chung as there may be more chips there? Have the authorities ever considered the transport expenses these grass-roots people may have to pay and they may think it would be more convenient to visit a private medical practitioner. Thus from the figures presented by the officials, we will know that they are not really caring about the people.

According to findings of a survey done by the HA on the GOP services in Our Lady of Maryknoll Hospital, it was true that a lot of people began to queue up to wait and collect the chips at six o'clock in the morning. Findings of the survey also show that the reason why so many people went to line up so early in the morning may be some people could not sleep or they had a habit of getting up very early. But have we ever thought about why they could not sleep? It may be that they are afraid of missing the opportunity to get a chip once they fall

asleep soundly and hence miss the time for waiting and so they are not able to visit a doctor. This is their greatest worry.

Madam President, once a case came to my attention. A young man lived with his mother who was a chronically ill person. The young man had tried applying for leave from his company on the day his mother was supposed to pay a follow-up visit to the clinic. He lined up in front of the clinic at seven o'clock something in the morning and of course he did not get a chip. So he applied for leave on the next day and went there at about six o'clock, but still he could not get a chip. He told me the problem was not just that his boss was unhappy, but a more important point was that if his mother did not visit the doctor, she would have no medicine to take as it had been used up. And she could not stop taking the medicine. This is the crux of the problem. Therefore, I think the Government must not pass the responsibility onto those who seek medical consultation, saying that they do not know how to choose the right place or the right time to wait to collect the chips. What the Government should consider more is whether or not resources are enough. Actually, the original motion has pointed out the root of the problem and, that is, in recent years the Government has adopted the practice of referring patients of SOPCs whose conditions have become stable to GOPCs. This has indirectly increased the demand for GOPCs, but the Government has not committed more resources to meeting this rising demand. How can the problem then be solved?

Another problem is about resources and in such circumstances the authorities are still retrenching and if this trend goes on, how can the problem be solved? I do not think the problem of people waiting for chips can be solved just by making some policy adjustments. The problem will not go if no additional resources are allocated. Madam President, I believe it is only when society attaches great importance to life that it can be ensured that all people, be they rich or poor, can get basic and reasonable attention that there can be development. If only empty slogans are shouted and propaganda shows are staged, then even if Mr TSANG, the Chief Executive, stops going to the church every morning and pray and instead starts going to the clinics and extends his regards to the old people waiting in front of the hospitals, the plight of the elderly and the chronically ill will still remain. I therefore hope that the authorities will do something concrete to solve the problem at root and stop adopting a piecemeal approach, hoping that some superficial moves will tackle the problem. For if that is the case, things done will only be of very little help. Madam President, I so submit.

DR YEUNG SUM (in Cantonese): Madam President, recently the Secretary for Health, Welfare and Food went to various districts to inspect the GOP service situation there and as the Secretary is a very experienced medical doctor who has been working in the hospital for a long time, if he can understand further the people's plight, it will help his work tremendously.

Madam President, I speak in support of the motion moved by Mr Andrew CHENG because we think that though the chips allotment system is a long-standing practice, it is doubtful if it still suits the modern society of Hong Kong. In view of this, we propose that a new approach be adopted and, that is, to abolish this chips allotment system and replace it with telephone and online booking. We know that old folks do not have a habit of accessing the Internet. That is why Mr Andrew CHENG suggests that a manned hotline be set up so that bookings for medical appointment can be made on the telephone.

I have the experience of bringing my mother to an out-patient clinic. She is now 86 years old and she lives with me. She goes to the Tang Shiu Kin Hospital for some geriatric care — the geriatric services offered by Tang Shiu Kin Hospital are excellent. The hospital has a day care centre and the old people can stay there for some time before going home in the evening. This is a very good service. Recently, she went to an out-patient clinic in Aberdeen for medical consultation. The nurse reminded me that I had to go there early to wait for the hand-out of chips and there might be no chips if I went there late. In the end, we visited the doctor through a different channel. That doctor is the same one who has been looking after her for quite some time. This shows why so many old folks will go to wait for the chips so early in the morning because they will not get a chip if they are late. And if they cannot get a chip, they will go earlier the next time. That is why we ask the authorities to explore alternative means such as telephone booking and for the younger people, online booking. Or some terminals may be placed in the clinics for advanced booking. If such an arrangement is in place, I think the old folks will certainly be able to visit a doctor and receive treatment. They will not be denied any medical attention because they cannot get a chip. This arrangement merits serious consideration by the authorities. For this reason, we have reservations about the idea that increasing the number of chips will solve the problem.

Madam President, the reason why the problem has become so acute at present is the Hospital Authority (HA) has attached little attention to out-patient

services. Ever since the HA has taken over GOP services, the patients of specialist out-patient services are referred to GOP clinics. However, no additional resources are allocated to the clinics and this is like a reduction of out-patient services in disguise. Another problem is there is an acute shortage of health care funding. Currently, the HA has a deficit in the region of \$670 million. But strange enough, the \$300 million additional income which the HA gets after raising its medical fees and charges will all go to the Treasury and the HA is denied the use of it. Since the income is derived from medical fees and charges, should it not be used on the patients of the HA? The Democratic Party urges the Government, in particular the Financial Secretary, to give serious thoughts to whether or not the income can be transferred to the HA.

Madam President, with respect to insufficient out-patient services, we have conducted an opinion poll and we would like to tell the Secretary about the findings. We found that 66% of the respondents agreed that the chips allotment system should be replaced. So not just Mr Andrew CHENG, but 66% of the respondents agreed that the chips allotment system should be abolished. And 85% agreed that evening out-patient services should be increased. Earlier on, Mr CHENG also said that civil servants took up 10% of the chips distributed. We also asked members of the public whether or not they thought that health care vouchers should be used and it was found that 65% of the interviewees agreed. I think this survey will serve as some good reference for the Secretary. I also notice that the Secretary said as he was making the inspections that many people who went to GOP clinics were the chronically ill. If this is the case, the main reason for their visits to the clinics is for medication. Then can telephone booking be used instead so that they do not have to get up at four or five o'clock in the morning to line up at the hospitals?

We hope the Secretary can give serious thoughts to the following: First, on the health care vouchers just mentioned, especially a trial scheme may be introduced among the civil servants. Second, consideration should be given to transferring the income from medical fees and charges to the books of the HA so that the HA can have more resources at its disposal. Third, on traditional Chinese medicine, can such clinics be set up in all the 18 districts in the territory? Fourth, on evening out-patient services, can such services be extended to those districts such as Stanley, Tuen Mun, Yuen Long, New Territories North and the outlying islands as they are not easily accessible? This is because findings of the survey done by the Democratic Party show that

85% of the respondents agreed that evening out-patient services should be increased. Lastly and in the long run, the Secretary should also ponder over the issue of financing which is a very important issue. This is because taxation in Hong Kong is subject to some constraints such as prescriptions in the Basic Law. There can be no drastic increases in tax. As the population of Hong Kong ages, the demand for health care services also rises. Public expectations for the Government are constantly rising. We therefore hope that the Secretary can discuss with all relevant parties and then present a health care financing scheme for public consultation, thereby making it possible for an early implementation of such a scheme in Hong Kong. If the HA can improve its administration, then I think the quality of health care services in Hong Kong can be made better.

I would also like to remind the Secretary that before any health care financing scheme is in place, the authorities must not resort to any means to compel patients to switch to private hospitals because patients, especially the chronically ill, will have to bear a heavy financial burden. We think that a better option would be the Government making up its mind to launch a health care financing scheme as soon as possible. It must refrain from raising fees and charges in all sorts of ingenious ways as this will only make life more difficult for the grassroots and the middle class. Thank you, Madam President.

MR TAM YIU-CHUNG (in Cantonese): Madam President, in the morning of last Wednesday, the Chief Executive, Mr Jasper TSANG and I went to the West Kowloon General Out-patient Clinic to pay a visit to the elderly people there. We arrived at about seven o'clock in the morning and found that there were dozens of people waiting there already, most of them being elderly people. The old lady who was the first one in the line told me that she had gone there at about four o'clock in the morning. The clinic would let in people not until at about eight o'clock so that they could wait inside for the distribution of chips. So this old lady had been waiting on the very narrow pavement no less than four hours.

The old lady poured her grievances out to Mr TSANG, saying that her legs were very sore because she had been standing a long time, and there was much exhaust emitted by the cars passing by. This was because the place where the people were lining up was near a set of traffic lights and vehicles would stop there and exhaust was emitted. This caused great discomfort to the old lady and other elderly persons. There is another problem with waiting there because the

pavement canopy is narrow and high. People waiting underneath it will be affected by the sun in sunny times and by the rain when it rains. People lining up there will certainly have a very unpleasant time. When Mr TSANG saw the elderly people snake around the clinic and utterly exasperated with the wait, I am sure this would touch Mr TSANG's heart. I think he would not describe old people who come to line up so early in the morning as a group of cheerful old folks coming there to chat and for morning tea afterwards. I think his view must have changed and he would think differently.

A survey done by the DAB on the five general out-patient clinics (GOPCs) in Sham Shui Po found that 7% of the people in these clinics went there the night before or in the midnight and waited outside the clinics. Those who came one hour before the clinics opened could only join the end of the queue and there was no way to tell whether they could get a chip or not. People who waited in the lines were mostly those aged more than 60 years. They took up 59% of the total number of people there. The oldest one of them was 96 years old.

When people have to go and queue up outside the clinics before daybreak and when all the world is still soundly sleeping, this is really disgusting. Why does this happen? The main reason is the tight health care resources of the Government and this has led to an inability to meet the huge demand, hence the chips distributed are never enough and doctors and other health care workers are stretched to their limits. In some clinics, each doctor will treat more than 50 patients every morning and more than 30 patients in the afternoon.

Moreover, as the elderly persons in the lines said, some time ago the clinics had reduced the amount of medicine they gave from three months to four weeks or six weeks. Most of the patients go there to get medication for the treatment of hypertension or diabetes. It should not be a bad thing if people come to visit a doctor more frequently for a regular check-up, but as the times they have to queue up have increased from four times a year to about six or 12 times a year as it is now and as the consultation quota has not increased, they will need to scramble for a chip with other patients.

The arrangement of advanced booking could have saved a lot of the time of the patients in lining up for chips, but presently among the people seeking GOP services, as many as 60% of them are the chronically ill but only 30% of

them are given advanced booking arrangement. This results in a situation whereby the advanced booking chips for each day in the clinics are only available to a very small number of people. When this is coupled with the fact that the HA refers patients from the SOPCs whose conditions are stable to the GOPCs, but no additional resources and chips are made available to the GOPCs in tandem with the increase in patients. Such problems caused by insufficient resources exert a mental pressure on the elderly and as they fear that they may be unable to visit a doctor and hence fail to get the medication, therefore everyone of them is coming early to secure a place in the line. This kind of queuing up for long hours is bad for the health of the elderly and it is even doing great harms to them.

In view of all this, the Government must put into practice the various improvement measures suggested in order that the pain and discomfort experienced by members of the public, especially the elderly people, when they wait in the lines for hours can be eased. Apart from committing more resources and distributing more chips, we think that the most important thing is to make more advanced booking chips available so that elderly people coming for follow-up visits can get them. This will in turn make more "chips for senior citizens" available to those who need urgent medical attention. Another suggestion is to stream the chronically ill from other patients as most of the former will just need medication and what the doctors usually do is just to take a routine blood pressure reading and ask them about how they have been doing. If there is nothing unusual, at most two or three minutes will do before they can collect the medicine and go home. If patients are streamed, they will not need to come so early to wait in the lines and other patients can also save much of their time and hence get prompt medical attention.

In addition, as the Government has suggested, a telephone booking service can be set up. This is like the case of marriage registration. In the past, it used to be a chore — though people would gladly bear it — and after the DAB had urged that telephone and online booking be set up, the situation has become much better. We believe the same practice can save the time of people waiting for out-patient services. And as most of these people are advanced in years, their case is very much different from that of the young people in that they are not used to using these electronic media. Quite a number of senior citizens have told us that they are worried that they do not know how to use the telephone recording system. The Government must study into this in detail.

There is one more important task for the Government and, that is, to improve the environment in which people queue up for chips. As Mr TSANG has seen with his own eyes that the place where people queued up for chips in front of the West Kowloon clinic is located right next to a set of traffic lights. Old folks are forced to inhale great amounts of exhaust from the buses. The canopy above them is tiny and so people are exposed to the elements.

As a caring government, it must improve the facilities for the out-patient services and make the waiting area more spacious.

DR JOSEPH LEE (in Cantonese): Madam President, the motion debate today is induced by the absurdity of senior citizens lining up in the middle of the night for eight hours or more just to wait and collect chips for GOP services. Is this extremely long waiting time for patients proof of out-patient services failing to meet the demand? As far as I know, the staff of some GOPCs which adopt the practice of phased distribution of chips say that there are many outstanding consultation chips every day, including those in the afternoons and evenings. In theory, therefore, the provision of services should be adequate, but why are there so many senior citizens waiting in the small hours of the night lining up for consultation chips?

There is a serious psychological mismatch in management terms between the first-come-first-served chips allotment system and the lack of a sense of security in the service users. We know that most patients of GOP services are senior citizens aged 65 of above and most of them belong to the low-income or the chronically ill categories and they are totally dependant on public health care services. Due to the limited number of chips and that they are given away on a first-come-first-served basis, there is no guarantee that the patients will get medical consultation and public clinics are the only channel open to them. Hence their mind is not put at ease. Therefore, the existing system does not work at all. The chips allotment system on a first-come-first-served basis will produce a situation of scarce supply in GOP services which are already not sufficient. A false impression of a scramble for chips is produced and people are convinced that they must wait in the lines early. This is fuelled by the habit of the elderly people seeking consultation service in the morning. And so the elderly people will think that the earlier they are in the line for the chips, they more secured they are and their minds are more at ease. This

first-come-first-served method reinforces this mentality and conveys a wrong message, making the old people come to line up very early. They will think that the earlier they are in the line, it would be more to their advantage. Hence the mentality of trying to be earlier in the line than others is formed. This then becomes a fad — something everybody is doing. It has prolonged the distribution time for chips indefinitely, aggravated the problem and made the elderly people subject to inclement weather and want of shelter all too unnecessarily. I think the existing chips allotment system is totally ineffective and this shows a glaring loophole in service management and administration. This mismatch of resources has created uneven utilization rates for GOP services in the mornings, afternoons and evenings. The results are not just a waste of precious manpower resources but it is very likely that some patients are denied these services because of this loophole and they are not able to get due diagnoses. The grassroots are hence made victims of this rigid system.

Madam President, this much criticized chips allotment system reflects a serious management blunder. Though the problems produced by the first-come-first-served chips allotment system cannot be said to reveal quality problems associated with GOP services, it is a fact that a substantial impact is produced on GOP services. In any case, the authorities must in the first place revamp the chips allotment system and engage in an active examination of how service quality can be upgraded from the management perspective, hence sustaining the provision of primary health care services.

What has become a cause of our concern is the management quality of GOP services behind this chip allotment system and the health care policy. These are two major problems. What the Government must do in the first place is to conduct a survey on the provision of GOP services in the 74 clinics all over the territory to examine how many patients have been denied medical attention because they are unable to obtain the consultation chips during this period of time or over the past couple of years. The Government must furnish figures on the number of people failing to get medical treatment for the day because of their failure to obtain the consultation chips. With these figures we can know more about the loopholes in the chips allotment system and in the dissemination of information. We will also be able to know the number of people who are not referred on the same day to other places or get the consultation they need. These are the people who have missed the services and failed to get any medical attention.

It is known that GOP clinics do not have a centralized co-ordination mechanism in place and statistics are compiled by each individual clinic. There are no statistics on the number of people in Hong Kong, Kowloon and the New Territories who cannot visit a doctor because they cannot get a consultation chip. The Government must compile statistics on this, analyse the causes of service impediment and launch a revamp of the management strategies at the soonest and reposition the strategy for primary health care services. Consideration should also be made to add or flexibly deploy existing resources as there are divergent needs among the seven hospital clusters in Hong Kong. Therefore, resources should be redeployed according to these divergent needs. I hope that there will be no more people trying to come early and be in the line ahead of others while there are no people waiting to get chips at certain periods of the day. I hope such waste can be avoided.

