

OFFICIAL RECORD OF PROCEEDINGS

Thursday, 29 May 2008

The Council continued to meet at Nine o'clock

MEMBERS PRESENT:

THE PRESIDENT

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

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

THE HONOURABLE ALBERT HO CHUN-YAN

THE HONOURABLE LEE CHEUK-YAN

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

THE HONOURABLE BERNARD CHAN, G.B.S., J.P.

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

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

THE HONOURABLE LEUNG YIU-CHUNG

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

THE HONOURABLE WONG YUNG-KAN, S.B.S., J.P.

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

DR THE HONOURABLE YEUNG SUM, J.P.

THE HONOURABLE LAU CHIN-SHEK, J.P.

THE HONOURABLE LAU KONG-WAH, J.P.

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

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

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

THE HONOURABLE ANDREW CHENG KAR-FOO

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

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

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

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

DR THE HONOURABLE JOSEPH LEE KOK-LONG, J.P.

THE HONOURABLE DANIEL LAM WAI-KEUNG, S.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.

DR THE HONOURABLE KWOK KA-KI

DR THE HONOURABLE FERNANDO CHEUNG CHIU-HUNG

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

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

THE HONOURABLE ALBERT JINGHAN CHENG, J.P.

THE HONOURABLE KWONG CHI-KIN

THE HONOURABLE TAM HEUNG-MAN

THE HONOURABLE MRS ANSON CHAN, G.B.M., J.P.

MEMBERS ABSENT:

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

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

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

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

THE HONOURABLE SIN CHUNG-KAI, S.B.S., J.P.

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

THE HONOURABLE CHOY SO-YUK, J.P.

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

THE HONOURABLE ALBERT CHAN WAI-YIP

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

THE HONOURABLE LEUNG KWOK-HUNG

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

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

THE HONOURABLE CHIM PUI-CHUNG

PUBLIC OFFICER ATTENDING:

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

CLERK IN ATTENDANCE:

MRS JUSTINA LAM CHENG BO-LING, ASSISTANT SECRETARY
GENERAL

MEMBERS' MOTIONS

PRESIDENT (in Cantonese): Second motion: Immediately improving the health care services in Hong Kong.

I now call upon Dr KWOK Ka-ki to speak and move his motion.

IMMEDIATELY IMPROVING THE HEALTH CARE SERVICES IN HONG KONG

DR KWOK KA-KI (in Cantonese): I move that the motion, as printed on the Agenda, be passed.

On 13 March, we received a consultation document from the Government telling us that there is a need to reform our health care system. I think everyone in this Chamber and health care workers will not reject, dismiss or deny the need to reform our health care system. But it is utterly disappointing or regrettable that the report has not provided any direction for the reform. The only point made very clear in the report is that if the public agree to the sixth option, namely, the Personal Healthcare Reserve Scheme as often mentioned by the Government, and paying only 3% to 5% of their income, all the problems could be solved. Is that true?

Insofar as out-patient services are concerned, the consultation time for each patient is only five minutes, and a doctor has to attend to 44 patients in each session. In the case of psychiatric patients, their consultation time is only seven minute each, and only 22% to 30% of the patients can be prescribed with new medicine. The distribution of resources among hospital clusters is grossly imbalanced, as the percentage of hospital beds per 1 000 people in the clusters may be as high as 5.73% and as low as 1.63% in New Territories West, or 2.11% in Kowloon East or 2.38% in Hong Kong East. Numerous patients involved in the huge outstanding caseload are waiting for prescriptions of new medicine. Is this report telling us that things will be just fine and there will not be problem any more?

What we have done here is rather anti-intellectual. The entire report actually seems to be more and more like a property sale advertisement put up by

developers. For instance, there is a picture portraying a father giving his child a horse ride, or there are pictures of senior officials playing soccer, and it seems that health care services can then be reformed. Let us look at the contents of the report. We certainly hope to see a better system and direction for addressing the problems with our health care services, but the report contained some scaremongering and rather shocking figures, cautioning that the current spending of \$38 billion will increase to \$168.8 billion 25 years later. That would actually be very good. We would be ecstatic if the Government would really take the initiative to provide a funding of \$168.8 billion for this purpose 25 years later. Why?

Let us review our statistics. In 1999-2000, health care funding accounted for 15.3% of the Government's total recurrent expenditure; in 2000, it was 15.4% but the percentage continued to drop year after year. Last year, it was 14.8% and the figure further dropped to 14.3% in 2008-2009. It was said in the policy address last year that the funding would increase from 15% to 17% but what happens in reality is that it is not even up to 15%. In 1990, health care funding accounted for 2.8% of the Gross Domestic Product (GDP) and 18 years down the road, the spending continues to take up just 2.8% of the GDP with a downward trend looming ahead. If the GDP will increase, health care expenditure will drop to 2.7% of the GDP this year. While we said that we will not put a burden on the public, the public are actually shouldering 45% of the overall health care expenditure while the Government is taking up a share of 55%. Even in the United States where capitalism has the strongest foothold and private insurance most trusted, only 45% of the tax revenue is injected into health care services. We said that we hope to provide more choices for the public and reduce their burden through this health care financing scheme. Perhaps I should review with Members what it means by reducing the public's burden.

We have a workforce of 1.4 million covered by medical insurance taken out by their employers, while employees have taken out 1.55 million insurance policies on their own initiative. This adds up to a total of nearly 3 million insurance policies. The Government will not and has no plan to provide any assistance to them; nor has it provided any exemption to them. On the contrary, the Government is going to take away from them 3% to 5% of their income. A single person with a monthly income of \$12,000 has to pay \$280 for tax now and in the future, 5% of income as contribution for health care means that he has to pay \$7,200, which is 23 times of his tax payment. A couple with

a monthly income of \$25,000 now pays \$5,000 for tax, and their contribution for health care, being 5% of their income, will be \$15,000, three times of their current tax payment. Should we allow this to happen? Given a very narrow tax base, there should not be any problem if we have to share the burden together. In 2012, we hope to obtain \$6 billion through this financing scheme. This year, our Government is very generous in giving out over \$6 billion but this has further narrowed the tax base. A reduction of 1% in profits tax means a loss of \$4.4 billion; a reduction of 1% in salaries tax and the standard tax rate means a loss of \$900 million; the exemption of wine duty means a loss of \$580 million; and the exemption of the hotel accommodation tax means a loss of \$350 million. If we add up all these losses, the amount will even exceed the \$6 billion given out by the Government. There are comments that this is not actually a health care financing scheme. Some people consider it sugar-coated poison, and some even described this as a major transfer of wealth. Would any financing scheme put all the burden on the people alone, not requiring employers and the Government to pay a penny? What will the Government do to cope with the provision of health care services? The Government said one thing but what it has done is obviously another thing.

The European Union and some developed economies have carried out detailed studies. It is found that the burden created by an ageing population is 0.7% per annum, but our Government has exaggerated the impact. Well, this is not a problem. We doctors will definitely perform our role faithfully to serve the patients, but when this scheme comes into operation in the future, 1.7 million of our population will have an account while another 5 million will not. We said that we have to provide more choices by encouraging public-private partnership but over the past two decades, the Government has not allocated one single site for this purpose. Today, private hospital beds account for 11% in Hong Kong, compared to 25% in Singapore and 33% in Australia. The Government has never planned, whether in the short term or in the long term, to provide incentives or sites or even land for public auction — I said land for auction, not a grant of land — The Government has not even provided land for auction. How can the public be provided with more choices?

In the future, a majority of account holders may enjoy the so-called private services in the Hospital Authority (HA). So, account holders can wait in the queue for private services, whereas people who do not have an account will have to wait in the queue for general services, which means that patients will be divided into two categories. We doctors really do not know how we should face

this situation. The situation will be this: If a patient has a gold card with him, we will provide him with the best possible service, ensuring that he waits for the shortest possible time and is given as many choices as possible. But this is a zero-sum game. How are we going to treat the other patients who are not account holders? The Government said that it would provide subsidies and that the subsidies would be "lifelong". What does it mean by "lifelong" subsidies? As far as we can see, many patients with mental illness or cancer or chronic disease make an income of less than \$10,000 monthly or are even out of job. They would very much like to make health care contributions, just that they do not have the means to do so, Madam President. The Government is saying that one who makes contributions will have choices or one who has an account will have choices. In other words, a person who has no account will have no choice.

Why has society become more and more divided? Oh yes, the Government is very poor, because we must maintain a foreign exchange reserve and fiscal reserve of \$1,450 billion. In five years, we will have a surplus of \$238.8 billion, which means that five years later, together with the accumulated and operational proceeds, we will have over \$2,000 billion. The Government is really this poor. The *Bible* says, "For everyone who has will be given more, and he will have an abundance. Whoever does not have, even what he has will be taken from him." Now we realize that our Government is exactly doing this. Whoever has money, the Government will give him more, and even the tycoons will be given more by the Government; whoever does not have money, the Government will take the last bit of his fortune.

Let us not confuse the two things. There is a need to reform the health care system, there is a need to provide more resources for health care services, and there is a need to provide more care to patients. But this is not an option that we want. This option is like a situation where there is a big pool of water and the Government says that it is a bottomless pit, but it is unwilling to jump into it with the people and so, it can only push the people down into it and let the people fall into it. How would anyone do such a thing? We consider it necessary to provide primary health care services, but why does this report say that primary health care services will not be included in the future? Disease prevention is necessary and to this end, many screening tests and a lot of work have to be carried out and yet, all these are not included in the scheme either. I have read the scheme from the beginning till the end but I cannot find one single word saying that these would be done.

But certainly, it is not the case that the scheme will benefit nobody. The working group is composed of 11 members. Three of them are related to the operation of the Mandatory Provident Fund (MPF); two operate medical insurance, and there is only one doctor but no representative of patients or the grassroots. Madam President, in the future, when \$10 is charged for health care services, the money will first go to the MPF and then to private insurance companies and these aside, the cost of monitoring will also have to be deducted from it.

If we will adopt the second option proposed by the Government, namely, the out-of-pocket payment option, we would feel a bit less aggrieved in paying tax today because for every cent that we paid, even though this cent will go to the Government's pocket and the HA's pocket, it will still be spent on our health care services. In the contributions that we will make in the future, if \$5 out of the \$10 contributed by us will eventually be taken out and spent on health care services, we should feel very happy. Why does the Government do this? Is it really helping our society? Our Government says that it will help the elderly. It says that it would pay for the "soy sauce" (because the public is made to pay for the "chicken"). But now, the Government is only giving out five health care vouchers at a value of \$50 each to the elderly each year. How could this help the elderly?

Sometimes we do feel very depressed. While we have great enthusiasm and we wish to do a lot of things, things that the Government should do with the people together, but if what we do will ultimately cause society to become more divided and people earning a middle or lower-middle income to live in greater plights while the Government is gradually shirking its commitment, that would be unacceptable to us. My motion today proposes, among other things, using part of the \$50 billion health care funding but the Government said that it would not use this \$50 billion and that it would use it only if we would agree to whatever option as it thinks fit. Why does the Government have to do this? We have to carry out a health care reform, and we have to plough in resources to help patients awaiting care and treatment. Cancer patients cannot wait until health care financing is completed; mental patients, whose conditions are getting worse day after day, cannot wait for five years until the completion of health care financing; those low-morale doctors working in clusters plagued by a shortage of resources cannot wait for five years, for they will leave one after another. The Government only told us to be patient and not to do anything and wait for five years. It said that this \$50 billion will be put right here and it will not be used.

So, I propose today that we must support this health care system, and I hope that Members will agree to and support this. We must help some people, whether they are rich or poor. If we are required to make health care contributions in the future, we must help the poor people to do so. I hope that the Government can immediately make use of this funding. The Government has really become so fat that it cannot even put on its socks. To the Government, \$50 billion is indeed just an insignificant amount but to many patients, it is like sweet dew. I hope Members will support the motion, in order to make Hong Kong's health care system better.

I so submit. Thank you, Madam President.

Dr KWOK Ka-ki moved the following motion: (Translation)

"That, the Consultation Document on Health Care Reform has given rise to extensive discussion in the community since its publication, and no consensus has so far been reached on supporting any "supplementary financing" option requiring mandatory contribution or mandatory insurance, yet there are currently many problems in Hong Kong's health care services, thus this Council urges the Government to implement a series of measures to immediately improve Hong Kong's health care services; such measures must include:

- (a) immediately using part of the \$50 billion health care funding to improve Hong Kong's health care services, and using the remaining provision to set up a health care service fund, allocating part of the fiscal surplus to the fund in future, and making reference to the profit-sharing arrangement of the Exchange Fund, to provide stable funding for Hong Kong's public health care services;
- (b) the Authorities substantially augmenting the provision of resources to improve existing services, increasing the use of new psychiatric drugs and thoroughly considering the views of stakeholders in formulating long-term psychiatric treatment and rehabilitation policy, in view of the persistent lack of resources and long-term service planning for psychiatric treatment, rehabilitation and support services;

- (c) increasing the funding for the Hospital Authority (HA) to address the plight of persistent shortage of resources suffered by some hospital clusters or district hospitals, reducing the working hours of HA doctors, improving the promotion prospects of doctors and the situation of unequal pay for the same work, in order to retain experienced and middle-ranking doctors and health care workers as well as boost staff morale;
- (d) proactively allocating land for the construction of new private hospitals and assisting existing private hospitals in their extension, so as to increase the provision of beds in private hospitals;
- (e) increasing training resources and opportunities for specialists to enable various medical specialties to have sufficient room for development, thereby providing patients with the most suitable services;
- (f) re-opening nursing schools and increasing the number of places for nursing degree programmes to boost nursing manpower;
- (g) through promoting various public-private partnership (PPP) projects on health care services to improve the imbalance between public and private health care services which has existed for a long time, and supporting PPP in dental services;
- (h) providing additional resources for HA or patients to purchase drugs, such as drugs for curing cancer, and immediately reviewing the Drug Formulary to avoid patients being denied effective drugs with little side effect due to financial difficulties and to reduce misunderstanding between doctors and patients;
- (i) through purchasing services from community doctors or increasing the manpower of general outpatient clinics to reduce the number of cases in each consultation session attended by outpatient doctors and shorten patients' waiting time, thereby enhancing service quality;
- (j) strengthening regulation of private medical insurance and encouraging the industry to provide medical insurance which is in

line with public interest, such as insurance which does not discriminate against mental or chronic illness;

- (k) increasing the value of elderly health care vouchers to at least \$1,000 a year and providing low-income families with such vouchers;
- (l) enhancing oral care education; and
- (m) providing dental care vouchers for young children, secondary students, low-income families and the elderly, so as to protect the oral health of the public."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the motion moved by Dr KWOK Ka-ki be passed.

PRESIDENT (in Cantonese): Five Members intend to move amendments to this motion. The motion and the five amendments will now be debated together in a joint debate.

I now call upon Miss CHAN Yuen-han to speak first, to be followed by Dr YEUNG Sum, Mr Vincent FANG, Mr LI Kwok-ying and Dr Joseph LEE, but no amendments are to be moved at this stage.

MISS CHAN YUEN-HAN (in Cantonese): Madam President, Hong Kong is facing the problem of population ageing and continued increase in health care expenditure. Although the Government has recently introduced the health care financing options, public reactions have actually been very strong over the past few months. The community has very strong views on the six supplementary financing options proposed by the Government, and members of the public generally oppose the proposals. What I think is that when a consensus has not yet been reached on this issue, I do not wish to hear from Secretary Dr York CHOW what he had said in answering an earlier question from me. I asked him at that time, "There are many things you can do. Why do you not do them? You said that there are problems with the health care system. You can first deal with them and leave the discussion of the six supplementary financing options to

a later time in the future when a consensus is reached." But the Secretary replied, "If the question of supplementary financing is not settled, it would be very difficult for me to carry out other areas of work." I really think that this is quite outrageous.

Madam President, when I asked the Secretary this question, I had not yet listened to the views of the public extensively. Today, after a dozen or more consultation sessions, I can see that the public, on the one hand, does not quite understand the so-called supplementary financing options and in the process of understanding these options, they put forward a diversity of views and even views outside the scope of the six financing options which actually involve the reform of health care services under our discussion now. Under such circumstances, many people put forward the sixth, the seventh or the eighth options. From this we can see that no consensus has been reached in society, and these problems will remain unresolved even upon the completion of the consultation exercise in June. I hope that the Government can see what the problems are. Why does the Government still refrain from taking actions under such circumstances?

The first problem concerns the current distribution of resources by the HA, and I have asked questions about this for many times. These are resources for hospital clusters. There are seven hospital clusters in Hong Kong. We think that the size of population should be a very important criterion for resource distribution. For instance, insofar as the demographic structure is concerned, is a large elderly population a criterion for consideration? What about a large grassroots population? What about a large population of the poor? The Administration must also obtain these statistics in deciding on the resources to be distributed to the seven clusters.

Let us now look at the situation of some districts, such as the Kowloon East Cluster. Despite a population of close to 1 million, the Kowloon East Cluster is only provided with \$2.7 billion. Besides, let us look at the Hong Kong Island. With a population of 1.3 million, it is more populated than Kowloon East by less than 40% and yet it is provided with resources amounting to \$6.2 billion, 1.3 times more than those allocated to Kowloon East. Madam President, these statistics are given to me by some friends working in the health care sector. A doctor once said in this Council that policy-wise, it is actually most important for the Government to really distribute the resources to various

clusters, giving particular attention to clusters with many elderly and poor people and also a large population. Are these the criteria adopted by the Government in making decisions and in addressing problems? He considered that the Government should first address these problems, rather than working on the financing options.

I must make it clear once again that apart from the idea of serving the grassroots, health care workers in the clusters of the Government have also noticed the problems. I would like to cite the Accident and Emergency Department of Tseung Kwan O Hospital as an example. This hospital takes care of patients suffering from heart disease and stroke, but there is no magnetic resonance imaging scanner in the hospital. On a previous occasion when an accident occurred in Sai Kung, I went to Tseung Kwan O Hospital and saw that some patients had to be sent to other hospitals in Kowloon because the hospital does not have this equipment. I must ask: How could this happen?

