

立法會
Legislative Council

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From : Clerk to the Legislative Council

To : All Members of the Legislative Council

Council meeting of 23 May 2018

**Amendments to motion on
“Developing primary healthcare services”**

Further to LC Paper No. CB(3) 564/17-18 issued on 3 May 2018, six Members (Hon Mrs Regina IP, Prof Hon Joseph LEE, Hon LEUNG Yiu-chung, Hon CHAN Han-pan, Hon Michael TIEN and Hon Alice MAK) have respectively given notice of their intention to move separate amendments to Hon WU Chi-wai's motion on “Developing primary healthcare services”. Members have been informed vide LC Paper No. CB(3) 578/17-18 issued on 10 May 2018 that the above motion, originally scheduled for the Council meeting of 16 May 2018, will be rescheduled to the Council meeting of 23 May 2018. As directed by the President, the respective amendments will be printed in the terms in which they were handed in.

2. The President will order a joint debate on the above motion and the six amendments. To assist Members in debating the motion and the amendments, I set out below the procedure to be followed during the debate:

- (a) the President calls upon Hon WU Chi-wai to speak and move his motion;
- (b) the President proposes the question on Hon WU Chi-wai's motion;
- (c) the President calls upon the six Members who wish to move amendments to speak in the following order, but no amendment is to be moved at this stage:

- (i) Hon Mrs Regina IP;
 - (ii) Prof Hon Joseph LEE;
 - (iii) Hon CHAN Han-pan;
 - (iv) Hon Michael TIEN;
 - (v) Hon Alice MAK; and
 - (vi) Hon LEUNG Yiu-chung;
- (d) the President calls upon the public officer(s) to speak;
 - (e) the President invites other Members to speak;
 - (f) the President gives leave to Hon WU Chi-wai to speak for the second time on the amendments;
 - (g) the President calls upon the public officer(s) to speak again;
 - (h) in accordance with Rule 34(5) of the Rules of Procedure, the President has decided that he will call upon the six Members to move their respective amendments in the order set out in paragraph (c) above. The President invites Hon Mrs Regina IP to move her amendment to the motion, and forthwith proposes and puts to vote the question on Hon Mrs Regina IP's amendment;
 - (i) after Hon Mrs Regina IP's amendment has been voted upon, the President deals with the other five amendments; and
 - (j) after all amendments have been dealt with, the President calls upon Hon WU Chi-wai to reply. Thereafter, the President puts to vote the question on Hon WU Chi-wai's motion, or his motion as amended, as the case may be.

3. For Members' reference, the terms of the original motion and the marked-up version of the amendments are set out in the **Appendix**.

(Dora WAI)
for Clerk to the Legislative Council

Encl

(Translation)

**Motion debate on
“Developing primary healthcare services”
to be held at the Council meeting of 23 May 2018**

1. Hon WU Chi-wai’s original motion

That the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to secondary school students and implementing a universal dental care service scheme;
- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; and

- (7) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients.

2. Motion as amended by Hon Mrs Regina IP

That, *since* the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, ~~and~~ the Financial Secretary ~~also~~ indicated in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to secondary school students and implementing a universal dental care service scheme;
- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; ~~and~~

- (7) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients; *and*
- (8) *strengthen the role of Chinese medicine in primary healthcare, including incorporating all Chinese Medicine Centres for Training and Research into the public healthcare system, so that Chinese medicine services can be regularly subsidized by public fund, thereby enabling the public to receive affordable and high-quality Chinese medicine services; establish attractive pay scales and career progression pathways for Chinese medicine practitioners and supporting staff employed by the Chinese Medicine Centres for Training and Research operated under the tripartite cooperation of the Hospital Authority, non-governmental organizations and local universities, so as to attract and retain talents; and set up a dedicated fund to support the training and research and development of local traditional Chinese medicine.*

Note: Hon Mrs Regina IP's amendment is marked in *bold and italic type* or with deletion line.