These figures can give us food for thought on questions like the existence or otherwise of policy loopholes regarding GOP services apart from the issue of management quality. In fact, under the policy of a drastic cut in health care resources, the number of consultation cases in GOP services has fallen greatly. As some Members have said, the number of patients has increased but resources have been cut. This is how the problem is caused. GOP services in most districts and other periods may have become saturated, but there are some districts and periods without any patients. The consequence is that some of these grass-roots patients cannot obtain some basic health care services to which they are entitled.

Madam President, after the HA took over GOPCs from the Department of Health in July 2003, the family medicine mode of service was introduced to GOP services. That should have been a very good thing. As comparatively longer consultation time is stressed in family medicine, this has reduced the number of consultation chips available due to resource problems. The result is that this measure which should otherwise be a commendable one in blazing a new trail for preventive treatment at the community level has now become a new hurdle. In recent years, the HA has also started to refer some patients for specialist out-patient services whose conditions have become stable to GOPCs. This has added to the workload of GOP services. Though the chronically ill would like to get some close attention, as some Members have said, the reduction in the amount of prescription medicine given to them and this lengthening of the chips distribution time for no justifiable reason have served to increase the number of times these patients will need to wait to get the chips. This is all too

unnecessary and problems are caused. However, given all these changes, there is no substantial increase in medical and nursing personnel in the GOPCs, hence pressure is exerted on the GOP services. If the Government hopes to improve the quality of GOP services, the manpower and resources problems which I have just mentioned must be its prime consideration.

Madam President, to truly improve GOP services, the Government must review its administration and service delivery procedures. Moreover, it must address the problem from a policy approach, redeploy resources and manpower so that GOP services can effectively provide a link to primary and intermediate services provided by the hospitals, and thus facilitate the effective functioning of the referral system among the three tiers of services in the health care system, thereby enabling patients to get medical treatment as appropriate.

With these remarks, Madam President, I support the motion moved by Mr Andrew CHENG.

MR ALBERT CHAN (in Cantonese): Madam President, the problem of people waiting for consultation chips in front of clinics or spending the entire night for them is a long-standing one and it could have existed for decades. In other words, the situation has been around for a very long time.

For many years I have engaged in an exchange of correspondence with the Government in this regard. There is a thick pile of letters on the subject. There are lots of problems in each clinic, such as that in Tin Shui Wai, Tung Chung, Tsuen Wan, and so on, including problems like too few chips — leaving aside the overnight wait problem first. Chips would have all been given away even when patients arrive at the clinics at half past seven. There is also the problem of selling chips. In some places, such as in the Lady TRENCH Polyclinic in Tsuen Wan, there is even a problem of drug addicts selling chips. As a result, some elderly people cannot get any chips. In some cases, chips are distributed using a computer system and patients must go there to pick up chips in person and it is not even possible for family members of the patients to do that for them. This causes great inconvenience to the old folks or those people waiting to get the chips. Since 2004, the authorities have even reduced the number of chips to be distributed, from close to 300 to 160 for each clinic. The result is that patients will not get any chips even if they have lined up overnight.

With respect to all these questions, I raised a question in this Council in May, asking the Government the number of chips distributed in each clinic monthly over the past three years. To my great dismay, the Government put up an excuse that the figures for each day varied and it did not give any reply and no figures were provided at all. According to the information that I have got hold of, ever since the HA took over the clinics, the number of chips distributed in some districts has fallen. Of course, in the response made by the Secretary, it was said that more staff had been deployed and that the fall in the number of patients treated did not mean that the quality of health care services had declined. This reply is most ridiculous. When I raised these questions, it seemed at that time that no one was paying much attention. Then all of a sudden, the Chief Executive went to make an on-site inspection and it seemed that a shower of blessing came from the top to the grassroots and the problem is suddenly receiving the attention of the Government.

With respect to this phenomenon, the Government should really feel ashamed, and so should the Secretary. The problem has been around for such a long time and I think not only me but also many political parties, and members of the District Councils and at various levels, have all been raising their concern and asked the Government to improve on things, but not much can be seen. However, since the visit by the Chief Executive, there came a sudden statement from the Government that improvement is underway. The situation is similar to the problem with the corpses which was brought to public attention recently. This problem may have been left sitting for such a long time that nothing is done even if views have been conveyed through various proper channels and means. The Government has not responded to our queries and it refuses to disclose the number of chips distributed every day. It is simply evading the problem. Then it said that the fall in number did not mean that the quality of health care services had declined.

Madam President, in my opinion, what should be discussed today is not only that the Government should review out-patient services with a view to improving them. What needs to be reviewed all the more is that why for so many years and even decades this problem has seen no improvement and how the Government can be so callous and insensitive. I think that this mentality of the Government must be changed. Of course, the Government will always say that resources are not enough. But if this shortage of resources is the cause making so many old folks and sick people queue up overnight, then this is certainly not something humane or a sign of respect for the rights of the people to medical

care. For these patients, waiting in lines to get a chip is especially gruelling and as they are already not feeling well, the long wait will only aggravate their conditions.

It is my hope that after repeated reports by the media, the Secretary in his response later can give a concrete and positive reply. I would certainly not want to see the Secretary shift the focus to privatization or to invite private medical practitioners or private sector hospitals to take part in service delivery and that improvements to services be made through a charging scheme. This is exactly what I dread most. Every time when problems arise, the Government will say that there has been mismanagement and to rectify the problem, the services will need to be privatized. I now give a stern advice to the Secretary that such an approach to the problem will only intensify public indignation.

The provision of health care services is a responsibility of the Government and it cannot shirk its responsibility to improve on the situation. The Government has certainly been neglectful of its duties when there are not enough health care personnel and so patients are denied proper and humane treatment. The responsibility for such a dereliction of duty must not be passed onto the private medical practitioners or the private sector, thereby enabling them to reap profits and avail themselves to a transfer of benefits. If it is found that existing services are not satisfactory, the Government must find out the root of the problem and then give patients the kind of treatment they deserve.

I have really seen too much over these few years past. Every time when problems appeared, the Government would make use of the opportunity to curb growth in the public sector, trying to uproot the public sector and prepare the way for the introduction of services from private sector consortia. This enables these consortia to reap profits through the provision of services. I think this is far worse than robbing a pauper of the money in his begging bowl, very much like taking away a person's life when he is sick. This is also like what I have seen in some films on Tibet, about people prying open a dead person's mouth and take away the golden dentures inside. So in this detestable manner more profits are reaped.

I really hope that the Secretary can get to the root of the problem and appreciate the suffering of the people. Actually, this problem of people waiting long hours for chips is not a problem which the Chief Executive needs to solve by himself. It is really a misfortune that as a result of the dereliction of duty of

an entire department, top officials are obliged to intervene. I can only hope that this misfortune will never perpetuate. Thank you, Madam President.

MR ALBERT HO (in Cantonese): In the stillness of the night before some public GOPCs, one can see many patients and old people scrambling to secure a place in the lines to wait to collect the consultation chips. Despite the fact that Hong Kong is no poor third world place and it is not that we do not have the abilities to provide medical services to the poor and the chronically ill, it is only that in the distribution of resources, the priority accorded to these people is lamentably low. It would be much to our regret should our Government refuse to pay any attention to the kind of inconvenience caused to these patients as they wait in queues for long hours as well as the negative impact on their health and life.

Many people from the political circles, including Mr Donald TSANG, even think that these old folks have a passion for waiting in queues for chips and that they can make use of the time to meet and chat with friends and even have morning tea with them afterwards. If this is what the Government has in mind when formulating policies, the miseries of these patients will just perpetuate and it comes as no surprise at all that this problem has stayed for so long while nothing is done to ameliorate it. Problems caused by waiting in queues to collect chips are not the same in every clinic and district in Hong Kong. As a matter of fact, for 2003-04 and 2004-05, the utilization rates for the consultation quotas in GOP services varied from 70.8% to 99.3%. That is why as we see people queuing up before some clinics in the middle of the night and people failing to get any chips even as they come to the clinics very early in the morning, there are some clinics which to our dismay have wasted 30% of the quotas. This is really disgusting.

If resources are to be used in places where they are most needed, then the management should have the obligation to get a full picture of people queuing up to wait to collect chips in every district and clinic in Hong Kong. Only then can an effective assessment be made of service demand so that planning can be undertaken for future service delivery.

Unfortunately, it seems that the HA and the Health, Welfare and Food Bureau are unable to grasp the full picture of the situation. They do not have information on the following: First, the number of patients each doctor in each

clinic can treat every day; second, the number of patients by district who fail to get a consultation chip; third, among those failing to get the chips, the number of people who are the chronically ill and the number who have episodic illnesses; and fourth, whether patients for daytime or evening out-patient services account for most of the patients who fail to get any chips.

Despite our request for the above information, the reply from the Government was that it was not available. As information is not available, it is hard for us to find out the nature and causes of the shortage in services. In what area should we request the Government to increase resources for service improvement? Therefore, we stress that the HA must undertake a full-scale survey on service delivery in the GOPCs so as to gain a better understanding of this shortage or inadequate provision of services.

Madam President, apart from learning more about the chips allotment situation, the Government must undertake a full-scale assessment of the demand for GOP services, taking into account factors like population size in each district, the numbers of the elderly and the chronically ill there, as well as the financial situation of the residents. This will facilitate manpower deployment, resource allocation and other matching improvement initiatives in administration. With respect to the assessment of service demand in each district, we emphasize that people from district bodies and patients groups should be invited to take part in the discussions. This is because the respective District Councils and patients groups have a better grasp of the situation in the districts concerned. I believe it will definitely be helpful to the Government if they can join in discussions on the proposed reforms and service improvement initiatives.

Madam President, as a Member of this Council returned from a constituency in the New Territories, I am obliged to point out the problem of insufficient health care services in Northwest New Territories and this I think is common knowledge. We can see that the situation in New Territories West is very much different from the situation in other parts of Hong Kong. This can be seen from the median income of residents in New Territories West. In Tuen Mun, Yuen Long and North District, the median income there is the lowest in Hong Kong. In Yuen Long it is \$16,000; in Tuen Mun it is \$17,000 and in North District it is \$17,205. But the median income of other districts in Hong Kong is \$18,705. Therefore, without doubt, there are many people with a low

income living in my constituency, that is, Northwest New Territories. Residents there have quite a great demand for public services.

As to evening out-patient services, there is also an acute shortage of services. Now in each of the 18 districts all over Hong Kong, there are one or two clinics which provide evening out-patient services. But I have to emphasize that people living in Tuen Mun and Yuen Long work very long hours during the day and especially as they also spend a long time on travelling, often it is already very late in the evening when they return to the place they live. We can see that there is a great demand for evening out-patient services in these districts. The authorities should make some special arrangements to meet the needs of these districts.

In sum, in such a large district and if after a long trip, the residents will only find that they cannot obtain any consultation chips when they arrive at the clinics, just imagine how miserable they are. So I hope that a reasonable booking system can be set up to improve the out-patient services in each of the districts. Thank you, Madam President.

MS LI FUNG-YING (in Cantonese): Madam President, government housing and health care policies are vital measures supporting the life of many grassroots. The public housing policy in Hong Kong has a waiting system and applicants on the Waiting List for public housing need to wait for three years before they are allocated a public housing rental unit. But there is no target time for waiting with respect to GOP services. People can only wait under a system of chips allotment and chips are distributed on a first-come-first-served basis. There will be no chips when the quota is exhausted. With respect to the motion today on improving GOP services, the first thought that comes to my mind is whether or not the Government can devise a reasonable target waiting time for GOP services to be used as the standard to improve the delivery of GOP services.

This target time includes two aspects, one is the time which the public waits to get the chips and the other is the time starting from the moment a patient gets a chip to the moment he is treated by a doctor. Now it is the waiting the public spends to get the chips that has come under fire particularly. The subject becomes more controversial when after the Chief Executive, Mr Donald TSANG, had said in response to a question raised in the Legislative Council some time ago

that many of the old people who went to line up before the clinics very early in the morning just wanted to chat with friends and they would go together for morning tea after the medical consultation. What Mr TSANG said might be true in individual cases, but these are only isolated cases that should not be used to refer to the majority of people who get up in the middle of the night to wait for the consultation chips, which is most improper. Any attempt to improve the situation can never be achieved just by saying in a simplistic way that some people are abusing health care services in Hong Kong.

Given limited resources, what can be done to shorten the waiting time for the patients? At the end of last month, the Government submitted six recommendations to the Panel on Health Services of this Council on improving the present system of patients lining up to obtain consultation chips. All these recommendations can be considered. Likewise, the Government can also take reference of the recommendations found in today's motion and amendment as proposed by Members. However, I am afraid I cannot support the original motion moved by Mr Andrew CHENG and the amendment proposed by Mr Vincent FANG as they propose that alternative means like telephone and online booking should be explored with a view to replacing the present chips allotment system.

In my opinion, I do not think we can replace this chips allotment system in the foreseeable future. No matter how advanced and popular modern communications technology may become, there is no guarantee that each family will have a telephone or a computer. It is even harder to guarantee that every citizen, including the senior citizens, will know how to use communication equipment like the computer. For a large number of senior citizens, the most direct means of visiting a doctor is to come to the clinic and wait to get a chip in person. It follows that measures like telephone and online booking can only be considered as alternatives to the chips allotment system available to the public and they should not be used to take the latter's place.

Madam President, I support the idea that the chips allotment system for GOP services should be maintained and I also agree to the six improvement measures on the waiting time of GOP services proposed by the Health, Welfare and Food Bureau to the Legislative Council Panel on Health Services at the end of last month. I would also like to add by proposing that even if the chips allotment system is maintained, if the consultation chips for a certain day cannot meet the demand, the clinic concerned should also provide some advanced

booking chips for the following day to senior citizens aged above 65. This will enable them to come the next day, thus obviating the need for them to get up before daybreak and line up for the chips. This will also prevent them from the possibility of going home empty-handed such that they may have to come again early in the morning the next day or spend the whole night waiting before a clinic as this would be a torment to these patients. I also hope that the Bureau will increase resources and consultation quotas in those clinics where quotas are always exhausted and increase Chinese medicine out-patient services expeditiously. These will ease the hardship of people waiting outside the clinics for consultation chips.

Thank you, Madam President.

MR LI KWOK-YING (in Cantonese): Madam President, we know that the general public has a great demand for public sector GOP services and the people know that they need to queue up early for consultation. Ever since the Hospital Authority (HA) took over all public sector GOP services, a number of measures were launched. These include developing the general medicine department into a training centre for family medicine, referring patients of specialist out-patient services whose conditions have stabilized to GOP clinics, and so on. When these are coupled with the long-standing factor of an ageing population, the number of patients going to public sector GOP clinics only increases more than ever and gradually there is a noticeable phenomenon of people all trying to be earlier in the lines than others.

A survey done by the DAB in Sham Shui Po District recently show that more than 70% of the people who come to the clinics to queue up for consultation chips spend from one to five hours waiting to get the chips. Some of these people will even come on the night before or in the middle of the night and queue up. They are mostly senior citizens who come with sick bodies, before it is even dawn. They brave rain and shine, bear the exhaust from vehicles and spend half a day just to get a chip for consultation.

Madam President, the causes of people trying to be in the line earlier than others are not merely a result of the constant cutting of health care resources but also the lack of flexibility in the chips allotment system. Though there is advanced booking in the public sector GOP clinics, the quota is very small and there are numerous restrictions imposed. As a result, most people can only line

up to wait for the chips. The DAB thinks that the HA should introduce more diversified registration arrangements, such as telephone booking and booking for the next appointment immediately after consultation, and so on. This will save some people the need to queue up. Some senior citizens, especially those who live alone, may not be used to telephone booking. In addition, it is also difficult for some people falling sick suddenly to seek medical consultation by advanced booking. If there is only telephone booking in the future, it will on the contrary pose a hurdle to these people under special circumstances. So when the HA considers increasing the booking channels, it must also maintain the existing chips allotment system and keep it unchanged. Besides, when the authorities consider increasing the quota for advanced booking, it should increase the existing consultation quotas to meet the need, instead of taking from the quotas of the consultation chips. This will avoid a reduction in the number of consultation chips which will hence aggravate the waiting situation.