Besides, Madam President, apart from the health care resources in the clusters, I also wish to talk about the total expenditure of some \$30 billion of the HA. Of this \$30 billion, how much is paid for staff wages? The answer is 85%. Medicine accounts for 6% only, while the development and introduction of new technology and new medicine takes up less than 10%. The posts of Cluster Chief Executives of the HA are taken up concurrently by the Chief Executives of major hospitals. How are resources being distributed in this regard? I have no idea. But when we look at the major items of expenditure, we can see that 85% of the expenditure is spent on wages, 6% on medicine and less than 10% on development, such as technological development. Under such circumstances, when the Administration seeks our approval for the provision of funding, we have to ask: Why is expenditure spent in such a way?

Madam President, recently, we have been working on the West Kowloon Cultural District (WKCD) project, and the Government came to us to seek our approval for a provision of \$21.6 billion. The Legislative Council spent some money on commissioning a group of experts to analyse the financial accounts of the WKCD project and this practice has yielded very satisfactory results. I said in the WKCD Subcommittee that in the next term, when the HA again seeks our funding approval, I hope that this Council should first expend some resources to commission experts to look into how the money will be spent and why they keep on asking us for funding over and over again and what this total expenditure of over \$30 billion is all about.

Moreover, I also wish to talk about this: Dr KWOK Ka-ki spoke of health care services in the public and private sectors. I do appreciate the situation of doctors (I mean doctors in public hospitals), who have a lot of grievances and discontent. I have a friend who is quite an experienced doctor. One night I called his wife and found out that their children was sick and yet, he still had to perform three surgeries continuously in the middle of that night. I think this would doubtlessly force him to go into private practice. I do not understand why things would develop to such a state. I have looked up some statistics and learned that doctors in the HA account for 57% of the total number of doctors. These doctors, who work in the public sector, serve 90% of Hong Kong people, and we can imagine how overwhelming their workload is. On the contrary, the remaining 43% of doctors provide health care service in the private sector. Let us not talk about other things, and I only wish to ask: How can health care services in the public and private sectors be co-ordinated more effectively? Certainly, sometimes public hospitals have imposed very harsh requirements on their doctors who are only burnt-out by work. Is this the very cause of the brain drain that has been taking place among doctors?

Furthermore, when we look at the provision of health care services in the public and private sectors, we will find that the situation is very unhealthy in many areas. More than a decade ago when Mrs Elizabeth WONG was the Secretary for Health and Welfare, private hospital beds accounted for 10% to 20% of the total number of hospital beds, and public hospital beds also took up a smaller percentage than they are now, as they accounted for only 70% to 80% at most at that time, compared to over 90% at present, but doctors in the public sector only account for 57% of the total number of doctors in Hong Kong. So, the problems involve the workload of doctors, distribution of resources, and also the co-ordination of health care services in the public and private sectors. The Government has done something in this regard recently, but it has not continued doing so. I hope that the Government can give me a reply. The Government can take actions to address these problems without first having to seek funding approval from us.

On the other hand, when we discussed resources in the Legislative Council, many doctors would often state a lot of problems and from these problems, we could sum up three sins of the HA: The HA is unfair in the distribution of resources; the Cluster Chief Executives are also unfair in the distribution of resources, as resources are entirely slanting towards the leading

hospitals; Third, the term of office of Cluster Chief Executive and hospital Chief Executive seems to be lifelong, resulting in the problem of regionalism. Madam President, two consultative sessions were held on two Saturdays. Some 30 organizations attended one of the sessions and over 70 organizations attended the other. What I had heard in these sessions were the views of experts. I have never worked in the HA. Nor have I served in a hospital. But I think what they have told me does warrant the attention of the Government.

I have discussed at some length the distribution of resources, the provision of health care services in the public and private sectors, and so on. Next, I would like to turn to primary health care. I have proposed a long time ago and consistently stressed that these services should be provided by the Government and this, I fully support. But let us look at the past decades. What has the Government done insofar as medical and health care services are concerned? I would not dispute the fact that the Government has done something, but what it has done falls far short of the aspirations of the community.

For instance, let me first talk about immunization. In fact, the public has since the end of the War been provided with immunization service against diphtheria, and so on. But obviously, no significant progress has been made. In November last year and January this year, I put questions to the Government about the prevention of pneumococcal diseases and the situation of immunization among children. I found that since the implementation of immunization programme in the 1960s, vaccines have been provided to prevent the same nine diseases only, including poliomyelitis, tuberculosis, hepatitis B, diphtheria, pertussis, and so on. But have Members noticed any similar immunization programme recently? Yes, there may be some, but not many. Madam President, I think if primary health care services can be provided effectively and if elderly patients can be provided with community care service after they are discharged from hospital, we can achieve much savings in the health care spending, and I do hold this view.

Moreover, I would like to talk about another issue. The Government has basically adopted a strategy of forcing the public to accept the six supplementary financing options, doing whatever it can to indefinitely put off the appointments for consultation. Appointments for the treatment of cataract have to wait for five years; those waiting for balloon angioplasty procedures have to wait for many years; and those with whatever disease have to wait for a certain number of

years. I very much thank the HA for its assistance as it has done quite a good job by sending officials to attend a residents' meeting in my constituency. Recently, a doctor, whose name I do not remember, said that he felt very bad when he was attending to an elderly man. This elderly patient told him that he had been waiting for four years and his turn to undergo a surgery still had not come even when he was about to die as he had finally developed glaucoma. So, as I said to the residents, I wonder if this is a conspiracy. I wonder if this is done to force us to accept the options. Madam President, I do not think that these problems can be solved only until the question of financing is settled. It is entirely possible to improve the situation now under the management of the HA. Do not create a scenario that the Government is not going to do anything for us if we do not allocate funding to it.

Madam President, these are my remarks.

DR YEUNG SUM (in Cantonese): Madam President, Dr KWOK Ka-ki and some non-government organizations staged a petition just this past Sunday to urge the Government to immediately use the \$50 billion reserve originally intended to meet future health care expenditure to improve the existing health care services.

Over the past few years, the Democratic Party has conducted in-depth studies on population ageing and health care financing. We have also visited Taiwan. We believe the growth in future health care spending is indeed a problem that needs to be addressed squarely, and it is also a grave problem. We have, therefore, advocated the setting up of an Old Age Fund by the Government to make early preparation for meeting future public expenditure.

According to the Government's report on the consultation on health care reform, the total health expenditure will increase from \$67.8 billion in 2005 to \$315.2 billion in 2033. There are comments that this is alarmist talk. In fact, it is not very meaningful for the Government to provide these figures because during this period of time, the population of Hong Kong will increase from 6.78 million to 8.38 million, and after taking into account the factor of population growth, health care expenditure per capita will only increase from \$10,000 to \$38,000 in real terms per annum. Total health expenditure as a share of the Gross Domestic Product (GDP) will increase from 5.3% to 9.2%, while public health expenditure as a share of GDP will increase from 2.9% to 5.5%.

Many colleagues in the Legislative Council pointed out that according to a study conducted by the Organization for Economic Co-operation and Development (OECD), population ageing will cause public health care expenditure to rise by an average of 0.7% annually, which is not as high as the figure suggested by the Government and so, the Government's projection of health care expenditure in 2033 is an exaggeration. However, in this study report published by the OECD in 2006, the Chief Economist of OECD expressly said in the Foreword that future spending on health and long-term care is a first-order policy issue, because despite an increase of only 0.7% in expenditure annually brought by an ageing population, and after taking into account that the future elderly population can remain in good health which may bring down the growth of expenditure to 0.4%, public expenditure on health and long-term care as a share of GDP will still increase from 3.4% to 6.1% in 2050. If we calculate on this basis, in 2033, the funding as a share of GDP must increase by 2.1% to 3.8% in order to meet the expenditure on public health and long-term care services. The report also pointed out that in rapidly ageing countries, such as South Korea, the share of GDP will have to increase even further, whereas for countries in a mature ageing process, such as Sweden, the increase will be low. Madam President, I must stress that the population of Hong Kong will be ageing rapidly from 2011 to 2033 and we precisely fall into the category of expecting a drastic growth in expenditure and Members must not take this projection lightly. Taking into consideration this study by the OECD, the SAR Government's projection that our public health care expenditure as a share of GDP will increase by 2.6% in 2033 seems to be reasonable, and I stress, this is a reasonable projection.

The Government pointed out that in 2033, the total health expenditure will account for 9.2% of GDP. In fact, health care spending in countries such as Britain, Japan, Australia and Switzerland already take up 8% to 12% of GDP. Our health care expenditure is lower than these other countries, and the price we have paid is the health and quality of life of Hong Kong people, as well as a huge workload on health care workers in the public sector. In public hospitals, the waiting time for a cataract surgery is as long as three years, and as colleagues also mentioned earlier on, many lifesaving medicines for cancer patients are no longer provided in public hospitals due to expensive costs, and patients have to purchase at their own expense the surgical appliances for the balloon angioplasty procedure which cost tens of thousand dollars. Patients are now paying a total of \$400 million to \$500 million a year, and this is adequate proof that the public health care sector can no longer provide basic protection for Hong Kong people.

If we still do not consider the question of health care financing, I think the problem will only become all the more serious.

At present, tax revenue can no longer provide basic protection for the public. Madam President, I must stress once again that at present, the appropriations from our tax revenue can no longer provide basic protection for the public. So, this is largely the cause of the problems in the public health care sector as cautioned by Members earlier on. Even if members of the public can continuously put up with the existing service standard, health expenditure will still multiply in 2033. If we still rely on the existing tax regime to meet the expenditure, it is indeed difficult to imagine how we can obtain sufficient revenue to sustain the provision of public health care services which are already riddled with problems.

During the past few years when the economy was in the doldrums, the Government had increased medical fees and charges, cut down on services and make public health care workers work overtime unreasonably, and these scenes are still vividly clear in my mind. This clearly shows that the low tax regime in Hong Kong can no longer provide a stable source of funding for public health care services. Furthermore, population ageing will not only increase health care expenditure. The expenditure on "fruit grant", residential care homes for the elderly, Comprehensive Social Security Assistance for the elderly, and so on, will also increase considerably. Various policy areas are set to compete for appropriations from the tax revenue.

Some colleagues hold that it is best to increase tax, rather than implementing any of the financing options. But I think colleagues must really consider two points carefully: Firstly, a low tax regime in Hong Kong is provided for in the Basic Law; secondly, under globalization, our competitiveness is to a certain extent related to the tax regime, and although there is not an absolute link between them, they are still related to some extent. If we seek to maintain the provision of reasonable public services through tax increase, Members can imagine that the problem will become very serious.

The Democratic Party is more inclined towards a publicly-run insurance system with a non-profit making and risk-sharing approach to achieve social equity, so that all Hong Kong people, be they rich or poor, can be provided with reasonable health care services. This is social equity that the Democratic Party has stressed very strongly. Of course, it is easiest to achieve social equity

through the tax regime, but the two points that I mentioned above must not be taken lightly by Members.

The Government, amassing a fiscal surplus now, has set aside \$50 billion as a reserve for meeting future expenditure. But I think this is, in fact, inadequate. We propose that the Government should also inject half of the annual investment income of the Exchange Fund into the Old Age Fund, in order to meet the expenditure in various areas following population ageing in 2011. Disregarding whether a decision is made to increase tax or implement a contributory form of health care financing system in future, the Fund can alleviate the burden brought by the future population, and ensure that the amount of contribution will not be too high even if a contributory model is adopted.

Given a considerable fiscal surplus of the Government this year, we agree that the Government should increase the provision for public expenditure to improve health care services. The Chief Executive has proposed to increase public health expenditure from 14% to 17% in five years and in this connection, the Government can give effect to this policy as soon as possible. But Madam President, with regard to the proposal of using the \$50 billion funding, I must say that I take exception to it, with due respect. There is certainly a need to improve health care services, but health care services are set to face crisis after crisis in future. I, therefore, hope that Members can be more forward-looking. We have no alternative but to save up for a rainy day.

Therefore, while Dr KWOK Ka-ki's original motion is well-intentioned, I cannot support it, whether from a technical point of view or considering the specific proposals made in it. So, the Democratic Party can only cast an abstention vote on it. As for the amendments proposed by Miss CHAN Yuen-han and Dr Joseph LEE, we also have no alternative but to abstain in the vote for the same reason.

Madam President, I wish to make one more point. The main objective of the Democratic Party in proposing the setting up of a primary health care fund is to enable society to provide more resources for the improvement of primary health care services. If primary health care services can be provided effectively, the demand for hospital services can certainly be reduced.

As regards Mr Vincent FANG's amendment to item (d) which proposes implementing mutual recognition of professional qualifications to attract

overseas doctors to practise in Hong Kong, since this would involve the professional autonomy of the medical profession as well as the question of upholding the professional status of local doctors, it is also difficult for us to support it. Therefore, we can only abstain in the vote.

With these remarks, I beg to move. Thank you, Madam President.

MR VINCENT FANG (in Cantonese): Madam President, when we watch television recently, we may occasionally see an Announcement of Public Interest (API) featuring Secretary for Food and Health Dr York CHOW as a "protagonist". In the API, he and his teammate, Mr Ronald ARCULLI, said one after another, "Don't just pass it around, get ready to take a shot The same applies to health care reform. It's time to get ready and strive for our goal!"

While I share the Secretary's view that there is a need to reform the health care system in the long term, the existing health care services in Hong Kong are indeed plagued with problems and urgently require improvements and so, we cannot just "pass the ball around" and we should "get ready to strive for our goal". The Liberal Party hopes to take this opportunity of this motion debate today to "feel the pulse and make a diagnosis" together with the Government.

First of all, let us look at the manpower of doctors. In recent years, the wastage rate of doctors in public hospitals has been as high as 7% and particularly, the brain drain is even more serious among experienced doctors. Faced with a situation like having only six lids for 10 pots, the serving doctors are overstretched and burnt out, working under heavy pressure and with a low morale, and it is only natural for them to think of quitting their job. This has resulted in a vicious cycle with continuous wastage of manpower.

The Liberal Party, therefore, considers that the Government should "walk on two legs". On the one hand, it should inject additional resources into the Hospital Authority (HA) for it to increase the manpower of doctors and nursing workers and improve their promotion prospects, in order to keep talents by all means. However, the Government must ensure that the resources are used on front-line health care workers, not for "fattening the top at the expense of the bottom". On the other hand, the Government should, from the angle of supply,

identify ways to attract more non-local doctors to practise in Hong Kong. In this connection, the Liberal Party proposes an amendment calling on the Government to discuss with the Medical Council of Hong Kong (HKMC), in order to look into ways for implementing mutual recognition of qualifications with the relevant organizations overseas.

At present, non-local doctors or medical graduates who wish to practise in Hong Kong are required to pass the Licensing Examination held by the HKMC. Even experienced doctors from overseas cannot be exempted. This is no doubt a barrier deterring overseas doctors who wish to return to Hong Kong or practise in Hong Kong. In recent years, the passing rate of the Licensing Examination has been pitifully low, as it only ranged from 6.2% to 8.6% in 2005 and 2006, with only 14 overseas doctors passing the Examination in these two years.

We understand that the HKMC is an independent statutory body. The principle of their professional autonomy is very important and protected by the Basic Law. But the present situation is indeed unfavourable to Hong Kong in recruiting talents urgently needed by us.

At present, many local professional bodies have made agreements with their counterparts overseas on mutual recognition of qualifications. For instance, the Hong Kong Institute of Certified Public Accountants has put in place a mechanism for mutual recognition with many accountancy bodies in Britain, Canada, Australia, Ireland, New Zealand and Africa. Under this mechanism, local accountants who sit in the licensing examinations of these countries are exempted from all or some subjects of the examination. Likewise, their accountants who wish to be qualified for practising in Hong Kong are given the same treatment. Under the Mainland/Hong Kong Closer Economic Partnership Arrangement (CEPA), architects, structural engineers, estate surveyors, town planners and building surveyors in Hong Kong and Mainland only have to pass a simple examination jointly designed by the relevant bodies in both places in order to obtain the professional qualifications to practise in Hong Kong or the Mainland. This arrangement has benefited 2 037 professionals so far and this has achieved a win-win situation.

Given these precedents, the HKMC can make reference to the practice adopted by other professional bodies and take an open attitude in attracting talents by promoting mutual recognition of qualifications. This will help

mitigate the problem of insufficient local doctors. In the long run, this will facilitate the internationalization of the local medical and health care profession and of course, the relevant authorities will need to ensure the professional standards of these "external helpers".

Madam President, the shortage of resources faced by hospitals in some districts has also aroused public concern. Therefore, in the amendment the Liberal Party urges the Government to uphold the community-based principle by planning and increasing health care services in various districts according to the respective demographic features of the district.

An example is in March this year when Hong Kong entered the peak season for influenza, as we could see that Tuen Mun Hospital in New Territories West Cluster, faced with a huge influx of patients, was immediately caught in a shortage of resources, not being able to meet the demand for services, and the operation of its Accident and Emergency Department was almost paralysed. Besides, there is no obstetrics, oncology and neurosurgery services in Tseung Kwan O Hospital; and there is not even a hospital in Tung Chung and Tin Shui Wai. All these have given cause for criticisms. The authorities must seriously address these problems and make improvements expeditiously.

The Liberal Party also believes that strengthening primary health care services and promoting disease prevention and health education will help enhance the health awareness of the public, which will in turn reduce their demand for specialist and health care services and ultimately improve the efficiency of the overall health care system. For example, the proposals of establishing a family doctor register, subsidizing patients for preventive care and enhancing out-patient services in public hospitals made in the Consultation Document on Health Care Reform are, in the view of the Liberal Party, correct directions and should be implemented as soon as possible.

Moreover, we also propose that day care and outreaching services be enhanced to reduce the need for patients to be re-admitted to hospitals, additional resources be provided to address the long waiting time for specialist out-patient services in public hospitals, Chinese medicine be further incorporated into the public health care system and more Chinese medicine out-patient clinics be provided, and additional resources be allocated to support psychiatric patients, including the provision of psychiatric specialist out-patient services in Tin Shui Wai, with a view to improving public health care services in Hong Kong.

Madam President, in order to further enhance health care services, it is impossible for us to rely on the public health care sector alone. In this connection, the Liberal Party has all along supported public-private partnership in the provision of health care services. For example, the Cataract Surgeries Programme introduced by the Government in the beginning of the year, which provides subsidies for patients on the waiting list for cataract surgery in public hospitals to undergo the surgery in private hospitals, is a good example. The Government can consider expanding the scheme of purchasing private out-patient services in the light of the actual situation and actively provide assistance for the development and expansion of private hospitals.

