



**Submission to the LegCo Panel on Health Services  
on the Healthcare Reform Second Stage Public Consultation Report  
July 2011**

BPF commends the Health & Food Bureau on a comprehensive analysis of the community response to the latest Healthcare consultation, the extensive research it has conducted and the rational conclusions that have been drawn.

In crafting an integrated Healthcare System for Hong Kong there has to be a partnership and division of roles between publicly and privately funded healthcare. Throughout the debate of the past few years BPF has placed much priority on coordinated governance and in particular governance of the private sector and on the essential role in healthcare financing of risk pooling, since the disaster element in funding, already beyond all but the most wealthy of individuals, is escalating with new health technologies.

Whilst many conclude that the ideal answer lies in a universal tax funded social security system or universal mandatory insurance, these are clearly neither acceptable to Hong Kong people or practically achievable at this time. In these circumstances the right immediate way forward is to concentrate on strengthening the governance, transparency and efficiency of the private sector, both providers and insurers, to complement the public sector.

BPF therefore supports the main thrust of the Government's proposals to take forward HPS. We also strongly support giving immediate and major priority to a strategic and objective Manpower and Training review. This addresses our recent published concerns at the current lack of forward looking holistic Manpower planning for the overall healthcare needs of Hong Kong that takes account of both the public and private sectors, the changing priorities and opportunities for Hong Kong as a Healthcare skills centre and the challenges of an aging population. We also believe it can be a model for addressing current shortcomings in Hong Kong's overall Manpower planning capability and in giving greater priority to skills training essential to ensuring our competitive capabilities in key disciplines.

Implementing HPS will take several years and encounter many practical hurdles which BPF believe should be addressed as we move forward rather than be used as excuses for not proceeding. We accept that it forms one piece in the jigsaw of healthcare reform and that it does not directly assist the basic need to place primary care and prevention at the forefront of our Healthcare system. We would therefore like to see new emphasis in the coming months on the introduction and promotion of new primary care delivery models.

Finally we believe that the Health and Food Bureau should be mandated to take the lead in



developing policies for the public/private roles in providing quality and affordable long term and sheltered residential care for the elderly. This remains a sadly neglected and poorly coordinated area facing problems that will escalate in the coming years and with major implications for our retirement protection and social security regimes. This is a global issue and we draw attention to the report of a UK Government Commission published this month, which has proposed controversially a capping of lifetime contributions per person for provision for elderly care.

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