Other causes of the worsening of the waiting situation in certain clinics are the uneven utilization rates among the clinics and the poor dissemination of relevant information. Information from the Government shows that the utilization rates of the GOP clinics range from 70% to 99%. This is evidence that consultation quotas for clinics in certain districts or quotas for some timeslots are not fully utilized. This is largely related to the affluence or otherwise of people, the proportion of the elderly in the population, the geographical location of the clinics and people's preference in seeking medical consultation. The DAB thinks that the HA should carry out an analysis of the utilization of each clinic; additional resources should be allocated to clinics with a high utilization rate in the form of providing evening out-patient services and setting up channels to enable patients to know right away how many places in the consultation quotas are left in nearby clinics. On-the-spot registration arrangement should be made available to facilitate the transfer of patients to clinics with quota places remaining. The HA may also consider grouping all patients who have made advanced bookings to visit the doctors during the non-peak hours. This will ease the pressure in the mornings. Where circumstances permit, the HA may install covered seating outside the clinics or allow people to wait inside government premises before the distribution of chips. All these will hopefully reduce the pains of prolonged waiting.

Madam President, all of these suggestions are meant to improve the conditions of waiting. In the long run, to reduce the demand for public health care services, apart from making use of the family doctor concept strongly

advocated by the Secretary, in the face of the pressure exerted by population ageing, the Government must step up efforts to provide primary health care services based on community care. This would mean the provision of elderly health centres, Chinese medicine out-patient service, home visit medical practitioners scheme and other kinds of outreach health care services. Information from the Government shows that presently there are 18 elderly health centres with a combined membership of about 40 000 people. These centres will provide health assessments, physical check-ups, health education and vaccination service for the aged. All these are meant for disease prevention. As for Chinese medicine out-patient service, it is gaining popularity because people these days live a longer life than previous generations and after the trying times of SARS, Chinese medicine has consolidated its place in the medical world, hence the greatly increased service demand. The home visit scheme and outreach health care service can also reduce the need for senior citizens to visit clinics and hospitals for medical consultation, thereby alleviating pressure on public health care services. Unfortunately, not enough resources are put in by the Government in this area. Take the example of the elderly health centres, though presently there are only 25 000 senior citizens waiting for their turn to become members of these centres, the mean waiting time is as many as 26 months and there are tens of thousand senior citizens not on the waiting list. As for Chinese medicine clinics, there are only three in operation. The number will only be increased to six by the end of this year. In view of this, how can we expect the great demand for Chinese medicine service in districts with an ageing population be met? In view of the above, the Government is still far from showing any determination in vigorously developing community care services, providing a wide range of primary health care services and improving the health of the elderly people in all aspects.

Madam President, as we all know, a holistic and all-caring primary health care service can serve to reduce demand for hospitalization, and hence effectively reduce overall spending on public health care services. While community care services are an important component of primary health care services, public GOP services are also an indispensable part as they can provide a safety net to those who are financially stringent. Therefore, we are concerned about earlier reports that the Health and Medical Development Advisory Committee has made some recommendations that consideration should be made to abolish public GOP services and people with financial stringency be given medical vouchers instead to finance their medical consultations in the private sector. The DAB thinks that this recommendation is very controversial as it

will affect the opportunities of the chronically ill, the deprived elderly and the destitute of access to primary health care services, hence causing much anxiety among them. The recommendation will also undermine the role played by public sector GOP services as a training ground for family medicine doctors, hence affecting the development of family medicine in Hong Kong. If the aim of the Advisory Committee in making this recommendation is only to reduce government expenditure on health care and to promote public and private sector partnership in health care services, then the DAB would think that the Government should consider briefing out medical services for the civil servants.

With these remarks, Madam President, I support the amendment proposed by Mr WONG Kwok-hing.

MISS CHAN YUEN-HAN (in Cantonese): Madam President, all along the problem of an imbalance in the public sector health care system in Hong Kong is noticeable. The problem is made all more obvious by the problem of out-patient services which is now attracting much public concern. I think, as many Honourable colleagues have said, with the ageing of the population, public demand for public sector health care services will also increase. The Secretary can also notice that these problems are getting more acute and if they are not promptly addressed, they will eventually develop into a major problem.

I know that the Government has recently issued a report by the Health and Medical Development Advisory Committee. The report outlines the future direction to be followed. I think there will be some very heated debates in this Council on this report. And I believe the focus of such debates will be the overall financing issue. Though the motion today is on out-patient services, I think that we can also tell the Secretary briefly about the view of the Hong Kong Federation of Trade Unions on this issue.

Owing to population ageing, there is a need to expand public sector services. The Government should never hold the view that these old people have the financial means to consult private medical practitioners. One day I went with the Secretary to Our Lady of Maryknoll Hospital in Tsz Wan Shan. We saw many senior citizens there. Many of them are recipients of Comprehensive Social Security Assistance or old people in abject poverty. These senior citizens all hoped that their illnesses, including some chronic

illnesses, could be treated under the public health care services. If the Government thinks that these people can go to the private sector for services, then it is wrong. If this is the approach taken by the Government on this issue, I would become very worried. That is why when I read from the newspaper yesterday that the Government intended to table the topic before this Council for discussions, I think the discussions to be made would be on a very wide range of subjects. Having said that, I hope that before these discussions are held, the Secretary could look carefully at the present situation in Hong Kong.

Madam President, actually, many old people have been complaining to me about out-patient services. They say that it is only after going through a very hard time that they can get these services. Lately, in two public forums and even in a meeting of the Panel on Welfare Services in this Council which was originally intended to discuss health care matters and mainly on poverty, when mention was made of matters like poverty among the aged, some senior citizens raised the problem of health care services. We suggested putting the matter off for discussion the next time. But they did not agree and said that they had to air their grievances about the gruelling wait from the middle of the night to six o'clock in the morning and then all the way up to two o'clock in the afternoon.

Another occasion was that recently in a district, that is, Kwun Tong — a poor district, a meeting on affairs related to the elderly was held in which their problems were discussed. The Secretary was invited but he was unable to attend and his subordinate was assigned to attend the meeting in his place. The official was able to hear more than 100 of these old people air their grievances, most of which were concentrated on out-patient services. They talked about the gruelling wait for the chips and poured out their grievances for the unpleasant experience they had when seeking medical consultation at the GOPCs. Earlier on, Chief Executive Donald TSANG said when he attended a Question and Answer Session in this Council that nothing was wrong with the old people. He said that the old people, after getting the chips, would leave their belongings in the queue and go to have tea or a chat. The situation described by him is vastly different from that faced by the old people I have contacted. His is a mentality which is out of touch with the people. What I am doing now is not to criticize him or anything, I am just worried that his view is actually the entire Government's view. He thinks that these old people can go to the private sector for medical consultation. And he thinks that the reason why these old people

come to wait for chips in front of the clinics is only to meet old friends, exchange greetings and then go with them for tea and dim sum. If this is also the Government's thinking, then it is wrong.

Madam President, on that day, that is, two days ago, I went with the Secretary to Our Lady of Maryknoll Hospital. As many old folks chatted with me there, so I did not have time to inspect other places. At that time I saw something and an administrative staff of the hospital said to me, "Miss CHAN, look, these old folks were here a while ago, but now they are all gone. They have just put their belongings here." I asked the person not to let the Secretary or the Chief Executive get the wrong message. Honestly, if they had tried to seek medical consultation here — of course I would be glad if they do — and looked at the whole thing from the perspective of the patients, I do not think they would have said such things or thought that the old people were having a wonderful time, or that they would leave their belongings there and go to have tea and dim sum. If this is the view held by the Government, then it is wrong.

Some old people complained to me that if they had to consult a doctor, they could never sleep the night before because they were afraid that they would wake up too late. So they were very worried. Personally, I think we must look at the matter from the perspective of the old people before we can ever understand their feelings and sympathize with them. It will be two entirely different things if something is seen from the eyes of a patient and if the same thing is seen on the surface. Moreover, government employees of lower ranks can even tell the Secretary or the Chief Executive similar things in great detail.

Madam President, the issue has aroused widespread public attention because the Chief Executive has said something wrong and a series of activities has taken place as a result. I hope very much that the Government can really address this issue. Last week, in the meeting of the Legislative Council Panel on Health Services, a representative from the Government proposed a number of solutions. These included redeployment of the remaining consultation quotas among the clinics; the setting up of a telephone booking system or to supply medication of a longer period of time to the chronically ill, and so on. All these are solutions to which I agree. But the Government should never think that the problems are all resolved if these initiatives are introduced. As Mr WONG Kwok-hing has pointed out, the recommendation made by Mr Andrew CHENG that telephone and online booking should replace the existing queuing practice is in our opinion most unfair. However, we do not wish to go as far as casting our votes against the motion. Actually, we have thought of casting a vote against

Mr Andrew CHENG's motion, but as the theme, motive, and so on, of his motion are similar to ours, therefore, we will still support the original motion.

Madam President, I think these methods alone will not solve the problems as these will depend on different circumstances. Earlier on, after listening to the speech made by Mr Vincent FANG, I left the Chamber and discussed with him. I asked him if he did not agree that additional resources be allocated. In the case of Our Lady of Maryknoll Hospital, for example, it will distribute some 200 consultation chips in each session in the morning, afternoon and evening, and 98% of the chips are taken. Madam President, when some practice reaches 98%, then it will mean that it would be done more or less in that way. Such a percentage of chips allotment would mean that many people cannot get the chips. Seen from a marketing perspective, there should be at least a 20% allowance in this chips distribution percentage to make the system turn around. Then patients will not be denied medical consultation because they cannot get any chips. It will be possible for these patients to continue to seek medical consultation for their illnesses.

I hope the Secretary will not think that once people have come to an out-patient clinic, they can get medical attention for sure. To view the present situation in this way will be wrong as well. The Secretary can see that the population of Hong Kong is fast ageing and many old people and the destitute are relying on government out-patient services to meet their medical needs, so the Government must look into the problems. I hope that the Government will not think changes can only be made when resources are sufficient. For a public hospital like Our Lady of Maryknoll Hospital, consideration should be given to allocating more resources as it is possible for the Government to redeploy resources from elsewhere.

Madam President, apart from out-patient services, there are also a few issues which I wish to talk about. These include the development of Chinese medicine services and community care. Overall, we are facing the problem of population ageing and the needs of the destitute. Comprehensive policies from the Government must be formulated and it is only with these policies that these health care demands can be met. That is why, Madam President, I hope the Government will not be so naive as to think that all the problems will be resolved if some more resources are allocated or if some measures are undertaken. Again it will be wrong if it will only do these and nothing more. I hope very

much that the Government can give some thoughts to the issue of resources. Thank you.

DR KWOK KA-KI (in Cantonese): Madam President, I think this issue has now become topical. Thanks must go to the Chief Executive for having said the wrong thing. People then know that these heartless remarks should not have been made. Before that, the problem of out-patient services at Our Lady of Maryknoll Hospital had already aroused widespread public concern.

Apart from media reports, speeches made by Members earlier also focus on how out-patient services can be improved and the consultation chips to be distributed increased. As a matter of fact, insufficient GOP services or the long wait by members of the public before they can get medical attention are all but outward symptoms of the problems underneath. Let me borrow a favourite analogy of the Secretary, that is, on treating cancer. People like us who are medical doctors have two ways of treating patients who are in the initial phase of cancer. The first approach is, when the patient complains of a headache, the doctor will prescribe medicine to treat the headache. The second approach is, if the patient complains of pain in the leg, then the doctor will prescribe medicine to kill the pain in the leg. But only simple problems can be addressed. Talking about basic problems in health care, of course it is not just the problem of queuing up for medical consultation, it is never as simple as that. Problems arise because for more than a decade the HA or the Department of Health have lacked any long-term and effective policies on the overall provision of health care services.

We know that no matter in Hong Kong or anywhere else in the world, health care expenses can never meet the long-term demand posed by society or growth in population, including that of the elderly. This is something that can never be achieved and there is no place in the world that can boast a perfect or ideal health care system. The out-patient services problem is therefore only the tip of the iceberg.

There are a few approaches to solve the problem of insufficient provision of out-patient services. If it is found that not enough chips are distributed, then the number of chips can be increased. If it is found that there is not enough manpower, then more staff can be hired. If there is not enough money, then

more funding can be allocated. But what would be the result if all these are done? It will only serve to make this health care policy which is devoid of any direction or has gone in the wrong direction sink deeper into the quagmire. Many reports, including the Harvard report, conclude that Hong Kong is facing a far-reaching and greater problem and that is, how we are going to cope with the situation 10 or 20 years from now, that is, in 2016, when the population of the elderly has increased so much.

Many Honourable Members, including Miss CHAN Yuen-han, have pointed out earlier that many senior citizens are suffering. As a matter of fact, senior citizens do not just suffer because of the out-patient services problem. It is unfortunate that we do not have a good solution, nor have we done anything that will put their mind at ease. Ten years ago, the Government set up some elderly health centres. However, all along, residential places in these elderly health centres are in much short supply. In theory, if these elderly health centres can be run properly, and when this is coupled with out-patient services, the elderly and the chronically ill can be well taken care of. But this is far from the reality. Owing to limited resources, these elderly health centres can only meet the needs of a small minority and many people are on the waiting list for such services. In theory, the out-patient services should be delivered in conjunction with elderly services and the elderly health centres. But as this aim cannot be achieved, the result is out-patient services failing to contribute to the betterment of the entire health care system.

Often times when the old folks queue up for medical consultation outside the clinics, they cannot get what they want. What these old folks really want is not just medicine but care and attention on a long-term basis. This means they need people to care about their pattern of living. They have to face numerous problems. There is a need to conduct a survey to gauge their needs. All these cannot be done by the existing out-patient services. Will these problems go if funding is allocated only to the out-patient services? Now the Government is aware of the huge deficits in the health care system. Some time ago Dr HO said that the deficits for the HA alone were as much as \$7.3 billion. The amount of deficits would definitely be greater if other items are included. It will still be difficult to tackle the problem even if the Government injects funds into the system endlessly. If the Government is to expand the market share of its GOP services or increase the number of patients treated in the GOP clinics, this will

only be possible by cutting another slice from the pie and consequently other hospital services will be adversely affected.

The Government has repeatedly said that the main targets of health care services are the patients and the chronically ill who lack the financial means to pay for their health care bills. Other service targets are patients admitted to the accident and emergency departments, and those who need hospitalization. Funding will also need to go to training health care personnel. As mentioned, GOP services should be offered to the chronically ill, the destitute and those who lack the financial means to pay health care bills. This is a very important point. The Government must demonstrate in its policies and service arrangements that it is doing this. If the Government just increases resources without a definite goal in mind, that will certainly not help the public. This is because as more members of the public wish to get GOP services, there will be more elderly persons who will suffer, for they will have to wait for even longer hours.

I have great expectations for the report to be released by the Secretary on 19th of this month on health care reform. I hope some new direction can be proposed to remedy the present situation of service delivery without any direction. It remains, of course, that different districts will require different deployment of resources. Take the example of Kowloon East, the out-patient services provided by the Government there lag far behind the number of the destitute in the district. The kind of health care services that the Government should provide should be flexible and forward-looking enough to take good care of particular needs in various districts.

In addition, another essential direction is partnership of the public and private sectors in the provision of health care services. This partnership does not mean obliging patients to consult private medical practitioners even when they cannot afford it. Actually, the situation in Hong Kong now is that 85% of the people will consult a private medical practitioner. The effect of public and private sector partnership in the provision of health care services is only to reinforce the role played by private medical practitioners in this respect and nothing more.

Lastly, I would like to thank the Honourable colleague who proposes this motion and the other two Honourable colleagues who propose their amendments,

urging the Government to improve health care services. I will support their amendments. Thank you, Madam President.

MR LEUNG KWOK-HUNG (in Cantonese): Madam President, "The King is dead. Long live the King." This is a line in one of the Shakespearean plays. We can see that "King Tung" is dead and "King Tsang" has risen to the throne. Everyone was sad after the King died but then, they immediately shouted "Long live the King". I do not see Mr TSANG now, for he is not in the Chamber. He had outrageously said that these elderly people queuing up for medical consultation are there because they can go to a restaurant together and catch up with each other. This is like Mr TUNG suggesting an elderly person to eat mooncake when that elderly person told him that he had no money to buy food. "Why do the people not eat meat porridge?"¹ "The King is dead. Long live the King." This is saddening indeed. But why are there people chanting "Long live the King" when the King is dead? It is precisely because a newcomer has come onto the stage.