However, the Liberal Party does not agree to the proposals made by Dr KWOK Ka-ki and Dr YEUNG Sum of immediately sharing out the \$50 billion funding intended to be used as start-up capital for health care financing, for this funding is meant to serve a dedicated purpose of providing support to health care financing and alleviating the burden of the health care reform on the public. We consider it better to seek direct provision of additional resources, which is a direct, simple and expedient way to improve health care services.

A spate of incidents of the loss of memory sticks has recently happened in public hospitals; medical incidents have occurred over and over again; and the information of 16 000 patients has been leaked. While the HA has implemented new measures to step up protection of patients' data, it is necessary for the authorities to resolutely and vigorously take steps to ensure that the staff will earnestly enforce the new guidelines, in order to prevent the recurrence of these incidents. As for the very distressing medical incidents, they are directly related to the shortage of manpower and excessively long working hours and low morale among doctors in public hospitals. Therefore, the Government must tackle the problems at root and only in this way can the health care services in Hong Kong be improved.

Madam President, I so submit.

MR LI KWOK-YING (in Cantonese): Madam President, health care services have always been an issue of utmost concern to the public. What we need to discuss is not only the question of financing, for there are also many inadequacies in the provision of services. The original motion and the amendments today put forward over 20 proposals. This shows that colleagues

from different political parties and groupings all hope to see immediate improvement of health care services by the Government. In fact, many people in the community have already pointed out that health care services in Hong Kong face the problem of imbalance at least in three main areas: Health care resources have slanted towards high-cost in-patient services, resulting in an imbalance of resources in service delivery; an imbalance of market share between the public and private health care sectors; and an imbalance in the supply of health care workers, resulting in ineffective use of resources, increasing pressure on the public health care sector, and longer waiting time for the public, which have greatly undermined the service quality.

The Democratic Alliance for the Betterment and Progress of Hong Kong (DAB) considers that the health care reform should put emphasis on strengthening the leading role of primary health care services. The so-called primary health care services being provided now are incomplete whether in terms of the types or practicalities of the services. While various relevant services, such as family medicine, immunization, preventive care, community out-patient clinics and public health care services, seem to exist, there is no systematic division of responsibilities and interface arrangement. Unsystematic provision of service has, on the contrary, wasted a lot of time and money of the people but still prevented the people from getting suitable services.

The Consultation Document on Health Care Reform published by the Government made five proposals which include developing basic models for primary care services, establishing a family doctor register, subsidizing individuals for preventive care, improving public primary care, and strengthening public health functions. These are all correct directions, but we consider that the proposals are still fragmentary, without providing the blueprint and timetable for the future development of primary care services in Hong Kong and the criteria for assessing their effectiveness. There are still inadequacies in some areas and particularly, family doctor system has been discussed for many years and the Government has not yet come to a conclusion on the specific requirements of family doctors, the role of their service, ways to pursue continued education, and so on, and this is indeed disappointing to the public and also to medical and health care professionals. Apart from family doctors, other paramedical professionals, such as pharmacists, nurses, optometrists and chiropractors, should also play a more important role in primary care services. It is also necessary to provide institutional support to foster co-operation among Western medical practitioners, Chinese medicine practitioners (CMPs) and

paramedical professionals in various fields, so as to establish a closer link among them and explore the feasibility of cross-referral of patients, so as to provide the people with more efficient and better services through a team approach.

Moreover, the DAB has all along stressed that Chinese medicine should have a more important status in the overall health care system. But in its previous consultations on health care reform, the Government has not taken the initiative to mention the role of Chinese medicine. Chinese medicine has its strengths in the prevention of disease, personal health maintenance and preventive care and plays a significant role in primary health care. Its strengths are also widely recognized in respect of hospitalization and extended care. The DAB considers that the Government cannot brush aside the contribution that Chinese medicine can make to the establishment of a preventive health care system. On the contrary, the Government should seize the opportunity of the discussion on health care reform to put to good use the strengths of Chinese medicine, making vigorous effort to develop Chinese medicine by, among other things, introducing Chinese medicine-based in-patient service, with a view to enhancing the therapeutic value of Chinese medicine. Efforts should also be made to facilitate the further integration of Chinese medicine into the existing health care system on all fronts, put in place a mechanism for co-operation between CMPs and Western medical practitioners, and review the restrictions on CMPs in the use of medical equipment and technology for treatment, with a view to enabling the full convergence of Chinese medicine with the existing health care system.

Madam President, recently it has come to my attention that many people who use services in private hospitals have complained about the tight supply of hospital beds in private hospitals, as they have to wait for weeks for a bed in non-emergency cases. Many private hospital managers also told me that the number of beds in private hospitals has already failed to cope with the demand but expansion plans of their hospitals are subject to a lot of restrictions. If things go on like this, some of these people may have to turn to the public health care sector, which is an extremely unfavourable trend to the future operation of health care services in both public and private sectors. The DAB considers the expansion of private hospital services an irreversible trend, but the Government has failed to provide support in the policy. We call on the Government to set up a working group jointly with organizations of private hospitals to hold discussion on the future development of private hospitals and seek as much support as possible from government policy. We call on the Government to consider

providing sites for use by private hospitals under the policy of designating land use. Studies should be conducted on how old industrial areas can be put to good use by allowing organizations to develop non-profit-making hospitals, and concessions should be provided as incentives for these projects. Meanwhile, the Government can impose regulation by enacting legislation on the standard of service and transparency of fees and charges of these newly developed non-profit-making hospitals, so as to strengthen the provision of health care services in the private sector and enable the public to enjoy quality services at a reasonable price.

The shortage of health care workers is also of public concern. In 1999, the Hospital Authority (HA) decided to extensively close down nursing schools and tertiary institutions have since been tasked to take up nurse training by providing degree programmes in nursing. It is correct to make this change, in order to upgrade the professional standard of nurses, but the demand for nursing professionals had not been fully taken into consideration in the process. This has led to a shortage of nurses and a continued brain drain of nurses in the public sector in recent years. Following the ageing of population, the demand for nursing workers in the provision of primary care, in-patient services and elderly care is set to increase substantially. In this connection, it is imperative for the Government to reassess the overall future demand for health care workers and re-open nursing schools.

To address the problem of a succession gap following the exodus of experienced doctors, the HA must make improvement to the remuneration and promotion mechanisms for doctors and also to their working hours, in order to retain talents. Improvement should also be made to the terms of employment, so as to give a greater sense of job security to doctors who are under training, with a view to curbing the brain drain in the public health care sector.

Lastly, Madam President, I would like to say a few words on how the \$50 billion funding pledged by the Financial Secretary should be used. The DAB considers that since this funding, as undertaken by the Financial Secretary, is earmarked for use in future when a decision is taken on the supplementary financing option, while we still do not know the findings of the consultation, but if there is really a need to solve the problems with our health care services now, it is more appropriate to seek additional funding immediately. As for the view that this \$50 billion should be used to set up a fund and a certain proportion of the profit of the Exchange Fund be allocated to this fund as its recurrent revenue,

the DAB considers that this arrangement will jeopardize the Government's flexibility in budgetary allocation. In fact, the Government has already set up a lot of funds and the mechanism for financing funds has been operating effectively. For instance, with regard to the Environment and Conservation Fund and the Samaritan Fund, funding is injected on a need basis and having regard to the financial status of the Government for maintaining the normal operation of the fund and implementing new initiatives. Therefore, we must carefully consider whether or not there is a need to change the funding arrangement for a fund dedicated to financing the public health care sector.

Madam President, I so submit.

DR JOSEPH LEE (in Cantonese): Madam President, the topic under our discussion today is "Immediately improving the health care services in Hong Kong". The areas covered are wide-ranging, and many colleagues have spoken on a diversity of issues earlier on.

I mainly wish to talk about the reason why I propose an amendment today. Firstly, in respect of psychiatric services, we can see that the existing psychiatric services mainly focus on treatment. This approach is open to question as the Hospital Authority (HA)'s objective is to achieve community rehabilitation for most hospitalized mentally-ill patients. It is because if we continue to focus on medical treatment or consultation in the provision of psychiatric services and confine the delivery of such services to hospitals, that would be against the current trends in the world, whilst the Government has also expressed the wish to bring most psychiatric patients back to the community for gradual recovery, which is indeed a very good idea.

But let us take a look at the current situation. We can see that for the purpose of community rehabilitation for each psychiatric patient, it will to a very large extent require the support of community psychiatric nurses and psychiatric service teams.

Insofar as community psychiatric nurses are concerned, there are only 118 of them, which means less than 120, in Hong Kong. While the number may increase, and I hope it will, in each of the seven hospital clusters in Hong Kong there are only about 17 community psychiatric nurses, which means less than 20 of them. In other words, if the authorities are genuinely committed to

promoting community rehabilitation for psychiatric patients, the problem is that in each hospital cluster there are only less than 20 community psychiatric nurses who nevertheless have to take care of a very large number of mentally-ill patients in the cluster. Apart from nurses, the provision of rehabilitation services also requires the involvement from doctors, physiotherapists, occupational therapists and clinical psychologists, but they are not incorporated into this area of service. I wish to ask the Government under such circumstances and if psychiatric services are provided as such, how can it be possible to achieve the objective constantly stressed by the Government of promoting community rehabilitation for the mentally ill? Without the necessary support, this policy is no more than empty talk and is not going to achieve the desired results when implemented.

Of course, the Government has said that there is now a community psychiatric team which has been very useful indeed. However, I think it has not been fully brought into play, and we have repeatedly made this point. The psychiatric team is not just about a doctor and a nurse visiting patients and conducting an assessment of their conditions. The functions of this psychiatric team should indeed be upgraded on all fronts to become a community mental health team that we have advocated for a long time. Certainly, it should involve doctors, nurses, pharmacists, physiotherapists, occupational therapists, clinical psychologists and social workers as I mentioned earlier, so that they can contribute their expertise to truly help the psychiatric patients and enable them to return to their community and integrate into their family and society, thereby providing better rehabilitation services.

I hope that the Government will not only say that there is already the community psychiatric team. I hope that this team can be upgraded to a higher level and be provided with additional resources to perform its functions more effectively, thereby truly assisting the Government to achieve community rehabilitation for the mental patients. I hope that the Government will step up efforts in this regard.

On the other hand, I would like to talk about the question of re-opening nursing schools. Certainly, in view of a shortage of nurses, I think all Hong Kong people will agree to the need to increase the supply of nurses. This is absolutely fine. But on this issue, why would I, being the representative of my profession, cross out the proposal of re-opening nursing schools to boost nursing manpower as made in Dr KWOK Ka-ki's motion? I would like to explain this a bit. The point is that the Government already responded to international trends

and the aspirations of the profession and the public two decades ago by upgrading the quality of nursing, and the most effective means to do so is to include nurse training in university programmes. Two decades later, in Hong Kong there are now four universities, namely, the University of Hong Kong, The Chinese University of Hong Kong, The Open University of Hong Kong and The Hong Kong Polytechnic University, providing programmes for training registered nurses.

Having said that, the shortage of nursing manpower is mainly attributed not to the inclusion or otherwise of nurse training in university programmes, but the mistakes made by the Government in the planning of nursing manpower resources over the past two decades, as the HA would always claim to have sufficient nurses whenever the financial conditions were poor. This is what happened in 2000 and as a result, the Government has actually wasted nursing talents. Once a shortage of nurses emerges, stop-gap measures are adopted, such as asking for the re-opening of nursing schools. I think this is not the way to truly boost nursing manpower. Our profession absolutely hopes that the Government will step up efforts to provide adequate nursing manpower to serve Hong Kong people.

However, while I hold that re-opening nursing schools would be a short-sighted measure, there is no other alternative now, because in order to boost the supply of nurses most quickly, we do not see any other possible way to do so if we do not resort to re-opening nursing schools. While we consider this quick-fix measure temporarily acceptable, re-opening nursing schools is absolutely not a means to provide more nurses, for this is running counter to the policy of the Government.

Moreover, we can see that the problem lies not in whether or not nursing schools are re-opened; nor does it lie in the inclusion of nurse training in university programmes. In the final analysis, the shortage of nurses is the result of the Government's failure to make sound planning for nursing manpower resources over the past decade or two. In this connection, I hope the Government will not think that the problem can be solved by hastily re-opening nursing schools. I hope that the Government can make greater effort and drum up its resolve to map out plans for territory-wide nursing manpower resources in the next five to 10 years, so that there will not be a sudden shortage or oversupply of nurses in Hong Kong which would lead to comments that nursing schools should be re-opened or university training is tantamount to a waste of

nursing schools. This would only reflect the Government's incompetence in governance and administration, and I hope the Government will think twice.

Under such circumstances, we absolutely do not share Dr KWOK Ka-ki's view that re-opening nursing schools can boost nursing manpower. Nursing manpower aside, the quality of nurses is also very important. This is why I proposed in my amendment the setting up of a nursing academy as soon as possible to respond to the aspiration of the nursing profession. Certainly, I understand that the Secretary and his colleagues are stepping up efforts to this end. I made this point in my amendment to remind the Government again to quicken its pace of work and provide support for setting up the nursing academy. The merit is that this can expedite the development of clinical specialization of nurses, so as to facilitate greater specialization of clinical nursing work in different environment, whether in the community or hospitals. Certainly, the well-being of patients can also be improved ultimately and so, I hope that this can be done.

Finally, I wish to talk about community health care teams. With regard to the Secretary's proposals on the health care reform, a number of colleagues spoke on the question of money in their discussion earlier. In fact, the most fundamental point made by the Secretary is that, as I also mentioned when I spoke on nutrition labelling yesterday, primary health care services actually rely heavily on community nursing work. If nursing services are provided effectively in the community, public health will be improved and the number of patients requiring hospitalization will be naturally reduced. For this reason, I proposed in my amendment that community health care teams should be set up expeditiously to improve primary health care services.

Over the past four years, I have actually made this proposal repeatedly on various occasions. The health care teams will comprise doctors, nurses, pharmacists, nutritionists and therapists in various specialty areas. This team of professionals can play a major role in providing effective primary health care services in the community to the benefit of the community in various aspects. Let me take pharmacists as an example first, in order not to be specially in favour of nurses by always talking about them. In the community, many pharmacies do have community pharmacists. They are useful because they do not only dispense medicine to patients according to prescriptions, but also tell patients and their family how to take the medicine and how to take care of themselves; they

can tell patients the effects of medicine, and they will tell patients that they should consult a doctor in case they suffer adverse reactions. This is the most important duty of community pharmacies. The two major pharmacies in Hong Kong (Watson's and Mannings) also have community pharmacists. Whenever I go there shopping, I can see that the community pharmacists are busy talking with customers in a friendly way. This is precisely the major role of community pharmacists, and a key component of primary health care services.

What I have just said is only one example. I hope that in order to improve health care services, the Secretary or the Government must genuinely and expeditiously drum up the resolve to enhance the role of health care teams. This can truly help create a healthier community and society in Hong Kong. In that case, the demand for health care services in hospitals will be reduced accordingly in Hong Kong, and this is a more desirable approach.

So, in proposing this amendment, I hope to again remind and urge the Government to face up to the several problems that I mentioned earlier by addressing squarely the resource support for psychiatric services and the development of rehabilitation services, and truly conducting a comprehensive review of nursing manpower resources. The shortage of nurses cannot be resolved by merely talking about the opening or closure of nursing schools.

Lastly, in order to provide primary health care services effectively, it is very important to give play to the role of community primary care teams or community health care teams.

Madam President, I so submit.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Madam President, today, the discussion of Members on the motion on improving the health care services in Hong Kong gives us a good opportunity to examine the public consultation on the health care reform.

Dr KWOK Ka-ki has proposed his motion earlier on, and I should have thanked him, had he not cited from the consultation paper out of context and distorted the spirit of the consultation paper. In the first four chapters of the consultation paper, we have stated clearly the directions of the health care

services reform. It is only in the fifth chapter of the consultation paper that we mentioned the different financing options, hoping to let the public understand the relationship between services and financing, as well as the pros and cons of different financing options. We are not, as Dr KWOK said, aiming merely to dig into the pocket of the public. We hope that Members will assist the Government in building the bridge to facilitate public understanding of the essence of the reform. We also wish to collect different views so that we can introduce better policies in future.

On 13 March, I started the first stage of public consultation in the Legislative Council. Since then, extensive discussions have been held among members of various sectors and organizations, and the response has been positive.

The Panel on Health Services of the Legislative Council has held a number of special meetings, while I have exchanged views with Members at the meetings of the Special Finance Committee. Colleagues of the Food and Health Bureau and I have altogether attended more than 130 briefing sessions and seminars in various forms held by different sectors and social strata to explain to the public the concept of the health care reform and listen to their views on the reform. I will also attend in person meetings with the 18 District Councils (DCs) to listen to the views of DC members. So far, I have already attended the meetings of 15 districts, and the consultation with DCs will be completed after attending the meetings of the remaining three districts. A lot of the seminars held are attended by 100-odd to 200 persons, particularly those held for organizations of different sectors, the business sector and the professional sectors. We have also attended the seminars organized by certain Members, but regrettably, some Members have not mobilized people to come to the seminar, and on one occasion, there was only one person attending the seminar.

Reports and commentaries on the health care reform are covered by the media and newspaper nearly everyday. By now, as many as 800 submissions have been received. We are now conducting a questionnaire survey on the health care reform and setting up a special task force to collect more views in greater depth.

I can say that this consultation is met with more enthusiastic responses by all sectors of society than any consultation on the health care reform conducted in

the past. We have conducted an extensive consultation and incorporated a wide range of views. So far, a majority of the views received acknowledges the need to reform the health care system, and that the objective of the reform should be the provision of more comprehensive service, more choices and greater protection for the better health of the public.

The Government and Members have heard clearly the voice demanding for an early reform in the community. We have also received a lot of constructive and enlightening questions and opinions which can greatly facilitate the next stage of work. We will incorporate these opinions proactively and finalize and implement reform proposals on which mainstream consensus has already been reached as soon as possible. They include the improvement measures proposed by a majority of Members today. As some of these measures have been explained by me at different stages and on different occasions, such as the relevant Panels and the Finance Committee of the Legislative Council, I will not repeat them one by one.

However, the effect of a reform will only be brought into full play when it is carried out on an ongoing basis. To ensure that the health care system can cope with the rapid change in population structure and the ever increasing health care costs, and that the reforms on various systems and services will be implemented continuously, we must provide a sustainable and stable source of income for the health care system in the long run. In the six to seven years after the reunification, the Government had to cut its expenses in view of the flagging economy. This speaks volume the importance of opening new funding sources for health care services. This is exactly the reason why the issue of health care financing is put forth at the same time.