3. Motion as amended by Prof Hon Joseph LEE

That *the medical and health policies should have the objectives of promoting health and preventing diseases, thus primary healthcare services should be enhanced at source, so as to let members of the public understand and manage their health conditions, and coupled with the support of suitable resource allocation, prevention and treatment can run in parallel, and the medical and health system in Hong Kong can have healthy and sustainable development*; the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated *pledged* in the Budget that ~~as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint,~~ he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional

community health centres *and nurse clinics* in various districts, so that the public can receive the necessary medical and nursing services in the community;

- (3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to secondary school students and implementing a universal dental care service scheme;
- (5) *enhance audiological treatment under public healthcare services, including increasing the training quota of audiologists and audiology technicians, so as to help elderly people tackle the problem of decrease in hearing acuity;*
- ~~(5)~~(6) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- ~~(6)~~(7) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; ~~and~~
- ~~(7)~~(8) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients;
- (9) *increase the resources and manpower of the Department of Health to enhance various health services for children and adolescents, including child assessment services and Student Health Service; and*
- (10) *perfect the planning for healthcare manpower to increase the number of nurses and allied health staff, and make better use of their professional knowledge to provide nursing, mental health services, drug consultation and counselling, etc. to the public in the community.*

Note: Prof Hon Joseph LEE's amendment is marked in *bold and italic type* or with deletion line.

4. Motion as amended by Hon CHAN Han-pan

That *last year* the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated in the Budget *for the new year* that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) ~~in the allocation of~~ **increase the** overall resources for public healthcare services, **particularly** increase the **proportion of** resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively ~~review the service model of~~ **enhance the services of various** elderly health centres, **apart from providing the elderly with services of health assessment, health counselling, health education and basic medical treatment, each centre should also have its resident physiotherapist, dietician, clinical psychologist, Chinese medicine practitioner, etc. to meet the needs of different elderly people for healthcare services,** and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) ~~increase~~ **enhance the Elderly Health Care Voucher Scheme, including increasing** the annual amount of subsidy under the ~~Elderly Health Care Voucher Scheme~~ to no less than \$3,000, ~~and step,~~ **lowering the eligibility age for healthcare vouchers to 60 and abolishing the accumulation limit of healthcare vouchers, as well as stepping up** regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to secondary school students and implementing a universal dental care service scheme, **and increasing the number of university places of undergraduate programmes in dentistry to train more dentists to meet service demands;**
- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;

- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; ~~and~~
- (7) relax the application threshold of the Samaritan Fund *and the Community Care Fund*, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients;
- (8) *expeditiously provide 24-hour outpatient services in public hospitals of various districts in Hong Kong, so as to mitigate the long waiting time for accident and emergency services;*
- (9) *enhance Chinese medicine services in Hong Kong, including providing public Chinese medicine outpatient services in various districts in Hong Kong, expeditiously building a public Chinese medicine hospital to provide Chinese medicine in-patient services, and providing Chinese medicine services in district health centres to be established in future to support chronically ill patients;*
- (10) *with reference to the Elderly Health Care Voucher Scheme, introduce a healthcare voucher scheme for children and inject \$2,000 to each healthcare voucher account for children each year;*
- (11) *step up efforts in addressing rare diseases, including providing pregnant women with free prenatal non-invasive fetal trisomy testing services and providing those who want to have children with preconception trisomy testing services; and*
- (12) *enhance vaccination programmes to step up prevention of infectious diseases.*

Note: Hon CHAN Han-pan's amendment is marked in *bold and italic type* or with deletion line.

5. Motion as amended by Hon Michael TIEN

That, *in order to strengthen the support for primary healthcare services*, the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set

aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly, *as well as study the introduction of a complaint mechanism to combat overcharging of medical fees*;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to *kindergarten students and* secondary school students, and implementing a universal dental care service scheme;
- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; ~~and~~
- (7) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients;
- (8) *study ways to step up promotion on elderly dental assistance programmes, and relax the eligibility criteria for the Elderly Dental Assistance Programme under the Community Care Fund to cover recipients of Old Age Living Allowance aged 65 or above; and*
- (9) *study the setting up of more elderly health centres to provide more elderly members aged 65 or above with services of health assessment,*

physical check-up, health education and individual counselling and treatment, and introduce a mechanism to shorten the waiting time for elderly people to become members of these centres.

Note: Hon Michael TIEN's amendment is marked in *bold and italic type* or with deletion line.