Knowing that his tongue had loosened a bit and that he had said something wrong, Mr TSANG immediately said that he would go and take a look the next day. Then I saw that many Members concerned felt that a magnanimous favour was bestowed on them, for the King would visit places within their sphere of influence. This is like the story of a concubine in the palace in ancient China trying to attract the deer-drawn cart. The concubine, in order to win the favour of the King, sprayed salt on the ground to lure the deer which would then pull the King's cart to her.

Now that there is finally this newly written play called "The New Story of the King". The King has slipped. Who will be made responsible for this mistake? There had to be someone taking the responsibility even in ancient times. Now it transpires that Secretary Dr York CHOW will take the blame for the King.

There are, in fact, far too many issues within the ambit of Secretary Dr York CHOW. He is responsible for everything, big or small. His Bureau is, in fact, a laughing stock for the world, because it is overflowing with

¹ A famous remark made by Emperor Hui in Jin Dynasty on learning that the people had no rice to eat and hence starved to death.

responsibilities. Secretary Dr CHOW is all by himself in this Chamber now. He does not even have any assistant. I wonder if the Legislative Council is not important enough for him to bring any assistant to give him prompts, because he had already prepared the script of his speech, and he can even give no response to our views.

I remember that at the opening of my office, the Secretary asked me to be patient rather than acting rashly, like LEE Teng-hui's advocacy of "patience rather than rashness". I would say that the Secretary should really be patient now and avoid acting rashly. The Secretary must have seen that the out-patient services are in a mess. In fact, Mr Albert CHAN already pointed out this problem in May. But most Members, including myself, do not cry until we see the coffin. It can also be said that without an incompetent ruler, the incompetence of his governance would not have been revealed; and I talk about this only today.

According to Mr LI Kwok-ying, this is a bottleneck phenomenon. Who created this bottleneck? Madam President, who created this bottleneck? He created it by transferring certain patients to out-patient clinics. It is like putting sewage together with fresh water into the pit when carrying out water treatment works, and this is definitely not going to work. Such a policy will only make the elderly people suffer. Other people will suffer too. Although the Government did not intend to make them suffer, they suffer because of the Government, so to speak. He created this bottleneck and so, this is the outcome.

In fact, Mr LI Kwok-ying and I had paid a visit to Tseung Kwan O. The elderly people there told us their plights in tears, and we promised them that we would go there once every two months. I think the Secretary should meet with them. Mr LI Kwok-ying also agreed with it, right? We will go there once every two months. The Secretary should meet with them. I am now asking the Secretary to really meet with them, so that the elderly people can air their grievances to the Secretary.

I can tell Members that this is apparently maladministration on the part of the Government. It is obvious that the Chief Executive got too carried away and he, therefore, talked gibberish, arousing public indignation. But nobody seems to care about this, or else everyone would have hurled criticisms at him. I think it is because there is really no monitoring by the media, and that is why everything seems to be fine. Had he made that remark in the past, he would

have drawn flak by all sides as soon as he finished making that remark, and the Secretary would have to come forth and telephone some "phone-in" programmes to explain whether the Chief Executive really meant it in making those remarks, that is, remarks about the elderly people going to restaurant together to have "dim sum" and eat "siu mai". Now, it is unnecessary for the Chief Executive to do this, for he can get over it by making just one comment, or he can say that he had already taken a look there and found that the situation was different.

There are other situations which I find astonishing. The air quality at the clinics is very poor. As suspended particulates are being emitted continuously from vehicles on nearby roads, the elderly have to suffer. Has Mr TSANG not paid a visit there? Does he not know that the clinics are right beside nullahs and roads? Mr LI Kwok-ying knows. So do I. If there is anyone who does not know about it, I can tell them later on — Mr LI Kwok-ying, you do not have to wear a smile like that.

He was returned by 800 people. He can just visit districts where those 800 people live and work and also the Mid-Levels, and that will be enough. Are there suspended particulates in the Mid-Levels? One can actually cycle in that kind of environment. So, the problem is that when politics is controlled by 800 people, the needs of these 800 electors will definitely outweigh those of the 7 million people, not to mention the fact that the elderly people are not even factored in.

Ladies and gentlemen, all I wish to say is that if the media can monitor the Government, then I would never be able to make these comments here, because many people of high calibre would have said what should be said. "Once more wind and rain shake yellow leaves from the wood; Blue mansions o'erflow with fluting and twanging sound; New friends survive hardly the heartless social life; old acquaintances have long been drifted apart."² I think of my friend, Raymond WONG, who was given the sack. He was given the sack without reason. That is fine, for there is no monitoring. The airtime of programmes before 10.00 am are now taken up by the Chief Executive, and Raymond WONG is already gone. So, there is no other alternative. All I can do is to make a speech here and do the best that I can. But even though I keep on speaking and speaking, it would not be as effective as they speaking on air. I feel very sad

² 300 *Tang Poems: A New Translation*, The Commercial Press, 1987

that they were told to go. I hope he can come forth again early, so that the Chief Executive will at least be alert when he is going to make remarks casually, and "The King is dead. Long live the King" will not be staged anymore. The King is dead. Long live the King.

PRESIDENT (in Cantonese): Mr LEUNG Kwok-hung, your speaking time is up. Please sit down.

MR LEE CHEUK-YAN (in Cantonese): Madam President, the topic of this motion debate today has been discussed for many years. I am saddened because under the health care system of Hong Kong today, the elderly people still have to get up in the early morning to queue up for a chip at hospitals. I remember clearly that the elderly used to complain to us that they had to arrive at the hospital at 6.00 am. But now, they have to arrive there even earlier, as some even arrive there at 2.00 am. In view of this, should the Government not seriously reflect on itself?

However, Madam President, I found that the Government may be reflecting on itself in the opposite way. That is, it may turn out not to be finding ways to improve out-patient services, but thinking about ceasing the provision of out-patient services. This makes me feel very worried. I hope the Secretary can clarify this.

Dr KWOK Ka-ki mentioned earlier the recommendations on out-patient services in the report of the Health and Medical Development Advisory Committee. I do not know if the press reports are true or not, but since the press can report on this at such length, certainly there are people in the Government giving out hints. It is said in the report that the public out-patient services will be reduced in the long run. The services will be reduced in the long run. It means that in the long run, the elderly people in Hong Kong cannot even queue up for a chip. I really have no idea what the world would be like by then. The Secretary has suggested setting up a medical voucher system whereby money will be given to the public for them to choose whichever clinic they like to seek medical consultation. That is to say, they can choose to consult a private medical practitioner. But this will cause the health care expenditure to surge continuously. Given an ageing population and the ever increasing demand for health care services, I am worried that the Government

would eventually cease this service, making the situation even worse by then. In fact, after the health care reforms, patients who are seriously or critically ill will have to shoulder even more medical expenses. If they do not have the means to meet these expenses, they may have to pay in instalments. This is also very worrying. Does the Secretary already have a secret or hidden agenda to gradually compress the public health care system ultimately, in order to set aside more resources for private hospitals?

Of course, I must admit the fact that an imbalance has arisen. But how should the line be drawn? Is it that the public health care system would be compressed to become very small in scale, forcing members of the public to turn to private hospitals and private medical practitioners? If that is true, the imbalance cannot be solved and worse still, the public health care system in Hong Kong will be ruined.

I hope that the Secretary will play the role of defending the public health care system in Hong Kong. If we look around the world, we will find that the public health care system is always a headache in all places. Compared to other countries, the problem in Hong Kong is already smaller. For instance, the United States are famous for their problem-plagued health care system, and their medical and health care expenditure accounts for some 10% of the Gross National Product, compared to only around 5% in Hong Kong. This shows that the medical expenditure in Hong Kong is considered low compared to many other countries. It also shows that Hong Kong has a comparatively sound or better public health care system. However, I am concerned that the Government will gradually compress the public health care system. I do not know whether the Secretary is a defender or an attacker of the public health care system. I hope he is the former.

Madam President, let me come back to out-patient services. Recently, many people have been seeking medical consultation at GOPCs. From what I have heard, there is another reason for this and that is, the cessation of the provision of specialist out-patient service by the Government. I know a friend who is chronically ill with diabetes. He used to attend medical consultation at a SOPC where he would be prescribed medication for 16 weeks. But since last year, he has been transferred from a SOPC to a GOPC, and he has to queue up for a chip at hospital in the early morning. As he does not arrive at the hospital as early as the elderly patients do, he cannot obtain a chip for the morning

session and so, he can see a doctor only in the afternoon. He said that he could see the doctor for only two minutes and he was prescribed medication for six weeks only, not for 16 weeks as in the past. So, he has to attend follow-up consultation six weeks later. In the past, they did not go to GOPCs for medical consultation and they could book appointment for medical consultation at SOPCs. The Secretary said that this group of chronically ill patients who used to be taken care of by SOPCs may, after they have been transferred to GOPCs, book appointments for medical consultation, so that they do not have to queue up for chips as other patients are required to. This is certainly good news, but I wonder if it will be materialized ultimately. But if this appointment system is truly put into practice, will it worsen the situation of the elderly patients queuing up for chips?

In the final analysis, if this bottleneck of an excessive demand for general out-patient services is not resolved, it will still be impossible to solve the problem. So, I would prefer the Secretary reopening the specialist out-patient services and reverting to the past system whereby patients requiring specialist care are treated by specialists, rather than indefinitely expanding the general out-patient services. Is this not better?

Moreover, the Secretary can also consider extending the consultation hours at the clinics. Many wage earners often tell us that they hope that evening out-patient service can be provided and that the consultation hours be extended. Certainly, this will involve resources. I strongly take exception to the view of Mr Vincent FANG who considered it unnecessary to provide additional resources. He remarked that the Government could redeploy resources, but I think this would be impossible and in the end, it would still be necessary to increase resources. Certainly, I am not suggesting that we should increase resources indefinitely, but in some districts where there is such a need, the Government should provide evening out-patient services as far as possible and extend the consultation hours. In that case, the serious problem of patients having to queue up for chips can be solved, because some elderly people may choose to seek medical consultation at a later time of the day. Thank you, Madam President.

MR FREDERICK FUNG (in Cantonese): Madam President, the allotment of chips has all along been a system used to restrict the number of patients using

public general out-patient services. But given a widening wealth gap, an ageing population and increased public demand for public health care services, coupled with the transfer of medically-stable specialty patients to GOPCs by the Hospital Authority (HA), the queues for general out-patient services have become even longer now. So, the authorities must increase the resources for out-patient services. Otherwise, when the pressure on out-patient services continues to increase with no increased resources, it would be impossible to solve this problem.

In recent years, the Government has reduced the provisions for the HA, resulting in a serious shortage of resources and manpower for out-patient services. Although the HA has exerted itself to tap new sources of revenue and cut expenses in order to tackle the fiscal deficit, given a shortage of resources, the number of medical blunders has nevertheless increased and the expenditure incurred also increased from \$5.4 million in 2003 to \$25.3 million in 2004, a four-fold increase in just one year's time. Added to this is the problem of a brain drain, which is also a pressing problem faced by the HA. Therefore, the Government should not cut its medical expenditure any further, or else it would only end up as a lose-lose situation for the Government and the people.

In fact, those who queue up for medical consultation are mostly elderly people. Although a certain number of chips are specifically reserved for the elderly, the number still falls short of the demand. In order to seek medical consultation, the elderly people will queue up at the clinics at the crack of dawn, waiting all by themselves in an appalling environment with the elements tormenting them. In some districts there are even cases of queue jumping or chip speculation. This is a backward arrangement which is hardly acceptable in modern days and in this affluent society of Hong Kong. Last month, the Hong Kong Association for Democracy and the People's Livelihood (ADPL) conducted a survey among the elderly on the improvement of out-patient services. The 200-odd interviewees, who are 70 years old on average, are all residents of Sham Shui Po. Close to 70% of the elderly people interviewed in the survey had queued up for out-patient services in the past month, and 90% of them considered the waiting time too long, as they had to wait for 3.3 hours on average and the longest wait was eight hours. Two days ago, Secretary Dr York CHOW visited patients queuing up for out-patient services in the early morning, and some patients told him that they had been there queuing at 11.00 pm the night before. Although Secretary Dr York CHOW has undertaken to make arrangements for the chronically ill to book appointments for

follow-up consultation, I believe the most thorough way to improve out-patient services is to provide additional manpower and more telephone booking services, and most importantly, increasing the consultation quota ultimately. It means that the number of attending doctors must also be increased, so that the number of patients treated will increase, and only in this way can the services be effectively improved. As for the other measures, including evening consultation or even Chinese medicine service that we have been advocating, some patients, especially the elderly, may turn to Chinese medical practitioners for medical consultation.

Concerning the situation of elderly patients queuing up for medical consultation, I remember that during the Question and Answer Session of the Legislative Council last week, the Chief Executive, in reply to a Member's question, made some remarks about elderly people who queue up for medical consultation at out-patient clinics. He said that these elderly people would seek medical consultation at one clinic after another, and after seeing a doctor, they would take "morning dim sum" with their "old mates". I think the Chief Executive may realize that he had made some inappropriate remarks and he, therefore, visited the Cheung Sha Wan out-patient clinic later to remedy his mistake and to understand the feelings of the elderly waiting in the queue. I do not know whether the Chief Executive has had a different feeling after this visit, or whether he had really come across some elderly people who queued up for medical consultation together with their friends and would then take "morning dim sum" with their friends after the consultation. But the ADPL and I have served the district for some 10 to 20 years. We really have not heard of or seen elderly people queuing up for medical consultation in the middle of the night only to catch up with friends, chat with friends or take "morning dim sum" together with friends the next morning. In fact, if they wish to take "morning dim sum", why should they do so only after queuing up and obtaining a chip? They can arrange for a meet whenever they like. But if the Chief Executive and the accountable officials have this mindset, then we are really worried about whether they can truly understand the situation of the grassroots, or whether they have sunk into some pre-set scenarios which are far from the reality, or whether they have judged on the needs of the grassroots purely from their personal experience, rather than taking the initiative to understand or consult the grassroots, and then draw up some policies rashly? Before we are convinced that the Government has put forward solutions after understanding the grassroots and the plights of the people, we must ask: Are the policy-making officials in the highest echelon or even the Chief Executive genuinely concerned about the people?

On the other hand, I would like to talk about Chinese medicine out-patient service. The 2001 policy address espoused the plan to provide 18 Chinese medicine out-patient clinics. But today, which is four years later, there are only three such clinics. Although the HA has stated its plan to provide three more clinics within the year, the total number will increase to six only. In the past year, the number of people visiting Chinese medicine out-patient clinics doubled from 3 800 in January last year to over 6 800 in March this year. The authorities must expedite the progress of setting up Chinese medicine out-patient clinics, so that people who prefer to consult a Chinese medicine practitioner, particularly the elderly people, can have one more choice. On the other hand, this will provide a way out for newly-trained Chinese medicine graduates and at the same time upgrade the employment and professional standards of the Chinese medicine sector.

In the long term, the authorities must formulate clearly defined staffing standards for health care personnel at GOPCs to meet the different needs of out-patient services in different districts and consider the use of public-private partnership approach, provided that the burden on patients will not be increased, to promote engagement of private medical practitioners in out-patient services.

Yet, this change, that is, the use of public-private partnership, cannot in any case become an excuse to increase the medical expenses of patients. Therefore, the ADPL and I support the original motion of Mr Andrew CHENG and the amendment of Mr WONG Kwok-hing, but we oppose Mr Vincent FANG's amendment because the improvement of out-patient services cannot rely solely on the deployment of resources. Given a shortage of resources presently, this proposal is just seeking to cover 10 bottles with six caps. Basically, it is still necessary to increase resources, just that the rate of increase can be different in different districts.

Furthermore, we consider that insofar as any proposal of public-private partnership to be put forward by the Government is concerned, it is most imperative that this cannot be used as an excuse to shift the burden onto patients. I so submit.

MR BERNARD CHAN: Madam President, Tuesday morning around six o'clock, I went to a general out-patient clinic with some of my colleagues here in

this Chamber to meet the people waiting in line. I must say that the system which makes people wait for hours to get a consultation needs to be changed.

Most of the patients are elderly, and many of them have conditions that need to be checked on a regular basis. It should be possible to create a system that allows them to book appointments in a more convenient way. I hope it can be done as soon as possible.