In future, government funding will remain a major source of funding for health care services, which will only be increased and not reduced in the next few years. Therefore, our proposal of supplementary financing concerns the raising and utilization of fund in addition to government funding to facilitate service improvement and enhance the stability of health care funding.

To truly implement the health care reform, a certain consensus has to be reached on solving the financing problem. It is understandable that various sectors of society and Members have different inclinations on health care financing, but it is a reasonable expectation of the public that the Government

and Members in this Chamber will seek a social consensus on complicated social agendas. Besides, the aspiration of the public for service improvement via the early implementation of the reform has created a pressing need for us to seek a consensus. Therefore, I hope Members will examine the health care financing issue with a rational and pragmatic attitude.

Madam President, taking an overview of the past experience of Hong Kong and overseas countries, we can see that the health care expenditure will continue to increase rapidly, and this is an indisputable fact. Further bickering about the issue will in no way help solving the problem. I have once said that the health care system and financing system in Hong Kong can be likened as a patient at the pre-malignant stage of cancer who refuses to receive treatment. Delayed treatment will only result in the deterioration of the situation and make the problem more difficult to handle. To refrain from seeking treatment in order not to face the reality is not the right attitude we should take.

Madam President, I so submit. I will respond again after listening to the views expressed by Members on the motion and the amendments. Thank you, Madam President.

MR LAU CHIN-SHEK (in Cantonese): President, today's original motion and amendments have set out various proposals to improve the health care services in Hong Kong, which can be said to be very exhaustive. However, it seems to me that none of them has touched on the crux of the problem, and that is, the ever-increasing medical fees. The application of advanced technologies has driven up the medical fees so high that the increase has far exceeded the economic growth and caused the price of patented drugs to soar. Worse still, many of these drugs are usually required by patients for long-term and even lifelong use. As a result, this has put a heavier burden on the patients, their families and even the community at large.

President, the improvement of health care services certainly requires the input of more resources. And yet, the input of resources alone cannot solve the problem thoroughly. Health care expenditure of the United States is the highest among the world, reaching US\$2,260 billion in 2007 and accounting for 16.3% of its Gross Domestic product. But in spite of the huge injection of money, 16% of its population (that is, 47 million people) does not have health care

protection. It is estimated that there were 18 000 unnecessary deaths each year due to an absence of health care insurance, and medical incident is even the number three killer in the United States.

President, the subject under discussion today also concerns Hong Kong's health care financing. The Government proposed the provision of \$50 billion funding in one go for launching supplementary financing for health care. However, I can say that the \$50 billion funding is merely a drop in the ocean. If our health care policy remains unchanged, all financing options will only be turned into bottomless pits. Apart from putting in more resources to enhance the quality of our health care services, of equal importance is the question of how the sustainability of the health care system can be maintained. This is not unique to Hong Kong. All governments around the world and the medical sector are facing the same problem.

President, Prof DENG Tietao, a national treasure of China and Life Professor of the Guangzhou University of Traditional Chinese Medicine, pointed out that the solution to this global problem is the introduction of traditional Chinese medicine, which has a history of 5 000 years. Prof DENG considered that traditional Chinese medicine has the advantages of being "simple, effective, convenient and inexpensive". Should we integrate traditional Chinese and Western medicines to provide an economical option of medical treatment, it will absolutely be a blessing to all mankind.

President, should we also take into account the new global trend of integrating traditional Chinese and Western medicines in the course of discussing the improvement of Hong Kong's health care services apart from just putting different wishes onto the wishing tree? While the United States and Germany have put in considerable resources in the research and development of traditional Chinese medicine, Japan, Singapore and even Canada have also extensively introduced the use of traditional Chinese medicine and other medical treatments, in the hope of developing inexpensive but effective medical treatments. Or else, they will go bankrupt in the face of soaring medical expenditure.

Looking back on Hong Kong, while the Chief Executive, many Secretaries of Department and Directors of Bureau, Honourable Members and members of the public recognize the effectiveness of Western medicine, Chinese medication is also used for health preservation. This has, to a certain extent, proved that the general direction of integration between traditional Chinese and Western

medicines has been quite widely accepted in the Hong Kong community. However, we can see that it is common for many people to think that the effect of traditional Chinese medicine is more for preventive and health preservation purposes, rather than for treatment purposes. In other words, traditional Chinese and Western medicines have different roles to play, and there is no genuine integration at all.

If Members make a trip to some Chinese medical hospitals in Guangdong, they will find that many patients actually came from Hong Kong or Western countries. They choose Chinese medicine simply for two reasons, that is, it is effective and inexpensive. In Hong Kong, Chinese medicine has yet been given full play in medical treatment. It can be said that the integration of traditional Chinese and Western medicines still has ample room for development. The key lies in the formulation of concrete policies and measures by the Government and the medical sector to promote development in this regard.

President, we should never underestimate the difficulties underlying the promotion of the integration of traditional Chinese and Western medicines in Hong Kong, which can roughly be attributed to three reasons. Firstly, unlike those medical students in the Mainland who learnt the importance of integration of traditional Chinese and Western medicines a long time ago during their studies, the majority of the medical practitioners trained under the Western medicine system generally do not have any knowledge of traditional Chinese medicine. Secondly, given that the traditional Chinese and Western medicines are originated from two completely different philosophical systems, it would take a lot of time to develop a common language for them. Thirdly, there is a lack of clinical bases for the development of traditional Chinese medicine. In view of the shortage of clinical facilities for Chinese medicine in Hong Kong's hospitals, clinical studies often have to be conducted in the Mainland.

President, be it the use of government revenue, personal savings or medical insurance, it only deals with the questions of who will pay and how to pay. But if the medical expenditure rockets continuously, the money will never be enough regardless of how much we can pool. In my opinion, the only way out is to promote the integration of traditional Chinese and Western medicine, attach importance to preventive care, and develop high quality but inexpensive health care services. This is our top priority at this moment.

Thank you, President.

MR WONG KWOK-HING (in Cantonese): Madam President, Miss CHAN Yuen-han has proposed an amendment to this motion and supplements it with seven proposals. I would like to express my views in this regard.

In fact, on the day when the Secretary first came to this Council to submit the Consultation Document on Health Care Reform, I had stated clearly at the meeting that we opposed the Government unilaterally requiring wage earners to make mandatory contribution. If neither the employer nor the Government will make contribution and wage earners are made to pay for the cost, we would rise to oppose it.

Furthermore, we must point out clearly that the health care financing reform and improvement of health care services are absolutely not trade-off conditions. The authorities cannot say that our health care services will not be improved should the health care financing options be voted down. They are absolutely not trade-off conditions. In our opinion, given that the Government has substantial revenue from tax and it has the responsibility to manage Hong Kong and has for a long time, not just from today, provided health care services for members of the public, the Government is duty bound to provide quality health care services and make improvements. The Government can only win over public confidence by providing good services and making continuous improvements. Only by doing so can the Government have a basis to implement various financing options, and secure public support and confidence.

Madam President, after the publication of this report by the Government, Miss CHAN Yuen-han and I were the first to indicate to the Government our intention to conduct residents' meetings in various districts and housing estates. Ten such consultation meetings had been conducted in the district where I live, and bureau officials were invited to brief the residents. This provided a rational platform for the residents to express their views. Since the two pre-requisites mentioned by me just now had already been expressly stated at the various consultation forums, I am not going to repeat them here.

I wish to add a point or two to some of the seven suggestions proposed by Miss CHAN Yuen-han. First of all, it is about the vaccination for children. At present, a few vaccines are currently provided for children free of charge. Despite that both the World Health Organization and the Hong Kong Medical Association have suggested the provision of another seven vaccines for children, the Department of Health has yet to provide vaccinations for pneumococcal

diseases, rotavirus infection and chicken pox. Why could the Government not do more and do better? This is the first point. I hope that the Secretary will give us a reply.

Secondly, I wish to talk about the dental care service. At the residents' meetings, some kaifongs told us that dental care service is only available for primary but not secondary students. So, a gap exists in the provision of service. Secondary students are not that old, but why are they not provided with dental care service at their age? I hope that improvements will be made in this respect.

Furthermore, Madam President, even if members of the public have any problem with their teeth, only two kinds of services are available at the public out-patient clinics. One is the accident and emergency service which they may use when they were admitted for serious toothache. The other is tooth extraction. Members of the public may only have their decayed teeth extracted but nothing else. There have been strong public criticisms that while the civil servants can enjoy these services, why are they not entitled to such services when they are also taxpayers? The Government has failed to give an explanation. I hope that the Secretary will take note of this problem. This is the second point.

Thirdly, it is about the inability of the elderly people to make appointments by telephone. Although different methods have been used, such as the promotion of community education and the deployment of volunteers to help them, the elderly people still insisted that they had no idea about how to handle those numbers. Should the authorities provide them with an alternative by setting up a manned hotline for them? They wonder why the Government still turns a deaf ear to their request despite that they have petitioned Mr WONG, joined the signature campaign and brought this to the attention of the Hospital Authority (HA). How can the Government win public confidence when it is reluctant to improve even this service? I hope that the Secretary would genuinely reconsider the matter.

Now, I would like to turn to the specialist out-patient and surgery services, for which the waiting time is too long indeed. Several residents' meetings have been conducted to discuss the matter. Madam President, let me explain this with some examples. At a residents' meeting, a 79-year-old lady pointed out that she was told to wait for four years for medical treatment, but she said she could not tell if she could live four more years for her turn to receive the

specialist out-patient service. No doubt the Government has limited resources, but should improvement targets be set? For instance, targets can be set to shorten the waiting time in respect of a particular disease to within three or two and a half years. The authorities should at least give an account to the public in this respect. However, they have failed to do so. I hope that the Secretary will take this into account as well.

Finally, I wish to talk about the lack of hospitals in Tung Chung and Tin Shui Wai. Insofar as Tung Chung is concerned, although a target has been set to build the North Lantau Hospital, it will take several years to complete. Regarding the provisional night-time consultation service, after repeated negotiations, the authorities only agreed to extend it for six months until August this year, and the service will be terminated then. This is very undesirable. As for Tin Shui Wai, only a general out-patient clinic is planned to be built. How can this cope with the needs of the residents living in those remote new towns? I hope that the Secretary will accord top priority to these projects so as to expeditiously resolve the problem.

Thank you, Madam President.

MR ALBERT HO (in Cantonese): Madam President, no matter how we look at the issue of future health care financing, our existing health care system does have many flaws and reform is much warranted. Should we not reform it at once, I think we should indeed be very shameful of the plight of the numerous patients in Hong Kong.

Very often, we learn from newspapers that people who suffer from serious or chronic illnesses claimed that they could not afford the medicines. They were so helpless that assistance from philanthropist is necessary. This is mainly attributable to the introduction of a drug formulary by the authorities, which is precisely the first thing that I am going to "denounce" (please allow me to use this word).

In fact, not only the poor are in such a plight, the introduction of the drug formulary has also caused immense financial burden on the middle class whose family members have to rely on some costly medicines that are beyond their affordability. What is more, this has given rise to the problem of poverty.

Not long ago, I met a group of Thalassaemia children and their parents. These children have to receive an injection at the abdomen every day for treatment. We all know that it is extremely painful to have injection for such a prolonged period of time. Worse still, the injection must be done slowly, which may take one or two hours. On the other hand, such injection would cause iron to build up in their bodies and thus requires the intake of medicines to remove the excessive iron. Such medicine, however, have many side effects.

Recently, new oral medicines have been invented by pharmaceutical companies to replace injection. Despite of the significant effectiveness of the new medicines which can greatly reduce the pain suffered by the patients, no subsidy has been provided by our public hospitals. When I met with the parents of these patients, they told me that though most of them are from the middle class and can afford paying hundreds of dollars for the medicines, there is no guarantee of their financial conditions. Admittedly, the conditions of their children have greatly improved after taking those costly medicines, but what if they have financial problem in the future and can no longer afford the medicines. How can they have the heart to make their children to suffer that pain again? Being parents, how can they be so hardhearted to ask their children to take such risks?

In fact, blood cancer patients face the same plight. After taking Glivec, some patients have great improvements in their daily life. Not only can they go to work, they may even take part in various activities. But without Glivec, many of them think that they could no longer live like this and may even lose their lives. These medicines were included in the drug formulary as a result of the joint effort of many people, including some patient groups and the media. Following the inclusion of these medicines, patients are no longer required to pay for them.

This has nonetheless proved that the existing system has many problems. In fact, there are countless examples like those mentioned by me just now. Apart from medications, patients may also need to undergo surgeries, such as the angioplasty mostly for the elderly people, which Members are probably very familiar with. Although this is not a major surgery, the patients may have to pay at their own expense up to tens of thousand of dollars for the equipment.

According to the figures provided, between 2005 and 2006, patients of public hospitals were required to pay as high as \$420 million for drugs and

medical items from their own purse. In fact, many professionals and people in the community consider it unjust and inappropriate to require patients to pay for many essential surgeries and effective medicines.

For many years, we have been pursuing in the Legislative Council for deleting a number of medicines from the drug formulary but to no avail. In fact, not only are patients required to pay for the medicines and health care services, there is also a serious lack of out-patient services. Despite that the quota system has been improved in some respects, which we must admit as many patients can now enjoy more convenient service by appointment, many elderly people, the singleton elderly in particular, still cannot adapt to this service and they therefore hope that a manned appointment hotline can be retained for their use. Again, their request was not acceded to, hence making the elderly very upset.

Just as I have said, there is also a lack of dental service, and I think I do not have to repeat this. In fact, elderly people having dental problem will suffer from malnutrition and even digestive problems. I believe the authorities should be well aware of this. The whole problem lies in the inadequacy of resources for the health care system. However, what is the most inexplicable is that under this situation, the Government has reduced tax and returned more than \$5 billion to the business sector and high income earners. I really find this incomprehensible. Therefore, I hope that the Government will consider the issue in a holistic manner and make appropriate resource allocation.

MR LEUNG YIU-CHUNG (in Cantonese): Just now, I listened very carefully to the speech made by the Secretary. He said that positive and enthusiastic feedback was received from the public following the publication of the consultation document in March, and that there had also been many responses, some of which pointed out in particular that there should not be delay for health care financing and reform.

I wonder how the Secretary felt after hearing or seeing these public responses. If I were the Secretary, I would feel very sad and shameful. Why do I say so, President? Why did the public react to health care reform in such an active and enthusiastic way? This is certainly because the existing health care system is not good enough, so that reform is necessary. Otherwise, why would they bother to express views so enthusiastically, right?

It has been four years since the appointment of the Secretary in October 2004. What contribution has he made in respect of health care services? I wonder what the Secretary can say in his response.

Many colleagues have time and again put forward different proposals and options, which should have been implemented long ago. But have they been implemented? No. Take traditional Chinese medicine as an example. While traditional Chinese medicine was recognized long ago, and the Government has stated for years that an out-patient clinic would be set up in every district, so far there are only six such clinics. I cannot recall if there are six, 10 or 12. Even if there are 12, it is still far from what he has undertaken, that is, one clinic for every district.

Also, what has he done to health care education in the community? And what about the out-patient services which Members mentioned earlier on? What about the night-time consultation services then? These are often criticized by the public and a reform of our health care system is therefore imperative. Regrettably, President, in the course of discussing the health care reform, the Secretary has instead put the blame on the financial crisis, saying that new sources of income are urgently needed due to the lack of financial resources. He therefore put forward six proposals, which aim to lure us into either making contributions or taking out insurance. All these revolve around money. The ageing population is another issue other than money. He threatened us by saying that the problem of an ageing population would become very serious in 2033. At present, there is one elderly person in every eight people. But in 2033, that is 25 years later, there will be one elderly person in every four people. With the growing elderly population, health care expenditure will naturally increase too. A stitch in time saves nine. In view of the need to explore new sources of income, all the six proposals do serve this purpose.

President, I remember that it was stated in the Harvard Report that health care expenditure would definitely increase as a result of population ageing. At that time, it was estimated that the relevant expenditure would increase significantly from \$32.4 billion in 1997 to \$88.8 billion in 2004. Unfortunately, the estimate was wrong, President, because health care expenditure was only \$37 billion in 2004. The estimate made in the report is more than double of the actual figure. So, I think these groundless figures do not serve any practical purpose as they are merely used for scaremongering.

The Secretary, however, has outrageously used the same tactics this time by threatening us with an estimate of considerable expenditure and telling us that financing is a must. In my opinion, this is not practicable, but the Government refused to do something more down to earth. Just now, we said that traditional Chinese medicine is in fact the best in terms of prevention, so if it is properly promoted, it should help reduce the health care expenditure for the elderly people. What is more important is that this consultation report emphasizes that health is an individual's responsibility and so, individuals are required to pay their own bills by making contributions or taking out insurance. While the Government stated that it would not shirk its responsibility of paying the health care bill, what is the implication of this? This is actually the concept that like unemployment and poverty, health care is purely personal and the Government can only provide certain assistance, and one can only overcome the adversities by one's own effort.

President, this concept is obviously consistent with the principle of small government. However, we also know that these problems, especially health care problems, should not be personalized. Our health and the social environment are not only closely related, but also inseparable. We always say that, for instance, employees in Hong Kong have to work as long as 12 to 13 hours. When they are physically exhausted, their health will definitely be undermined. Nonetheless, instead of looking for a solution, the Government has merely focused on their need to see a doctor more often as they grow old, and therefore highlighted the need to make money as soon as possible for making contributions. The Government has not in the least considered how this situation can be improved. Furthermore, environmental pollution will also affect our physical health. But what has the Government done about this?

For this reason, we cannot just think of financing all the time while neglecting all other problems. Unfortunately, this is the only point emphasized in the health care financing report. Also, I wish to stress the importance of community health education, which is not mentioned in the report. I therefore consider this report flawed, and it is downright inappropriate to require us to pay. Recently, we have commissioned the Hong Kong Baptist University to conduct a survey. The findings show that more than 80% of the grassroots oppose the contribution option. Rather, they prefer the Government to maintain the *status quo* and provide funding to improve the health care system. These are their views and aspirations.

President, I so submit.

MR LEE WING-TAT (in Cantonese): President, first of all, I am very grateful to Dr KWOK Ka-ki for proposing this motion.