6. Motion as amended by Hon Alice MAK

That, *as the Government allocated limited resources to develop primary healthcare in the past, the development of primary healthcare services in Hong Kong has been slow, resulting in failing to give full play to the functions of promoting disease prevention, diverting patients and promoting people's health; only when* the Chief Executive outlined in her Policy Address the governance vision on *vigorously promoting* primary healthcare, ~~and did~~ the Financial Secretary ~~also indicated~~ *indicate* in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres *and expand their membership*, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) ~~increase~~ *continue to enhance the Elderly Health Care Voucher Scheme, including increasing* the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, ~~and step up~~ *introducing elderly dental care vouchers, and stepping up* regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) develop comprehensive public dental services, including extending the School Dental Care Service to secondary school students ~~and~~, implementing a universal dental care service scheme *and setting up additional public dental clinics in the 18 districts of Hong Kong*;

- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- (6) make better use of the funds for public-private partnership to ~~implement more screening programmes~~ *provide subsidies to needy persons to undergo screening programmes for major cancers such as lung cancer or breast cancer, and provide women with subsidized or free gynaecological check-up*, so that members of the public can take measures to address their health problems as early as possible; ~~and~~
- (7) relax the application threshold of the Samaritan Fund, waive the requirement that means test must be conducted on a household basis, and lower the proportion of drug costs to be shared by patients;
- (8) *optimize various measures and properly allocate more resources for public healthcare services, so as to address the existing problem of inadequate general outpatient services;*
- (9) *expand various vaccination subsidy schemes and step up publicity to enhance the vaccination coverage of various types of vaccines, especially seasonal influenza vaccines;*
- (10) *examine and enhance the existing Chinese medicine healthcare services of the public sector, including setting up additional Chinese medicine clinics in various districts to meet the increasing demand for Chinese medicine services, and training more Chinese medicine talents to promote the popularization and development of Chinese medicine healthcare in Hong Kong; and*
- (11) *in order to encourage family members to discharge the responsibility of caring for the health of elderly people, increase carer subsidies and support, and increase the number of community nurses, so as to enhance home care for elderly people and chronic patients.*

Note: Hon Alice MAK's amendment is marked in ***bold and italic type*** or with deletion line.

7. Motion as amended by Hon LEUNG Yiu-chung

That the Chief Executive outlined in her Policy Address the governance vision on primary healthcare, and the Financial Secretary also indicated in the Budget that as the Government was conducting a comprehensive review of the planning for primary healthcare services with a view to drawing up a blueprint, he would

set aside necessary resources to fully support this initiative; in order to effectively develop primary healthcare services, this Council urges the Government to:

- (1) in the allocation of overall resources for public healthcare services, increase the resources for primary healthcare services, and allocate \$10 billion to set up a seed fund to subsidize the public to undergo physical check-ups for prevention of diseases;
- (2) in response to the growth of the elderly population, comprehensively review the service model of elderly health centres, and set up additional community health centres in various districts, so that the public can receive the necessary medical and nursing services in the community;
- (3) increase the annual amount of subsidy under the Elderly Health Care Voucher Scheme to no less than \$3,000, and step up regulation of healthcare service providers, so as to prevent elderly people from being misled into using healthcare vouchers improperly;
- (4) ~~develop comprehensive~~ ***improve the infrastructure and staffing support for public dental services to comprehensively develop*** public dental services, including ***establishing in each district government dental clinics with service hours no less than five days per week to provide the public with dental services, building at least one more dental hospital, increasing the number of university places of undergraduate programmes in dentistry, and improving the current remuneration and working environment for government dentists and healthcare personnel to avoid a brain drain to the private market, as well as*** extending the School Dental Care Service to secondary school students and implementing a universal dental care service scheme;
- (5) provide half-fee concessions to all elderly people using public healthcare services, so as to prevent them from delaying disease treatment due to financial problems;
- (6) make better use of the funds for public-private partnership to implement more screening programmes, so that members of the public can take measures to address their health problems as early as possible; and
- (7) ~~relax~~ ***formulate a long-term drug subsidization policy with the objective of abolishing the Hospital Authority Drug Formulary, including expanding the types of drugs covered by the safety net in the short run, relaxing*** the application threshold of the Samaritan Fund, ~~waive~~ ***and the Community Care Fund by waiving*** the requirement that

means test must be conducted on a household basis, ~~and lower~~ ***lowering*** the proportion of drug costs to be shared by patients ***and even providing needy patients with full drug subsidies.***

Note: Hon LEUNG Yiu-chung's amendment is marked in ***bold and italic type*** or with deletion line.