This motion also calls for more private-sector involvement in the out-patient services. I know the Secretary for Health, Welfare and Food agrees with this, and would like to see the public sector concentrate on secondary and tertiary care. However, this also raises the issue of funding.

This motion essentially calls for more resources for the general out-patient clinics and related facilities.

This is the end of my seventh year in the Legislative Council. And if I had a dollar for every time I heard someone ask for more resources for something, I would have a pile of coins that goes up to the top of the dome on this building.

Often, as in this case, people say the additional resources should be directed towards the grassroots. But at other times it is for other people. It might be the middle class, it might be a specific industry, or it might be a particular class of people who, as we are told, deserves some extra help.

In all of these cases, the people asking for more resources never tell us where it should come from. They just assume the money is already sitting there, with nothing to be intended for.

The Hospital Authority can divert more resources into the general out-patient clinics, but where from? Do the supporters of this motion want to close down some hospital wards? Or do they want to charge wealthier patients higher fees, so that the Hospital Authority can have more resources?

Or do they want the Government to allocate more funds to the Hospital Authority? In which case, where are those funds to come from? Do they want some schools to be closed? Or do they want the Government to outsource more work to the private sector to free up the funds?

I hope the administration of the general out-patient clinics can be improved, and a more patient-friendly appointments system introduced. But I do not expect the Government to pay much attention to other parts of this motion. If people want to be taken seriously when they ask for more resources, they should tell us where they want them to come from. Thank you.

MR SIN CHUNG-KAI (in Cantonese): Madam President, this motion is about medical and health care issues, which are the responsibilities of my colleague, Mr Andrew CHENG, but it also involves the chips allotment system and whether there is a need to set up an appointment system. Here, I would like to share with Secretary Dr York CHOW some other experiences.

Today, some colleagues — I think they include Mr WONG Kwok-hing, colleagues from the Hong Kong Federation of Trade Unions (FTU) and Ms LI Fung-ying — prefer the retention of the out-patient service system. It is very difficult to decide what should be retained and what should not. If we put in place an appointment system and the system operates well, and if the demand is as great as Members have described, the appointment quota will be fully taken up very soon. Unless there is restriction on the daily quota of appointment, such as setting aside 20% of the quota for out-patient services, appointments will still be fully booked soon as in the case of several hospitals, such as Our Lady of Maryknoll Hospital, mentioned earlier despite the fact that an appointment system is in place. If there is a huge demand for services and when the quota is fully taken up, that would mean no quota for out-patient services, that is, out-patient services would stop automatically. It is proposed that if the demand is not as great as that in Our Lady of Maryknoll Hospital, 20% of the quota can be set aside for out-patient services, which means that in the entire system, 80% of the quota is earmarked for booked appointments whereas 20% is for out-patient services. But in that case, the problem will be even bigger because in the past, there might be 60 or 70 elderly people queuing up for 50 or 60 chips, and to patients who have not booked appointments, the number of chips available in the clinics might be even less, and as a result, the problem may be even bigger, rather than being mitigated.

If it is planned to implement both systems in parallel, the problem that may arise will likely be bigger than in the case of implementing either one of the systems (that is, either the appointment system or the out-patient system).

The appointment system has one merit in that it can actually be an indicator showing in which district of the territory places for medical consultation are still available at that moment. Certainly, I understand the point made by some colleagues who asked: Do we expect patients to travel to these other districts to see a doctor? Frankly speaking, if such information can be provided to people waiting in the queues, a small number of them may go to those clinics where the queues are shorter or chips can be obtained more easily. This can be an improvement measure. Likewise, with the existing level of resources — I agree that more resources should be allocated due to the colossal demand for out-patient services by the grassroots now — if resources remain unchanged, a sound information system will give the public one more choice and it can, in fact, serve even more people.

So, the crux of the matter is that the consequences may be even worse if the two systems are implemented at the same time. But if the appointment system will be really implemented, there are still ways to assist the elderly people. If this system is really implemented, the many Members' Offices of the FTU or the Democratic Alliance for the Betterment and Progress of Hong Kong (DAB) will certainly send many of their staff to assist the elderly people or teach them how they can book appointments online. Some automated terminals can also be put at the entrance of the clinics where appointments can be made, such that the elderly may feel at ease. This is also a viable option.

However, I would like to tell the Secretary that as far as I understand it or according to what my friends have told me (I have a couple of friends from the information technology (IT) sector working in the Hospital Authority (HA)), the expenditure on IT in the HA has been reduced by a particularly large margin over the past few years. I am not speaking for my industry now; I do not have this intention, but there should not be any problem even if I do. In fact, its IT expenditure has been cut by the Government by almost one third and as a result, it is downright impossible to provide information services.

When is it a good sign seeing long queues of people? If long queues are seen when new property development is put up for sale, that would certainly be an auspicious sign, for it means that the economy is good. Seeing long queues of people waiting to buy tickets for matches is also a good sign. I do not understand why the Hong Kong Football Association has to make people sleep on the street to queue up for tickets. The arrangements made by the Disneyland are good. Are they not, Chairman of the Hong Kong Tourism Board? Madam

President, the arrangements made by the Disneyland for people to buy tickets online without having to queue up are good, so that the people can make prior arrangements. Of course, medical consultation is different, because one does not know when he or she will fall sick. But if information can be better disseminated, it will be immensely helpful to people genuinely in need of out-patient services.

In fact, many years ago — I think it was about five years ago — when the Government introduced the *ESDLife* website, this idea was suggested at the time. *ESDLife* has installed hundreds of terminals in public places. If the elderly people can be taught how to use the terminals — this may not necessarily be impossible, and I think there is room for the elderly people to be taught how they can use them. I hope that colleagues of the FTU can look ahead. The earlier the elderly people are taught to use computers, the more resources can be saved. In this connection, I hope that colleagues of the FTU and DAB can look into this and play a more important role in the course of change, rather than just calling for the retention of out-patient services.

What is the demerit of retaining the out-patient system? I have explained earlier that if both systems are implemented at the same time, the demerit is that it may result in more people competing for less chips and by then, colleagues in the relevant departments may be taken to task more severely. It is because if there used to be 60 chips but the number may be reduced 20 by then, there may be more criticisms, and this consequence will appear very soon. The Government must make a decision about this. Earlier on colleagues have said clearly that if people have such a hard time queuing up outside the clinics, it would be better to allow them to book appointments. There are many ways for them to book appointments. Apart from using the computer, they can also do so by telephone or in other ways. I so submit.

MRS SELINA CHOW (in Cantonese): Madam President, the Liberal Party supports the original motion of Mr Andrew CHENG and the amendment of Mr Vincent FANG.

It was not until last year that I could have close encounters with community affairs and understand the keen demand for out-patient services. I really understand very deeply the keen demand for such services. Since I started community work in New Territories West, I have realized that the

situation in Kwai Chung North is very serious, and I have also met with Cluster Chief Executive (Kowloon West) to discuss this problem — I wish to point out that not only the Liberal Party has done it, other political parties have done it too — and we found that the out-patient system is very rigid. As many people may not be able to seek consultation when they return home from work, after our continuous lobbying and efforts, the consultation hours of out-patient services have been adjusted with extended evening consultation hours, so that people can obtain a chip for medical consultation after work at night. I felt very happy about this at first, but then I found out that it would really involve the deployment of resources. When evening consultation hours are extended and 50 chips are allocated for this session, out-patient services in the morning session will have to be reduced accordingly.

In fact, the Liberal Party very much supports addressing the problem by deployment of resources. We should seek to redeploy resources in the first place, rather than invariably calling for the provision of additional resources. But in the process of redeployment, can the needs of users and patients be truly met? Some people have told us that it is not true that the Government has no spare resources, because there is a queue exclusively for civil servants and the quota allocated to this queue is never fully taken up. As Mr Vincent FANG has said earlier, it is not the case that over 90% of the chips are allotted in all clinics. In some clinics, 70% to 80% of the chips may be allotted and some chips will be left. However, the Hospital Authority (HA) has no system in place which allows flexible deployment of the chips, and the entire system does not consider how users can obtain more information from the users' angle.

In fact, many elderly people and chronically ill patients basically do not mind what time they can see a doctor. If chips are more easily obtained in the afternoon, they are willing to seek medical consultation in the afternoon. But since they are now required to queue up for a chip, they have to rush to the clinic to queue up, but they can see a doctor only at another time. This is, in fact, an obsolete system, as pointed out by Mr SIN Chung-kai earlier — of course, he is the representative of the electronic information sector — and that is a fact. While the Government has vowed to bring everything into an electronic era, this chips allotment system is grossly archaic and obsolete, which is not in the least acceptable. In Hong Kong, every family has broadband connection, and people can now handle their banking matters, such as transferring money, and so on, at home. But this is such an important issue — The patients are already in very

bad medical conditions, but they are outrageously made to queue up for a chip. We, therefore, consider that this system must be thoroughly reformed.

Certainly, in the process, we must ensure that all relevant support facilities must be sound, particularly those for the elderly people. The authorities must properly carry out public education in the transition process. Moreover, it is necessary to assist users to change their habits. What do they do now? As they lack a sense of security, they will go to the clinic at 4.00 am or 6.00 am to queue up for a chip. The Government must make them feel secured before changes can be made to a system that has operated for over a century. Nevertheless, changes must be made.

Therefore, we in the Liberal Party share the view of the Democratic Party, that it is impossible to permanently implement both systems in parallel, and the Government must ultimately have the resolve to make changes. First, the Government cannot allow patients to book appointments on the one hand, but provide service on the "first come first serve" basis on the other. It would be very confusing, would it not? Even if there are two separate appointment systems, problems are bound to arise. Why? Disregarding whether the appointments are booked by electronic means or by telephone, the appointments can still be effectively processed as long as they are booked at the same place. But if chips are allotted, the patients would be split into different queues. Worse still, as long as chips are allotted, the elderly people will queue up for chips, and what would happen then? The elderly people will continue to queue up for chips in the early morning or they, on arriving at the clinic, only find that no more chip is available because all the chips are given out either by telephone booking or by electronic means. That would be most undesirable.

So, we must work out plans with the ultimate objective of modernizing the system to obviate the need for the people to queue up for chips. To this end, the Government can only work in the direction of ceasing the chips allotment system in all out-patient clinics, so that members of the public can no longer obtain a chip in person. Rather, they can obtain a chip only through telephone booking or by electronic means.

Nowadays, even though the elderly people may not be computer literate, I believe the elderly people in general can manage to spend some time making a telephone call. Even if it is not manageable to an elderly person, I believe the

old age home can provide assistance. Perhaps many Members' Offices will also be happy to help him too. So, I think the Government must set a goal.

With regard to deployment of resources, I have already talked about it. I would like to tell the Secretary that I think the HA should really think about how resources can be flexibly deployed in a community of a larger scale, or even between districts.

I think there is another problem and that is, those in the top echelons of the HA are afraid of being dragged into political disputes, and that is why they have refrained from doing anything. I think they should face this issue with a professional attitude, and they should work with the objective of finding ways to provide the best services to patients, rather than thinking about which political parties would criticize them after they have done something. I think this issue has to be handled with extra care. Thank you, Madam President.

DR FERNANDO CHEUNG (in Cantonese): Madam President, the problem of long queues of patients waiting for medical consultation at government clinics has a history of decades in the community of Hong Kong. In fact, many elderly-related phenomena are the same. For example, we can see elderly people pushing carts after carts of garbage on the street; some elderly people in their seventies or eighties still have to work as cleaning workers; some elderly people have to live in "caged homes" in old districts and sleep in three-tier bedspaces wrapped in mesh wire or in some very dilapidated tenement buildings. These images are a sharp, preposterous contrast to today's Hong Kong as an Asian cosmopolitan of economic prosperity and material abundance with a myriad of economic advantages.

I am grateful to the Member who proposed this motion which has aroused our concern again on these old problems left over by history. Last week, we saw the Chief Executive visit an out-patient clinic in person, and he had also expressed grave concern on the problem. I think it should be a technical issue as to how out-patient services should be arranged, and this technical issue could still be resolved despite the difficulties involved. Disregarding whether the telephone booking system will be implemented across the board or just partially, or whether or not patients will still have to queue up for chips for some services, I think we should not be too worried about the technicalities involved in different

systems, and I do trust that government officials will handle this competently and aptly.

My worry now is that government officials may not consider the mode of service delivery from the users' angle. Had we really considered it from the angle of the elderly, we would not have tolerated this problem for decades. If we genuinely wish to uphold the "people-based" principle as avowed by the Government, the first question that we should ask ourselves is this: If our parents fall sick, is it acceptable to us if they have to get up in the middle of the night to queue up for medical consultation? This is unacceptable. If we said that the elderly people may have a psychological need or they wish to meet their friends in queuing for medical consultation so that they can go for "dim sum" together afterwards, and if we have made such remarks, we should produce the evidence or go there in person to take a look.

After paying a visit there in person recently, the Chief Executive has realized that the picture is different, that many in the queues are chronically ill, and that it is not a happy thing to do having to queue up for a chip in the middle of the night. I hope government officials can consider this in earnest, and they must have the resolve. I think this is where the biggest problem lies. The problem lies not in the technicalities. Given today's information technology or administration system, coupled with the resources possessed by Hong Kong — I think the problem lies not in whether there are sufficient resources; we are not arguing about whether more resources should be allocated, and the problem may not necessarily have to do with resources. Furthermore, according to the statistics recently published by the Government, the utilization rate of some out-patient clinics is as low as some 70%, meaning that there is still room for manoeuvre.

In this connection, the problem can be solved by redeploying resources or with improved administration. But in any case, why should the elderly people have to get up in the middle of the night? How can we prove that they have a psychological need, as stated by the Chief Executive? If they do have a psychological need, what are the reasons? We should look into all these issues. These are by no means normal phenomena. In an advanced society, a place with such a highly-developed economy, we would not expect to see elderly people having to get up in the middle of the night to queue up for medical consultation.

So, if those in power truly uphold the "people-based" principle, I hope they can humbly consider the problems from perspective of the elderly. Do they lack care and support? Do they need assurances to feel at ease? Why do they get up in the early morning? Obviously, it is because they are worried about not being able to obtain a chip. Why do they queue up for a chip? Why do they come to see a doctor? All these questions must not be considered purely from the medical and health care perspective. They should be considered from a social perspective, and it is all the more necessary to look into whether the elderly have special needs.

Today, those in power often vow to uphold the "people-based" principle. I genuinely hope that the Secretary or the SAR Government under the leadership of the Chief Executive can truly consider the problems from the needs of the people and from the angle of the people. How should chips be allotted at out-patient clinics technically? Will chips be allotted online or by other means? I think in the first place, this should not be considered from the perspective of government administration. Nor should it be considered according to what we think as appropriate or from the angle of limited resources. We must, in the first place, paint an ideal picture: How should the elderly people be treated in present-day society? We should start on this basis and then consider how resources can be deployed to support the administration system. If resources are considered insufficient, the burden could be shared out among various other areas.

So, I hope the Secretary can truly uphold the "people-based" principle. I hope he will address and solve this long-standing problem once and for all. I do not wish to see any more elderly people having to get up in the middle of the night to queue up for medical consultation at government clinics in future. Thank you, Madam President.

MR PATRICK LAU: Madam President, I wish to confess to you that I have no experience in waiting in a long queue in order to get a chip to consult a doctor in a public clinic. But I can well imagine the agony which sick patients, especially the elderly patients, have to go through during this long waiting process.

I have always thought that Hong Kong has a well-established safety net for the low-income group, particularly catering for their medical care. I have

always been proud of the quality of medical services provided by the doctors in Hong Kong.

But after listening carefully to the Honourable Andrew CHENG, I can well understand some of the problems and I should support this motion on improving general out-patient services. I wish now to make a few suggestions to the Government, hoping that they may help solve this problem.

In fact, the more serious problem is the lack of clinics for medical services in a number of districts in Hong Kong. These include older areas like Mong Kok, Sham Shui Po, Kowloon City, Wong Tai Sin and Kwun Tong where the elderly population is increasing, and also in new areas like Tuen Mun and northern New Territories. This I can well understand and I have already spoken a few times on the lack of community facilities in these areas. The Chief Executive has now promised to see to this problem himself. But I do not think that improvement can be immediate. This has been confirmed by the Honourable Vincent FANG that due to the limited resources of the Hospital Authority, some clinics sometimes are too full while the others have facilities which are not well used.