As we all know, the improvement of health care services and health care financing have all along been controversial issues, particularly when members of the public are required to pay. During this debate, colleagues said that health care services are not a question of money. Yet, money is indeed involved in the provision of health care services, because it takes money to make improvements. With regard to this point, I can sympathize with the Secretary. However, I cannot fully sympathize with him because if the grassroots, or middle class in particular, are asked to pay, they will probably ask one question: "How much more do I have to pay and how will the money be spent?"

I remember that I had studied all the relevant reports before attending a health care forum organized by the Democratic Party, though I am not a spokesman of health care issues. I sat with the audience and asked the Principal Assistant Secretary the purpose of collecting an additional payment of 2% to 4%, the benchmark of the services, and the improvements to be made with such money. I think anyone who has made an additional payment will ask these questions. It is just like dining at a high-class restaurant must be different from taking a meal at a café. However, Secretary, it was a pity that — at the forum hosted by Dr YEUNG Sum — no reply was given by the Principal Assistant Secretary, who merely said that discussion would be conducted and that the Government would collect the money first, and discussion on the provision of services would follow later on.

Secretary, in this world, it is extremely difficult to conduct discussion in this way. While it is not the intention of the Democratic Party to oppose the financing options adamantly, I think it is hard for the Party to support any financing option, regardless of the method of making contribution, if the authorities still refuse to include in our discussion such questions as who is made to pay for the additional costs, how much they will have to pay and how improvements can be made to various services.

I have to thank Dr KWOK for giving us all these information. These are questions which the Secretary should reply. Regarding the public expenditure there are certainly some steadfast rules, say, containing our public expenditure to no more than 20% of gross domestic product. However, the figure has never reached this level over the past few years, but remained within the range of 16% to 19%. The information that Dr KWOK supplied to us is

very good, showing that public spending on health care had dropped from 1999 to 2006-2007, and the Secretary should respond to this point. He said that health care spending accounted for 15.3% of the total recurrent expenditure in 1999-2000, and dropped to 14.7% in 2006-2007. If we look at the actual figures, it was \$29.5 billion in 2003-2004 but later dropped to \$28 billion in 2006-2007, though followed by a rebound to \$29.6 billion last year. In other words, no actual growth has been recorded in the amount health care expenditure — I am referring to the Hospital Authority — the percentage has not been increased. How can we achieve improvements in services when neither the Secretary nor his colleagues have made commitments for the implementation of the health care financing option?

Between the end of March and early May, I conducted nearly 2 000 telephone surveys in the district and 1 000 people had responded. The Secretary need not be afraid because not only grassroots were interviewed. It is the survey conducted by Mr LEUNG Yiu-chung that interviewed only the grassroots, and 80% of the respondents expressed opposition. My survey, on the other hand, has interviewed all members of the public. The findings show that 62% of the respondents oppose to the financing option whereas 35% support it. As you can see, Secretary, you are not entirely unsupported as nearly 35% of people have indicated their support.

What elements are contained in this survey? I have sent the report to the colleagues of the Secretary. Firstly, the percentage is very low, which is just 1% to 2%. Secondly, the authorities were requested to set out all the tasks to be carried out, the services to be improved, the possibility of shortening the waiting time for specialist out-patient service from two years to half a year, the possibility of significantly reducing the waiting time of each specialist out-patient clinic, whether improvements will be made to out-patient services and the standard drug formulary, as well as the need to include some necessary medicines. These are the specific requests put forward by members of the public.

Furthermore, they also wish to know specifically if the Government would share the bill when they are asked to pay and would do so willingly. Will the employers be asked to pay also? Members of the public have very strong views about this. Nearly 80% of the respondents said that both the Government and employers should also make contributions. They said that if each party contributes 1%, it would add up to 3%. Assuming that the monthly salary is

\$10,000, each of them are required to pay \$100 only, but not as much as \$500 if the rate of contribution is set at 5%. I do not intend to make this debate too emotional, but if we simply look at all these details, the grassroots Nearly 70% to 80% of the grassroots have likewise expressed their opposition, whereas 30% of the middle class accept certain forms of contributory scheme. However, they want to know specifically what the money will be used for.

Regrettably, in the absence of a concrete proposal, the Secretary failed to obtain much support from the middle class, as he failed to state the reason why people have to pay. I suggest that the Secretary should put forward concrete proposals for the health care reform in the next round of consultation. So, I consider Dr KWOK's proposal very good in that he put forward concrete plans and suggestions for the health care reform, and clearly set out the areas in which additional expenditure will be incurred in implementing the reform (including general out-patient services, primary health care services, specialist out-patient services and the standard drug formulary). As we are aware, in order to improve the relevant services and shorten the waiting time, more doctors, facilities and places for consultation will be required, and all these boil down to the question of money. I agree that improvement of services needs money, but if the Secretary merely asks the people to pay without providing a breakdown of the spending, I, LEE Wing-tat, would find it hard to convince the Democratic Party to render support. I find this too illogical because all it said is that after receiving the money

The last point I wish to make is about the standard drug formulary, over which the kaifongs have expressed the gravest concern in our discussion on health care services. Sometimes, when I worked in the district — not about health care matters — I might come across some elderly people telling me that the standard drug formulary has greatly affected them. For instance, the medicine they used to take for relieving leg ailment was very effective, but it was later replaced by some rheumatism ointment with mint smell which is effective for only an hour. They felt so frustrated that they would complain to me for almost one hour. Admittedly, there is no way I can have full knowledge of the types of drugs being removed from the drug formulary, but with regard to these specific cases, there is a genuine need for the authorities to review if things have gone so far that even medicines that are not expensive were removed, hence making it entirely impossible to improve the services for the public.

Thank you, President.

MR ALBERT CHENG (in Cantonese): President, I believe no one will oppose the motion "Immediately improving the health care services in Hong Kong". Although some people opposed the motion "Legislating to strengthen the protection for the rights and interests of property buyers", I believe there should not be any problem for this motion to be passed.

President, this issue has been discussed for a very long time. In fact, I consider it inappropriate to implement the health care financing proposal at this juncture for it is not the right time yet. The Government has discussed this issue for 20 years. After the Harvard Report, here comes the health care financing proposal. It always threatens the public by saying that our public health care system would totally break down should we not follow the "user pays" principle and implement health care financing. This is indeed rubbish, though it has been said for 20 years.

I believe everybody is concerned about their own health. For instance, the labelling regulation being discussed yesterday also concerns food and health. Hong Kong is now an affluent society. In our old poor days, people were only concerned about making money. But what are we pursuing nowadays? President, I wonder if you know the saying, "chasing money for longer life". This explains why the Public Accounts Committee (PAC) has recently spent so much time on looking into a question which is of concern to the community at large, and that is, extravagant medical insurance package. Why would this happen? This illustrates that the person concerned also cares very much about the health of herself and her family, but of course, what she did is wrong.

For me, I am now 60, and I am really "chasing money for longer life". If I come across any extravagant medical insurance plan, I will make some enquiries. Of course, I have already taken out insurance, which is also from that insurance company but at a much cheaper price and I also pay from my own purse. Secondly, I became a vegetarian three weeks ago because I am afraid of dying after a friend of mine, who is younger and healthier than me, suddenly collapsed during a meeting. I then looked at my belly and discovered that the waist of my trousers had become tighter, which is indeed an alarm. So, I have become a vegetarian. All these reflected that we are all very concerned about our own health.

Just now, Mr Albert HO, Mr LEE Wing-tat and other colleagues mentioned the so-called drug formulary, which is completely nonsense. I do

not believe doctor's prescription will depend on whether the patients are rich or poor, such that prescription for the poor is different from that for the rich. What kind of world is this? Do we not promote equality and justice all the time? Do we not say that doctors should be kind as parents? Will a doctor knowingly prescribe a certain kind of medicine with side effects to a patient who does not have money? Many psychiatric patients and Thalassaemia patients mentioned by Mr Albert HO earlier on have encountered these problems. So have the rheumatic patients mentioned by Mr LEE Wing-tat just now.

I consider this a very serious problem. Therefore, it is downright inappropriate to implement health care financing before resolving the problem relating to the primary health care services. Why does the Government still ask us to pay further when it cannot get the job done properly? Further action will only burn more money, and give rise to public medical insurance problem like that of the United States in the end.

This is not the first time I raise this issue here. I have discussed this issue outside this Council for many years. At present, I think there are a number of important issues. The Hospital Authority (HA) did not use its funding properly by failing to utilize the tens of billion of funding in the most efficient or cost-effective way. Why? There are two problems. In fact, as long as these two problems cannot be resolved, I will oppose the health care financing proposal and call on all Hong Kong people to oppose it.

I would be outraged whenever I talked about health care financing. From the minor details, we already know that it is indeed a sugar-coated poison. I wonder if it was Secretary Dr York CHOW who drafted the proposal himself. Anyway, I think the person who drafted it is very nasty. Why? In order to solicit support, it proposed that an electronic health record system would be made available with the endorsement of the health care financing package. How much does the electronic health record system cost? Why are we not provided with it today and why should it be provided only after implementing health care financing? Is this an act to threaten or lure members of the public? When I read this point, I just could not read on, for I think the whole report is nothing but a piece of rubbish and should be thrown into the rubbish bin.

The two points that I am going to talk about is pretty simple. I have raised these points time and again on different occasions whenever the issue of health care financing was discussed. While no one opposed it, no one has taken

it forward. I hope that Secretary Dr York CHOW will listen again. This is probably not the first time he hear this, but I guess he might have forgotten because he might not be paying attention to it.

Firstly, the funding presently earmarked for health care financing is for the provision of public health care services. However, as the 160 000 civil servants (there should be more than 160 000 after an increase in their number) can still enjoy the service after retirement, and together with their family members, I think the number of people entitled to the health care services for civil servants may add up to at least 600 000 to 700 000. While the HA provides the service, the bill should actually be paid by the employer.

I have asked repeatedly why the Government did not give civil servants a lump sum for this purpose. As an employer, the Government can take out medical insurance for civil servants. Under the "money follows patients" principle, the HA could dedicate a particular clinic to provide health care services for civil servants. Such an arrangement has been put in place. The difference is that the bill is now paid by us, but by the Government in the future. Perhaps civil servants can turn to the private sector for service by bringing along their civil service medical cards, thereby boosting the business of private medical practitioners. While the Government claimed that funding is provided for public health care services, the money is actually being eroded by those hundreds of thousand of civil servants. Worse still, they have priority to use the service, and this is not in the least reasonable.

Time is running short, so I will briefly talk about the second point about insurance. Injuries sustained in a car accident or at work will be covered by one's insurance. However, if someone called "999" and the injured person was sent to a public hospital, then we would be made to pay. Why should the payment be made by us but not the insurance company? For this reason, as long as the insurance problem and health care services for civil servants remain unsolved, I do not see why we should let the insurance companies or the Government to act generously at our expense. This is simply unreasonable.

So, these are the two points that I wish to raise. The speaking time is only seven minutes and I can speak no more. If the health care financing package is implemented before these numerous problems are solved, all members of the public should staunchly oppose it unanimously. I so submit. Thank you, President.

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

MR LEE CHEUK-YAN (in Cantonese): The Hong Kong Confederation of Trade Unions had specially invited an official of the Food and Health Bureau to explain the health care financing arrangements, and questions had been put to him on behalf of the wage earners. Regarding the six health care financing options, the biggest problem lies in Secretary, the trade unions consider that you have put all the responsibilities of health care financing on the wage earners.

When social policy is discussed, it is most important to analyse who will gain and who will lose. Obviously, the six options proposed by the Secretary have indeed cast the greedy eyes on the employees — just as I always say, they are digging into the pockets of the employees — and wielded the axe at the employees while letting the consortia of Hong Kong go. These options simply do not have the slightest impact on the wealthiest group in Hong Kong. Let us look at how serious the problem of the widening wealth gap is now in Hong Kong. Statistics show that the income of 10% of the highest earning households in Hong Kong accounts for 41% of the total household income. The problem of wealth disparity is obviously more serious than any other countries. But it is very strange that the whole health care financing proposal does not have any effect on those richest consortia at all. How can the Government simply put the whole burden of health care financing on the wage earners? This is totally unfair. Therefore, President, all the options proposed by the Secretary are downright unacceptable because the sharing of the burden is uneven, and this is where the biggest problem lies.

The second point is, even if we wish to analyse the matter in greater detail and ask the officials to tell us the merits of the different options, be it the personal healthcare reserve or the mandatory private health insurance, when they were promoting the options to us, they would simply say that the private health care insurance does not work well at present. They are right in saying so because it is really very unsatisfactory. Why? Because 30% to 40% of the contribution made for private health care insurance would go to the insurance companies. Private health care insurance is "duping" to a certain extent, because although compensation would be made to an insurer for the first time he falls ill, say, a heart disease, all subsequent illnesses will not be compensated. In other words, while we are make lifelong contribution when we are young and

fit, compensation will nonetheless be exhausted in one go, as it will be made for treating an illness just once and that is all.

How unfair this is. What they said seems right because it is unreasonable that insurers of private health care insurance are not protected. I do support this view. But what is the Secretary's solution to this problem? I would call this "burying more people with the dead plus diversion". What does it mean? People taking out insurance nowadays, who are duped, are probably those from the middle class earning high or medium income. It is true that they are duped, so what can we do about this? Simply bury more people with them. While people earning comparatively higher income have been duped, those earning lower income (having a monthly salary of around \$10,000) have not taken out insurance, so these people may well be gathered to form a pool. The term that I am going to use is welcomed by the trade unions. Let me explain this in another way. It is "collective bargaining". The Government has forcibly dragged us into the pool and "bury us with the dead", so as to carry out collective bargaining. Some one million employees who have not taken out insurance are buried with the dead, so that negotiation can be conducted with the insurance companies, telling them that there are now one million-odd clients more and asking them to provide better service and not to reap excessive profits and also provide lifelong protection for the insurers. Attracted by this one million-odd clientele, the insurance companies would surely say "yes".

However, I consider this pretty funny. In fact, the authorities can impose regulation on private health care insurance by imposing legislative control, for instance, rather than "burying so many people with the dead". Some of these people may be attracted as they will belong to the group entitled to services in private hospitals. Frankly speaking, does it mean that people who have taken out health care insurance will have all their private hospital expenses compensated for the rest of their life? This is definitely impossible, as a limit has been set. I heard that it can cover roughly 100 days of hospitalization in private hospitals, after that the insurer would have to go back to public hospitals. Insofar as public hospitals are concerned, they are "duped". In that case, why do we not put all the resources into the public sector?

What else is most worrying to us? With patients being diverted to private hospitals, private hospitals could definitely achieve some developments. Public hospitals, on the other hand, will have to compete with them for patients, or they

will have trouble. It is therefore necessary for public hospitals to be divided into two classes. Where should the resources go? Again, they will go to people making more contributions. Given that resources may probably be injected into the one side, causing a further shrink in the public sector, the problem of the grassroots or the poorest group making no contribution but most in need of public hospital service will remain unresolved. Therefore, President, it is first of all unfair to make wage earners bear all the responsibilities. This is extremely unfair.

On the other hand, it is also unfair that we are asked to pay when discussion on improvements has yet to be started, or has only touched on the concepts with no mention of the cost incurred. We have no idea if we can genuinely receive the services concerned or what we will get in return after paying the money. We know nothing about these. During the consultation exercise, our request for the relevant information had been turned down by the Secretary, saying that discussion of the issues would be conducted in the next round. How can discussion be conducted only in the next round? The Secretary said that the relevant information would be provided in the next round of consultation, but how can it be like this? As long as consultation is underway, we should have a clear picture of all the plans, the gains and losses, and their pros and cons. In my opinion, it is very irresponsible to postpone the discussion of certain matters to the next round of consultation.

President, one very last thing that I have to stress is that immediate action must be taken to save the existing health care system, rather than waiting until the financing arrangement is finalized. Otherwise, we will have to wait for another decade. Rescue actions should be taken at once. Given that resources are available, we should expeditiously tackle the problem at hand, particularly the problem relating to the standard drug formulary, which a number of Members have mentioned earlier on. Since many costly medicines and surgeries are not included, the poor people are therefore deprived of the right to medical treatment. This is what should be done first. Therefore, President, we consider it appropriate for the Government to conduct consultation all over again. Thank you, President.

MR ALAN LEONG (in Cantonese): President, after listening to the speeches made by a number of Members, I discovered that none of them had expressed

gratitude to the Secretary. I think I should thank Secretary Dr York CHOW for what he has done to Hong Kong's health care reform. Admittedly, this is no easy task as there are too many vested interests, which are like stumbling blocks, and so, the Secretary needs to solicit public support. Unfortunately, we cannot see from the consultation document how members of the public support the Administration's reform. I will give a more detailed analysis of this point later on.

President, the problem currently encountered by the local health care system is that the queues for public health care services are longer and longer but the consultation time is shorter and shorter, coupled with the increasing pressure on health care workers. As a result, more and more doctors wish to go into private practice when the economy is good now. However, the loss of health care workers will result in even longer waiting queues and shorter consultation time. Should we fail to break this vicious cycle, the whole health care system will collapse one day.

The success of health care services has much to do with human lives, so it is not an option to refuse reforms. In fact, the Government has started to explore the possibility of a reform more than a decade ago. However, by repeating the same message that "nothing can be done without new money", the Government has only given us the impression that it lacks the commitment to improve public health but seeks only to contain medical expenditure.

President, in order to solicit public support for a genuine reform, and overcome the obstacles posed by the vested interests in particular, I think there are two things that the Secretary must do. First of all, the Government should produce clear figures to show that resources are used in the most effective way without wastage and that highest efficiency has been achieved and there is no room for further enhancement. Secondly, I believe what the Secretary must do is to immediately carry out a reform so that members of the public can see for themselves what an improved and enhanced health care system is like. As long as people can feel that the Government truly cares about public health, I think there will be less resistance from the community when the community is asked to pay. Also, the patients' behaviour can be changed more easily. Unfortunately, the consultation document gives an impression that only a slapdash approach was adopted by giving a brief mention of the health care reform in the first four chapters, while the rest is all about health care financing.

It seems that it is still repeating that decade-old message which I mentioned earlier, and that is, "nothing can be done without new money". It gives an impression that the Government is always asking for money from those better-off employees who can afford to pay, hoping to draw a line for this expenditure.

