

(Translation)

Motion on
“Stepping up the promotion of primary healthcare development and
improving healthcare services for elderly people”
moved by Hon Alice MAK
at the Council meeting of 11 December 2013

Motion as amended by Dr Hon KWOK Ka-ki, Hon Albert HO,
Dr Hon Priscilla LEUNG, Dr Hon Fernando CHEUNG, Dr Hon LEUNG Ka-lau
and Hon Frankie YICK

That the Government released a population policy consultation document in late October this year projecting an increase of the percentage of the population of elderly people in the total population of Hong Kong from 14% in 2012 to 32% in 2041; as the population ageing in Hong Kong society has become increasingly serious, a heavy burden is expected to be imposed on the local healthcare system; and since primary healthcare, as the healthcare system’s first contact point with patients and at the same time assumes the important functions of disease prevention, patients diversion, and promoting people’s health, the quality and quantity of its service will become more important; yet, in the past, the Government allocated very limited resources to primary healthcare, resulting in the slow development of primary healthcare in Hong Kong and making it difficult to cope with the major challenges to the local healthcare system brought about by population ageing; in this connection, this Council urges the Government to take measures to step up the promotion of primary healthcare development, and accord priority to upgrading the quality and quantity of primary healthcare services for elderly people, so as to properly prepare for the heavy healthcare burden brought about by population ageing; the relevant measures should include:

- (1) to review and improve the Elderly Health Care Voucher Scheme (‘HCVS’), conduct a study on the lowering of eligible age for applying for HCVS to 65, and streamline the administrative procedures, so as to encourage more healthcare service providers to participate in HCVS;
- (2) by making reference to HCVS, to introduce ‘elderly dental care voucher’; and at the same time, to review and enhance the quality and quantity of the existing public dental services, introduce comprehensive dental services, including scaling, filling and crowning, etc., and increase the number of service sessions and quotas in public dental clinics; at the same time, by making reference to the School Dental Care Service, to introduce an ‘elderly dental care service’ to provide elderly

people with dental examination and scaling services once a year, so as to assist elderly people in handling their oral health problems as early as possible; and, to achieve the establishment of public dental clinics in each of the 18 districts of Hong Kong in the long run, and implement a universal dental care service scheme;

- (3) to examine and enhance the existing Chinese medicine healthcare services of the public sector, and set up additional Chinese medicine clinics in various districts, so as to meet the increasing demand for Chinese medicine services; and, in the long run, to study the setting up of a Chinese medicine hospital for training and attracting Chinese medicine talents, so as to promote the popularization and development of Chinese medicine healthcare in Hong Kong;
- (4) to enhance the existing services of elderly health centres, and set up more elderly health centres in various districts based on their elderly population ratios, so as to increase service quotas and shorten the waiting time for physical check-ups; and at the same time to proactively study the setting up of additional community health centres in various districts to upgrade the comprehensiveness of services, and enhance the services of chronic disease management and integrated mental health, etc., with a view to promoting the development of primary healthcare and alleviating the pressure on hospital services;
- (5) to study the introduction of carer subsidies to encourage family members to discharge the responsibility of caring for the health of elderly people, and increase the number of community nurses so as to enhance home care for elderly people and chronic patients;
- (6) to increase resources for the Hospital Authority's psychiatric services for the early identification, treatment and support of elderly people with dementia, and recruit more community psychiatric nurses, medical social workers and other allied health staff, so as to alleviate the existing problem of insufficient psychiatric services in the long run;
- (7) to strengthen the protection for women health, including increasing the number of woman health centres with the target of setting up such centres in all the 18 districts of Hong Kong; and at the same time, to study the provision of subsidy for women to receive prophylactic vaccines to prevent cervical cancer;
- (8) to improve the arrangement for telephone appointment of public out-patient services by introducing a telephone system to be answered by live operators, so as to avoid elderly people's failure to complete

appointment booking due to difficulties in following pre-recorded phone keying procedure; and

- (9) to resolve the problems of uneven distribution of resources and insufficient manpower faced by the clusters under the Hospital Authority, so as to shorten the waiting time for specialist out-patient services, including geriatrics, psychogeriatrics and ophthalmology, etc., which are in demand by a relatively large number of elderly people;
- (10) to increase the HCVS rate to no less than \$1,500 a year;
- (11) to subsidize non-profit-making organizations to expand community elderly dental services;
- (12) to expand the scope of Chinese medicine treatment to cover acupuncture services for Comprehensive Social Security Assistance recipients, train local Chinese medicine talents on a priority basis and improve their entry remuneration;
- (13) to provide half-fee concessions to all elderly people using public healthcare services, so as to prevent elderly people from delaying disease treatment due to financial considerations; and
- (14) to set up an 'old age population reserve fund' to ensure that when Hong Kong becomes an ageing society, its public expenditure is sufficient to maintain various elderly welfare benefits and services, thereby implementing the Declaration of Alma-Ata on primary healthcare proclaimed by the World Health Organization in 1978;
- (15) to relax the assessment criteria of the financial test for the Samaritan Fund, and allocate additional resources for the Hospital Authority Drug Formulary to expand the coverage of drugs subsidy to include certain expensive blood pressure drugs, target therapy drugs for treating cancers and specific drugs for treating dementia, etc., so as to benefit more elderly people;
- (16) to study the introduction of tax concessions for encouraging children to pay for medical insurance contributions for their parents, so as to alleviate the burden on public healthcare expenditure;
- (17) to study the provision of mobile dental services for elderly people living in remote districts; and

- (18) to review the effectiveness of the Pilot Scheme on Community Care Service Voucher for the Elderly;
- (19) to significantly increase the quotas of general out-patient services to meet demand; and
- (20) to significantly increase subsidies for healthcare services, so as to alleviate the existing problems of long waiting time for accident and emergency department services, specialist and general out-patient services as well as various surgical operations, short consultation time, insufficient hospital beds and manpower shortage, etc.; and
- (21) to restructure the out-patient services of the Hospital Authority and enhance the role of general out-patient, family medicine clinic and integrated specialist out-patient as the 'gatekeeper', so as to reduce the number of specialist out-patient attendances and shorten the waiting time;
- (22) to construct a Chinese medicine hospital on the former campus site of the Hong Kong Institute of Vocational Education (Lee Wai Lee); and
- (23) to study the provision of appropriate assistance to encourage all people to undergo physical check-up, with a view to achieving the targets of upgrading public health and lessening health care expenditure in the long run.