Therefore, first and foremost, as I have explained earlier to you in my motion, the Hong Kong Planning Standards and Guidelines must be viewed in order to reflect the different characters of the 18 different districts in Hong Kong. This must allow for flexibility in planning to make sure that clinic provisions are adequate.

In terms of the arrangement for patients seeking consultation, I fail to understand the existing system. Why is it not possible for a patient to register his/her next consultation during the time he/she is consulting a doctor? In this case, I agree with a number of Members here that the computer system can definitely help. In this aspect, I am also sure that volunteers, social workers and families will be able to help the elderly who are not familiar with the modern devices in making a booking for their appointment efficiently. Thank you, Madam President.

MR WONG TING-KWONG (in Cantonese): Madam President, originally, I did not intend to speak but I think this motion debate moved by Mr Andrew CHENG is very meaningful.

Actually, I think that the standard of public health care in Hong Kong is not poor. Concerning the discussion on queuing up for out-patient services, I absolutely agree with the remarks made by Dr Fernando CHEUNG just now, that this is a technical problem. We, as businessmen, however, always look at matters from the point of business administration. Can the arrangements on queuing up for chips for out-patient services also be tackled from the perspective of business administration?

I would like to raise one question. Nowadays, when we make enquiries at the service centres of either the Water Supplies Department or the CLP Power Hong Kong Limited, we can have a chip issued electronically by simply pressing a button. When the staff members at the centres call out the numbers, people can go to the counter for service. Now, a device for issuing chips electronically can also be installed at each clinic so that the people do not have to begin queuing up in the middle of the night for a chip. They can have dinner, then get a chip for the consultation on the next day, for example, they can make an appointment scheduled at nine o'clock on the next day and get a chip in advance for the appointment at nine o'clock on the next day. These elderly men and women, aunties and uncles can then put their minds at ease, go home and sleep, can they not? If the arrangement for chips allotment is standardized, they can have the consultation at nine o'clock on the next morning as arranged. This is only a matter of management and should not be regarded as a big issue. "Brother Hing" (Mr WONG Kwok-hing) also said that people could go and have their morning tea before seeing the doctor. The arrangement for issuing chips electronically is a matter of administration. There is no need to make demands on this and that at all.

I believe that it is more important to look at the practical measures than engage in empty talks. I think that it may even be possible for clinics in an area to be networked together when implementing this arrangement on issuing chips electronically. Members of the public need only press a button to check the current situation of chip allotment and the number of chips remaining in nearby clinics, so that they can go to these clinics quickly to get the chips and see the doctor in these clinics on the next day. This can easily be done with the help of modern technology and the resources required are insignificant. With such minor changes, we can bring immense convenience to the public and those aunties and uncles do not have to learn new tricks in their old age, that is, to learn how to use the computer. I think that if the Government can implement

these measures to benefit the public, everyone will applaud such a move. Thank you, Madam President.

MR LEE WING-TAT (in Cantonese): Having listened to the speeches of many colleagues, I must say that I may not entirely agree with a point that has been made and that is, I do not agree that this is an administrative and technical issue, as some colleagues have said.

I have not conducted many studies in this respect before, because I am not responsible for this policy. I remember that during a meal with Dr LEONG Che-hung, Chairman of the Hospital Authority (HA) in the last term, I had praised the HA for carrying out many reforms over the past decade, including administrative reforms, and reforms in training, medical complaints, and so on. But even after I have thought about it over and over again, it still beats me as to why this archaic, old-fashioned system of queuing up for chips can be retained for such a long time. Let us think about this. The HA has been established for over a decade and there have been great changes. So, I think this is not simply an administrative issue or a question about administrative reform.

The result is simple. All measures which obviate the need to queue up for chips will result in increased demand. In other words, it will produce demand. This is simple common knowledge in economics, because objectively speaking, people who do not have the time to queue up will be excluded from the existing chips allotment system, although the Chairman of the HA or the Secretary may not point this out. Let us think about this. To a worker in his forties who earns some \$10,000 monthly, is it better for him to take half day off to wait for a chip or to go to work? His conclusion is very simple; he will, of course, choose not to queue up for chips. That is why those people who can queue up for chips are mostly grassroots and the elderly, as they are the ones who can afford the time. I entirely do not mean to be insulting to these people, just that time itself does not produce resources at this stage.

I actually agree with the proposals made by Mr Andrew CHENG. The biggest headache to the HA and the Secretary at the moment is not that they do not wish to execute the instructions of the Chief Executive, but the number of people queuing up for chips at out-patient clinics is set to increase once the instructions are executed, and I guarantee that this will definitely happen.

Under the existing chips allotment system, some people who wish to access the service are ousted from it, because the existing system is one that suppresses demand.

I think we must face the reality, and the reality before our eyes is that some people do need access to this service by booking appointments for medical consultation. I do not agree that we should exclude some people who genuinely need this service by obliging them to queue up. I remember that in 1992 when I was a member of the Housing Authority, the last Hong Kong Governor very much liked to make performance pledges. After serving on the Housing Authority as a member for two years, I had the nerve to ask why no performance pledge was made in respect of the waiting time of the Waiting List. I made this suggestion at a general meeting of the Housing Authority in early 1993 and then some bigwigs made me talk to them. They asked me how possibly any performance pledge could be given in respect of the waiting time. According to their simple analysis, they considered that the demand would certainly rise if a performance pledge was made. They said that people on the Waiting List might have to wait eight to 10 years before, but if a performance pledge was made, they would be allocated public housing after waiting for three years, in which case they would not rent a flat as accommodation. Later, a performance pledge was made. From this example, we can see that civil servants or government departments, in their consideration, do not only consider administrative issues. They also have to consider any possible increase in resources, and as I have said, the chips allotment system can suppress some demands.

Madam President, another point that I wish to make is seldom mentioned by Members today, that is, the difficulties of retirees with a small amount of pension or those who belong to the middle class. When I contested the election of the Chief Executive, I attended a forum with over 100 elderly people in attendance. While the elderly people whom I usually meet dress in the grass-roots way, I saw dozens of elderly people in suits, without wearing a tie though, who looked cultured and polite. I had had a long discussion with them. They said that they had retired and had \$500,000 to \$1 million with them, which sounds to be a lot of money, but if we calculate on the basis that they retire at the age of 60, they still have to live for 20 years and so, they can only spend \$40,000 to \$50,000 or even less each year. They are very worried that if they have to be hospitalized, it might cost them tens of thousand of dollars in one go.

Why do these people with a pension of hundreds of thousand of dollars sometimes have to queue up for medical consultation in public clinics? Although it costs only a hundred dollars or so for each medical consultation with a private medical practitioner, if they see a private doctor once a month, it will cost them some \$1,000 to \$2,000 or more monthly. So, when we look at this issue, we cannot just say that only the grassroots will queue up for medical consultation in public clinics. They also complained to me that they were having a hard time in their living, because they, who have a small amount of savings or a small amount of pension after retirement, are actually not considered to be the middle class. But unlike other elderly people in their sixties or seventies who draw on Comprehensive Social Security Assistance (CSSA), they cannot benefit from the preferential chips allotment arrangement for the elderly people either.

I hope the Secretary can think about this when considering this issue. Two weeks ago, either the Secretary or the spokesman of the Bureau said that no matter what reforms would be carried out in future, medical expenses would take up no more than 30% of the total wealth of the people. This is what the press has reported. As to how this figure is calculated, I have no idea. What exactly does 30% mean? If a retiree has \$1 million, does it mean that his medical expenses will be \$300,000 at most? Or after spending that \$300,000, another 30%, or \$210,000, will be taken from the remaining \$700,000, and a further 30% will be taken from the remaining \$490,000 until the elderly people does not have one single penny to spare? Should we understand it this way?

Although this is not within the scope of our discussion today, I hope the Secretary will not only consider the situation of patients queuing for medical consultation or the out-patient services in general or even in-patient services, because it is most essential for the Government to look after the lowest strata of society. But if we look at it from another perspective, these people in the lowest strata of society need not worry, for they will be provided with the service. Rather, those elderly people living on a small amount of pension need to worry more than the CSSA recipients or people in the lowest strata of society. Thank you, Madam President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR ALBERT CHENG (in Cantonese): Madam President, the meeting today is the last one in the current Legislative Session. During my election campaign, I once promised that apart from fighting for the interests of the underprivileged, I would continue to air my views, to make my voice heard in the Legislative Council largely because I had been forced to "switch off my microphone". How can I really make my voice heard in the Legislative Council? Many people hope that I can continue to comment on current affairs in the same way as how I hosted my radio talk-show. If I were to host a radio talk-show tomorrow, what would I say on Mr Andrew CHENG's motion today, which involves the improvement of general out-patient services? I might of course go on speaking for three hours, because Members' speeches today are all so full of insights. It is a pity that I have only seven minutes today. In these seven minutes, I may as well speak as if I were hosting "Teacup in a Storm" again.

Yesterday, Legislative Council Member Andrew CHENG (nicknamed the "Small Tai Pan") moved the last motion debate in the current Legislative Session, and the topic was improving general out-patient services. The "Small Tai Pan" is not much a legislator really, for this topic was already discussed in "Teacup in a Storm" many years ago. It was before 1997, when the reunification was yet to be effected. I cannot remember whether Peter WOO was the Chairman of the Hospital Authority (HA) at that time, but I can recall that Dr York CHOW was just the Hospital Chief Executive of the Queen Elizabeth Hospital. I approached Dr LEONG Che-hung because he was a Member representing the health care sector. The two of us visited the Tung Wah Hospital and the Kwong Wah Hospital around three o'clock in the morning to find out how people queued up for a chip. We saw that many umbrellas, stools and newspapers were put outside the clinics, so we got hold of a government official to give a reply.

At that time, the HA already agreed to improve the chips allotment system, so why should this topic be raised for discussion again today? Why must we still discuss this topic after so many years, after Hong Kong has already been reunited with China, after Dr York CHOW has ascended from a Hospital Chief Executive to the Secretary for Health, Welfare and Food, and after the membership of the HA Board has changed several times? Actually, I find this a very good opportunity for me to give Donald TSANG some "shoe-shining". Had Donald TSANG not been so indiscreet as to say that people queued up for chips just because they could have tea with their friends afterwards, we would not have this motion. Donald TSANG is of course a "bigwig", being able to

arouse discussions on this problem. Well, after Mr TAM Yiu-chung had accompanied Donald TSANG to an inspection, Mr Andrew CHENG grew jealous, so he too requested TSANG to go with him once more. But then, Donald TSANG replied that he had already seen the situation. He might thus wonder why he should stage a show with Mr Andrew CHENG at all. So, he simply told Secretary Dr York CHOW to go with Mr Andrew CHENG. Dr York CHOW then looked at the situation and Mr Andrew CHENG was quick to capitalize on this unexpected opportunity to move this motion debate. However, there is really not too much to talk about the motion topic. For one thing, the chips allotment system is in itself not at all feasible and those queuing up for a chip certainly do not do so just because they can have tea with their friends afterwards. Are they really such "peculiar" people who will go lining up for a chip whenever they cannot sleep at night and then go to have tea together afterwards? I really cannot understand why someone should have made such a remark. I really do not know what kind of person he is.

However, the rich men's party has been the most wonderful. Just now, Mr Vincent FANG remarked that since one had to wait even when going to a private medical practitioner, waiting two or three hours for a chip was not such a big deal. It is a pity that my old co-host Peter LAM is not here today. When it came to a point like that in the past, I would usually ask him whether he could still remember that we once mentioned in the talk-show that many rich people or people pretending to be rich would pay a consultation fee of \$2,000 to Dr TSE Tak-fu, a famous cardiologist, for the treatment of their common cold, coughs, and so on. These people of course want to wait a longer time. If they do not do so, how can anyone know that they are "rich" enough to afford \$2,000 for the treatment of a common cold and coughs? Even if there are not many patients in the clinic and they do not have to wait, they will still let others see the doctor first, so that they can go on waiting. You know, the longer they wait, the greater will be the cost-efficiency. So much for that. Let me now get down to business because I notice that the President is getting a bit impatient.
(Laughter)

The Liberal Party is really a friend of the Government, which is why both of them speak in exactly the same manner. Mr Vincent FANG said just now that there were usually surplus chips in many clinics and the only problem was the failure of patients to know which clinics to go. He therefore said that the authorities could broadcast such information on the radio. But we are talking about people who are sick. Suppose they live in Tin Shui Wai and they learn from the radio that there are surplus chips in a Shau Kei Wan clinic, how can

they possibly travel to Shau Kei Wan for consultation? The only solution may be calling for an ambulance. But the Government does not encourage the abuse of ambulance services, right?

Very often, the comfort of this Chamber may make us oblivious to the hardship of the underprivileged. How can one still get about when one is sick? That is what happens when one is sick. Many people just do not realize that besides not knowing how to use the Internet, many poor people even do not have any computer or any broadband services at home. If they still feel alright, they may of course go to elderly centres to ask the lady-helpers there to help them with the Internet. But how can they still get about when they are sick? That is why the authorities must maintain the chips allotment system, must accept telephone and Internet booking, and must accept any possible forms, for all these must not be considered mutually exclusive in any way. Mr WONG Kwok-hing said that he would not support Mr Andrew CHENG's motion. I hope that his decision is not due to Mr Andrew CHENG's proposal that the chips allotment system should be replaced. I think there is a genuine need for improving the allotment system. We may adopt telephone booking. I can remember that when the HA once replied to me during my radio talk-show, it did promise to review the allotment system.

Actually, the chips allotment system is not of so much importance. What is most important should be the expansion of out-patient services. At present, some private clinics already operate 24 hours a day, so why is it impossible for HA clinics to do the same? Besides, when the Harvard Team discussed our health care financing in its report years ago, it pointed out that our health care expenditure had not yet reached a warning level. It only pointed out that given the ageing of Hong Kong's population, the situation 10 years later would be very bad. This should not be taken to mean that we should reduce our health care expenditure now. What we should do is capping the expenditure. If society can still meet the health care expenditure of \$30 billion, we should cap the expenditure at this level. There is no justification at all for us to reduce the expenditure year after year. There is a definite need for us to study the issue of health care financing. However, the most pressing problem now should be to satisfy the needs of patients, especially the elderly. They line up outside clinics not so much because they want to have tea but because they need to seek consultation. Therefore, we must expand the out-patient services.

I so submit. Thank you, Madam President.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR JASPER TSANG (in Cantonese): Madam President, I have said many times in this Chamber that if we compare the hospitals under the Hospital Authority (HA) today and the government hospitals several decades ago, we will see a very huge difference. I frequently fell sick when I was small, so I had to seek treatment in public hospitals very often. But I was at the same time extremely afraid of going to these hospitals because once I smelled the odour there, I would be scared. In contrast, the hospitals under the HA nowadays have spacious lobbies like those of hotels and are far better, whether in terms of environment, hygiene, lighting or facilities. However, there seems to be one thing that has not changed much — the practice of requiring patients to queue up for out-patient services.

It is not enough to simply say that the chips allotment system involves long waiting time. I have heard that some elderly people even have to start queuing up for a chip as early as midnight. The Secretary seems to find this unbelievable, so I just wonder if he is interested in joining us for a site visit. It is not enough to simply say that waiting time is long, because some people actually start queuing up for a chip at midnight. And, others who start doing so around dawn will fail to get the chips for morning consultation. They can only get chips for the afternoon. It will take more than half of a day from queuing up for a chip to seeing the doctor for consultation.

Waiting time aside, one can also notice that the present arrangement of requiring patients to queue up for a chip is very cumbersome and primitive. That morning, 10 minutes before Mr Donald TSANG arrived at the Cheung Sha Wan Clinic to see the elderly patients there, a rather unhappy dispute occurred between the clinic staff and the elderly patients waiting there. The dispute made the clinic staff very anxious. Why did the dispute happen? All was because there was no place along the queue where these elderly patients could sit down, so they could only squat. Now, if an elderly person had been waiting since four o'clock in the morning, could he possibly go on squatting until 8.45 am, when the clinic opened and he could finally enter and sit down? As a result, a few elderly persons simply left some newspapers in the queue to indicate their positions and then moved to sit down in a place probably not far away, perhaps just a staircase four or five paces from the queue. That way, they felt more comfortable. But when the clinic staff saw this, they yelled, "Whose newspaper

is this? And, whose bag is that? Put them away right now, or we'll throw them away." But unless they all squatted down in their original positions after removing the newspapers, how could these elderly people continue to keep standing in the queue? A dispute thus ensued, and once a dispute erupted, all the elderly patients there got very angry. They of course were not aware that Mr TSANG was coming. This Mr TSANG, who is speaking now, was already there, but he was just a nobody, wasn't he? *(Laughter)* When the other Mr TSANG arrived later, things were all very different. This was what happened.