President, just now a colleague mentioned that at least \$46 of every \$100 spent on health care services are currently paid from the people's purse, mainly for general out-patient service and primary medical care (the so-called first level of care). The remaining \$54 paid by the Government are for hospitalization and specialist out-patient service. If members of the public are required to pay more, as suggested by the Government, they would certainly wish to know if the additional payment would mean less illness to them, whether they can receive treatment when they fall ill, and whether better treatment will be provided. I think it is fair enough to ask these questions and there is every reason for these questions to be asked. However, we can only see from this document where the money comes from, but not where it will go to. All the abovementioned questions remain unanswered. I wonder if this is Secretary Dr York CHOW's strategic arrangement to give answers only in the next round of consultation. I hope this is the case.

I very much agree that new money will probably be needed to change certain behaviour of the patients or rectify the imbalance between the public and private sectors. This is because money being allocated for certain uses can hardly be released for other purposes as the people who took the money would certainly be reluctant to return the money. Nonetheless, we now have \$50 billion, President, which can be deemed a source of income. Will the Secretary consider immediately opening up the electronic health record system to private hospitals and doctors, as a show of sincerity, so that members of the public will be more willing to pay from their own purse if the health care financing proposal will really be implemented? Will it immediately train up more community doctors and nurses at the primary level, and develop a mechanism monitored by these primary doctors? Will it consider making more briefing-out arrangement for, say, glaucoma surgeries? Whether or not the \$50 billion will be partly used for analysing the different roles played by the private and public sectors, and prioritizing work under the public health care system?

I hope that the Secretary will show his sincerity. Thank you, President.

DR FERNANDO CHEUNG (in Cantonese): President, I speak in support of the original motion of Dr KWOK Ka-ki. I am very grateful to Dr KWOK Ka-ki for proposing the motion on immediately improving the health care services at this moment.

The most important part of the Government's consultation document on health care reform is about asking money from members of the public — the Government is asking money from the public with its hands wide open. What is of our greatest concern is the need to immediately reform the overall health care system. While we would allow no delay in the reform, the matter of financing can be discussed at a later time as our existing health care system and services are already full of flaws.

Just now, the Secretary said that the present situation is like a patient at the pre-malignant stage of cancer who needs prompt treatment and should not refrain from medical treatment. I strongly agree with this point. I also hope that the Secretary and the Administration will face up to the different problems squarely, so that such problems as the split and complete lack of co-ordination among the Hospital Authority (HA), the Department of Health, various interest groups and systems providing medical services, and deteriorating service quality, would be dealt with seriously without delay.

Insofar as this motion debate is concerned, it is evident that Dr KWOK Ka-ki's original motion is very comprehensive. Coupled with the detailed amendments proposed by five other Members, we can see that improvements are urgently needed for the existing health care system.

The consultation document also pointed out that the waiting time for various services is excessively long, and it was so long that sometimes, the comparatively more urgent cases, in which the patient concerned was diagnosed to have mental illness, have resulted in tragedies. Not long ago, there was a murder case involving an elderly person living in a residential care home for the elderly. Despite that medical treatment was obviously required for the elder, he still had to wait for nearly a year for the service, and a tragedy was resulted. Even if one's turn for consultation finally comes, it only lasted for a few minutes; so is the case even for patients with mental illness. The hospitals are very crowded and the doctors are looking at the computer monitors but not the

patients during consultation. Basically, the quality of our health care services is very problematic at present.

Elderly people cannot see a doctor when they fall ill because under the existing appointment system, they are forced to make calls for a medical appointment and an appointment can be arranged only on the following day at the earliest. Not only are the patients unable to seek medical consultation on the same day, the services are fragmentary. Take children's health care service as an example. Babies born in HA hospitals are followed up by maternal and child health centres. Should they have any problem, they will be referred to an assessment centre of the Department of Health. School-age children would have Student Health Service, and yet, it has no connection with HA's system and the health records cannot be shared. While millions of dollars had been spent by the Department of Health on its computer system, it still remains independent of HA's system. The resources are therefore wasted and everything has to start all over again.

Another example is public-private partnership. We said that public-private partnership should be encouraged and further developed. The Tung Chung Hospital is said to be considering the model of public-private partnership; so is the children hospital under discussion. But how? Does it mean that a doctor will spend half of his time serving the public sector under a certain system, while spending the rest of his time to serve the private sector, and treating his patients by using a different way to handle and follow up the cases? The present health care financing reform is precisely heading towards this direction, but this is a very dangerous way to go.

We will model on the United States by dividing the people into two classes: People who have taken out insurance and made contributions will enjoy the basic health care services, whereas those with no money and no account and making zero contribution will become the inferior class. How do the authorities treat the grassroots? How can they confine the provision of medical services, through the insurance companies, to the rich only, while asking the poor to wait patiently for their turn to receive inferior medications and surgeries? How can they do this? Is this the way how our professionals treat the patients? Will the same doctor and nurse treat patients having an account and those not having an account differently? Is it that even the hardware will be different? Is this possible?

Our long-term care services are messy at present. Just take a look at the fate of an elderly person discharged from hospital. As their families cannot take care of them, they have no choice but to stay in private residential care homes. However, since the quality of these elderly homes varies greatly, the elderly people may be sent here and there, and to the Accident and Emergency Department when they have problems. President, this system is really full of flaws.

The existing health care system has failed to properly take care of people from new born babies to the elderly. I am not saying that our health care system on the whole is very bad. It is not bad indeed. However, just as the Secretary pointed out, health care funding has been reduced for six to seven years after the reunification and has yet to be restored to the previous level. Nonetheless, the health care reform and financing proposal are said to be underway. What is the purpose of financing? It is not for the improvement of service, and no blueprint has been provided for us to envisage the improvements to be made. Given that the services are riddled with problems, improvements should be made at once.

If funding is needed, please tell us where it is needed. If the Government can use it to shorten the waiting time, or tell us how the hospitals can be made less crowded, how the discharged mental patients can receive the necessary service as early as possible, how the elderly people can receive better long-term care and how continuous progress can be made in the prevention of disease among children, then we would definitely be very pleased. Thank you, President.

PROF PATRICK LAU (in Cantonese): President, I am grateful to Dr KWOK Ka-ki for moving this motion today. He is a doctor and in moving this motion, it can be seen that functional constituencies are a very important element in the Legislative Council.

As Members all know, recently, I had the chance of using of the services of a public hospital due to the injuries I sustained when playing football. This experience has invoked deep feelings in me. On the one hand, I think Hong Kong has first-rate public health care services and any member of the public can

receive very complicated and costly treatments but the hospital charge is only \$100 per day. I stayed in hospital that night. Apart from paying a parking fee of \$100, I also received two scans and the care of three specialists. In addition, I wonder if it was due to the fact that I am a Legislative Council Member that I also had many body guards. President, with these services, the charge was only \$100 and I must ask: Is this cost-effective? This is simply not sustainable. However, I think if a member of the public who is better-off opts for a private ward when staying in a public hospital, he would find that the bill he gets when being discharged is even more expensive than that for staying in the best private hospital in Hong Kong. This is because I also made enquiries about switching to a private ward. I found that all the service charges would be calculated according to the rates for private wards. This is a very strange situation and it highlights the need to review and reform our health care system.

Since health care reform will have major and long-term implications on the lives of the general public in Hong Kong, recently, I organized two forums for my sector to discuss the reform with Members, the Secretary and my constituents. My sector is concerned about whether it will be possible to put in place a health care system that is fair and capable of taking care of the socially disadvantaged groups at the same time. I understand that if the socially disadvantaged groups cannot afford expensive health care charges, they should receive some subsidies, for example, the present low charges should be maintained. In the existing health care system in Hong Kong, an array of problems such as the shortage of hospital beds, the excessively long working hours of health care workers, the lack of resources for some hospitals and excessively long waiting time for patients still exists. My sector and I think that we should seize the opportunity of having an abundant surplus and, as Dr KWOK said, commit funds and continue to improve health care services, as well as allocating funds from the fiscal surplus each year. Moreover, we should not just make one-off allocations, as is the case on this occasion; rather, we should invest consistently and steadily in public health care. Such an approach would be more desirable.

President, just now, I mentioned the various kinds of pressure borne by public hospital services and I believe that it is possible to ease the pressure through public-private partnership. However, I think we must understand in which areas hospitals have inadequacies, say, in respect of hardware. This is a job for functional constituencies.

First, the Government should grant land for the construction of new private hospitals to increase the supply of private hospital beds and make adequate preparation and take complementary measures to facilitate the implementation of public-private partnership. In addition, when planning and designing hospitals, it is necessary to fully understand the actual workflow and the complementary facilities required in performing day-to-day health care duties and various quarantine measures designed to prevent various kinds of cross-infections, so as to ease the work pressure of health care workers and raise the quality of health care services across the board. After one night of hospitalization, I have gained a better understanding of the problems relating to the operation of hospitals. In respect of design, a lot of things can be streamlined too.

In addition, among Members of functional constituencies, Dr Joseph LEE is the representative of the health service sector. He wrote me a very good letter and perhaps many Members have also received it. In it, he pointed out the problems facing nurses. He said that the present policy has adopted a piecemeal approach which seeks to deal with problems in a "quick-fix" way. Members have all learnt that there are again some problems with the nursing school, so it is not really capable of solving the problem of a shortage of nurses effectively. The Government should seriously consider how to proceed with nurses training and how the policy concerning nursing degrees should be implemented. He pointed out that it is very important to calculate the various types of wards and the manpower of various types of nurses, such as general nurses, psychiatric nurses and community nurses, in public and private hospitals according to the proportions of various kinds of patients. Only in this way can it be ensured that universities or the relevant programmes will receive sufficient resources to train people and meet the future needs of society. I also understand that apart from the several proposals that we have put forward, it is also necessary to pay attention to the health knowledge of the public. This is also very important. A far-sighted Government should actively promote education on basic medicine and health, enhance the public's knowledge of disease prevention, medicine and first aid and their awareness of physical and mental health through schools and the media. If a good job is done in this regard, the likelihood of the general public in Hong Kong falling ill will naturally be reduced and we will then be able to devote more resources to taking care of the seriously or chronically ill.

I so submit. Thank you, President.

MS AUDREY EU (in Cantonese): President, first of all, I wish to thank Dr KWOK Ka-ki for moving this timely motion which touches upon health care reform and health care financing. Both Mr Alan LEONG and Dr Fernando CHEUNG of the Civic Party have explained the views of the Civic Party on these two issues. Therefore, President, I am not going to make any repetition here. My speech aims mainly to explain the Civic Party's voting position later on.

President, we see that the motion is divided into two main parts, one being the request for immediate actions to improve Hong Kong's health care services. In what areas should improvements be made? We notice that Members have put forward many amendments containing various proposals, including the construction of hospitals in remote areas, the expansion of first-degree places in nursing, reform of the Drug Formulary and improving the telephone booking service for general out-patient clinics. There is a wide range of proposals, all about health care reform.

As for Dr KWOK Ka-ki's original motion, it is actually about health care financing. It is not a direct response to the health care reform document published recently by the Secretary, but it still makes special mention of the \$50 billion health care funding and the issue of future funding. So, these two issues form the major basis of the Civic Party's voting decision.

President, the first part is about health care reform. Members' speeches, the original motion and the various amendments all contain many different proposals, but one can observe that all these proposals actually have a lot in common. What I mean is that whether they are talking about dental service, out-patient service, hospital service or electronic medical records, Members are in fact saying that though it is not exactly true to describe our present health care services as really very poor, they are nonetheless marked by many problems which call for reform.

Like the Secretary, the Civic Party has been seeking and listening to the views of all sides and attending various consultation seminars since the publication of the health care reform document. We can all observe a very widespread consensus in this regard. The issues raised for discussions are similar in nature. And, with respect to the priority of funding allocation, people are not particularly concerned. They do not have any strong views on which improvement should come first — increasing the supply of nurses, the training of

more doctors, the construction of additional hospitals or any other improvements for that matter. In general, rather than arguing over which is more important and which is less important, all think that whatever is deemed urgent should be tackled. Therefore, President, the Civic Party is in support of all proposals related to health care reform, and our abstention or opposition should have nothing to do with all these proposals.

President, the other part is about health care financing. This is actually mentioned in part (a) of Dr KWOK Ka-ki's motion. The most important point there is the proposal on "immediately using part of the \$50 billion health care funding". This refers to the \$50 billion earmarked in the current Budget. President, the Civic Party and I both agree to the main rationale behind Dr KWOK Ka-ki's request for immediately using the \$50 billion health care funding. The reason is that the Budget does not specify that the \$50 billion will be allocated immediately. It only mentions that the sum will be used as the start-up capital for health care financing. We are extremely worried. Does this mean that if there is no agreement on any health care financing scheme, the \$50 billion will be frozen for ever, just there for mere display, not for actual use? We are very worried because this seems to hint or threaten us that if we do not agree on a health care financing scheme, the \$50 billion can never be used.

President, this is a very serious problem because it will be a great waste if the Government simply freezes the fund instead of using it. We often talk about being "flooded by cash" these days, but if the Government does not use the money, how can we say that there is any money at all? We all have a major consensus on health care reform, agreeing that there is a need for reform. And, we have already been talking about health care reform for more than a decade. People in the health care or medical sector, in particular, have been telling the Government for a very long time that reform is now a matter of extreme urgency. Therefore, President, we strongly support this part of the motion.

If we look at Members' amendments to the motion from this perspective, we will see that Miss CHAN Yuen-han is also in agreement, which is why she does not seek to introduce any change. As for Dr YEUNG Sum, he actually also agrees to this part of the motion, and even proposes that apart from the \$50 billion, more funding should be provided. Mr Vincent FANG, on the other hand, simply proposes to delete "immediately using part of" and substitute with "proper planning for". But I do not know what he means by "proper planning for". By deleting the expression concerned, does he mean to say that we are not

allowed to use the fund? Or, does he mean to say that he just does not know when the money should be used? We therefore have some reservations about Mr Vincent FANG's amendment. As for Mr LI Kwok-ying's amendment, it proposes to delete "immediately using part of" altogether, and worse still, it even does not say anything on proper planning or put forward any other ideas. We therefore also have some reservations about LI Kwok-ying's amendment. Dr Joseph LEE's amendment likewise does not seek to introduce any change regarding the part on the \$50 billion fund. To sum up, the Civic Party will support all amendments which do not seek to amend the part on the \$50 billion fund. In case any amendments seek to delete this point, we will have to abstain from voting on them.

President, I still wish to say a few words on Dr YEUNG Sum's amendment. The reason is that the \$50 billion fund aside, he also seeks to insert "expeditiously increasing health care funding to 17% of the Government recurrent expenditure". We agree to this idea. And, in another part of his amendment, he proposes to insert "injecting half of the annual investment income of the Exchange Fund into the fund". We support the rationale and principle underlying this proposal. Members will remember that Miss TAM Heung-man also moved a similar motion before. The idea is all about proper financial management. We must have not only a sustainable fund but also a sustainable funding mechanism. Therefore, President, we do not oppose, and we actually agree to, the principle underlying Dr YEUNG Sum's proposal. But must it be the injection of half of the annual investment income of the Exchange Fund, as he proposes in his amendment? *(The buzzer sounded)* We do have some reservations about this.

Thank you, President.

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

MISS TAM HEUNG-MAN (in Cantonese): We have rain pouring down today and there are cases of flooding, just as what happens in the Treasury, and I got my feet wet after walking in the heavy rain. Given so much "water" (an allusion to money), why does the Government not use it to help the people but take advantage of the middle class and low-income group by making them pay more tax instead?

Dr KWOK Ka-ki has provided information on some financial figures. Let us take a look at the numerical games. This table shows us that health care expenditure in 1999 accounted for 15.3% of the recurrent public expenditure, and a decade later in the year 2008-2009, health care expenditure accounted for 14.3% of the recurrent public expenditure. The Government has kept on saying that it has a lot of money and that a lot has been spent on health care but the percentage has reduced by 1% in the 10 years from 1999 to the present. What are the reasons?

I had proposed a motion debate before, hoping that the Government would earmark \$50 billion for health care and the Government also indicated its willingness to do so. But the Government really scared me in saying that there are strings attached. We — the public to be explicit — ought to make contributions if the Government was to inject \$50 billion, which is different from my original proposal of a permanent injection of health care funding to help the public.

I am particularly shrewd when it comes to taxation. We see from the table provided by Dr KWOK Ka-ki that, under the existing tax regime, before making health care contributions, a singleton with a monthly income of \$12,000 has an annual income of \$144,000 and he has to pay a tax of \$210, which is a very small amount. However, if the Government proposes health care contributions throughout the year, this taxpayer may have to pay \$7,200, compared to \$210 in the year 2007-2008 when he is not making health care contributions. In other words, this pitiable wage earner would have to pay an extra of \$7,000.

Apart from singletons, a couple with a monthly household income of \$25,000 and an annual income of \$300,000 now makes a tax payment of around \$1,200. If they have to make health care contributions, they would have to pay \$15,000 a year. In other words, they would have to pay an extra of \$12,000. Is this not giving us a message that the Government is wielding the axe at the middle class and the low-income group?

I just said that the Treasury is flooded with cash. We have a surplus of \$1,450 billion in the fiscal reserve but the Government is not willing to spend the money. Why is it unwilling to provide satisfactory health care services to help the public when it has so much money?

Another point I would like to make is that I have recently conducted an opinion survey on health care. The survey has yet to be completed and I would announce the accountancy sector's proposals on health care financing later (before 13 June). In fact, I already have the preliminary outcome. A lot of accountants have reservations; they do not mind paying but they have concerns about whether they can achieve value for money in paying. Is it worth paying so much for health care? Can the Government review health care costs so as to save as much money as possible? Do members of the accountancy sector who tend to calculate carefully and budget strictly consider it necessary to look into whether the costs of health care services are too high? We have to rely on the Government's review in this respect.

In addition, those in the accountancy sector questioned why employers are not making contributions and why the Government is not putting more resources into health care services. We agree that the injection of more resources is essential and we also agree that more health care contributions are needed. Yet, the accountancy sector would like to find out if the contributions or money spent by the Government would achieve value for money and be well-spent under the principle of prudent fiscal management, and if savings could be achieved in certain areas.

The accountancy sector has one more question. Would the Government give tax concessions for the private health insurance taken out by us? Many people have taken out private health insurance, and if mandatory health insurance is implemented in the future, would exemptions be granted if people have taken out private health insurance in addition to the mandatory health insurance specified by the Government? Would the Government grant exemptions or give tax concessions to those who have taken out private health insurance?

