

Motion Debate on
“Immediately improving the healthcare services in Hong Kong”
at the Legislative Council Meeting of 28 May 2008

At the Legislative Council meeting of 28 May 2008, the motion moved by Dr Hon KWOK Ka-ki as amended by Hon LI Kwok-ying was carried:

“That, the Consultation Document on Healthcare Reform has given rise to extensive discussion in the community since its publication, and presently there is public consensus hoping that the Government would strengthen the role of primary healthcare services, engage in closer public-private partnership (PPP) in healthcare, improve the current public healthcare services, etc. to resolve the existing problems in healthcare services, thus this Council urges the Government to implement a series of measures and immediately allocate funding to improve Hong Kong’s healthcare services; such measures must include:

- (a) carrying out institutional reform to strengthen the role of primary healthcare in the overall healthcare services, and conducting detailed study on the institution of family doctor;
- (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 healthcare 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 PPP projects on healthcare services to improve the imbalance between public and private healthcare 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, and providing tax incentive to encourage the public to purchase medical insurance;
- (k) increasing the value of elderly healthcare vouchers to at least \$1,000 a year, lowering the eligibility age for such vouchers to 65 and providing low-income families with such vouchers;
- (l) enhancing oral care education;

- (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;
- (n) strengthening the role of paramedical professionals in the healthcare 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 healthcare services through a team approach;
- (o) stepping up disease prevention work, such as expeditiously updating the vaccination programme and subsidising people to receive preventive care services; and
- (p) using Chinese medicine more extensively to further enhance the quality of healthcare services.”

Progress

2. The Government released the Consultation Document “Your Health, Your Life” in early 2008 for the first-stage public consultation on healthcare reform. To cope with the challenges posed by a rapidly ageing population, an increasing demand for healthcare services, and rising medical costs, we need to implement a comprehensive and fundamental reform of our healthcare system so as to enhance our healthcare services and ensure the sustainability of our healthcare system. During the consultation period, we received enthusiastic responses from the community.

3. As stated in the 2008-09 Policy Address, the first-stage public consultation on healthcare reform reflects a broad community consensus on the pressing need for reform. Our citizens recognise the need to enhance primary care, promote public-private partnerships, develop electronic health record sharing and strengthen the healthcare safety net. They consider that these service reforms should be expedited. The Government is committed to making the best use of increased resources over the next few years to introduce those service reforms with clear public support before finalising the healthcare financing arrangements.

4. In respect of service reform, the Government has put forward a series of initiatives in the Policy Address and Policy Agenda to improve the existing healthcare service and market structure. These initiatives include:

- a. To establish a Working Group on Primary Care comprising Western medical practitioners, dentists, Chinese medical practitioners and other healthcare practitioners, as well as representatives of service users and relevant sectors to explore ways of promoting comprehensive primary care services and take forward the proposals on strengthening primary care;
- b. To take forward a series of pilot projects to enhance primary care and chronic disease management;
- c. To implement the Elderly Healthcare Voucher Pilot Scheme and the Influenza Vaccination Subsidy Scheme;
- d. To update the Childhood Immunisation Programme through the inclusion of pneumococcal conjugate vaccine;
- e. To enhance community mental health support and outreach services;
- f. To identify possible sites and formulate policy to promote the development of private healthcare;
- g. To create favourable conditions by attracting a pool of talent to strengthen the training for healthcare professionals and facilitate their exchange of expertise;
- h. To continue the promotion of public-private partnership in healthcare to redress the imbalance between public and private sectors;
- i. To prepare for the establishment of multi-partite medical centres of excellence in paediatrics and neuroscience;
- j. To purchase services from the private sector to enhance public healthcare services and shorten waiting time;
- k. To build a hospital in Tin Shui Wai and continue to take forward the development plans of existing hospitals;

- l. To inject \$1 billion into the Samaritan Fund to provide financial assistance to cover more drugs proved to be of significant benefits;
- m. To set up a dedicated office to coordinate the development of a territory-wide electronic health record sharing system; and
- n. To work out a three-year funding arrangement for the HA to meet its service and operational needs.

5. We trust that we have, by introducing the aforesaid healthcare reforms and related initiatives, responded to the various proposals put forward in the above motion. We have briefed the Legislative Council Panel on Health Services on our policy initiatives (LC Paper No. CB(2)63/08-09(01) and will inform the Legislative Council of the actual arrangements upon implementation of individual proposals. For the issues concerning the waiting time for public healthcare services and the resources allocation of the HA, we will, in conjunction with the HA, look deeply into these issues and will inform the Legislative Council Panel on Health Services of the development in due course. As regards the individual proposals on healthcare financing arrangements, we are conducting an in-depth analysis of the views put forward by various sectors of the community during the first-stage consultation. These views will be considered together with the second-stage public consultation.

6. While the Government will put in resources and actively implement various healthcare service reforms, we also need to address the long-term issue of healthcare financing in order to ensure the sustainability of our healthcare system. We understand that there are diverse views in the community on this issue. There are views subscribing to the need to address the issue. The community also generally supports the Government's pledge to increase its expenditure on healthcare from 15% to 17% of the total recurrent expenditure and remain the primary source of financing for healthcare, as well as its commitment to earmark \$50 billion from the fiscal reserve to support the healthcare reform. The community, however, has yet to reach a mainstream consensus on the introduction of supplementary financing and the option to be adopted for such.

7. Members of the public and different sectors of the community have put forward insightful views on a number of important issues that warrant our further reflection. These issues include the future sustainability of healthcare services development and financing, the Government's commitment to public healthcare and the funding capability of public finance,

medical protection for the community and affordability of our people in overall, freedom of choice to individuals and their responsibility for their own health, etc. We are studying the views collected during the public consultation exercise carefully and will analyse the issues concerned based on the views received. We will further examine the supplementary financing arrangement, taking into full consideration the need to strike a balance between different social values.

8. During the first stage consultation, members of the public have raised reasonable queries on issues like whether the existing public healthcare services are cost-effective, how to ensure private healthcare sector delivers value for money services, and whether there are sufficient infrastructure and manpower in the healthcare system to meet the needs of future development, particularly the implementation of various healthcare reform proposals. We need to properly address these concerns in the next stage of consultation.

9. The Government plans to draw up detailed proposals on service reforms and supplementary financing for the second-stage public consultation in the first half of 2009 to encourage further discussions and forge a consensus.

Food and Health Bureau

November 2008