The elderly people outside the clinic said that such things do happen practically every day, meaning that various articles would be placed along the queue to occupy their positions and then people would go away for just a little while, hardly long enough for going to the toilet, when they grew extremely tired. Besides, as Mr Donald TSANG could also see, people all queued up along the pavement, and here and there beside the queue, people were found squatting. And, right next to them, buses sped past one after another on the thoroughfare, spewing out exhaust fumes onto them. Why should elderly people be made to queue up under such conditions? The problem is really not as simple as the length of waiting time. Inside the public hospitals under the HA, all is so splendid, tidy and clean. But outside, the situation is so messy. Why should such a situation be tolerated?

Having said all this, I must add that I do not share Mr LEE Wing-tat's view that the chips allotment system is already outdated. In a modern society like ours, queuing up for chips is very common. Even when we eat at a fast-food restaurant, we also have to queue up for chips. I therefore do not think that the passage of time will ever render the chips allotment system outdated. The need for keeping abreast of the times should not lead us to abolish the chips allotment system. Mr Andrew CHENG talked about chips scalping, but I do not think that this is necessarily as rampant as described. For instance, during our visits to all the out-patient clinics in Sham Shui Po, we did not notice any scalping — even if there was really any, we did not notice it at all. And, we did not hear any complaint about the so-called scalping either. It is true, and I agree that all these clinics do differ in the degree of overcrowding. Many Members thus comment that if anyone fails to get a chip in one clinic, he can always go to another one nearby. But in the case of the five clinics in Sham Shui Po, an elderly patient will still find it very inconvenient even if he wants to switch to the nearest clinic. We can hence see that conditions actually vary from clinic to clinic, which is why we support the amendment of Mr WONG

Kwok-hing. What we must discuss now should not be the abolition of the chips allotment system. Rather, we should seek improvements to the system on the one hand and the provision of alternatives on the other.

That morning, having arrived at the clinic, Mr Donald TSANG immediately discussed with the HA and clinic staff to see whether there could be any improvement measures other than advance booking or telephone booking which could ensure that even if elderly patients must still queue up physically for a consultation chip, the waiting time would not be too long and they would not have to squat at the roadside. Actions in these directions should be taken.

The problem we are facing is not related to our failure to identify a solution. Rather, all seems to depend on whether the policy-makers, that is, those with administrative and policy-formulation power, are willing to tackle the situation with genuine concern and compassionate understanding. Every morning, many people have to wait for the out-patient services they must need in such a primitive way. If we really care about them, we will certainly manage to work out a solution.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

MR HOWARD YOUNG (in Cantonese): Madam President, the motion topic today is about health care. A long time ago, for several years, I used to be the spokesman for the Liberal Party on health care affairs. In this capacity, I pointed out many health care problems, such as resource mismatches and the relationship between public-sector health care and private-sector health care. Today, however, I am no longer the spokesman on these affairs and the topic today is not related to political development, housing and information technology, subjects on which I often speak in the Legislative Council. I am the representative of the tourism sector in the Legislative Council, but why is this related to the motion topic today?

It is because I notice that the problems with the chips allotment system discussed by many Members today are very similar to those encountered by the industry I represent. The services delivered by the HA or public hospitals nowadays are much better than before, and this is likewise the case with the

services of airlines and travel agencies in the tourism industry. However, we must not think that the provision of services to customers will start only when they actually step into the offices of service providers. Rather, as soon as a customer leaves home for the services from the service provider, the whole chain of services has already begun.

For this reason, I share the views expressed by Mr Vincent FANG this morning on the problems with the chips allotment system. And, Mrs Selina CHOW has made it clear that the very backward system of requiring patients to queue up for chips is not acceptable to the Liberal Party at all. But at the same time, I have also noticed a view expressed in these few days, that is, the view on whether or not advance booking or online booking can be adopted to solve the problems. I must say that these may not be suitable for all patients because elderly people are unlike young people and not all of them are computer literate. Even in the case of us, not everyone is computer literate either. Hence, these forms of booking may not be entirely feasible. I think a waiting system of some kind is necessary, but at the same time, we should consider various alternatives and the maintenance or otherwise of the chips allotment system.

I hope that the authorities can consider the solutions adopted by those services industries that involve waiting and queuing up. The tourism industry, for example, has adopted online booking, the allocation of separate counters for different services and the classification of services based on customer needs. It is hoped that through all these means and forms of resource deployment, the authorities can really succeed in solving the problem of queuing up for chips. That way, patients can start to enjoy "one-stop" public-sector out-patient services even before they get to the clinics. I support the motion today.

PRESIDENT (in Cantonese): Does any other Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): Mr Andrew CHENG, you may now speak on the two amendments. You have up to five minutes to speak.

MR ANDREW CHENG (in Cantonese): Madam President, I wish to discuss the emphases of the two amendments. Mr Vincent FANG's amendment makes

special reference to the appropriate deployment of resources and that of Mr WONG Kwok-hing touches upon whether or not telephone and online booking can be adopted in place of the chips allotment system.

In the next few minutes, I wish to respond to Members' views on these two issues. To begin with, I find the remarks of Mr Jasper TSANG very amusing. But I hope that Mr Jasper TSANG can refrain from such humility. He is still a very important man, a Legislative Council Member, though the other Mr TSANG is the Chief Executive. Mr TSANG is a Legislative Council Member returned by his geographical constituency through a direct election based on "one person, one vote". He carries high expectations from members of the public.

Having said that, I still hope Mr Jasper TSANG can realize one point. He mentioned just now that the chips allotment system was not backward at all because it was also adopted by fast food shops. But I must say that there is a big difference between the two cases. When we queue up at a fast food shop, we know for sure that we will get some food. And, if we know that we will not get a hamburger even after queuing up overnight at McDonald's, we will certainly switch to Café de Coral or other restaurants. At present, the elderly patients queuing up for chips face three major problems. First, they do not know whether they will eventually get any consultation. Second, they have to queue up overnight. Third, they have no alternatives, as most of them think that given their financial conditions, they must rely on public health care services, or public resources.

Some Members have commented that patients at private clinics must also wait. But it must be added that telephone booking is generally accepted by private clinics. And, people may also "walk in" to see whether a clinic is overcrowded with waiting patients. If yes, they may choose to go to another one. However, this is not possible in the case of public clinics or public out-patient clinics.

Besides, some Members, particularly Mr SIN Chung-kai representing the information technology sector (I hope that what he said is right), have pointed out that it will not be easy for elderly people to learn the techniques of online booking. I do understand this point. But anyway, the proposals in the amendments are not restricted to online and telephone booking. And, if Members are observant, they will have noticed that the relevant part of my

motion actually reads "such as telephone and online booking". Actually, what other alternatives are there? I hope Members can remember that when I first spoke on the motion, I talked about terminals, like the vacancy search terminals of the Labour Department. The Labour Department, for example, also encountered a similar problem in the initial days of replacing the chips allotment system — the chips allotment system had been in use for many years, so the unemployed knew nothing about telephone and online booking and vacancy search terminals. But all the problems have largely disappeared over time.

Ours is an advanced society, so I hope that Members can work harder to foster social progress. If a mixed mode is adopted, elderly people's fear of failing to get a chip will certainly increase because they are worried that the consultation quota may be exhausted by young people using telephone and online booking. At present, many elderly people already start to queue up for a chip of the following day at around 11 pm the night before, but I am afraid that once a mixed mode is adopted, these elderly people will even start to do so as early as they finish dinner around 6 pm or 7 pm the previous evening. In that case, a well-intentioned initiative may end up doing harm to them. Therefore, I hope Members can understand that my amendment is aimed at thoroughly reforming the existing chips allotment system. In an advanced society, this type of chips allotment system should no longer be adopted.

I have carefully thought about the proposal to "appropriately deploy" resources as mentioned in Mr Vincent FANG's amendment. Initially, I found it rather difficult to accept his amendment, because it seeks to delete all references to additional resources in my original motion. But after looking up the relevant records, I have come to realize that the utilization rates of public-sector out-patient services only range from 70.8% to 99.3%. In other words, there is still spare capacity and resources. In order that the original motion and the two amendments can all be passed for, Madam President, I do not wish to see the rejection of them all. In order that I can get the support of the Liberal Party and those Members who see no need for additional resources, I hope that while they support this amendment, they can also realize that our position on additional resources is not as unchangeable as may be imagined, that we are not asking for any endless increases in resources, and that we also want to deploy resources appropriately. As rightly pointed out by both Dr Fernando CHEUNG and Dr KWOK Ka-ki, as long as we can appropriately deploy and manage all available resources, whether in the public-sector health care system or the private-sector

one, we will definitely succeed in solving the problem of long queuing time faced by the elderly.

Madam President, I so submit.

SECRETARY FOR HEALTH, WELFARE AND FOOD (in Cantonese): Madam President, a Member asked me yesterday what I would say in my speech today and for how long I would speak. I said that I did not have any plan on how long I would speak, as I hoped to listen to Members' views before giving a reply. Meanwhile, this issue has been discussed repeatedly in the Health and Medical Development Advisory Committee. We plan to explain to Members on 19 July the future changes to our health care system, and we will also present many issues then. We hope that Members will take part in the debate enthusiastically, so that a consensus can be reached in society for us to carry on with our work.

Concerning general out-patient services, we cannot simply look at the existing mode of service delivery. We have to look at the role of out-patient services in the entire health care system, and their connection with other services. In 2003, the Hospital Authority (HA) began to take over all out-patient services from the Department of Health (DH). A lot of work was involved at the time, because there was no linkage between the services of the DH and those of the HA, say, in respect of information. Besides, the work culture was different too. After taking over all the 74 out-patient clinics gradually, we must study ways to provide services to as many people as possible and also to people who are most in need. Earlier on Members did not mention an important issue and that is, the standard and quality of our service, which is more important. It is easy for doctors to make up figures on how many patients he has treated, but are the patients any healthier afterwards, or will they be healthier after several consultations more? Professional analyses have told us that in respect of medical and health care services, problems cannot be solved purely by figures. When a patient seeks medical consultation, it is most important for the patient to build up a good relationship with the doctor. The doctor should provide suitable information to the patient, so that the patient knows about his health problem and how he can take precautions and what changes should be made in his daily life, instead of seeking medical consultation whenever symptoms have emerged and then leaving the clinic in satisfaction after obtaining the medicine.

When I was still practising as a medical practitioner before, I had come across these problems. I had the experience of treating 80-odd patients in an hour or so on a night. The patients just entered the consultation room and I briefly wrote a few lines and after that, the patients could go and get the medicine. That was what we did some 30 years ago, and every doctor was doing this then. Such standard of service is certainly unacceptable nowadays. We hope that our professional services can catch up with the world standard or even take the lead in the world. Whether they are under the HA or the DH, doctors are expected to treat their patients with love and care, and with professionalism. They should not just send the patients away and consider the job done after giving them medicine. That said, they do face many internal conflicts.

The Government now pays about \$140 to \$160 for each patient seeking medical consultation at a GOPC. If patients are prescribed medication for one month, six weeks or four months, the cost will naturally increase. Some patients actually cannot finish all the medicine after obtaining it from the clinic. To avoid a waste of medicine, it has been decided recently that the interval between follow-up consultations be shortened from three months in the past to six weeks or even four weeks at present. This arrangement will increase the number of patients queuing for consultation. I do not wish to stipulate how this should be done in out-patient clinics by administrative means. On the contrary, the out-patient clinic in each district should study the patient profile before making a decision on the service arrangement. What is the situation now? Of the patients being taken care of by most GOPCs, some 10% to 30% are recipients of Comprehensive Social Security Assistance (CSSA) or patients whose medical fees can be waived. This group of people accounts for about 20% on average. As Members also mentioned earlier, retirees with a small income will still choose to go to a GOPC.

In respect of age, 55% to 60% of the patients are 60 years old or above. These are the elderly people whom we often see queuing up at the clinics for medical consultation at the crack of dawn. We must know the needs of patients. About 60% to 70% of the patients are chronically ill, and hypertension and diabetes are most common among them. These are not serious diseases, but stable diseases. Very often, the patients require long-term medication and have to undertake tests over a long period of time. How often should they see a doctor? I think it has to be decided by the doctor. For some patients, their conditions may still be stable even though they have to see a doctor every three to

four months, but others may need monthly or bi-monthly follow-up consultation. Therefore, we do not wish to stipulate the interval between follow-up consultations for each patient by administrative means. The decision as to when a patient should be re-examined must rest with the doctor. As I also mentioned, patients whose medical conditions are stable may not need to see a doctor every time they attend a follow-up consultation. For instance, if they have hypertension and when their conditions are stable with no other symptoms, they need only to have their blood pressure measured on every visit. So, after the nurse has taken their blood pressure, the doctor can prescribe some medicine to them and then they can leave. I think this is a flexible arrangement which enables our system to treat more patients and, coupled with the control of resources, better services can be provided.

Besides, we also face some other problems. Although we very much wish to change the queuing or chips allotment system, we know that every day, there are two types of patients seeking medical consultation. One is the chronically ill, and while arrangements can be made for them to book the next follow-up consultation, I think the HA has to study in detail whether this is feasible, as this cannot be done for the time being. Why? It is because about 60% of the patients are chronically ill, and about 30% of them can book the next appointment, whereas the remaining 30% have to queue up.

Their utmost concern is that their quota would be cut, as often said by Members of this Council or District Council (DC) members. So, they hope that the number of chips can be maintained. I think it is best for this issue to be discussed in each district and particularly, the DCs can participate in the studies on how the resources for out-patient services should be distributed in the district or what system should be put in place for booking appointments. As these elderly people must see a doctor anyway, why can they not book the next appointment at the end of a consultation? The allotment of chips would then become unnecessary. If they would like to see a doctor in the evening, arrangements can be made for evening service. If they wish to take care of their children or grandchildren in the afternoon, they can arrange for consultation in the morning. I do not wish to touch on the aspect of implementation. I used to be engaged in this area of work, but I am not looking at this aspect now. I do not wish to put pressure on our colleagues, but they must be given a high degree of flexibility and look into how their services can provide as many choices as possible and the best services to patients.

I hope Members can allow the HA time to make a decision, particularly as I have obtained the undertaking of Chairman Anthony WU and Dr William HO that they will soon look into whether there can be a centralized system covering the 74 out-patient clinics to tell people which clinic has spare chips, so that patients can know earlier where they should go for medical consultation.

I would like to respond to a number of questions raised by Members. Firstly, the service for civil servants. At present, although out-patient clinics will allot a limited number of chips for civil servants, from my past managerial experience, I know that civil servants generally go to the clinic to obtain a chip in the morning when they fall sick. Seldom do they go there to get a chip in the afternoon. If there are still unused chips for certain time slots, they should be given to other patients, and this is a more flexible arrangement.

Secondly, we hope that patients can have more understanding of their health conditions, so that they can see any doctor when they have health problems and the doctor can access the patient's medical records anytime. In 2003, the Hong Kong West clinic already provided patients with portable medical records.

(There came the sound of ringing)

Is my time up? Madam President? *(Laughter)*

PRESIDENT (in Cantonese): Secretary, that should be the ringing of a mobile telephone, not the bell reminding you that your speaking time is up.

SECRETARY FOR HEALTH, WELFARE AND FOOD (in Cantonese): I am sorry. These portable medical records enable patients to know more about their own medical conditions. After every consultation, they can know their blood pressure as measured by the doctor, results of their blood tests, and whether their cholesterol levels are too high, and so on. Patients will then be more concerned about their illness and know how to take care of themselves. I hope that all out-patient clinics and private medical practitioners can adopt this system. I will further discuss ways to put it into practice later on 19 July. In implementing this system, I hope that, firstly, patients can consult a doctor when

they genuinely have a need to, and they do not queue up if they do not have this need. I think this is most important.