An accountant has told me that he does not mind making contributions but he wonders if there would be a shorter queue for consultation or shorter waiting time after contributions have been made; this is another major problem. Could the Government give an explanation? Second, would he get first-class services and be as comfortable as patients in first-class wards after making contributions? That is not the case now and the future is unknown. The Government has spent so much but we are not sure if the Government could achieve value for money in its expenditure. What will be the standards? What about the services? I believe the Government is duty-bound to review whether the current health care services are up to standard and whether value for money achieved. Thank you, Madam President.

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

MR ABRAHAM SHEK: Madam President, the public consultation on Health Care Reform will be completed by the end of June, when the community will have a clearer picture of Hong Kong's future public health care services. In the meantime, however, there are calls to immediately enhance our public health care services.

Setbacks in the public health services exposed in recent years have underlined the limitations of existing practices. The tense working atmosphere of the frontline medical staff due to long working hours and the tight resources in some hospital clusters on wards and manpower have contributed to the morale crisis of public medical staff which has in turn lowered service quality.

While I appreciate the string of well-intended ideas moved by Dr the Honourable KWOK Ka-ki, I do not agree that the Government should release the \$50 billion earmarked for health care funding at the moment. Since the funding is meant to be seed funding for Health Care Reform, it is inappropriate to use it for any purpose whatsoever before the conclusion of the public consultation. We have yet to know whether there are better proposals from the public consultation concerning Health Care Reform: may be there are views that will enlighten the Government to make better use of the funding, or may be an across-the-board consensus will lean towards Dr the Honourable KWOK Ka-ki's proposal. In any case, we must wait until the result of the public consultation is finalized. We need a long-term and well-thought out solution to the problem. Therefore, I agree to the Honourable Vincent FANG's amendment that the Administration should carefully plan for the use of the \$50 billion to prepare for medical financing in the future.

Nevertheless, I agree that an enhanced private-public partnership (PPP) would help relieve the burden of public health care services. The consultation document by the Health and Medical Development Advisory Committee in July 2005 iterated that there was a serious imbalance between public and private health care services. It stressed that it is essential to re-align the roles of the public and private sectors in developing our future health care model. The current over-reliance on public health care services will make the public health care sector unsustainable. According to statistics from the Hospital Authority

(HA) and the Department of Health, public hospitals provided a total of 27 000 beds as at 31 March 2007, while private hospitals provided a total of 3 000-odd beds as at June 2007. The number of wards in public hospitals surpassed private ones by a ratio of 9:1. Private hospitals are usually more profit-oriented compared with public hospitals: They deploy less resources on low-return and high-risk items, and more resources on high-return and low-risk items, while also charging higher charges. Public hospitals, however, cover a wide range of health care services at lower charges and they should be. This causes the majority of patients to turn to public hospitals. At any rate, public hospitals should continue to bear the responsibility of providing comprehensive health care services, while accelerating the process of PPP. What the Administration should do is to provide economic incentives to the private sector to foster the PPP. The Chief Executive recently said that the Administration would conduct the second phase consultation on Health Care Reform next year, which will focus on the development of hospital facilities. I urge the Government to take vigorous steps to encourage the development and extension of private hospital facilities. This will require some modifications to the existing land policy and concerted efforts between the Administration and private sectors.

I agree that the Government should carefully consider re-opening nursing schools. Not only public hospitals, but also the entire welfare sector is suffering from a shortage of nursing manpower. Last year, this Council passed a motion on "policy on nursing manpower" which urged the Government to increase nursing power. I am glad to hear that the HA has recently decided to deploy \$140 million next year to deal with the problem, including re-opening Tuen Mun Hospital Nurse School and Caritas Medical Centre Nurse School, and extending the contract of registered nurse from three years to six years. Nevertheless, the Government should encourage private institutions to provide more qualified nursing programmes for the welfare sector. The two-year full-time welfare-oriented Enrolled Nurse (General)/Enrolled Nurse (Psychiatric) Training Programme offered by the Social Welfare Department provides just 110 training places for each cohort, which could hardly satisfy the high demand for nurses in the welfare sector.

Madam President, changes take time, and big changes take even more time. Health Care Reform aims to provide a long-term solution to health care services in Hong Kong. And we need to adjust our medical system to embrace the big changes. The Government should spend more money in health care services. Thank you.

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

(No Member indicated a wish to speak)

PRESIDENT (in Cantonese): If not, I now call on Dr KWOK Ka-ki to speak on the five amendments. The speaking time is five minutes.

DR KWOK KA-KI (in Cantonese): Madam President, I support the amendment proposed by Miss CHAN Yuen-han. Actually, Miss CHAN's idea is very similar to mine. Both of us see the problem of the ageing population and the need for reform. The question is whether the so-called financing option currently proposed by the Government can effectively address the problem.

The Secretary said that he would not express gratitude to me. This does not matter. In fact, I should thank the Secretary. At least he has pointed out that he has to deal with this issue. I am also a medical doctor. If a medical doctor has made the right diagnosis and prescribed the right medicine, as a medical doctor, I will definitely provide assistance; but if some medical doctors have made the wrong diagnosis and prescribed the wrong medicine, I believe that as a medical doctor, I have the responsibility to raise the issue so that the public can examine whether the diagnosis is correct or whether the medicine prescribed is appropriate.

Regarding Miss CHAN Yuen-han's suggestion on the need to improve the current structure of the hospital clusters and funding allocation, step up primary health care services, disease prevention work, improve the general out-patient and dental services and so on, I give them my full support.

Dr YEUNG Sum has proposed another amendment and pointed out that there is a need for health care reform and resolve the long-term problems. I know that the Democratic Party is the first to propose the setting up of a \$50 billion fund, but I wish to draw Dr YEUNG Sum's attention to the fact the \$50 billion proposed by the Government and the \$50 billion proposed by the Democratic Party are entirely different. The fund proposed by the Democratic Party at that time is targeted at the problem of the ageing population, while the

Government has not mentioned that the fund would serve this purpose up to this point. The \$50 billion proposed by the Government will be used on the option it is going to put forward in the future. We do not know what this ultimate option will be, but the condition is that all the people of Hong Kong will have to accept it. In other words, if this option cannot obtain support and is not well received, we will not get the resources of \$50 billion, unless we force it down the throat of the public and make them accept it regardless of whether or not the option proposed by the Government is well received or reasonable. Therefore, I agree with the suggestion proposed by colleagues from the Democratic Party at that time, but as for the present amendment, I am very puzzled by it.

Dr YEUNG Sum said in his speech that if this approach is not adopted, there will be a need for tax increase. I think no one will support a further tax increase in Hong Kong, and what we are asking for is not to provide further tax cut. In the past financial year, the amount involved in the tax cut is over \$6 billion, yet not everyone can benefit from it. To put it more clearly, only the wealthiest people in society can benefit from this \$6 billion tax cut. If this financing option is not handled properly, a severe blow will be dealt to the middle and low income group and the disadvantaged groups. Whether the option will take the form of contributions or taxation, they are basically the same, both meaning that money will be taken from the public's pocket. However, as a Member of the Legislative Council, we have to know clearly what and from whom the Government is taking, and what it is giving. Therefore, I hope that colleagues from the Democratic Party will reconsider giving their support so that the Government will expeditiously provide the resources which should be used for the provision of health care services.

The amendment proposed by Mr Vincent FANG seeks to delete the phrase "immediately using" the \$50 billion. I have to express great disappointment on it. Regarding the discussion with the Medical Council of Hong Kong (the Medical Council), I wish to remind Mr Vincent FANG that in fact, when we entered into the agreement of the World Health Organization (WHO), the Medical Council has undertaken to provide an equal, fair and transparent system to enable people who intend to practise medicine in Hong Kong to sit for an examination and go through assessment for licensing. The people of Hong Kong and I, as the representative of the medical sector in Hong Kong, very much hope that the Government will continue to implement through the Medical Council a proven effective system with a guarantee for quality.

The amendment proposed by Mr LI Kwok-ying also seeks to delete the phrase "immediately using" the \$50 billion. I am really extremely disappointed. Actually, we agree with the amendment proposed by the Democratic Alliance for the Betterment and Progress of Hong Kong (DAB), which includes strengthening the role of primary health care services, engaging in closer public-private partnership, conducting detailed study on the institution of family doctor, providing tax incentive to encourage the public to purchase medical insurance, and lowering the eligibility age for health care vouchers to 65 and so on, as well as the part on Chinese medicine. However, according to what the Government has said, no funding will be provided, and this \$50 billion will only be spent after 2012 when the Government is able to implement this option, regardless of whether or not it will be well received. I think it is very unfair. Therefore, even though he does not agree with this motion, I still hope that he agrees that the Government should provide additional resources to improve the current health care system which is presently in great difficulties.

I so submit. Thank you, Madam President.

SECRETARY FOR FOOD AND HEALTH (in Cantonese): Madam President, first of all, I would like to thank Members for expressing their views on the motion.

The main difference between this consultation on health care reform and those conducted in the past is that the reform of service is made the central theme, which is supplemented by the reform of the financing arrangement. We also try to define the direction and room for development in the private sector, in addition to the public health care sector. A full set of proposals on reforming the existing health care system and market structure has been drawn up according to the five major directions set out below:

- (a) to strengthen public health care services as a universal health care safety net which focuses on major service areas so as to provide better health care protection to the public;
- (b) to attach more importance on people-oriented primary care and preventive care, with a view to changing the existing treatment-oriented mode;

- (c) to implement the "money-follows-patient" principle by promoting public-private partnership, thereby providing the middle class with more choices and boosting the public's confidence in private health care services;
- (d) to connect the private and public health care sectors via health record sharing, so that patients can genuinely enjoy the freedom of choice in selecting services; and
- (e) to increase the Government's commitment in health care, and to reform health care financing arrangements with a view to implementing supplementary financing in line with the service reform.

The improvement measures on health care services put forth by most Members today largely fall into the scope of the first to fourth reform directions of the consultation paper. So far, various sectors of society have given rather positive and proactive responses to the various proposals on the health care reform. While many people have given specific opinions on the implementation details, the public in general expects the Government to implement the reform as soon as possible for continued improvement of the standard and quality of existing health care services. In this connection, we can hear very clearly the aspiration of the public. The motion debate today also shows that a certain degree of consensus has been reached on the health care reform.

During the consultation period, I have stated a number of times that we will make use of the increased health care funding as undertaken by the Government, that is, an annual increase of \$10 billion in recurrent expenditure up to 2011-2012, to implement various service reforms and enhance the standard of existing services within this term of the Government. Indeed, a number of pilot reforms have been carried out in succession. I do not intend to respond to the measures proposed by Members one by one, but many of those measures will be implemented as part of the reform. In the light of the reform, we will adjust the manpower strategy and the management and organizational structure of health care services, including the regulation of supplementary medical professions. We will examine and introduce individual health care services, including the development of mental health service, dental care, Chinese medicines, rehabilitation and long-term health care, and so on.

However, health care reform is a complicated and long-term cross-generational project, which requires a holistic approach of taking into consideration every element instead of focusing on just one aspect. In addition to the reform of the overall service and the market structure, we must also proceed in the fifth direction to address the problem of health care financing. As I mentioned earlier, a sustainable and stable source of financing is needed for the implementation of the reform. As society has reached a consensus on the expeditious implementation of the reform of the health care system and improvement of health care services, it is all the more necessary for us to forge a mainstream consensus on the financing option as soon as possible.

As I pointed out earlier, what the Government has proposed this time around is supplementary financing. The Government has undertaken that government funding will continue to be the major financing source for public health care services, and the Government will continue to shoulder this responsibility. However, health care expenditure is increasing rapidly at a pace faster than economic growth. According to the Basic Law, the Government must keep its expenditure within the limits of revenues and commensurate with the growth rate of its gross domestic product. Moreover, given that government revenue, due to a narrow tax base, may fluctuate along with the economic cycles, supplementary financing, which can facilitate the reform of service and stabilize the funding for health care services in the long term, is thus necessary. Members may remember that during the past decade, the people of Hong Kong had directly experienced the economic cycle of boom and bust. In times of adversity, the Government inevitably has to increase tax and cut expenditure. The arrangement for supplementary financing is to meet the long-term development needs of health care services. Moreover, since the revenue and expenditure of the Government are unstable, proper supplementary financing arrangements will ensure the sustainable and stable development of health care services.

On the issue of financing, the Government has stated unequivocally that it has no pre-determined position at this stage, and that it has no specific preference on who should pay the contributions. We would like to hear the views of various sectors of society before drawing up specific proposals for the next stage of consultation. The only point we would like to make is that a low tax regime and small government are the cornerstone of the economic prosperity in Hong Kong. If we allow the public health care expenditure to expand infinitely, it will shake this very foundation. Besides, there are economic cycles, and the financial conditions of the Government will also fluctuate. Coupled with the

future drop in the proportion of working population, relying on tax revenue to meet health care expenditure is not a sustainable financing option.

For this reason, we have proposed a number of different supplementary financing options. The various options proposed give different emphases to social values like wealth redistribution, risk allocation and stocking up for rainy days. The option to be implemented and the details of the option can be further discussed, but the issue of financing must be dealt with. When the first stage of public consultation ended on 13 June, we will continue to examine and analyse the views collected. Then, we will draw up a specific proposal and conduct the second stage of consultation next year with a view to forging a consensus in society on health care financing. By then, we will also propose how resources should be allocated and how the \$50 billion set aside for the purpose will be used to take forward the reform.

Some Members opined that the Government had overstated the projection on health care expenditure, saying that the ageing population would only bring about 0.6% increase in expenditure, and that the projected increase in health care costs was a complete fabrication. However, in our consultation paper and the executive summary of the study report available for downloading on the Internet, all the figures, projections and assumptions of the study have been set out. I hope those who consider that the Government is overstating the figures will present concrete evidence to point out which figure has been overstated, instead of keep saying that the Government has overstated the figures.

Let me cite some examples to illustrate that we have not overstated the figures. Between 1990 and 2004, there was an annual increase of 8.9% in average in public health care expenditure, which was higher than the economic growth for the same period by 4.7 percentage points, and the elderly dependency ratio during the period increased from 124 to 167. Based on the projections on the population structure and the rise in health care costs, the average yearly increase in public health care expenditure will be 5.7% between 2004 and 2033. The increase is 2.2 percentage points higher than the projected economic growth in the same period, with the factor of ageing population accounting for 1.2 percentage points and increase in health care costs accounting for one percentage point. The elderly dependency ratio for the same period will increase from 167 to 428. Among various advanced economies, the elderly dependency ratio in Japan, which is 303, is now the highest, followed by 268 in Belgium, 242 in Britain, 239 in Finland and 236 in Switzerland, and these are all much higher

than that of Hong Kong, which is 167. By the year 2033, according to the projection, the elderly dependency ratio in Hong Kong will be 428. Although it will be still lower than 515 in Japan, 470 in Finland, 438 in Switzerland and 437 in Belgium, the pace of ageing of the Hong Kong population is much faster than those places.

Madam President, finally, I must reiterate that regardless of the changes to be made to the health care system, the Government will uphold the three basic principles below:

- (a) The Government will continue upholding the long-established health care policy that no one should be denied adequate health care service through lack of means.
- (b) The Government will continue to take care of the health care needs of low-income families and the under-privileged groups. This is the duty of the Government.
- (c) The public health care system will continue to function as a health care safety net for all Hong Kong citizens, including the financially capable middle class. In other words, when the health care reform is implemented after consultation, and even when new financing arrangements are adopted, we will maintain our policy to allow all citizens, including those who are better-off, to continue to use public health care services. By then, any member of the public who falls sick may make his own choice of using public or private health care services.

Hence, the health care reform will only provide the public with more choices and will not undermine the protection originally provided to them. It is all the more necessary for us to work on the original basis for the continued improvement of the public health care safety net.

Madam President, I so submit. I would like to thank Members for their concerns on this issue and hope that Members will express their views in the discussions. A webpage has been set up for this consultation, and I hope that Members and your electors will give us more views. We will start drawing conclusions and conducting analyses on 13 June. Thank you, Madam President.

PRESIDENT (in Cantonese): I now call upon Miss CHAN Yuen-han to move her amendment to the motion.

MISS CHAN YUEN-HAN (in Cantonese): President, I move that Dr KWOK Ka-ki's motion be amended and hope that Honourable colleagues can give their support.

Miss CHAN Yuen-han moved the following amendment: (Translation)

"To add "as health care expenditure continues to increase and Hong Kong faces the problem of an ageing population, and" after "That,"; to delete "supporting any 'supplementary financing' option requiring mandatory contribution or mandatory insurance" after "reached on" and substitute with "the issue of health care financing"; to add ", before implementing any health care financing option," after "urges the Government"; to add "and taking the demographic structures of hospital clusters as one of the criteria for resources allocation" after "the Hospital Authority (HA)"; to delete "and" after "oral care education;"; and to add "; (n) providing additional resources to enhance primary health care services and raising the health awareness of the public; (o) stepping up disease prevention work and increasing the provision of free vaccinations of various kinds for the public; (p) improving the telephone booking service for general outpatient clinics, arranging manpower to answer phone calls so that the elders who do not know how to use such system can also make use of the telephone booking service; (q) setting a timetable for improving the problem of excessively long waiting time for specialist outpatient clinics and surgeries; (r) extending free dental care service to all secondary students in Hong Kong; (s) setting up dental clinics with general public sessions and expanding their scope of services; and (t) providing additional evening and 24-hour outpatient clinic services in some remote new towns such as Tung Chung, Tin Shui Wai, etc, before the hospitals planned for construction are completed and commissioned" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Miss CHAN Yuen-han to Dr KWOK Ka-ki'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.

(No hands raised)

Mr Jeffrey LAM rose to claim a division.

PRESIDENT (in Cantonese): Mr Jeffrey LAM has claimed a division. The division bell will ring for three minutes, after which the division will begin.

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, Ms LI Fung-ying, Dr Joseph LEE, Dr KWOK Ka-ki, Dr Fernando CHEUNG, Prof Patrick LAU, Mr KWONG Chi-kin and Miss TAM Heung-man voted for the amendment.

Mr CHEUNG Man-kwong, Mr Bernard CHAN, Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Mr Daniel LAM, Mr Jeffrey LAM and Mr Andrew LEUNG abstained.