Secondly, I would like to talk about the long-term plans of the HA. As I said earlier, the public health care system must be maintained. Earlier on a Member asked whether I would compress the public health care system or cut its resources. Honestly speaking, I am making continuous efforts to fight for the resources required for providing the necessary services, and the services provided by the HA are precisely one of these services. However, we must first position the services of the HA. As I have said repeatedly on different occasions, the HA will target four major areas in its service delivery:

- (1) Taking care of the poor or people who cannot afford private health care services;
- (2) Providing acute and emergency care;
- (3) Providing services that entail advanced technology, high risks and high cost, which even the rich people may not necessarily have access to; and
- (4) Training health care personnel in whom Hong Kong people can take pride.

We must maintain the standard in these aspects. Insofar as out-patient or primary health care services are concerned, work in the first and the fourth areas are what we must do, and we must do them really well.

Meanwhile, I have already told the HA that we will adopt the family doctor system in future. The practising of the family doctor system in out-patient clinics under the HA can set a good model or benchmarking, because compared with private medical practitioners in general, the services of these family doctors are much better in terms of organization. Several medical practitioners will work in the out-patient clinic, and there will also be pharmacists and other forms of support, such as a computerized central medical record system. I hope that all out-patient services will achieve the same standard in future. The HA should assume a leading role in this regard and at the same time, it can be a training centre. So, I think the HA will not and should not give up these responsibilities.

Another issue of greater significance which I may not be able to discuss in detail today is whether additional resources should be provided in this regard. I believe Members have different views. I personally take an open attitude, but Members should know that given a fixed amount of government resources for health care services, which group of people should we help first? Should we help those requiring primary medical services or patients in other categories mentioned by me earlier, particularly patients suffering from chronic illness, those with disabilities, the poor or patients who are seriously ill? Where should we put the resources? If it is still considered insufficient to inject 14% of the total government expenditure into health care services, should we encroach on the resources for education, welfare or other areas? Members must be clear about it. I heard Mr Bernard CHAN say earlier that in our society, all the resources of the Government are precious. If there is a need to use it, we will certainly use it, but if we consider it unnecessary to put so many resources in some areas, then we must handle it very carefully. I hope a consensus can be reached in society, so that it would be easier for us to carry out our work.

Perhaps I will speak for two minutes more. Concerning how we look at the future service delivery model, particularly in respect of primary health care, as I said just now, I hope every citizen has the concept of and access to family doctor. That is, I hope every family will be taken care of by a particular doctor, whether in the public or private sector, who will maintain a good long-term relationship with this family, so that the doctor can properly take care of all the members in the family, especially in the prevention of diseases. From children's vaccinations to diseases to which children are vulnerable in schools, and with regard to occupational diseases that adults may face, how the elderly members of the family should be taken care of, and what to do when a member of the family is diagnosed to have cancer, or what examinations women should undertake at a certain age, the family doctor can make arrangements in all these aspects for the protection of the entire family.

Meanwhile, Members also mentioned community nursing service. Family medicine does not mean as simple as sitting in the consultation room examining patients. Under a good service delivery model in family medicine, family doctors or a team of health care personnel will pay regular visits to patients who cannot go to the clinic for consultations, in order to take care of these patients.

I think while elderly people who queue up for medical consultation in the morning need to be taken care of, those elderly people who are bed-ridden and hence cannot queue up are more in need of care. So, I think if resources will be increased, they must be increased for services that are badly needed, particularly as some elderly people may not necessarily be recipients of CSSA. Even though they receive CSSA, their family members still may not be able to take care of them properly. So, I think this aspect particularly warrants our concern.

As for the motion and amendments proposed by the three Members, I think while we do not see eye to eye with each other, Members generally wish to perfect the health care system in Hong Kong. So, I am very grateful to Members for speaking on this issue enthusiastically. I also hope that Members can give us more opinions after 19 July, so that we can come up with a new direction and citizens can access better services in future. Thank you, Madam President.

PRESIDENT (in Cantonese): I now call upon Mr WONG Kwok-hing to move his amendment to the motion.

MR WONG KWOK-HING (in Cantonese): Madam President, I move that Mr Andrew CHENG's motion be amended.

Mr WONG Kwok-hing moved the following amendment: (Translation)

"To delete "as" after "That," and substitute with "whereas community nursing and care services have yet to be fully developed,"; to add "undertake to maintain public general out-patient services, and to" after "this Council urges the Government to"; to add "the Legislative Council," after "so that"; to delete "quotas of booked appointment, and" after "increasing the" and substitute with "consultation quota and, apart from the present chips allotment system,"; to add "for making appointments" after "exploring alternative means"; to delete "to replace the present chips allotment system, thereby saving patients the trouble of having to wait and collect the chips in person" after "telephone and on-line booking," and substitute with "so as to provide more convenient

services to patients"; to add "new towns, such as Tung Chung, and" after "evening out-patient clinics in"; to delete "and" after "in all the 18 districts in the territory"; and to add "; and (g) expeditiously enhancing existing community nursing and care services for chronically ill patients, and comprehensively developing such services" after "private medical practitioners in out-patient services". "

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr WONG Kwok-hing to Mr Andrew CHENG's motion, be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(Members raised their hands)

Mr Andrew CHENG rose to claim a division.

PRESIDENT (in Cantonese): Mr Andrew CHENG has claimed a division. This Council will proceed to division immediately after the division bell has been rung for three minutes.

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Functional Constituencies:

Ms Margaret NG, Mr WONG Yung-kan, Ms LI Fung-ying, Mr WONG Kwok-hing, Dr Fernando CHEUNG, Mr WONG Ting-kwong, Mr KWONG Chi-kin and Miss TAM Heung-man voted for the amendment.

Mrs Sophie LEUNG, Dr Philip WONG, Mr Howard YOUNG, Ms Miriam LAU, Mr Tommy CHEUNG, Mr Vincent FANG, Mr Jeffrey LAM and Mr Andrew LEUNG voted against the amendment.

Dr LUI Ming-wah, Mr CHEUNG Man-kwong, Mr Bernard CHAN, Mr SIN Chung-kai, Mr Abraham SHEK, Dr KWOK Ka-ki and Mr Patrick LAU abstained.

Geographical Constituencies:

Mr LEE Cheuk-yan, Miss CHAN Yuen-han, Mr CHAN Kam-lam, Mr LEUNG Yiu-chung, Mr Jasper TSANG, Mr LAU Kong-wah, Ms Emily LAU, Miss CHOY So-yuk, Mr TAM Yiu-chung, Mr Frederick FUNG, Ms Audrey EU, Mr LI Kwok-ying, Mr Alan LEONG, Mr CHEUNG Hok-ming and Mr Albert CHENG voted for the amendment.

Mr James TIEN and Mrs Selina CHOW voted against the amendment.

Mr Albert HO, Mr Martin LEE, Mr James TO, Dr YEUNG Sum, Mr Andrew CHENG and Mr LEE Wing-tat abstained.

THE PRESIDENT, Mrs Rita FAN, did not cast any vote.

THE PRESIDENT announced that among the Members returned by functional constituencies, 23 were present, eight were in favour of the amendment, eight against it and seven abstained; while among the Members returned by

geographical constituencies through direct elections, 24 were present, 15 were in favour of the amendment, two against it and six abstained. Since the question was not agreed by a majority of each of the two groups of Members present, she therefore declared that the amendment was negatived.

MS MIRIAM LAU (in Cantonese): Madam President, I move that in the event of further divisions being claimed in respect of the motion on "Improving general out-patient services" or any amendments thereto, this Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Ms Miriam LAU be passed.

PRESIDENT (in Cantonese): Does any Member wish to speak?

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(Members raised their hands)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion passed.

I order that in the event of further divisions being claimed in respect of the motion on "Improving general out-patient services" or any amendments thereto, this Council do proceed to each of such divisions immediately after the division bell has been rung for one minute.

PRESIDENT (in Cantonese): Mr Vincent FANG, you may now move your amendment.

MR VINCENT FANG (in Cantonese): Madam President, I move that Mr Andrew CHENG's motion be amended.

Mr Vincent FANG moved the following amendment: (Translation)

"To delete "increase" after "furthermore, HA should" and substitute with "appropriately deploy"; to add "(b) increasing the information channels to enable patients to know clearly the chips allotment situation of various GOPCs, thereby shortening the patients' queuing time for appointments;" after "collect the chips in person;"; to delete the original "(b)" and substitute with "(c)"; to delete the original "(c)" and substitute with "(d)"; to delete the original "(d)" and substitute with "(e)"; to delete "allocating more" before "resources to set up additional evening out-patient clinics" and substitute with "expeditiously deploying"; to delete the original "(e)" and substitute with "(f)"; to delete the original "(f)" and substitute with "(g)"; to add "as far as possible," after "provided that"; and to add ", so as to provide quality out-patient services" after "private medical practitioners in out-patient services". "

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr Vincent FANG to Mr Andrew CHENG's motion, be passed.

PRESIDENT (in Cantonese): I now put the question to you as stated. Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(Members raised their hands)

Mr Vincent FANG rose to claim a division.

PRESIDENT (in Cantonese): Mr Vincent FANG has claimed a division. This Council will proceed to division immediately after the division bell has been rung for one minute.

PRESIDENT (in Cantonese): Will Members please proceed to vote.

PRESIDENT (in Cantonese): Will Members please check their votes. If there are no queries, voting shall now stop and the result will be displayed.

Functional Constituencies:

Dr LUI Ming-wah, Ms Margaret NG, Mr CHEUNG Man-kwong, Mr Bernard CHAN, Mrs Sophie LEUNG, Mr SIN Chung-kai, Dr Philip WONG, Mr Howard YOUNG, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Mr Jeffrey LAM, Mr Andrew LEUNG, Dr KWOK Ka-ki, Mr Patrick LAU and Miss TAM Heung-man voted for the amendment.

Ms LI Fung-ying, Mr WONG Kwok-hing, Dr Fernando CHEUNG and Mr KWONG Chi-kin voted against the amendment.

Mr WONG Yung-kan and Mr WONG Ting-kwong abstained.

Geographical Constituencies:

Mr James TIEN, Mr Albert HO, Mr Martin LEE, Mrs Selina CHOW, Mr James TO, Dr YEUNG Sum, Ms Emily LAU, Mr Andrew CHENG, Ms Audrey EU, Mr LEE Wing-tat and Mr Alan LEONG voted for the amendment.

Mr LEE Cheuk-yan, Miss CHAN Yuen-han, Mr LEUNG Yiu-chung, Mr Frederick FUNG and Mr Albert CHENG voted against the amendment.

Mr CHAN Kam-lam, Mr Jasper TSANG, Mr LAU Kong-wah, Miss CHOY So-yuk, Mr TAM Yiu-chung, Mr LI Kwok-ying and Mr CHEUNG Hok-ming abstained.

THE PRESIDENT, Mrs Rita FAN, did not cast any vote.

THE PRESIDENT announced that among the Members returned by functional constituencies, 23 were present, 17 were in favour of the amendment, four against it and two abstained; while among the Members returned by geographical constituencies through direct elections, 24 were present, 11 were in favour of the amendment, five against it and seven abstained. Since the question was not agreed by a majority of each of the two groups of Members present, she therefore declared that the amendment was negatived.

PRESIDENT (in Cantonese): Mr Andrew CHENG, you may now reply and you have five minutes four seconds.

MR ANDREW CHENG (in Cantonese): Madam President, this is the last motion debate in the current Legislative Session. In the next five minutes, I wish to give a brief reply to the 25 Members who have spoken. In order to avoid the total rejection of my original motion and the two amendments, I shall attempt to persuade Members to render their support to this motion debate on improving out-patient services.

To begin with, the Secretary did not deliver a scripted speech and this proves that he is very familiar with the policy on out-patient services, probably because he is a medical practitioner himself. And, I do believe that he is determined to improve such services. However, I still wish to raise one point with the Secretary and I believe he will probably agree with me. My point is that we must not adopt the chips allotment system as a means of driving patients away from our public out-patient services. What I mean is that some people

who cannot get up as early as elderly people or who have to work (earning a very low income, though) will be forced to visit private clinics because they are unable to get a consultation chip. I do not think that such an allocation of public resources is at all sensible, nor do I think that it is reasonable to deliver health care services in this manner.

As pointed out by Mr LEUNG Yiu-chung, owing to the press reports in these few days, Members are very concerned about the problems with public mortuaries. Mr LEUNG Yiu-chung has described the situation very clearly. That day, having accompanied us in finding out how living people queued up for consultation chips in the morning, the Secretary inspected the handling of dead bodies around sunset. The findings are certainly a great indictment of our health care system and the ways in which dead bodies are handled. I hope that the Government can bear human dignity in mind when handling our health care policy and the bodies of the dead.

The speech of "Tai Pan" gives me the impression that he is very keen on becoming a talk-show host again. He may even be "dying for" such an opportunity, which is why he has tried to "quench his thirst" today by "switching on his microphone" again. I do appreciate that he is free to do so because no one can possibly "switch off his microphone" in this Chamber. But I still hope that while regarding himself as "Tai Pan", he can cease calling me "Small Tai Pan". *(Laughter)* There is one more thing. Since I was a co-host for several times, I know that he would often swing lightly from side to side during the talk-show, speaking in a carefree manner. Sometimes, he could be very indiscreet, to the extent of uttering inaccurate information. An example can illustrate my point. Just now, he said that Andrew CHENG was jealous of Mr Jasper TSANG and Mr TAM Yiu-chung because they could accompany Donald TSANG in a clinic inspection. But the fact is that Andrew CHENG was never jealous and all was just about the relationship between the executive and the legislature. Actually, even before the recent Chief Executive's Question and Answer Session, the Legislative Council Panel on Health Services had already requested the Chief Executive to join Members in a clinic inspection. He subsequently expressed very keen interest in the idea during the Chief Executive's Question and Answer Session; seeing this, we raised the proposal with him once again, and this had happened before he conducted the recent inspection. I must correct the information given by Mr Albert CHENG just now, in very much the same way as how people rang him up during his past talk-shows to correct the information given by him.

Just now, I did not have enough time to respond to Mr Jasper TSANG's remarks. I may as well say a few words now. He made it a point to tell Members that elderly patients lining up by the roadside were made to inhale large quantities of exhaust fumes. In this connection, I must once again call upon Members to render me their support, because I am afraid that if my original motion and the two amendments are all negated, elderly patients must continue to inhale exhaust fumes in the morning. From recent press reports, I have learnt of a very puzzling remark made by the Chief Executive during his clinic inspection. According to these press reports, he remarked that while elderly patients queuing up by the roadside had to inhale large quantities of exhaust fumes, more exhaust fumes could in fact be found in the Legislative Council Chamber. I do not know how the two Members belonging to the DAB felt when they heard this remark of the Chief Executive. I for one find it very disagreeable. I hope that the Government and Chief Executive Donald TSANG can really be sincere in their attempts to improve out-patient services. I also hope that they can co-operate with the Legislative Council sincerely and join hands with it to improve all those public policies deemed to be unacceptable by the general public. The topic under discussion today is precisely one such policy, the health care policy. It is not too good to regard the several hours of discussions in the Legislative Council today as exhaust fumes.

Thank you, Madam President.

(Ringing was heard again)

PRESIDENT (in Cantonese): I really do not know what has been going on today. There are so many strange noises at this meeting. I suppose Members should be more careful. *(Laughter)*

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Mr Andrew CHENG, be passed.

PRESIDENT (in Cantonese): Will those in favour please raise their hands?

(Members raised their hands)

PRESIDENT (in Cantonese): Those against please raise their hands.

(No hands raised)

PRESIDENT (in Cantonese): I think the question is agreed by a majority respectively of each of the two groups of Members, that is, those returned by functional constituencies and those returned by geographical constituencies through direct elections, who are present. I declare the motion passed.

END OF SESSION

PRESIDENT (in Cantonese): This is the last meeting of the current Legislative Session. I hope all Members can take a break and "recharge" themselves during the summer recess. I also hope that when they return upon the commencement of the next Legislative Session, all of them will be full of energy. That way, this Chamber will be full of vitality and rid of any "exhaust fumes". *(Laughter)*

I now adjourn the Council. The first meeting of the next Session shall be held on 12 October 2005, at which time the Chief Executive shall deliver his policy address.

Adjourned accordingly at twenty-three minutes to One o'clock.