Geographical Constituencies:

Mr LEE Cheuk-yan, Miss CHAN Yuen-han, Mr LEUNG Yiu-chung, Ms Emily LAU, Ms Audrey EU and Mr Alan LEONG voted for the amendment.

Mr James TIEN, Mr Albert HO, Mr Martin LEE, Mrs Selina CHOW, Mr James TO, Dr YEUNG Sum, Mr LAU Kong-wah, Mr LEE Wing-tat, Mr LI Kwok-ying, Mr CHEUNG Hok-ming and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 22 were present, eight were in favour of the amendment and 14 abstained; while among the Members returned by geographical constituencies through direct elections, 18 were present, six were in favour of the amendment and 11 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 negated.

MS MIRIAM LAU (in Cantonese): President, I move that in the event of further divisions being claimed in respect of the motion on "Immediately improving the health care services in Hong Kong" 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.

(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.

I order that in the event of further divisions being claimed in respect of the motion on "Immediately improving the health care services in Hong Kong" 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): Dr YEUNG Sum, you may move your amendment.

DR YEUNG SUM (in Cantonese): President, I move that Dr KWOK Ka-ki's motion be amended.

Dr YEUNG Sum moved the following amendment: (Translation)

"To add "with insufficient resources, public health care is plagued with problems, and the Government must launch health care reform to resolve the long-term problems faced by the health care system, however," after "That,"; to delete "immediately using part of the \$50 billion health care funding" after "(a)" and substitute with "expeditiously increasing health care funding to 17% of the Government recurrent expenditure"; to delete

"using the remaining provision to set up a health care service fund," after "health care services, and" and substitute with "setting up a fund to take forward health care reform, and in addition to the provision of the \$50 billion funding this year, injecting half of the annual investment income of the Exchange Fund into the fund, as well as"; to delete "and making reference to the profit-sharing arrangement of the Exchange Fund," after "the fund in future,"; to delete "public health care services" after "stable funding for Hong Kong's" and substitute with "health care system, so as to ensure that even if there is a substantial increase in health care expenditure brought about by scientific advancement and an ageing population in future, the health care system can still provide essential services to the public, and should the contributory form of supplementary financing system be implemented in future, the amount of contribution can be maintained at a level affordable to the public"; to delete "and" after "oral care education;"; and to add "; and (n) in view of the problem of serious inadequacies in primary health services at present, setting up a seed fund to improve such services, so as to enhance people's health and quality of life, and reduce health care expenditure in the long run" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Dr YEUNG Sum to Dr KWOK Ka-ki'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.

(No hands raised)

Dr KWOK Ka-ki rose to claim a division.

PRESIDENT (in Cantonese): Dr KWOK Ka-ki has claimed a division. The division bell will ring for one minute, after which the division will start.

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:

Mr CHEUNG Man-kwong, Ms LI Fung-ying and Dr Joseph LEE voted for the amendment.

Ms Margaret NG, Mr Bernard CHAN, Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Mr Daniel LAM, Mr Jeffrey LAM, Mr Andrew LEUNG, Dr KWOK Ka-ki, Dr Fernando CHEUNG, Prof Patrick LAU, Mr KWONG Chi-kin and Miss TAM Heung-man abstained.

Geographical Constituencies:

Mr Albert HO, Mr Martin LEE, Mr James TO, Dr YEUNG Sum, Mr Andrew CHENG and Mr LEE Wing-tat voted for the amendment.

Mr James TIEN, Mr LEE Cheuk-yan, Mrs Selina CHOW, Miss CHAN Yuen-han, Mr LEUNG Yiu-chung, Mr LAU Kong-wah, Ms Emily LAU, Ms Audrey EU, Mr LI Kwok-ying, Mr Alan LEONG, Mr CHEUNG Hok-ming and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 22 were present, three were in favour of the amendment and 19 abstained; while among the Members returned by geographical constituencies through direct elections, 19 were present, six were in favour of the amendment and 12 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 Vincent FANG, you may move your amendment.

MR VINCENT FANG (in Cantonese): President, I move that Dr KWOK Ka-ki's motion be amended.

Mr Vincent FANG moved the following amendment: (Translation)

"To add "as" after "That,"; to delete "immediately using part of" after "(a)" and substitute with "proper planning for"; to delete "improve Hong Kong's health care services, and using the remaining provision to set up a health care service fund, allocating part of the fiscal surplus to the fund in future, and making reference to the profit-sharing arrangement of the Exchange Fund," after "health care funding to" and substitute with "tie in with the future health care financing option, so as"; to add "catering for the actual situation of the districts, such as establishing psychiatric specialist out-patient clinic services in Tin Shui Wai, and at the same time" after "new psychiatric drugs and"; to add "discussing with the Medical Council the implementation of mutual recognition of professional qualifications by making reference to the practice of other professional bodies, with a view to attracting more non-locally trained outstanding doctors to practise in Hong Kong to address the problem of insufficient doctors in public hospitals; (e)" after "(d)"; to delete the original "(e)" and substitute with "(f)"; to delete the original "(f)" and substitute with "(g)"; to delete the original "(g)" and substitute with "(h)"; to delete the original "(h)" and substitute with "(i)"; to delete the original "(i)" and substitute with "(j)"; to delete the original "(j)" and substitute with "(k)"; to delete the original "(k)" and substitute with "(l)";

to delete the original "(l)" and substitute with "(m)"; to delete "and" after "oral care education;"; to delete the original "(m)" and substitute with "(n)"; and to add "; (o) expeditiously constructing hospitals in districts where medical resources are in serious shortage, such as Tung Chung and Tin Shui Wai, and providing additional services, including obstetrics, oncology and neurosurgery etc, in the Tseung Kwan O Hospital; (p) strengthening community-based primary health care services; (q) finding ways to improve the patients' waiting time for specialist out-patient services; (r) further incorporating Chinese medicine into the public health care system, measures including providing additional Chinese medicine out-patient clinic services in public hospitals etc; and (s) strengthening the protection of patients' rights and interests, effectively improving the procedures and codes for handling personal data of patients in public hospitals, and comprehensively enhancing staff training, so as to prevent repeated occurrence of medical incidents" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr Vincent FANG to Dr KWOK Ka-ki'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)

Dr KWOK Ka-ki rose to claim a division.

PRESIDENT (in Cantonese): Dr KWOK Ka-ki has claimed a division. The division bell will ring for one minute, after which the division will begin.

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:

Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Dr Joseph LEE, Mr Daniel LAM, Mr Jeffrey LAM, Mr Andrew LEUNG and Prof Patrick LAU voted for the amendment.

Mr KWONG Chi-kin voted against the amendment.

Ms Margaret NG, Mr CHEUNG Man-kwong, Mr Bernard CHAN, Dr KWOK Ka-ki, Dr Fernando CHEUNG and Miss TAM Heung-man abstained.

Geographical Constituencies:

Mr James TIEN, Mrs Selina CHOW, Mr LAU Kong-wah, Mr LI Kwok-ying and Mr CHEUNG Hok-ming voted for the amendment.

Miss CHAN Yuen-han voted against the amendment.

Mr Albert HO, Mr LEE Cheuk-yan, Mr Martin LEE, Mr James TO, Mr LEUNG Yiu-chung, Dr YEUNG Sum, Ms Emily LAU, Mr Andrew CHENG, Ms Audrey EU, Mr LEE Wing-tat, Mr Alan LEONG and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 21 were present, 14 were in favour of the amendment, one against it and six abstained; while among the Members returned by geographical constituencies through direct elections, 19 were present, five were in favour of the amendment, one against it and 12 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 LI Kwok-ying, you may move your amendment.

MR LI KWOK-YING (in Cantonese): President, I move that Dr KWOK Ka-ki's motion be amended.

Mr LI Kwok-ying moved the following amendment: (Translation)

"To delete "no consensus has so far been reached on supporting any 'supplementary financing' option requiring mandatory contribution or mandatory insurance, yet there are currently many problems in Hong Kong's health care services," after "since its publication, and" and substitute with "presently there is public consensus hoping that the Government would strengthen the role of primary health care services, engage in closer public-private partnership (PPP) in health care, improve the current public health care services, etc. to resolve the existing problems in health care services,"; to add "allocate funding to" after "measures and immediately"; to delete "immediately using part of the \$50 billion health care funding to improve Hong Kong's health care services, and using the remaining provision to set up a health care service fund, allocating part of the fiscal surplus to the fund in future, and making reference to the profit-sharing arrangement of the Exchange Fund, to provide stable funding for Hong Kong's public health care services" after "(a)" and substitute with "carrying out institutional reform to strengthen the role of primary health care in the overall health care services, and conducting detailed study on the institution of family doctor"; to delete "public-private partnership (PPP)" after "promoting various" and substitute with "PPP"; to add ", and providing tax incentive

to encourage the public to purchase medical insurance" after "chronic illness"; to add ", lowering the eligibility age for such vouchers to 65" after "\$1,000 a year"; to delete "and" after "oral care education;"; and to add "; (n) strengthening the role of paramedical professionals in the health care system, and promoting their links and cross-referral of patients with Western and Chinese medicine practitioners, so as to provide Hong Kong people with more efficient and better health care services through a team approach; (o) stepping up disease prevention work, such as expeditiously updating the vaccination programme and subsidizing people to receive preventive care services; and (p) using Chinese medicine more extensively to further enhance the quality of health care services" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That the amendment, moved by Mr LI Kwok-ying to Dr KWOK Ka-ki'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)

Dr KWOK Ka-ki rose to claim a division.

PRESIDENT (in Cantonese): Dr KWOK Ka-ki has claimed a division. The division bell will ring for one minute, after which the division will begin.

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:

Mr CHEUNG Man-kwong, Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Dr Joseph LEE, Mr Daniel LAM, Mr Jeffrey LAM, Mr Andrew LEUNG and Prof Patrick LAU voted for the amendment.

Ms Margaret NG, Mr Bernard CHAN, Dr KWOK Ka-ki, Dr Fernando CHEUNG, Mr KWONG Chi-kin and Miss TAM Heung-man abstained.

Geographical Constituencies:

Mr James TIEN, Mr Albert HO, Mr Martin LEE, Mrs Selina CHOW, Mr James TO, Dr YEUNG Sum, Mr LAU Kong-wah, Mr Andrew CHENG, Mr LEE Wing-tat, Mr LI Kwok-ying and Mr CHEUNG Hok-ming voted for the amendment.

Mr LEE Cheuk-yan, Miss CHAN Yuen-han, Mr LEUNG Yiu-chung, Ms Emily LAU, Ms Audrey EU, Mr Alan LEONG and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 21 were present, 15 were in favour of the amendment and six abstained; while among the Members returned by geographical constituencies through direct elections, 19 were present, 11 were in favour of the amendment and seven abstained. Since the question was agreed by a majority of each of the two groups of Members present, she therefore declared that the amendment was carried.

PRESIDENT (in Cantonese): Dr Joseph LEE, as the amendment by Mr LI Kwok-ying has passed, I have given leave for you to revise the terms of your amendment, as set out in the paper which has been circularized to Members. You may now move your revised amendment.

DR JOSEPH LEE (in Cantonese): President, I should not need all the three minutes of my remaining speaking time. Actually, I have already made my position very clear that it is my wish to see improvement in nursing manpower and community services. I hope that Members will support my amendment. Thank you, President.

President, I forgot to move my revised amendment.

PRESIDENT (in Cantonese): Yes. Please move your revised amendment.

DR JOSEPH LEE (in Cantonese): President, I move that Dr KWOK Ka-ki's motion as amended by Mr LI Kwok-ying be further amended by my revised amendment.

Dr Joseph LEE moved the following further amendment to the motion as amended by Mr LI Kwok-ying: (Translation)

"To add "; (q) enhancing community-based psychiatric rehabilitation and nursing services, and thoroughly considering the views of stakeholders in formulating long-term psychiatric treatment, nursing and rehabilitation policy; (r) allocating more resources to universities for the provision of places for nursing degree programmes, setting up as soon as possible a nursing academy to expedite the development of clinical specialization of nurses, and formulating a long-term plan for nursing manpower resources; and (s) optimizing the professional functions of community health care teams to enable them to contribute their expertise in primary health services, such as disease prevention, health promotion and education, so as to provide comprehensive health care services for the community" immediately before the full stop."

PRESIDENT (in Cantonese): I now propose the question to you and that is: That Dr Joseph LEE's amendment to Dr KWOK Ka-ki's motion as amended by Mr LI Kwok-ying 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. The division bell will ring for one minute, after which the division will begin.

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, Dr Joseph LEE, Dr KWOK Ka-ki, Dr Fernando CHEUNG, Prof Patrick LAU and Miss TAM Heung-man voted for the amendment.

Mr CHEUNG Man-kwong, Mr Bernard CHAN, Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms

Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Mr Daniel LAM, Mr Jeffrey LAM, Mr Andrew LEUNG and Mr KWONG Chi-kin abstained.

Geographical Constituencies:

Mr LEE Cheuk-yan, Ms Emily LAU, Ms Audrey EU and Mr Alan LEONG voted for the amendment.

Mr LEUNG Yiu-chung voted against the amendment.

Mr James TIEN, Mr Albert HO, Mr Martin LEE, Mrs Selina CHOW, Mr James TO, Miss CHAN Yuen-han, Dr YEUNG Sum, Mr LAU Kong-wah, Mr Andrew CHENG, Mr LEE Wing-tat, Mr LI Kwok-ying, Mr CHEUNG Hok-ming and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 21 were present, six were in favour of the amendment and 15 abstained; while among the Members returned by geographical constituencies through direct elections, 19 were present, four were in favour of the amendment, one against it and 13 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 negated.

PRESIDENT (in Cantonese): Dr KWOK Ka-ki, you may now reply and you have three minutes 27 seconds.

DR KWOK KA-KI (in Cantonese): These very complicated voting procedures and surprising results actually reflect a simple point and that is, there are still a

lot of contentions even when it comes to finding solutions to problems in the health care system. The Secretary should learn a lesson from this. In fact, nobody is against the health care reform; nor is there anyone opposing the improvement of health care services. However, the various options proposed by the Government are not carefully thought out. More importantly, the sixth option (the Personal Healthcare Reserve (PHR) Scheme) has neither provided sufficient details nor explained how health care services can be provided more fairly in Hong Kong and how they will develop in the right way forward.

Speaking of this \$50 billion funding, it is a great pity that from the Government's attitude earlier we understand that it is not going to use the money until we agree to what the Government proposed. This is regrettable. The Secretary did not address the inequity and imbalance brought by the PHR Scheme, the sixth option that the Government has been hard-selling. Some academics said that they have no objection to giving the public more choices through the improvement of services in the private sector, but the Government has not done anything in this regard over the past two decades or so. Prof Patrick LAU proposed earlier that land should be granted, and the Government has not done this either. The Government intends to impose regulation on the insurance industry to provide more choices to the public. Nobody would oppose this and yet, the Government has not done anything at all. If there are some better insurance products capable of providing the public with more choices, should the Government provide tax concessions to assist the middle-class people, rather than depriving them of the freedom to choose as a result of the proposals made in its sixth option (PHR Scheme)?

The Government did not explain why health care expenditure as a share in government expenditure from 1999 to the present cannot be kept unchanged but has even decreased. Of course, it was not the Secretary who held this post in 1999, but this precisely shows that the Government's words and deeds do not tally. In fact, from 1999 to the present, the resources injected by the Government into the public health care sector as a share in the Gross Domestic Product (GDP) has never increased and all along remained at 2.8%. This year's may even further drop to 2.7%. The reason is that despite an increase in the GDP, the Government has refused to provide additional resources to improve the services.

It is indeed very ruthless to use the \$50 billion funding as bait, even more so if this is done with ill intent. In fact, nobody would reject the idea of

improving health care services but if the Government shifts this responsibility to a particular income group, that would not be fair at all. Making society shoulder all the responsibilities and provide assistance We have to be more caring to the disadvantaged. This is what a people-oriented government that cares about the disadvantaged should do.

Irrespective of the voting result today, I am still happy to see that with regard to this problem-riddled public health care system, nobody takes exception to the need for us to do something, so that those people mentioned by us, including the disadvantaged, cancer patients (*The buzzer sounded*) psychiatric patients, and also clusters plagued by a shortage of resources will have their situation improved.

I so submit. Thank you, Madam President.

PRESIDENT (in Cantonese): I now put the question to you and that is: That the motion moved by Dr KWOK Ka-ki as amended by Mr LI Kwok-ying be passed. Will those in favour please raise their hands?

(Members raised their hands)

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

(No hands raised)

Dr KWOK Ka-ki rose to claim a division.

PRESIDENT (in Cantonese): Dr KWOK Ka-ki has claimed a division. The division bell will ring for one minute, after which the division will start.

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 CHEUNG Man-kwong, Mrs Sophie LEUNG, Dr Philip WONG, Mr WONG Yung-kan, Mr Howard YOUNG, Mr LAU Wong-fat, Ms Miriam LAU, Mr Abraham SHEK, Mr Tommy CHEUNG, Mr Vincent FANG, Dr Joseph LEE, Mr Daniel LAM, Mr Jeffrey LAM, Mr Andrew LEUNG, Prof Patrick LAU and Miss TAM Heung-man voted for the motion as amended.

Mr Bernard CHAN, Dr KWOK Ka-ki and Mr KWONG Chi-kin abstained.

Geographical Constituencies:

Mr James TIEN, Mr Albert HO, Mr Martin LEE, Mrs Selina CHOW, Mr James TO, Dr YEUNG Sum, Mr LAU Kong-wah, Ms Emily LAU, Mr Andrew CHENG, Ms Audrey EU, Mr LEE Wing-tat, Mr LI Kwok-ying, Mr Alan LEONG and Mr CHEUNG Hok-ming voted for the motion as amended.

Mr LEE Cheuk-yan, Miss CHAN Yuen-han, Mr LEUNG Yiu-chung and Mrs Anson CHAN abstained.

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

THE PRESIDENT announced that among the Members returned by functional constituencies, 20 were present, 17 were in favour of the motion as amended, and three abstained; while among the Members returned by geographical constituencies through direct elections, 19 were present, 14 were in favour of the motion as amended and four abstained. Since the question was agreed by a majority of each of the two groups of Members present, she therefore declared that the motion as amended was carried.

NEXT MEETING

PRESIDENT (in Cantonese): I now adjourn the Council until 11.00 am on Wednesday, 4 June 2008.

Adjourned accordingly at a quarter past Twelve o'clock.